



The College of Naturopaths of Ontario

Draft Agenda – #2017-02

Meeting of the Council of the College of Naturopaths of Ontario

Date: April 26, 2017

Time: 09h00-16h30

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
DRAFT AGENDA
April 26, 2017 09h00-16h30
150 John Street, 10th Floor, Toronto, Ontario**

Sect/No.	Action	Item	Page	Responsible	
1	Call to Order and Welcome				
	1.01	Procedure	Call to Order	--	President
2	Elections				
	2.01	Election	President	--	Registrar
	2.02	Election	Vice President	--	Registrar
	2.03	Election	Executive Committee (3)	--	Registrar
	2.04	Procedure	President Assumes Chair of Meeting	--	President
3	Consent Agenda ¹				
	3.01	Approval	Consent Agenda a) Draft Minutes of January 25, 2017 b) Committee Reports (Exec, ICRC, QA, RC, Pat. Rel., N&E, and SSRC) c) Ratification of Executive Committee Decisions	5-20	President
4	Main Agenda				
	4.01	Approval	Review of Main Agenda	1-4	President
	4.02	Discussion	Declarations of Conflict of Interest	--	President
5	Monitoring Reports				
	5.01	Acceptance	President's Report	--	President
	5.02	Acceptance	Registrar's Monitoring Report	21-38	Registrar
6	Council Governance Policy Confirmation ²				
	6.01	Decision	Review/Issues Arising a) Executive Limitations Policies b) Council-Registrar Linkage Policies c) Ends Policies	39-40	President
	6.02	Decision	Detailed Review (as per GP08) a) Governance Process Policies	39-40	President
7	Business				
	7.01	Approval	IVIT Program and Examinations Policy	41-48	O'Connor
	7.02	Information	Therapeutic Prescribing Exam Briefing	49-52	O'Connor
	7.03	Decision	Posting Cease and Desist Information to the Website	53-60	Registrar
	7.04	Decision	Bill 87 – Patient Relations Committee Recommendations	61-62	Burns
	7.05	Discussion	Council Effectiveness Review Framework (CERF)	63-363	President
	7.06	Decision	Committee Appointments 2017-18	--	President
8	In Camera				
	8.01	Decision	Registrar/Organizational Performance Review (In camera pursuant to s. 7.(2)(d) – Personnel matters to be discussed).	--	President
9	Other Business (From the Consent Agenda or With Agreement)				
	9.01	Decision		--	President
10	Next Meeting				
	10.01	Discussion	Next Meeting – July 26, 2017	--	President
11	Adjournment				
	11.01	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

Blank page inserted deliberately



The College of Naturopaths of Ontario

Council Meeting
150 John St., 10th Floor
Toronto, Ontario
January 25 2017

DRAFT MINUTES

Present:

Professional Members

Dr. Kim Bretz, ND (1:1)
Dr. Shelley Burns, ND (1:1)
Dr. Tara Gignac, ND (1:1)
Dr. Rosemary Hnatiuk, ND (1:1)
Dr. Danielle O'Connor, ND (1:1)
Dr. Dielle Raymond, ND (1:1)
Dr. George Tardik, ND (1:1)

Public Members

Geneviève Boudreau (1:1)
Dr. Harpal Buttar, PhD (1:1)
Dianne Delany (1:1)
R. Gail Goodman (1:1)
Deborah Haswell (1:1)
Barry Sullivan (1:1)

Staff

Andrew Parr, CAE, Registrar
Jeremy Quesnelle, Deputy Registrar
Dr. Mary-Ellen McKenna, ND (Inactive), Manager, Professional Practice & Regulatory Education Specialist
Carol Lammers, Executive Assistant (minute-taker)

Guests

Rebecca Durcan, Legal Counsel

Observers

Sam Eskenasi, Manager, Government & Regulatory Affairs,
OAND

Regrets:

Dr. Karim Dhanani, ND (0:1)

1. Call to Order and Welcome

The President called the meeting to order at 9:10 a.m. and welcomed everyone to the meeting.

2. Consent Agenda

2.01 Review of Consent Agenda

Materials were circulated to members of Council in advance of the meeting. The draft in-camera Council meeting minutes of Oct. 27 2016 were distributed to Council members at the meeting. The President asked Council members if there were any items to move to the main agenda for discussion. It was requested to move the Council Meeting Minutes of Oct 27 2016 to item 7.01, Other Business.

MOTION:	To approve the Consent Agenda as amended.
MOVED:	Dianne Delany
SECOND:	Harpal Buttar
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

A draft of the Main Agenda was circulated in advance of the meeting. The President asked Council members if there were any additional items to be added. It was agreed that the President would speak to the ND Regulator's meeting during her report and the Registrar would speak to the call for Scheduled Substances & Labs currently underway during his Report.

MOTION:	To approve the Main Agenda as amended.
MOVED:	R. Gail Goodman
SECOND:	Barry Sullivan
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 President's Report

The President provided a verbal report noting that Chantel Goldsmith (public member) has resigned from Council and Genevieve Boudreau (public member) and Dielle Raymond (professional member) will be resigning from/leaving Council as of the end of March 2017. The President also spoke about the Canadian ND Regulator meeting that was held in November 2016.

MOTION:	To accept the President's Report as presented.
MOVED:	Deborah Haswell
SECOND:	Danielle O'Connor
CARRIED.	

4.02 Registrar's Report

The Registrar's Report was circulated to Council members in advance of the meeting. Andrew Parr Registrar, provided a brief update on various section of the report including current requests for proposals, unregulated practitioners, call for Scheduled Substances & Labs and responded to questions that arose during the discussion that followed.

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

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(a) Limitations Policies

Council members were provided with the approved Limitations Policies in advance of the meeting. No issues were noted at this time.

5.01(b) Governance Process Policies

Council members were provided with the approved Governance Process Policies in advance of the meeting. No issues were noted at this time.

5.01(c) Council-Registrar Linkage Policies

Council members were provided with the approved Council-Registrar Linkage Policies in advance of the meeting. No issues were noted at this time.

5.01(d) Ends Policies

Council members were provided with the approved Ends Policies in advance of the meeting. No issues were noted at this time.

6. Business**6.01 Ends Policy**

The draft Ends Policy created at the October Strategic Planning Meeting was distributed to Council members in advance of the meeting. The President provided a verbal report noting that at the recent Executive Committee meeting, the Committee completed an exercise to confirm that the ideas raised during the Strategic Planning Session were indeed reflected in the draft Ends Policy presented to Council for approval today. The Registrar and President responded to questions that arose during the discussion that followed.

MOTION:	To approve the Ends Policy as presented.
MOVED:	Barry Sullivan
SECOND:	Danielle O'Connor
CARRIED.	

6.02 Operating Plan

A draft Operating Plan for 2017 – 2022 was distributed to Council members in advance of today's meeting. The Registrar provided a presentation to Council and responded to questions that arose during the discussion that followed.

MOTION:	To accept the 2017 – 2022 Operating Plan as presented.
MOVED:	Dianne Delany
SECOND:	Genevieve Boudreau
CARRIED.	

6.03 2017/18 Budget

A draft 2017-18 budget and 2018-19/2019-20 estimates were distributed to Council members in advance of the meeting. The Registrar provided additional information and responded to questions that arose during the discussion that followed.

MOTION:	To accept the draft 2017/18 budget as presented.
MOVED:	George Tardik
SECOND:	Genevieve Boudreau
CARRIED.	

6.04 Inspections Program

An information briefing note regarding the history of the development of the Inspection Program and an outline of the components of the program and regulation was provided to Council members in advance of today's meeting. Jeremy Quesnelle, Deputy Registrar, and Mary-Ellen McKenna, ND (inactive), Manager, Professional Practice & Regulation Education Specialist provided additional information and responded to questions that arose during the discussion that followed.

6.05 GP18 Amendments

An amended Governance Policy 18 (GP18) regarding Per-Diems and Expenses was provided to Council members in advance of the meeting. The Registrar provided additional information and responded to questions that arose during the discussion that followed.

MOTION:	To approve GP 18 as presented.
MOVED:	Genevieve Boudreau
SECOND:	George Tardik
CARRIED.	

6.06 Revoking a Driver's License

Further to Council's request of July 28, 2016 the Quality Assurance Committee (QA) researched the issue of whether or not NDs can revoke a driver's license for patients that they deem to be at risk. A briefing document was distributed to Council members at the meeting. Barry Sullivan, QA committee chair, provided a verbal update on the outcome of the research noting that this is not within the scope of practice for Naturopathic Doctors in Ontario and responded to questions that arose during the discussion that followed.

7. Other Business

7.01 Council Meeting Minutes of Oct 27 2016

A question was brought forward regarding the protocol of listing abstentions or nay votes in the minutes and whether member names associated with those votes should be recorded. Rebecca Durcan, Legal Counsel and the Registrar responded to questions that arose during the discussion. It was agreed to remove the abstentions noted under item 7.04 regarding By-law consultation feedback.

MOTION:	To approve the Council Meeting minutes of October 27, 2016 as amended.
MOVED:	Genevieve Boudreau
SECOND:	George Tardik
CARRIED.	

8. Next Meeting

8.01 Next Meeting

The next Council meeting is confirmed for April 26 2017.

9. Adjournment

9.01 Motion to Adjourn

The President asked for a motion to adjourn the meeting at 4:40 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Genevieve Boudreau
SECOND:	Dianne Delany



The College of Naturopaths of Ontario

Executive Committee Report to Council – April 2017

The Executive Committee met via teleconference on March 1, 2017 to review and discuss the following items:

1. Registrar's Operational Update

A verbal update on various operations of the College, specifically noting that the Ministry of Health is aware of our need for additional public members and that they are working on new appointments as soon as possible.

2. Q3 Unaudited Financial Statements & Projections

The Committee reviewed and accepted the Q3 unaudited Financial Statements as presented. Executive Committee members clarified that information regarding use of surplus funds be addressed at the next Council meeting and that it not be part of today's acceptance of the Financial Statements presented.

3. Standard of Practice on Laboratory Testing

The Executive Committee reviewed and approved the Standard of Practice on Laboratory Testing as it was presented

4. Urgent Committee Appointments

The Committee received a verbal report on the current status of public member appointments and consequently approved the appointment of Gail Goodman as Chair of the Discipline Committee and the Fitness to Practice Committee and Deborah Haswell as a member of the Registration Committee, effective April 1 2017 until the April Council meeting when appointments for 2017/18 are reviewed and approved.

5. Substance and Lab Submissions and Process

Information was provided verbally by the Registrar and Deputy Registrar on the status of the submissions for the Substance & Lab review as well as the process for this review.

6. Proposed IT Changes

The Executive Committee reviewed documentation which detailed infrastructure changes necessary in the College's information technology set-up and approved the unbudgeted expense of \$40,000 for the proposed IT changes.



The College of Naturopaths of Ontario

Inquiries, Complaints and Reports Committee Report to Council – April 2017

Committee Update

Between January 1 and March 31, 2017, the Inquiries, Complaints and Reports Committee held 2 meetings, January 12, 2017 and March 2, 2017.

Since its last update to Council, the ICRC has received 2 new complaints, and approved the appointment of 7 investigators under section 75(1)(a) of the Health Professions Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act*.

During this period the ICRC closed 5 files with the dispositions as follows:

- Letter of Advice: 3
- Specified Continuing Education and Remediation Program (SCERP) & Oral Caution: 1
- Oral Caution: 1

Additionally, one complaint file was reviewed by the Health Professions Appeal and Review Board. Pursuant to section 35(1) of the Code, the Board returned the matter to the ICRC in order to conduct a further investigation and reconsider its Decision and Reasons.

Next Meeting

Panels of the ICRC will next meet on April 6, 2017.

Respectfully submitted,

Dr. Erin Psota, ND
Chair, Inquiries, Complaints and Reports Committee



The College of Naturopaths of Ontario

Inspection Committee Report to Council – April 2017

Committee Update

The Inspection Committee met by teleconference on March 8, 2017.

Ongoing Business

Observation of Procedures

The Committee discussed the legal opinion provided regarding what factors the Inspection Committee should consider if a patient refuses to consent to the inspector observing a member performing a procedure on the patient. It was decided that in instances where consent is not provided, or where there is no patient available on the day of the inspection due to a cancellation or other reasons, the inspector will have the discretion and the flexibility to find other ways of meeting the requirement. For example, he/she may observe everything but the insertion of the needle in a “mock” procedure on another person, who could be a colleague at the clinic or possibly the inspector himself/herself.

Appointment of Inspectors

The Committee appointed 10 IVIT qualified Members to the position of inspector.

Inspection Outcome Decision Pathway

The Committee discussed the draft Inspection Outcome Decision Pathway as a tool to use when determining inspection outcomes. The decision points are based on whether or not the identified deficiencies pose a potential risk of harm to patients and whether or not the deficiencies and/or risks can be addressed through placing conditions on the premises.

Amendments to the Inspection Program Requirements

The Committee approved the proposed “housekeeping” changes to the Inspection Program Requirements.

Respectfully submitted,

Dr. Sean Armstrong ND
April 2017



The College of Naturopaths of Ontario

Nominations and Elections Committee Report to Council – April 2017

During this reporting period, the committee met on the following dates.

January 25, 2017

The Committee met via teleconference to review the nominations received for Districts 7 & 8. The Committee approved the nomination of George Tardik as the District 7 professional member to Council.

A verbal update on the status of the election for District 8, noting that no nominations were received. It was noted that a 2nd call for nominations in this District will take place.

March 7, 2017

The committee reviewed the nomination for District 8 and approved, via email, the nomination of Jordan Sokoloski as the District 8 professional member to Council.

Respectfully submitted,

Karim Dhanani, ND
Chair



The College of Naturopaths of Ontario

Patient Relations Committee Report to Council – April 2017

Committee Update

The Patient Relations Committee held its first meeting on March 27, 2017.

Ongoing Issues/Topics for Discussion

Training

The Committee received training from Cathi Mietkiewicz, legal counsel at SML, on their roles, responsibilities and potential changes to legislation and regulation.

Bill 87

The Committee reviewed the proposed Bill 87 and developed recommended positions on the themes and provisions of the regulation to be presented to Council for consideration.

Next Meeting

The date of the next PRC has not yet been scheduled.

Respectfully submitted,

Shelley Burns, ND
Chair



The College of Naturopaths of Ontario

Quality Assurance Committee Report to Council – April 2017

Committee Update

Since the last update to Council, the Quality Assurance Committee has held 3 meetings, on January 17, February 28 and March 28, 2017.

Ongoing Issues/Topics for Discussion

Quality Assurance CE Approval

The Committee continued to review applications for Category A credit approval under the College's Quality Assurance Program.

CE Reporting

As of October 30, 2016 all Group II CE Log Forms were received. Staff conducted an initial review of the 338 submissions received and identified 46 (13.6%) that included some sort of deficiency. The Quality Assurance Committee granted all 46 members a deadline of February 28, 2017 to remedy the identified deficiencies. As of the February 28th deadline only 1 member remains outstanding. At the time of filing this report the Member has not renewed their registration with the College. As such the staff are monitoring the situation and will report back to the QAC at their next meeting.

Group III CE Reporting Reminders will be sent out by staff in early May.

Standard of Practice & Guideline Review

The Committee continued its review of the first group of standards & guidelines per its annual review schedule and finalized for public consultation an amended draft Standard of Practice for Consent, a draft guideline for Consent and draft guideline on managing risk in practice.

Peer & Practice Assessment

The Committee reviewed the updated Peer & Practice Assessment Tools, selected the College documents to be reviewed as a part of the initial assessments, appointed Peer & Practice Assessors and conducted a two day training.

Next Meeting

The Committee's next regularly scheduled meeting will be held on May 30, 2017.

Respectfully submitted,

Barry Sullivan,
Chair

Registration Committee Report to Council – April 2017 Committee Update

At the time of this report, the Registration Committee has met three times since the January 2017 Council meeting. The following is a summary of what transpired.

January 23, 2017:

Life Membership Applications: Two life membership applications were referred to the Registration Committee for consideration under Section 23(1) of the College by-laws. The Registration Committee granted life membership to one applicant. The other application was denied as it did not meet life membership criteria set out in the by-laws.

Entry to Practice Applications: One entry-to-practice application was referred to the Registration Committee for consideration under sections 5(4)(a) and 5(2)(b) of the Registration Regulation. The Committee determined that the applicant did not satisfy sections 5(4)(a) or 5(2)(b) of the Registration Regulation. The applicant was invited to provide further submissions to enable the Committee to assess his currency.

Three entry-to-practice applications were referred to the Committee under section 18(2) of the Health Professions Procedural Code (the Code), having not satisfied section 3(2) of the Registration Regulation with respect to good character.

The Committee exempted one applicant from section 3(2) of the Registration Regulation and directed the Registrar to issue a certificate of registration. The Committee further determined that the other applicant satisfied section 3(2) of the Registration Regulation and directed the Registrar to issue a certificate of registration. The last applicant was denied a certificate of registration, in accordance with section 18(2)(5) of the Code, on the grounds that the applicant's previous conduct did not afford reasonable grounds for the belief that he would practise naturopathy in a safe and professional manner.

February 23, 2017:

Life Membership Application - One life membership application was referred to the Registration Committee for consideration under Section 23(1) of the College by-laws. The Registration Committee granted life membership to the applicant.

Entry to Practice Application - One entry-to-practice application was referred to the Registration Committee for consideration under section 18(1) of the Health Professions Procedural Code (the Code). Upon review of applicant's submission, the Committee determined that insufficient information was provided to render a decision. College staff were directed to request additional information from the applicant,

IVIT Program and Examination Policy Edits - the Committee reviewed the proposed policy edits and approved the amended IVIT Program and Examinations Policy.

IVIT Training Course Submission - the Committee reviewed the submission and identified areas of deficiency which required amendments and additions to be made to prior to the Committee being able to approve it.

College of Optometrists of Ontario Registration Regulation and By-Laws – the Committee reviewed the second circulation of COO's draft Registration Regulation and the by-laws. No recommendations were provided.

March 23, 2017:

Life Membership Applications – Two life membership applications were referred to the Registration Committee for consideration under Section 23(1) of the College by-laws. The Registration Committee granted life membership to those applicants.

Entry to Practice Application - One entry to practice application was referred to the Registration Committee under sections 5(2) and 5(4) of the Registration Regulation. The Committee determined that the applicant satisfied the requirements of sections 5(2)(b) and 5(4)(a) of the Registration Regulation and directed the Registrar to grant a General class certificate of registration.

Class Change Application – One class change application was referred to the Committee under section 10(1)(6) of the Registration Regulation. The Committee determined that the applicant may be exempted from section 10(1)(6) and directed the Registrar to grant the applicant a General class certificate of registration with Terms, Conditions and Limitations.

Request for Extension – The Registration Committee reviewed a request from the Health Professions Appeal and Review Board (HPARB) to amend its decision and allow for an extension to comply with the Committee's requirements. The HPARB request was considered and the extension was granted to allow the applicant to successfully complete the required examinations.

Background: A request for reinstatement from an applicant suspended under the BDDT-N was initially considered by the Registration Committee in 2016. The Committee determined that the suspension would be lifted if the applicant successfully completed further competency examinations. The Committee's decision was appealed to the HPARB.

IVIT Program and Examination Policy – the Committee reviewed and discussed amendments made to the Intravenous Infusion Therapy (IVIT) Program and Examinations policy.

The Committee is scheduled to meet next on May 3, 2017.

Respectfully submitted,

Danielle O'Connor, Chair



The College of Naturopaths of Ontario

Scheduled Substances Review Committee Report to Council – April 2017

Committee Update

Since the last update to Council, the SSRC attempted to, but was unsuccessful in scheduling an initial review meeting.

Ongoing Issues/Topics for Discussion

Substance Submissions

The College received over 170 applications for amendments to the drugs/substances that may be accessed by NDs in Ontario.

Testing Submissions

The College received 96 applications for amendments to the laboratories/tests that may be accessed by NDs in Ontario.

Next Meeting

The Committee will be attempting to meet in May and will review the list of substances and tests received in order to develop a list of priorities to be submitted to Council for approval and resource allocation.

Respectfully submitted,

Gail Goodman,
Chair



The College of Naturopaths of Ontario

Blank page inserted deliberately



The College of Naturopaths of Ontario

Executive Committee Decisions To Be Ratified

Meeting of March 1, 2017

- To accept the Q3 unaudited Financial Statements as presented.
- To approve the Standard of Practice on Laboratory Testing as presented.
- To approve the appointment of Gail Goodman as Chair of the Discipline Committee and the Fitness to Practice Committee and Deborah Haswell as a member of the Registration Committee, effective April 1 2017 until the April Council meeting when appointments for 2017/18 are reviewed and approved.
- To approve the unbudgeted expense of \$40,000 for the proposed IT changes.



The College of Naturopaths of Ontario

Blank page inserted deliberately



The College of Naturopaths of Ontario

REGISTRAR'S REPORT January 1 – March 31, 2017

The purpose of this report is to provide the Council of the College of Naturopaths of Ontario with an overview of key operational activities underway within the College as well as a report on compliance with the Executive Limitation Policies.

The report has been formatted to reflect the priorities established by the Council through its Ends Priorities (E02) policy, which incorporates the objectives for the College as established in the Ends (E01) policy.

Each priority area is supported by objectives established by the Council. Each objective is then supported by Activities (A) and Performance Measures (PM) that come from the Operating Plan established by the Registrar. Annually, the Registrar submits a Business Plan and Operating Plan that demonstrates how the planned activities of the College will meet the objectives and priorities established by the Council.

Part 1: Operational Activities Report

These discussions are aligned with the Ends Priorities and Ends policies of the Council.

PRIORITY

1

Our major focus is on ensuring that stakeholders understand and value the College and that regulated NDs influence the health and well-being of Ontarians.

Accordingly, 60% of our resources over the planning period will be directed towards activities to ensure that stakeholders understand and value the role of the College.

3.1 The College supports competent and professional ND practice		
A)	Activity (A): Examiners recruited and trained to conduct fair, transparent, objective and impartial examinations.	Performance Measure (PM): A minimum of 30 examiners to conduct examinations.
<ul style="list-style-type: none"> No Clinical Examiner training was conducted during this reporting period. A total of 10 IVIT examiners have been retained by the College and IVIT examiner training will be conducted in late April in preparation for the May 7 exam. 		
B)	A: Assessors recruited and trained to conduct fair, transparent, objective and impartial evaluations for PLAR.	PM: A minimum of 6 assessors to conduct PLAR assessments.
<ul style="list-style-type: none"> No PLAR assessor training occurred during this reporting period 		
C)	A: Entry-to-practise examinations testing competence of applicants will be delivered.	PM: Exam offered twice in the year.

<ul style="list-style-type: none"> Ontario Clinical examinations was conducted on February 12, 2017. 22 candidates sat the examination. Examination results were disseminated on March 13. 		
D)	A: Jurisprudence examination delivered to all new applicants to ensure necessary knowledge of the legislation governing ND practice in Ontario.	PM: Exam module available online.
<ul style="list-style-type: none"> In this reporting period, 24 applicants have completed the Jurisprudence examination, with 0 retakes. 		
E)	A: IVIT exams in support of the standard of practice will be implemented.	PM: Exam is offered twice in the year.
<ul style="list-style-type: none"> The next session of the Ontario IVIT exam is scheduled for May 7. Registration for this session opened on March 27 and will close on April 14. 		
F)	A: Prescribing exam in support of the standards of practice will be implemented.	PM: Exam is offered three times in the year.
<ul style="list-style-type: none"> No examination was administered during this reporting period. The next session of the Ontario Prescribing and Therapeutics Exam is scheduled for June 4, 2017 		
G)	A: Application process will be delivered to assess competency and good character of future members.	PM: On-line application process available; Forms available for download. Registration information available on-line.
<ul style="list-style-type: none"> In this reporting period (January 1, 2017 to March 31, 2017) 11 initial applications for registration were received. Of these: <ul style="list-style-type: none"> 4 were approved by the Registrar without need for referral to the RC; 6 are currently in process (waiting for additional applicant documentation); 1 is being referred to the Registration Committee for review in May (the April meeting of the Registration Committee was deferred); In addition to new applications, the College also receives applications for class change, name change, reinstatement of membership, life membership and resignation. The application process has been streamlined, with fewer steps and comprehensive application forms. In this reporting period, 30 applications to change class from General to Inactive and four applications to change class from Inactive to General have been received and processed. In accordance with the Registration Regulation, Members in the Inactive Class who wish to move to the General Class where they have been in the Inactive Class for more than two years, must be evaluated by the Registration Committee. One application was received in this reporting period. Two name change requests were received and processed during this reporting period One reinstatement of membership has been received and processed in this reporting period. In accordance with the College by-laws, Members who have been registered under the Act or its predecessor for 25 years, are retiring and wish to be granted Life Membership, must be evaluated by the Registration Committee. Four requests for Life Membership have been granted in this reporting period. One application was denied for not meeting the criteria. 15 resignations were received and processed in this reporting period. 		
H)	A: Annual renewal of members to assess on-going competency, currency and good character will be delivered.	PM: On-line renewal process available. Forms available for download.

<ul style="list-style-type: none"> Members were provided with 45 days to renew their registration; additionally, a two-day extension was offered. 96.2% of the College Members renewed their registration by the deadline. The College acted upon feedback received from its Members and implemented changes to the renewal process, forms and other materials accordingly. The renewal process was streamlined and allowed members to renew in their current class of membership, change class, or resign during the renewal period. Renewal forms, guides and FAQs underwent extensive revisions. Additionally, a video tutorial that offered step-by-step guidance on completing the Information Return Form was introduced. All materials were available on the College's website. In this reporting period, the College continued with monthly audits of Members' Professional Liability Insurance to ensure currency of the policies. While notice was not legally required, several members were informed in advance, allowing them to correct the deficiency. One suspension was issued for non-compliance; the Member had since rectified the issue. 		
I)	A: The Quality Assurance Program to ensure on-going competency, professional and continuing education will be operationalized.	PM: All members complete their annual self-assessment and learning plan and sign declaration at the time of renewal
<ul style="list-style-type: none"> All members are currently up to date with their self-assessment reporting. 		
J)	A: Standards of Practice will be maintained and reviewed regularly on a 4-year cycle.	PM: 25% of all standards will be reviewed by the Committee.
<ul style="list-style-type: none"> The QA Committee is continuing its review of the standards of practice and will be circulating the amended documents for public consultation in the near future. 		
K)	A: Guidelines will be maintained and reviewed regularly on a 4-year cycle.	PM: 25% of all guidelines will be reviewed by the Committee.
<ul style="list-style-type: none"> The QA Committee is continuing its review of the guidelines and will be circulating the amended documents for public consultation in the near future. 		
L)	A: Guidelines developed will be offered to Members and Members reminded about using them.	PM: Guidelines will be developed as needed and when identified by the QA Committee.
<ul style="list-style-type: none"> Staff of the College are in the process of drafting new guidelines for review by the committee which will be included for public consultation in the near future. 		
M)	A: Complaints process will be fully operationalized and managed effectively.	PM: In process complaints with BDDT-N will be acknowledged by the College, New complaints to College will be acknowledged; all complaints will be processed in accordance with the Code.
<ul style="list-style-type: none"> During this reporting period 2 new complaints were received and 7 new Registrar's Investigation approved by the ICRC were initiated. The ICRC closed 5 files during the reporting period with the dispositions as follows: <ul style="list-style-type: none"> Letter of Advice: 3 Oral Caution: 1 SCERP & Oral Caution: 1 1 complaint decision was reviewed by HPARB and the matter was returned to the ICRC for reconsideration. The College completed 1 uncontested Discipline Hearing. The College also issued 6 Cease and Desist letters to individuals holding out as an ND/unauthorized to use the ND title. 		

N)	A: A Patient Relations Program will be maintained and reviewed regularly.	PM: The Patient Relations Program tools and guidelines will be reviewed on an annual basis.
<ul style="list-style-type: none"> The Patient Relations program materials have been finalized and published. The Patient Relations Committee met on March 27, 2017 and received training on their role and responsibilities and reviewed the draft Bill 87 in order to provide Council with a series of recommended positions. 		
O)	A: Discipline/Fitness to Practice process will be fully operationalized and managed effectively.	PM: In process discipline with BDDT-N will be acknowledged by the College; New discipline cases will be acknowledged; All discipline matters will be processed in accordance with the Code.
<ul style="list-style-type: none"> One Discipline Hearing was held during the reporting period, CONO vs. Helen Cohen (Mar. 22, 2017). As the member admitted most of the allegations against her, the hearing was a single day uncontested hearing. The Panel of the Discipline Committee has already completed the Decision and Reasons which are posted to the College's website. 		
P)	A: The Public Register will be launched and maintained to allow the public to find competent NDs.	PM: The Register is launched and updated with changes to Members' information.
<ul style="list-style-type: none"> The Public Register remains fully operational and is updated with live data as changes are made by College staff to members' profiles. The Professional Corporations Register has been available since July 1, 2015 and 8 Professional Corporations were added during this reporting period, bringing the total certificates of authorization issued to 39. The Unauthorized Practitioner Register has been available since July 1, 2015; however, the register is currently empty as the College has not sought court injunctions nor been granted any injunctions by the courts. Finally, the IVIT Premises Register is currently being developed as the Inspection Regulation was approved by the Ontario Government on December 2, 2016. 		
Q)	A: The College website will be launched and maintained to provide the public with information about the mandate of the College and its programs.	PM: The Website is launched and program information is updated.
<ul style="list-style-type: none"> The College website remains active and staff update the website regularly. The update of the main (home) page of the site as well as the manner in which the menus are displayed to increase usability has been completed. On or about the 15th of each month, a News Bulletin is sent to all members highlighting the changes and linking them back to the site. 		
R)	A: Inspectors will be recruited and trained.	PM: 8 Inspectors will be recruited and trained
<ul style="list-style-type: none"> The Inspection Regulation was approved by the Ontario Government on December 2, 2016 and came into effect on March 2, 2017. A second call for inspectors went out in January. The Inspection Committee appointed 10 IVIT qualified Members as inspectors. Training is scheduled for April 12 and 13, 2017. 		
S)	A: An Inspection Program will be operationalized and managed effectively.	PM: Approximately 50% of all existing premises will be inspected along with any new premises.
<ul style="list-style-type: none"> The Inspection Regulation was approved by the Ontario Government on December 2, 2016. 		

As such, the College has launched the Inspection Program and has begun to provide information through the Winter edition of iNformed which focused on the Inspection Program. Information has also been provided to Members who have met the standard of practice for IVIT through regular InfoBites and webinars. As of March 2, 2017 the College was prepared to receive and process Registering an IVIT Premises forms for existing premises. Inspections will begin after May 2, 2017 once all existing premises that intend to continue to provide IVIT procedures are registered.

3.2	Members' practice is consistent with and supported by defined professional standards and competencies.	
T)	A: Guidelines, policy statements, position statements relevant to the practice will be developed, approved and widely disseminated to the profession.	PM: Guidelines, standards, and policy and position statements will be developed as needed and when identified by the QA Committee; All posted to website and alerts sent to Members.
<ul style="list-style-type: none"> During this reporting period, the Committee reviewed and amended a number of Standards of Practice and guidelines as a part of its ongoing review and will initiate a public consultation once their review is complete. 		
U)	A: Case studies of complaints and discipline (with no names or identifiers) will be provided to the Members as a means of strengthening their practices.	PM: Published in the Quarterly newsletter.
<ul style="list-style-type: none"> The College published iNformed, its quarterly newsletter in early March 2017. The newsletter included a section on a Discipline outcome and a separate section on complaints scenarios but was otherwise focused on the Inspection Program. 		
V)	A: Member currency is monitored at annual renewal.	PM: All members currency is reviewed at renewal and appropriate follow up implemented to ensure consistency with required hours of practice.
<ul style="list-style-type: none"> A screening process and a follow-up process were implemented to ensure that hours reported by Members are consistent with the hours of practice required to maintain a General class certificate of registration. 		

3.3	ND standards exist in key areas of practise.	
W)	A: Standards of Practice will be maintained and reviewed regularly on a 4-year cycle.	PM: 25% of all standards will be reviewed by the Committee.
<ul style="list-style-type: none"> The QA Committee is continuing its review of the standards of practice and will be circulating the amended documents for public consultation in the near future. 		
X)	A: Guidelines will be maintained and reviewed regularly on a 4-year cycle.	PM: 25% of all guidelines will be reviewed by the Committee.
<ul style="list-style-type: none"> The QA Committee is continuing its review of the Guidelines and will be circulating the amended documents for public consultation in the near future. 		
Y)	A: Guidelines developed will be offered to Members and Members reminded about using them.	PM: Guidelines will be developed as needed and when identified by the QA Committee.

- Staff of the College are in the process of drafting new guidelines for review by the committee which will be included for public consultation in the near future..

Z)	A: A system for reviewing data from complaints, discipline and assessments will be developed to identify areas that might warrant new standards, new guidelines or education activities in the future.	PM: System will be established; Information conveyed to Associations for consideration for future education.
-----------	--	--

- The new matters before the ICRC include the following concerns:

- Inappropriate advertising: 5
- Holding someone out as a member of CONO: 4
- Inappropriate delegation of a controlled act: 3
- Using testimonials: 3
- Inappropriate Prescribing practices: 3
- Inappropriate use of title/designation: 2
- Contravening the LSCCLA (labs): 1
- Practising outside the scope: 1
- Failing to maintain insurance: 1
- Practising while Suspended: 1
- Disclosure of Personal Information: 1

- During this reporting period, the following matters were raised by Members with the Regulatory Education Specialist:

	Emails	Phone calls	Total Inquiries
Inspection Program	53	37	90
Controlled Acts, Delegation	37	28	65
Record Keeping	9	30	39
Laboratory testing	11	7	18
Quality Assurance/ CE	6	4	10
Advertising	6	2	8

- The Inspection Program related inquiries have mainly been to seek clarification on the Inspection Program Requirements and what information is needed on the Registering an IVIT Premises form.
- Total number of phone calls for inquiries related to Regulatory Guidance: 183
- Total number of emails for inquiries related to Regulatory Guidance: 147

3.4	Members have access to College-developed tools to increase professionalism and standards for their practice.	
AA)	A: Guidelines, standards, code of ethics, position and policy statements will be available for members on the website and their availability widely publicized to the profession.	PM: All documents posted to Website; Alerts e-mailed to members; Availability included in quarterly newsletter.

- The College's Guidelines, standards, code of ethics and policies have been published on the website.
- Members have been reminded about using them through a number of Newsletters, News Bulletin reminders as well as through direct one-on-one contact with the members through all levels of staff.

AB)	A: Professional Incorporation Tools and Handbook will be made available for members on the website and their availability widely publicized to the profession.	PM: All documents posted to Website; Alerts e-mailed to members;
<ul style="list-style-type: none"> The professional incorporation handbook and application forms remain published on the College's website. During this reporting period, 10 applications for professional corporations have been processed, 8 certificates of authorization issued and 2 remain incomplete (awaiting payment of issuance fee). The Professional Corporation Renewal Handbook and Forms remain published on the College's website. Notices were sent to 4 members regarding the renewal of their Certificate of Authorization, all of which successfully renewed. 		
AC)	A: Self-assessment, Learning Plan, Continuing Education and Peer & Practice Assessment tools will be available to the Members for the QA Program.	PM: Tools posted to website; Alerts e-mailed to Members; Availability included in quarterly newsletter.
<ul style="list-style-type: none"> All QA tools are available to all members on the College's website. As of February 28, 2017, all members except 1 in the Group II CE Reporting were complete and up to date. As of the date of reporting the one outstanding Member has resigned his registration with the College. 		
AD)	A: QA Program Handbooks will be available to the Members and their availability widely publicized to the profession.	PM: Tools posted to website; Alerts e-mailed to members.
<ul style="list-style-type: none"> The Quality Assurance program has been fully operationalized through the development and publication of QA Policies and Procedures. All materials are posted on the website and available to all members. During this reporting period all Peer & Practice Assessment Tools were also added to the College's website. 		
AE)	A: Patient Relations Tools and Handbooks will be available to the Members and their availability widely publicized to the profession.	PM: Tools posted to website; Alerts e-mailed to members.
<ul style="list-style-type: none"> The Patient Handbook and a Guideline for NDs have both been finalized and published on the College's website. 		
AF)	A: The by-laws of the College will be available to the Members and their availability widely publicized to the profession.	PM: Tools posted to website; Alerts e-mailed to members.
<ul style="list-style-type: none"> The by-laws of the College have been published on the College's website. During this reporting period, Council received and reviewed consultation feedback regarding a series of possible by-law amendments. Council approved the amendments at their October 27 meeting and the updated by-laws were published on the College's website. Schedule 3 to the by-laws has been updated to reflect the annual fee increase. Members were alerted by email on January 16, 2017. 		
AG)	A: Information about approved CEU credited courses will be available for members on the Website.	PM: Information posted to Website; Availability included in quarterly newsletter.

<ul style="list-style-type: none"> All approved Category A courses have been published on the College's website. CE handbooks, application forms and tools have been published on the College's website. 		
AH)	A: Peer and Practice Assessors will be recruited and trained.	PM: Call of assessors issued; assessors screened, interviewed and appointed; Assessor training.
<ul style="list-style-type: none"> The College currently has 5 appointed peer & practice assessors and training occurred on April 12 & 13, 2017 		
AI)	A: Jurisprudence Handbook available for Members on the website.	PM: Information posted to website. Jurisprudence examination available on-line.
<ul style="list-style-type: none"> The Jurisprudence Handbook and on-line examination remain available on the website. 		

3.5	The College enforces the statutes, regulations, standards, policies and by-laws of the College (implied) and its evaluation methods are valid, reliable and credible and applied fairly and consistently.	
AJ)	A: Complaints process will be fully operationalized and managed effectively.	PM: In process complaints with BDDT-N will be acknowledged by the College, New complaints to College will be acknowledged; All complaints will be processed in accordance with the Code.
<ul style="list-style-type: none"> During this reporting period 2 new complaints were received by the and 7 new Registrar's Investigation approved by the ICR were initiated. The ICRC closed 5 files during the reporting period with the dispositions as follows: <ul style="list-style-type: none"> Letter of Advice: 3 Oral Caution: 1 SCERP & Oral Caution: 1 1 complaint decision was reviewed by HPARB and the matter was returned to the ICRC for reconsideration. The College completed 1 uncontested Discipline Hearing. The College also issued 6 Cease and Desist letters to individuals holding out as naturopaths. 		
AK)	A: Discipline/Fitness to Practice process will be fully operationalized and managed effectively.	PM: In process discipline with BDDT-N will be acknowledged by the College; New discipline cases will be acknowledged; All discipline matters will be processed in accordance with the Code.
<ul style="list-style-type: none"> One discipline hearing was held during this reporting period. 		
AL)	A: Patient Relations Program will be fully operationalized and managed effectively.	PM: All requests for funding will be processed in accordance with the Code and program policies.
<ul style="list-style-type: none"> The Patient Relations program materials have been fully operationalized. The Patient Handbook and Guideline for NDs have been both finalized and published on the College's website. The Patient Relations Committee met on March 27, 2017 and reviewed Bill 87. 		
AM)	A: College by-laws will be available to Members and the public	PM: Information posted to and maintained on the Website.

<ul style="list-style-type: none"> • The by-laws of the College have been published on the College's website. • Schedule 3 to the by-laws has been updated to reflect the annual fee increase. The revised by-laws were published on the College's website. 		
AN)	A: Program information will be available to Members and the Public.	PM: Information posted to and maintained on the Website.
<ul style="list-style-type: none"> • Program information on all College activities is posted to the website and updates have been completed during this reporting period. • The following information was released/updated during this reporting period: <ul style="list-style-type: none"> ○ 1 iNformed Newsletter (Winter 2017). ○ 3 NewsBulletins (January, February and March 2017). ○ 3 InfoBites – Inspection Program specific information sent to IVIT Members (February and March 2017). ○ 3 Inspection Program Webinars (February and March 2017). ○ Notice of Change in Registration Fees (January 16, 2017). ○ Registration Renewal Notice (February 14, 2017). ○ Registration Renewal Reminders (emailed on March 2, 17, 27 and 31). ○ Schedule for 2017 Renewal. ○ FAQ Registration Renewal 2017. ○ 2017 Information Return Guides. ○ 2017 Information Return Video Tutorial link posted on the website. ○ Registration Renewal Extension Announcement (emailed and posted on the website on March 31, 2017). ○ New web page created to host Change of Class; all application forms streamlined. ○ New web page created to host Name Change; new application form created. ○ New web page created to host Resignation of Membership; application form streamlined. • The College launched a new “skin” for its website which updated both the site design and menu functionality. 		
AO)	A: Guidelines, standards, position and policy statements will be available for members on the website and their availability widely publicized to the profession.	PM: All documents posted to Website; Alerts e-mailed to members; Availability included in quarterly newsletter.
<ul style="list-style-type: none"> • The College's Guidelines, standards, code of ethics and policies have been published on the website. • Members have been reminded about using them through a number of Newsletters, NewsBulletin reminders as well as through direct one-on-one contact with the members through all levels of staff. 		
AP)	A: Entry-to-practice examinations testing competence of applicants will be delivered.	PM: Exam offered twice in year.
<ul style="list-style-type: none"> • Entry-to-practise clinical examinations were administered on February 12, 2017. 22 candidates sat the examination. Examination results were disseminated on March 13. 		
AQ)	A: IVIT exams in support of the standard of practice will be implemented.	PM: Exam is offered twice in the year.
<ul style="list-style-type: none"> • The next session of the Ontario IVIT exam is scheduled for May 7. Registration for this session opened on March 27 and will close on April 14 		
AR)	A: Prescribing exams in support of the standards of practice will be implemented.	PM: Exam is offered three times in the year.

<ul style="list-style-type: none"> No examination was administered during this reporting period. The next session of the Ontario Prescribing and Therapeutics Exam is scheduled for June 4, 2017. 		
AS)	A: Regular review of examinations implemented and examinations updated.	PM: Post-test analyses conducted after each exam. Exam content reviewed annually.
<ul style="list-style-type: none"> Post-test analysis was performed following the Ontario Clinical Examinations and minor exam content amendments were made for identified areas of concern. No other examinations were offered during this reporting period. 		
AT)	A: Examiners are trained to implement objective, transparent, impartial and fair examinations.	PM: Examiner training implemented twice per year.
<ul style="list-style-type: none"> Prior to the February 12 session of the Ontario Clinical Examinations, examiners were provided with training to review the College examiner guidelines, grading tools and application of the principles of being objective, transparent, impartial and fair within the context of implementing the College's Clinical Exams. 		
AU)	A: Prepare Fair Registration Practices Report.	PM: Reports prepared annually or at time specified by the Fairness Commissioner.
<ul style="list-style-type: none"> The College's received the 2016 Fair Registration Practices reporting questionnaire from the Office of the Fairness Commissioner on December 15, 2016. The deadline for report submission is March 1, 2017. 		

3.6	Appropriate research is used in the development of tools to guide practitioners.	
AV)	A: College tools (standards, guidelines, policies, position statements) will be developed in consultation with Members of the profession and key stakeholders as appropriate.	PM: All new or revised standards, policies, positions statements are consulted on with members of the profession and key stakeholders.
<ul style="list-style-type: none"> No new consultations took place during this reporting period. All new and revised Standards of Practice and Guidelines will be consulted on. 		
AW)	A: College tools (standards, guidelines, policies, position statements) will be benchmarked against other relevant health regulatory colleges.	PM: All new or revised standards, policies, positions statements are benchmarked against relevant health regulatory college information.
<ul style="list-style-type: none"> The Quality Assurance Committee continues their review of the standards of practice in accordance with the standard review schedule. 		
AX)	A: The College will participate in working groups of the FHRCO to support its own efforts and those of other Colleges.	PM: The College will participate in a minimum of one focus group of the Federation.
<ul style="list-style-type: none"> College staff participates in Quality Assurance Working Group, the Investigations and Hearings Working Group, the Executive Assistant's Working Group, the Deputy Registrars Information Group. 		
AZ)	A: College tools (standards, guidelines, policies, position statements) will be benchmarked against other naturopathic medical regulators in Canada.	PM: All new or revised standards, policies, positions statements are benchmarked against relevant naturopathic medical regulators in Canada.

<ul style="list-style-type: none"> All College tools are benchmarked against Ontario regulatory bodies and other naturopathic regulators in Canada. 		
BA)	A: Applications reviewed and decisions made by the Scheduled Substance Review Committee are evidence-based.	PM: One call for applications per year. All applications are reviewed and recommendations submitted to Council.
<ul style="list-style-type: none"> During this reporting period a Call for applications was concluded. The College received over 170 applications for amendments to the drugs/substances and 96 applications for amendments to the laboratories/tests that may be accessed by Ontario NDs The Committee was unsuccessful in achieving quorum in scheduling an initial review meeting as such a meeting will be scheduled in the next reporting period. 		

PRIORITY 2	Our secondary focus is on the College being recognized and respected as a partner in Ontario's health-care system.	
	Accordingly, 10% of our resources over the planning period will be focused on ensuring that:	
2.1	Regulatory health policy related to the practice is appropriate for naturopathic practice.	
BB)	A: New regulatory initiatives of the College will be subject of consultation with key stakeholders.	PM: All initiatives will append relevant stakeholder feedback data
<ul style="list-style-type: none"> No new regulatory initiatives have been planned for the College during the reporting period. 		
BC)	A: College tools (standards, guidelines, policies, position statements) will be developed in consultation with Members of the profession and key stakeholders as appropriate.	PM: All tools will append relevant stakeholder feedback data
<ul style="list-style-type: none"> During this reporting period, no items were circulated for consultation. 		
BD)	A: College tools (standards, guidelines, policies, position statements) will be benchmarked against other relevant health regulatory colleges.	PM: All tools will append relevant FHRCO Member benchmarking data
<ul style="list-style-type: none"> All College standards, guidelines and position statements are benchmarked against relevant FHRCO colleges, as are the Colleges programming materials, process and many elements of the budget. 		
BE)	A: The College will participate in working groups of the FHRCO to support its own efforts and those of other Colleges.	PM: The College will participate in a minimum of one focus group of the Federation.
<ul style="list-style-type: none"> The College currently participates in working groups relating to Inquiries, Complaints and Reports, Quality Assurance, Registration and Executive Assistants, and the Deputy Registrars Information Group. 		
2.2	Relationships with members, government and other key stakeholders are strong and productive.	

BF)	A: Regular communication with the Health Regulatory Branch of MOHLTC will be maintained.	PM: Quarterly telephone meetings; Periodic e-mail communication.
<ul style="list-style-type: none"> During the reporting period, regular communication has been maintained with the Director of the Regulatory Programs Branch, as well as with the Policy Analyst responsible for this College. 		
BG)	A: Membership and participation in FHRCO to foster relationships with other health regulatory Colleges.	PM: Attend 80% of all meetings. Attend Registrar Education Day
<ul style="list-style-type: none"> A special FHRCO Board meeting regarding Bill 87 was held on January 19 which the Registrar and Deputy Registrar attended. A regular FHRCO Board meeting took place on February 13, which the Registrar attended. The FHRCO annual Registrar Education Day was not held during this reporting period. 		
BH)	A: Activities to foster relationship with other Naturopathic Regulatory Authorities in Canada will be undertaken.	PM: Quarterly teleconferences
<ul style="list-style-type: none"> College staff continue to dialogue with other Canadian naturopathic regulators regarding a number of issues of mutual concern. Plans are underway to schedule the next teleconference meeting. 		
BI)	A: College tools (standards, guidelines, policies, position statements) will be benchmarked against other relevant health regulatory colleges.	PM: All new or revised standards, policies, positions statements are benchmarked against relevant health regulatory college information.
<ul style="list-style-type: none"> All College standards, guidelines and position statements were benchmarked against relevant FHRCO colleges, as are the Colleges programming materials, process and many elements of the budget. 		
BJ)	A: Regular meetings with three Ontario Naturopathic stakeholders.	PM: A minimum of two meetings annually with each stakeholder.
<ul style="list-style-type: none"> During this reporting period, the following meetings have been held: <ul style="list-style-type: none"> A meeting with the OAND CEO was held via teleconference on January 17, and March 14. A meeting with CCNM originally scheduled for December 14/16 was held January 16/17. 		
BK)	A: Regular communication with members of the profession.	PM: Quarterly newsletter; 4 additional e-mail blasts.
<ul style="list-style-type: none"> The College has established a regular communication structure to provide information to members of the profession. During this reporting period, these included the following media (with the number issued in this reporting period included in parentheses): <ul style="list-style-type: none"> Advisories (1) Flu (December 2/16) Announcements (1) Inspections Regulation Approved (December 15/16) iNformed Newsletter (1) (December 7/16) NewsBulletins (3) (October, November, December) General broadcast e-mails (2) Call for Nominations Districts 7 & 8; Seasons Greetings (December 23/2016). Notice of Change in Registration Fees (January 16, 2017) Registration Renewal Notice (February 14, 2017) Registration Renewal Reminders (emailed on March 2, 17, 27 and 31) 		

- Registration Renewal Extension Announcement (emailed on March 31, 2017)
- During this reporting period, the Registrar received the Communications Report that he requested from the Acting Manager of Communications. A Memorandum providing an overview of the findings and actions taken, along with a copy of the report, is provided for the information of the Council.

2.3	Health care in the Province of Ontario is influenced by the work of the College.	
BL)	A: The College will participate in consultations related to the health care system in Ontario.	PM: Consultation documents from other health regulatory colleges, HPRAC and the Ministry of Health and Long-Term Care will be reviewed and, where appropriate, feedback provided.
<ul style="list-style-type: none"> ● The College reviewed and provided feedback on the second circulation of the College of Optometrists of Ontario's draft Registration Regulation and the by-laws. 		
BM)	A: The College will prepare data for submission to Health Force Ontario.	PM: Data submitted annually or at time specified by Health Force Ontario
<ul style="list-style-type: none"> ● No data submission took place during this reporting period. 		

PRIORITY 3	Our priorities also include principles of strong governance and fiscal responsibility.	
	Accordingly, 30% of our resources over the planning period will be focused on ensuring that:	
4	The College is financially responsible, stable and has sufficient funds to meet its mandate.	
4.1	Fees provide sufficient financial resources.	
BN)	A: Budgeting will be undertaken annually using a 3-year cycle (budget plus 2 years of estimates).	PM: Budget begins in August annually; Executive Committee consulted; Budget accepted by Council.
<ul style="list-style-type: none"> ● The draft 2017/18 budget was reviewed and approved by Council in January. 		
BO)	A: Budgeting will be undertaken on a "zero-based budgeting" model.	PM: A balanced budget will be provided and accepted by Council
<ul style="list-style-type: none"> ● A zero-based budgeting approach has been adopted by management. 		
BP)	A: A culture of fiscal responsibility and prudence will be fostered within the Council, Committees and staff in keeping with a not-for-profit model.	PM: Request for supplies/education will reflect approach of prudence and fiscal responsibility; Vendor selection will reflect competitive approach that includes cost evaluation;
<ul style="list-style-type: none"> ● All expenditures of the College require management approval. ● Approval is only provided to those expenditures that are absolutely required and accounted for in the budgeting process. 		
BQ)	A: Major expenditures will be supported with a full business-case.	PM: Business plans will be developed in accordance with standardized approach and included as part of the budget.

- The Executive Committee authorized an expenditure of up to \$40,000 to purchase and install a new server at the College. A Business Case was prepared which detailed the necessity of the purchase.

4.2	The financial resources of the College are prudently managed.	
BR)	A: Operating policies and procedures governing all aspects of financial management will be developed.	PM: Includes but not limited to order/expense prior approval, banking, handing funds.
<ul style="list-style-type: none"> • 2 new Operating Policies were approved during this reporting period: <ul style="list-style-type: none"> ○ Per Diem & Expenses for Volunteers & Contractors ○ Reporting of Deceased Members 		
BS)	A: An operating policy governing procurement that is consistent with the Interim Procurement Policy will be established.	PM: Policy prepared and submitted to Council for information.
<ul style="list-style-type: none"> • A Procurement Policy for the College has been developed and approved by the Management Committee and the Registrar. 		
BT)	A: Monthly financial statements will be prepared and presented to the College Management team and will include “month”, “year-to-date”, “budget to date”, “annual budget”, variance (as % of budget), and projections (beginning at 6 months).	PM: Statements received by Management Committee;
<ul style="list-style-type: none"> • Management has reviewed financial statements for Q3. 		
BU)	A: Quarterly financial statements and a written variance report will be included in the Registrar’s Report submitted to Council.	PM: Statements submitted to Council.
<ul style="list-style-type: none"> • With the Council meetings taking place in the month immediately following the close of each financial quarter, it would be premature and potentially misleading to present the quarterly statements at this time. Generally accepted accounting principles suggest that at least a month is required after the close of a quarter to allow all accounting to be processed before reports are prepared. • Q3 financial reports and a variance report were circulated to the Council on February 28. 		
BV)	A: The annual Audit will be supported by the staff and the Audit Committee developed and fully supported in its role.	PM: Audit review materials given to Auditor; Audit Committee meets twice and files report to Council.
<ul style="list-style-type: none"> • No Audit took place during this reporting cycle. 		

5.	The College is governed and operates effectively and appropriately in accordance with its legislated mandate.	
5.1	The College’s governing Council is appropriately structured. 5.1.1 Council operates to a policy governance framework. 5.1.2 Council is informed and has access to information to support decision-making.	

BW)	A: Governance policies will be maintained and reviewed regularly by the Council.	PM: GP08 will be operationalized by the Registrar and President
<ul style="list-style-type: none"> The President and the Registrar, through the auspices of the Executive Committee have been working to ensure compliance with GP08 (Annual Planning Cycle). 		
BX)	A: Policy updates as required by the Council will be finalized and circulated.	PM: Amended or new policies will be circulated to Council within 30 days of approval.
<ul style="list-style-type: none"> No activities were undertaken during this reporting period. 		
BY)	A: Members of the Council will be oriented to the mandate of the College, the governance model and their fiduciary responsibilities annually.	PM: Council orientation will be held in July 2014 following the elections.
<ul style="list-style-type: none"> All members of Council have been provided an orientation to their duties and responsibilities. The newly elected Council Member will be oriented in late April 2017. 		
BZ)	A: Council receives the Registrar's Report and Committee Reports as required.	PM: Each meeting includes written Registrar's Report and Committee reports.
<ul style="list-style-type: none"> A Registrar's Report was prepared and provided to the Council in advance of the January 25th Council meeting. 		
CA)	A: Council will be fully briefed on all major issues and policy matters to be brought before the Council will be provided.	PM: Briefing notes detailing the background, discussion, feedback from stakeholders (as warranted) and recommended motions will be provided.
<ul style="list-style-type: none"> A standardized briefing format has been established for use with the Council. Briefings on all key decisions are routinely prepared for and disseminated to the Council in advance of the meeting. 		
CB)	A: Council will receive its materials for meetings in a timely manner.	PM: Materials for all meetings are received allowing at least two weekends for review.
<ul style="list-style-type: none"> A Council meeting was held on January 25, 2016. Materials for the meeting were released 10 days prior to the meeting. 		
CC)	A: Council elections will be delivered annually.	PM: Election guidelines issued annually; District elections held in accordance with by-laws.
<ul style="list-style-type: none"> Elections for Districts 7 & 8 were completed during this reporting period. The membership was notified of the results on March 20th via email. 		
CD)	A: Executive Committee elections will be conducted annually as required in the by-laws.	PM: Elections will be held at the first Council meeting following elections to Council.
<ul style="list-style-type: none"> Elections for Executive were initiated during this reporting period and will conclude at the April 2017 Council meeting. 		
CE)	A: Recruitment of non-Council committee members will be undertaken annually.	PM: Members of the profession will be invited to express an interest in joining the Committees of the Council.

<ul style="list-style-type: none"> Recruitment of non-council Committee members took place for the Discipline Committee as their were a few new openings. 		
CF)	A: Committee appointments will be conducted annually.	PM: A slate of appointments will be developed for Executive Committee to seek approval of Council.
<ul style="list-style-type: none"> During this reporting period, Gail Goodman was appointed as Chair to the Discipline Committee for the period of April 1 – 30, with the resignation of Genevieve Boudreau, the current chair, as of March 31. Deborah Haswell was appointed to the Registration Committee as Chantel Goldsmith resigned recently from this committee. Committee appointment preferences for 2017/18 were provided to Council members during this reporting period and appointments will be finalized and approved at the April Council meeting. 		
CG)	A: Recruitment of public Members to the Council will be undertaken annually as needed.	PM: A process of identification of necessary skills and ads seeking interested individuals will be undertaken with the Public Appointments Secretariat.
<ul style="list-style-type: none"> The Public Appointments Secretariat is aware of the 2 public member resignations and we have been informed that they are working on finding replacement appointees. 		

5.2	Council Operations are appropriate and effective.	
CH)	A: Operating policies and procedures are established, in keeping with the values of the Council, implemented and reviewed regularly.	PM: Policies will be in place and tabled with the Council for information.
<ul style="list-style-type: none"> A total of 50 operating policies have been established by the Registrar and staff; however, a number remain under development. 		
CI)	A: An operating plan supporting the Ends Policy will be developed for acceptance by the Council.	PM: A 3-year operating plan will be presented to the Council annually.
<ul style="list-style-type: none"> An operating plan covering the period April 1, 2017 to March 31, 2022 was presented and accepted by the Council in January 2017. 		
CJ)	A: An annual performance review of the College will be submitted by the Registrar for the consideration of the Council.	PM: Performance report filed with 1) Executive Committee and 2) Council.
<ul style="list-style-type: none"> The Annual Organizational Performance Review was initiated during this reporting period and will be completed in April. 		
CK)	A: Annual performance reviews of all staff will be undertaken by the Registrar or his delegates.	PM: Registrar will complete reviews and file a statement to this effect with the Council.
<ul style="list-style-type: none"> Annual staff performance reviews were initiated in the period and are expected to be completed by early May 2017. 		

5.3	The College builds trust and accountability through practices that place a priority on transparency, fairness and objectivity.	
------------	---	--

CL)	A: Programming will be undertaken to implement transparency related changes to the public register.	PM: The mechanism for publishing SCERPS and oral cautions will be in place.
<ul style="list-style-type: none"> The mechanism for publishing SCERPS and oral cautions on the public register is in place. 		
CM)	A: Develop and implement a process for publicizing Council meetings and Discipline Hearings to ensure transparency.	PM: Meeting dates and draft agenda published a minimum of 14 days prior to meetings.
<ul style="list-style-type: none"> Council meetings are announced via the main page of the College's Website which links to a Council Meeting date page, as well as in the monthly News Bulletin and quarterly Newsletter. The page has been updated with the schedule for the meetings for 2017. Information for the April meeting will be uploaded as soon as it is available. 		
CN)	A: Implement a decision-making process that considers transparency, privacy, risks and financial impacts.	PM: Develop and implement a new model for briefing Council that incorporates these factors.
<ul style="list-style-type: none"> A new approach to Council briefing materials has been developed in conjunction with the College's legal counsel such that the entire briefing package has been made available on the College's website for the January and April 2017 meetings. 		

NOT A PRIORITY	The following ENDS 01 items were not included among the priorities set by the transitional Council.
	Accordingly, 0% of our resources over the planning period will be dedicated to these items except to the degree that the activities may overlap with other activities that support the top 3 priorities set out above.
<ul style="list-style-type: none"> No specific activities were undertaken in support of this area except to the degree that they have already been reported upon above. 	

Part 2: Report on Compliance with Executive Limitations Policies

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	Yes	
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 below.
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	

Notes:

EL08 – Paragraph 8 requires that the College invest funds that are not immediately required in guaranteed instruments. All surplus funds of the College currently reside in an interest-bearing savings account as was previously required by the Ontario Government during transition. Discussions are progressing with RBC in the development of an laddered GIC investment strategy that would see the College having access to sufficient funds from GICs each month in the event that it is necessary.

Respectfully submitted,

Andrew Parr, CAE
Registrar & CEO
April 2017



The College of Naturopaths of Ontario

FOR INFORMATION PURPOSES: This document is from the July 2016 Council Meeting

BRIEFING NOTE
Review of Governance Process Policies

ISSUE: What the Council is to consider and how to prepare for the detailed review of the Governance Process policies as part of the July 2016 Council meeting.

BACKGROUND:

The Council of the College of Naturopaths of Ontario has established a modified policy-governance model as the means by which it will operate. This means that the primary job of the Council is to set and review policy.

The policy governance model requires that at each meeting, the Council consider the reports it received (Committee Reports, the President's Report and the Registrar's Report) and consider whether any matter reported on raise concerns surrounding compliance with policy. This takes place as items 6.01 through 6.04 on the July draft Agenda.

A detailed review of one set of policies is expected to be undertaken by the Council at each of its meetings. Under item 6.05 on the draft agenda, the Council is asked to undertake a detailed review of the Governance Process policies.

DISCUSSION POINTS:

Members of Council are expected to prepare in advance for the detailed review of the set of policies listed for each agenda. What might this review entail?

First and foremost, members of Council are asked to take some time to read each of these policies. While they will be familiar, a careful read of them may bring about questions on your minds.

Second, Council members should ask some general questions about each of the policies, questions such as:

- Do I understand the intent of this policy?
- What does the policy, as it is written, mean and is that meaning consistent with our intent?
- Do I know how this policy is being interpreted, in the case of Governance Process policies, the President is responsible for interpreting them.
- Is the interpretation a "reasonable interpretation" of the policy?
- Is the policy sufficiently clear? Might more detail be helpful or might it be easier if less detail was provided?

Finally, Council members should make notes of any concerns, questions they cannot answer or any irregularities and these questions should be posed as part of the discussion for this agenda item.

ANALYSIS

Risk Assessment – The risk to the College is that members of Council do not understand the policies and therefore cannot comply with them or hold other members of the Council

accountable for their actions or lack of action. Good governance is the responsibility of the Council.

Privacy Considerations – There are no privacy considerations.

Transparency – While all of the policies of the Council are publicly available, the discussion of the policies furthers transparency as stakeholders present can hear and understand what the policies mean and how the Council acts upon them.

Financial Impact – There are no financial implications.

Andrew Parr, CAE
Registrar & CEO
July 2016



The College of Naturopaths of Ontario

BRIEFING NOTE

IVIT Program and Examinations Policy Amendment

ISSUE: Council is asked to review and approve amendments made to the Intravenous Infusion Therapy (IVIT) Program and Examinations policy

BACKGROUND:

At its October 24, 2014 meeting, Council approved the College's IVIT Program and Examinations Policy. A second round of review and revision was conducted and a revised IVIT Program & Examinations Policy was approved on December 8, 2015.

Recent approval of the College's Inspection Regulation and implementation of the College's Inspection program, College policies around sterile compounding and the inclusion of sterile compounding as part of the practical component of the College's Ontario IVIT Examination, necessitate the inclusion of sterile compounding as a core competency for the practise of IVIT, and as part of IVIT training course requirements to ensure best practices are being taught. As such, a revised policy is being brought forward to this Council for review and approval.

DISCUSSION:

Additions

Core Competency Addition - Sterile Compounding

While members of the profession authorized to perform IVIT may choose to utilize a compounding pharmacy rather than performing sterile compounding for IVIT in clinic, all members of the profession should have a basic understanding of sterile compounding, including how to use and maintain a laminar airflow hood, appropriate garbing protocol and appropriate aseptic technique to ensure that should they decide to incorporate sterile compounding into their IVIT practice, they have the requisite knowledge, skill and judgement to do so safely and competently.

Training Course Criteria Additions – Sterile Compounding

To date, one training course in IVIT has been approved which encompasses best practices for sterile compounding. To ensure future approved training courses teach similar competencies, it is recommended that sterile compounding be incorporated both as a content "teaching" requirement for lecture material and as a practical requirement, to allow exam candidates hands on experience performing compounding for IVIT as well as a fair opportunity to be successful with the sterile compounding portion of the College's Ontario IVIT exam.

RECOMMENDED MOTION:


To approve amendments made to the Intravenous Infusion Therapy (IVIT) Program and Examinations policy.

Erica Laugalys
Manager, Examinations and Entry-to-Practise
March 2017




The College of Naturopaths of Ontario

Blank page inserted deliberately

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P08
	IVIT Program & Examinations Policy	Page No. 1

Intent/Purpose	To establish a policy governing the intravenous infusion therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Candidate	Any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	General Class Certificate of Registration	As defined in section 1(1) of the Health Professions Procedural Code means a Certificate of Registration issued by the Registrar, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.
	Deferral	A granted postponement of a Candidate's attempt at one or more examinations.
	Examinations Accommodation	An adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's current needs arising from a disability, physical limitation or religious requirement.
	Examination Violation	A contravention of the College's Examination Policy, or Examination Rules of Conduct.
	Good Standing	The status assigned to a Member when he or she is current on dues and payments and is current with the registration requirements assigned to their Class of Registration.
	Intravenous Infusion Therapy (IVIT) Examination	A three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Member's competencies to perform IVIT safely, competently and ethically.
	<u>Compounding</u>	<u>Reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the member's patient by intravenous infusion therapy.</u>
	<u>Laminar Air Flow Hood</u>	<u>An enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.</u>
	Member	As defined in section 1(1) of the Health Professions Procedural Code, means a Certificate of Registration issued by the Registrar.
	Registration Committee	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.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	December 8, 2015

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. P08
		Page No. 2

Registrar The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.


Registration Regulation Ontario Regulation 84/14 as amended from time to time.

General Regulation Ontario Regulation 168/15 as amended from time to time.

Standard of Practice for IVIT As defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.

General	Regulation	<p>Determinations of whether a Member has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy.</p> <p>Registration staff and Members of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.</p>
	Eligibility Requirements for the Practise of IVIT	<p>Any Member who wishes to perform the controlled act of administering intravenous infusion therapy must:</p> <ul style="list-style-type: none"> • Hold a General Class without any terms, conditions or limitations which restrict the Member from engaging in direct patient care; • Be in Good Standing with the College; • Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council; • Have met the Standard of Practice for Prescribing, as outlined in the General Regulation; • Hold \$3 million per claim and \$3 million aggregate level in professional liability insurance in addition to the \$2 million coverage required of all Members holding a General Class Certificate of Registration, in accordance with section 19 of the College By-laws; • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT.
	Skills Atrophied	Members holding an inactive class Certificate of Registration or a general class Certificate of Registration with a non-clinical Term, Condition or Limitation (TCL) with the College for more than two (2) years are deemed to have atrophied in skill and no longer meet the

DATE APPROVED	DATE LAST REVISED
October 20, 2014	December 8, 2015

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P08
	IVIT Program & Examinations Policy	Page No. 3


Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

Core Competencies for the Practise of IVIT

Members performing intravenous infusion therapy possess the knowledge, skill and judgment in the following IVIT core competencies to ensure safe and effective practise:


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

DATE APPROVED	DATE LAST REVISED
October 20, 2014	December 8, 2015

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. P08
		Page No. 4

pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.


IVIT Training Courses	Approval	<p>In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of Candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council.</p> <p>In reviewing an application for approval, the Registration Committee will base their decision on the following criteria:</p> <ol style="list-style-type: none"> 1. Course material must be fully referenced; 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT; 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for IV infusion therapy, emergency response and infection prevention and control; 4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation; 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the Laboratory and Specimen Collection Centre Licensing Act, the General Regulation and the Standards of the College; 6. All participants who successfully complete the course and course examination must be provided with a certificate of completion signed and dated by the course instructor 7. The course must contain six (6) to eight (8) hours of dedicated emergency procedures content, including one (1) hour of emergency procedures role play, which addresses the following: <ul style="list-style-type: none"> • How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and IV line issues (e.g. line obstructions and tubing disconnects); • Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios; • Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks,
DATE APPROVED		DATE LAST REVISED
October 20, 2014		December 8, 2015

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P08
	IVIT Program & Examinations Policy	Page No. 5

- oxygen masks, AED and pulse oximeters);
 - Documentation and reporting requirements around adverse reactions.
8. Course must have a practical component which:
- Requires participants to perform at least one (1) successful infusion with proper insertion and termination;
 - Requires participants to perform at least one (1) successful IVIT push with proper insertion and termination;
 - Requires participants to perform at least seven (7) angiocath insertions, and at least three (3) butterfly insertions;
 - Requires participants to compound a bag for IVIT using a laminar air flow hood; demonstrating proper infection control measures and garbing protocol;
 - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique;
 - Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties;
 - Demonstrates chevron technique and the use of transparent dressings (e.g. transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.
9. Course must have a calculation requirement which requires participants to complete at least ten (10) osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.

Course Audits	The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor.
Course Updates	<p>Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and other regulated health profession industry standards concerning IVIT, and such changes are subject to a review and approval by the Registration Committee.</p> <p>Any updates must be submitted to the Registration Committee prior to implementation.</p>
Course Changes	<p>Changes to course material and/or references must be reviewed and approved by the Registration Committee.</p> <p>Any changes must be submitted to the Registration Committee prior to implementation.</p>

DATE APPROVED	DATE LAST REVISED
October 20, 2014	December 8, 2015

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. P08
		Page No. 6

IVIT Examination	General	In order to have been deemed to have met the Standard of Practice for IVIT, a Member must successfully complete an examination administered or approved by Council.
	Eligibility	<p>A Candidate is eligible to sit the College's IVIT examination provided they:</p> <ul style="list-style-type: none"> • Hold a General Class Certificate of Registration without any terms, conditions or limitations that restricts the Member from engaging in direct patient care; • Are in Good Standing with the College at the time of application for the IVIT examination; • Have successfully completed a Council approved IVIT training course no more than two (2) years prior to the date of the exam.
	Examination Attempts	<p>Candidates are provided three (3) attempts to successfully complete the IVIT examination and must do so within two (2) years of the date of their successful completion of the IVIT training course.</p> <p>A Candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training, if any, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third and final time.</p> <p>A Candidate who has exceeded the two (2) year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved IVIT training course prior to being eligible to re-attempt the IVIT examination.</p>
	Retakes	Candidates who have failed any one (1) component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
	Accommodations	To ensure Candidates are provided fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any Candidate. Requests for accommodation will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.
	Deferrals	Any Candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.
	Examination Violations	All Candidates are required to comply with the Examination Rules of Conduct as established by the Registrar. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.
	Passing Requirements	To pass the IVIT examination, the Candidate must score 75% on each component of the examination.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	December 8, 2015



The College of Naturopaths of Ontario

BRIEFING NOTE

Ontario Prescribing and Therapeutics Course and Exam

BACKGROUND:

Identified Need

In 2011, discussion was initiated around a prescribing course and exam in relation to the “mandatory post-registration certification in pharmacology” noted at the time in the draft Registration Regulation (later changed to a semi-elective post-registration Standard of Practice under the General Regulation, based on feedback received from the profession during consultation).

To determine the need for additional education and assessment around this ‘certification’, a risk assessment was conducted by the Registration Committee. This assessment reviewed the training and education provided on all of the controlled acts (e.g. naturopathic manipulation, acupuncture, injection therapy, etc.) and pharmacology within the CNME-accredited programs, what assessments of that knowledge were taking place as part of the Naturopathic Physicians Licensing Examinations (NPLEX), and the consistency of training and assessment between different graduating classes.

Based on this review, risk associated with “prescribing, dispensing, and compounding a drug” and “administering a prescribed substance by injection or inhalation” was determined to be high, and a recommendation was put forward with respect to the development of a course and exam to ensure safe and competent practice for the expanded scope that would be granted under the *Naturopathy Act, 2007*.

Coinciding with this risk assessment, during the development of the original Authorized Acts Regulation, the Ministry of Health and Long-Term Care expressed its view of a need for the future College to address methods of ensuring that existing Members of the profession had the knowledge, skill and judgement to be able to use the new controlled act to be authorized to the profession. In the Ministry’s experience, most College would ensure that an appropriate course was developed and an examination used to test members before being permitted to perform the newly authorized controlled act.

Content Scope & Rationale

Following the risk assessment, the transitional Council approved a Business Case for the development of a Pharmacology Certification Exam for the College of Naturopaths of Ontario, and an invitational Request for Proposals (RFP) was released to several relevant organizations including but not limited to the Canadian College of Naturopathic Medicine (CCNM), and the Boucher Institute of Naturopathic Medicine (BINM). No proposals were received in response to this initial RFP; however, the transitional Council received a proposal from the Therapeutics Education Collaboration (TEC) following a subsequent RFP release.

TEC’s proposal was presented to the Registration Committee in April 2012. As part of its review process the Registration Committee considered such things as the cost involved to develop a new exam versus adopting and adapting a current model being used elsewhere, successful implementation of a similar pharmacology course and exam requirement in other regulated jurisdictions, and overall course focus. Based on an emphasis of therapeutics and evidence-based prescribing in the context of pharmaceuticals, an essential skill and knowledge area for

all NDs even if they choose not to prescribe, and the covering off of identified risk areas, it was decided that the BC prescribing course and exam model (i.e. oral and written test components) would be used and TEC, the organization utilized by the BINM, were contracted to assist.

As part of the decision process, the transitional Council wanted to ensure that any course and exam offered would adequately serve as a foundation for the future expansion of the prescribing scope in Ontario, and would appropriately assess a member's knowledge, skill and judgment to competently use the substances on the lists of the General Regulation following proclamation.

Equally important, was that members be able to understand the drugs that their patients may have been prescribed by other health care providers, and be able to develop informed therapeutic plans for said patients.

While the content of the Prescribing and Therapeutics course extends beyond the immediate prescribing scope of Ontario NDs, assessing our members using the same base content and format utilized in BC and Alberta, the latter of which does not have prescribing rights, provides a) assurances to our stakeholders (e.g. the Ministry of Health and Long-Term Care) that our members have the knowledge, skill and judgment to warrant additions to the list of drugs and substances in the General Regulation without further education and training, b) enables NDs to transfer their prescribing rights to other regulated Canadian jurisdictions who have also been granted the ability to prescribe without the need for training or examinations, and c) improves overall patient care (e.g. NDs are able to properly assess drug interactions, contraindications and, as was disclosed by one member, determine when another health care provider's prescription may be causing potentially dangerous reactions).

Initial Course Offerings

In November 2012, 26 Ontario NDs attended a four day in-person session in Toronto which covered a cross-section of the course material. At the end of the session, participants were asked to submit a course evaluation. Of the 26 members who attended this session, 98% strongly agreed that the content's level of difficulty was appropriate and an equal percentage agreed that they were now more comfortable in addressing patients who take various prescription drugs.

To ensure overall cost of the course was kept low, and course content could be accessed without necessitating travel to Toronto, the decision was made to have the course offered online as a series of self-study modules, recorded webinars and textbook readings, a model which has since been adopted by both BC and Alberta.

Prescribing Exam Policies

To align exam policies for the Ontario Prescribing and Therapeutics examination with the College's other multi-component, post-registration exam for members, the Ontario Intravenous Infusion Therapy (IVIT) exam, a decision was made that failure of one component of the exam would necessitate a retake of the whole. The rationale for this decision was based on each component of the exam having been determined as integrated pieces which together assess a member's competency, rather than being separate exams which could be assessed autonomously.

This decision was based on feedback from TEC with regards to understanding the components of the examination and why it is necessary to test a candidate's knowledge in a variety of formats to adequately assess at a level appropriate for a high-stakes competency examination.

Exam Performance and Sustainability

Since June 2015, six sessions of the Ontario Prescribing and Therapeutics examination have been offered (two ran under capacity), and 500 members have been deemed to have met the Prescribing Standard of Practice. To date, only 4 members have needed to sit the examination more than twice. On average, the success rate for each exam session has been 80-82% which TEC has reported is on par, and occasionally better than the exam performance noted in BC.

The College remains committed to the ongoing goal of sustainability and has conducted multiple reviews and discussions with TEC in an effort to try to reduce overall cost where possible to permit smaller groups to be examined. Discussion has also occurred with the CCNM with respect to possible future integration of the course content into the school curriculum; a topic which will be revisited during stakeholder meetings in 2017.

Erica Laugalys
Manager, Examinations and Entry-to-Practise
March 2017



The College of Naturopaths of Ontario

Blank page inserted deliberately



The College of Naturopaths of Ontario

BRIEFING NOTE

Posting Cease & Desist Information

ISSUE: Whether the College should post information regarding cease and desist letters on its Website.

BACKGROUND:

One of the responsibilities of the College of Naturopaths of Ontario is to enforce, as best it can, the title protection and scope of practice provisions of the *Naturopathy Act, 2007*.

This means that the College is expected to act when it becomes aware of individuals that are not registered with the College and who are using the title Naturopath, Naturopathic Doctor or a similar title or when such individuals are performing controlled acts restricted to the profession.

The relevant provisions of the *Naturopathy Act, 2007* are as follows:

Authorized acts

4. (1) In the course of engaging in the practice of naturopathy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.
2. Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.
3. Administering, by injection or inhalation, a prescribed substance.
4. Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques.
6. Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.
7. Prescribing, dispensing, compounding or selling a drug designated in the regulations. 2007, c. 10, Sched. P, s. 4 (1); 2009, c. 26, s. 17 (1).

Additional requirements for authorized acts

(2) A member shall not perform a procedure under the authority of subsection (1) unless the member performs the procedure in accordance with the regulations. 2007, c. 10, Sched. P, s. 4 (2).

Restricted titles

8. (1) No person other than a member shall use the title "naturopath", a variation or abbreviation or an equivalent in another language. 2007, c. 10, Sched. P, s. 8 (1).

Representations of qualification, etc.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a naturopath or in a specialty of naturopathy. 2007, c. 10, Sched. P, s. 8 (2).

Definition

(3) In this section, "abbreviation" includes an abbreviation of a variation. 2007, c. 10, Sched. P, s. 8 (3).

Most College take a similar approach to addressing individuals who breach provisions such as section 8 of the Act. That process entails:

- Sending a cease & desist letter which requires the individual to immediately stop activities that breach the provisions of section 8 and sign back an agreement within 7 days indicating that they have stopped and will not resume any such activities;
- Seeking an injunction from the Superior Court of Justice against individuals who refuse to sign a cease & desist agreement;
- Following up on any injunction and asking the Court to enforce the injunction if the individual does not comply. Refusal to comply would constitute contempt of court.

The Council of the College has asked the Registrar and Legal Counsel to review the question of whether information might be posted to the website at the time the cease & desist letter is sent and to bring the matter back to the Council for a decision.

DISCUSSION POINTS:

There are a number of competing factors involved in this discussion. This briefing will attempt to outline all of those issues as succinctly as possible. To do so, we will speak to reasons why the College might post this information to the website and reasons why it might not.

This briefing will also outline a possible approach as well as the next steps to be taken should the Council decide that any additional information should be posted to the website.

Reasons Why the College Would Post C&D Information

The following are some of the reasons why the College might post cease & desist information to the website:

- Doing so alerts the public to individuals who are misrepresenting themselves to the public either by using a title inappropriately or by holding themselves out as NDs.
- Posting this information could act as a deterrent.
- This approach demonstrates the pro-active work of the College in this area, potentially increases the College's profile and the public's understanding of our role.
- Doing so will further increase transparency of the College by illustrating the College's process in this area.

Reasons Why the College Would Not Post C&D Information

The following are some of the reasons why the College might not post cease & desist information to the website:

- Most people who receive a cease & desist letter from the College comply with its requirements and sign back the agreement. In fact, of the 37 sent by the College since proclamation, only one has refused to sign off on the agreement¹. Routine follow-up by the College has found the individuals to generally be in compliance. As a result, posting the information might be misleading to the public.
- Posting the information, which could be tantamount to a public shaming, may be seen as punitive toward the person who, in some instances, may have made an honest mistake.
- Posting the information will be a "gift that keeps on giving" in that once the page is indexed by Google and other search engines, it can be found on the Internet for many years to come.
- Depending on the timing of posting the information, such a process may also be seen as a "summary judgment" by the College as the individual may not yet have been afforded an opportunity to respond to the College.
- Depending on what information is posted, the information may have implications on the privacy rights of these individuals.
- Where an individual is issued a cease & desist letter prior to being registered with the College, it may lead to confusion after the person becomes a member.

¹ The matter is now under review with Legal Counsel to determine proceeding to seek a court order.

The Information that Might be Posted

In addition to weighing the benefits and risks of posting cease & desist information to the website, the Council will also want to consider what information should be posted and when.

The details that might be considered include:

- Individuals name;
- Clinic name where they provided service, if applicable;
- Address, if and only if this is already in the public domain, e.g. In a advertisement or directory;
- Alleged infraction, that is, misuse of title, holding oneself out as a ND and/or performance of a controlled act;
- Date of cease & desist letter;
- Date cease and desist letter was signed, if applicable;
- Last date of monitoring by the College.

The timing of the posting would be the date the cease & desist letter **is delivered** to the individual. The length of time the information should remain on the site should also be considered.

The Approach of the Other Colleges

Staff of the College have reviewed the approaches of the other 25 health regulatory Colleges with respect to posting cease & desist information. A summary of the findings is attached as Appendix 1.

Next Steps

As the posting of such information does not pertain to Members of the College, the matter is not covered by the College's by-laws.

The College's current practice is set out in the Executive Limitations Policies governing the Registrar. EL12 (Operation of the Register) sets out that the Registrar is solely responsible for the operation of the public register. As such, the Registrar shall not ...

3. Fail to publish, as an addendum to the Register:

- i. A list of the names and addresses of individuals against whom the College has initiated legal proceedings to seek an injunction to cease and desist (a) holding themselves out as people who are qualified to practise in Ontario as a naturopath or in a specialty of naturopathy, (b) using the title "naturopath", and (c) performing the authorized controlled acts as set out in the Naturopathy Act; and
- ii. A list of the names and addresses of individuals against whom the courts have granted an injunction to the College for issues as set out in paragraph 4(i).

Any direction from the Council on increasing the amount of information the College publishes would be set out in this policy.

ANALYSIS

Risk Assessment – There is some potential risk to the College generally in publishing the names of individuals sent cease & desist letters given that the information may remain on the Internet for some time. Affected individuals might determine that legal action is warranted.

Privacy Considerations – As noted in the briefing, a decision to publish the names and addresses of the individuals who are sent a cease & desist letter would carry some concerns surrounding the addresses. Caution is recommended.

Transparency – Disclosure of this information increases transparency in that it highlights a little-known process followed by the regulator and identifies information that may serve to further protect the public. It would be important that any posting of this information includes providing the context of such action.

Financial Impact – There is no immediate financial impact on the College.

Andrew Parr, CAE
Registrar & CEO

Unauthorized Practitioners

College of Audiologists and Speech-Language Pathologists of Ontario

Publish: No

College of Chiropractors and Podiatrists of Ontario

Publish: No

College of Chiropractors of Ontario

Publish: Yes

Includes: Name, Year, and Court Order

When information is posted: *The following are court orders obtained by CCO against such individuals:*

College of Dental Hygienists of Ontario

Publish: Yes

Includes: Name and Alternative Names Used, Court Documents, Last Known Work Addresses and Known Dates when Worked

When information is posted: Not clear when they publish names, however, they state: *The following persons are **NOT** registered with the College and are **NOT** permitted to use the title dental hygienist or RDH in Ontario.*

On occasion, the CDHO receives information from the public and dental hygienists about persons who pretend to be dental hygienists. The CDHO refers to such persons as “unregulated practitioners” or persons who are “holding themselves out” as dental hygienists. The CDHO investigates all such cases, and may prosecute persons who are unauthorized practitioners or persons who hold themselves out as dental hygienists.

College of Dental Technologists of Ontario

Publish: No

Royal College of Dental Surgeons of Ontario

Publish: Yes

Includes: Name and City

When information is posted: *The individuals listed below have been, or are in the process of being, prosecuted under the Dentistry Act (1991), the Regulated Health Professions Act, the Criminal Code, and/or the Provincial Offences Act.*

College of Denturists of Ontario

Publish: No

College of Dietitians of Ontario

Publish: No

College of Homeopaths of Ontario

Publish: No

College of Kinesiologists of Ontario

Publish: No

College of Massage Therapists of Ontario

Publish: Yes

Includes: Name/ Clinic Name and City

When information is posted: *The individuals listed below have been, or are in the process of being, prosecuted under the Massage Therapy Act, 1991 and the Regulated Health Professions Act, 1991.*

College of Medical Laboratory Technologists of Ontario

Publish: No

College of Medical Radiation Technologists of Ontario

Publish: No

College of Midwives of Ontario

Publish: Yes

Includes: Name and Year

When information is posted: *The following individuals have come to the College's attention as using the title of "Midwife" and/or holding themselves out as midwives. They have been sent cease and desist letters:*

College of Nurses of Ontario

Publish: Yes

Includes: Name and City/Region

When information is posted: *The following names represent only those individuals who have come to the attention of the College.*

College of Occupational Therapists of Ontario

Publish: No

College of Opticians of Ontario

Publish: Yes

Includes: Name, Date and Court Order

When information is posted: *The College has secured the following convictions:*

College of Optometrists of Ontario

Publish: No

Ontario College of Pharmacists

Publish: No

College of Physicians and Surgeons of Ontario

Publish: Yes

Includes: Name, Date, and Court Order

When information is posted: The College does not explicitly state when information is posted, however, when clicking on the names it only includes information related to court orders.

College of Physiotherapists of Ontario

Publish: Yes

Includes: Name, Practice Location, Public Notice

When information is posted: The College does not state when information is posted (Cease and desist or injunction) it simply states the following: *The following individuals are NOT registered with the College and are NOT eligible to use the title physiotherapist or physical therapist in Ontario.*

College of Psychologists of Ontario

Publish: Yes

Includes: Name and City *Court Orders are available upon written request

When information is posted: *The individuals listed below have been, or are in the process of being, prosecuted under the Psychology Act, 1991, S.O. 1991, c. 38, the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, and/or the Provincial Offences Act, R.S.O. 1990, c. P.33 for unauthorized activities, or have entered into an agreement with the College to cease unauthorized activity following the initiation of legal action:*

College of Registered Psychotherapists of Ontario

Publish: No

College of Respiratory Therapists of Ontario


Publish: No

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Publish: Yes

Includes: Name, Date, and Court Order/Endorsement/Decision

When information is posted: *The following names represent only those individuals who have come to the attention of the College.*

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATION	
	Title	Policy No. EL12.02
	Operation of the Register	Page No. 1

The Registrar is solely responsible for the on-going operation of the public register (the “Register”).

Accordingly, the Registrar shall not,

- 1 Fail to keep the Register up to date and accurate in accordance with the *Regulated Health Professions Act, 1991* and the by-laws of the College.
- 2 Fail to ensure that an in-depth audit of the Register is conducted annually and reported to Council.
- 3 Fail to publish, as an addendum to the Register:
 - i. A list of the names and addresses of individuals against whom the College has initiated legal proceedings to seek an injunction to cease and desist (a) holding themselves out as people who are qualified to practise in Ontario as a naturopath or in a specialty of naturopathy, (b) using the title “naturopath”, and (c) performing the authorized controlled acts as set out in the *Naturopathy Act*; and
 - ii. A list of the names and addresses of individuals against whom the courts have granted an injunction to the College for issues as set out in paragraph 4(i).
- 4 Fail to establish an operating policy on the publication of findings of guilt on the Register that is acceptable to the Council.
- 5 Fail to publish, as an addendum to the Register, a list of premises registered with the College as premises where compounding for and IV Infusion Therapy are performed, including:
 - i. The name and address of the premises;
 - ii. The date and purpose of the inspection, if one has been performed;
 - iii. The status of the inspection, including but not necessarily limited to whether it is pending, has been conducted and a report is pending, the report has been received by the College and is under review by the Inspection Committee;
 - iv. The names of the Members performing procedures with the premises and their qualifications;
 - v. The results of the inspection;
 - vi. A summary of the reasons for the results of an inspection where a premises either failed or passed with conditions;
 - vii. A summary of any deficiencies identified by the inspectors;
 - viii. Any conditions that apply to the premises; and
 - ix. Whether a subsequent inspection is necessary and, if so, the estimated date that inspection will be conducted.
- 6 Fail to establish an operating policy on the publication of charges against members on the Register that is acceptable to the Council.
- 7 Fail to publish on the register charges laid against members and findings of guilt against members in accordance with the accepted operating policies.

DATE APPROVED	DATE LAST REVISED
December 6, 2016	January 29, 2015



The College of Naturopaths of Ontario

Blank page inserted deliberately



The College of Naturopaths of Ontario

BRIEFING NOTE

Bill 87

ISSUE: Recommendations from the Patient Relations Committee regarding the Government Bill 87, Protecting Patients Act, 2016.

BACKGROUND:

Bill 87, Protecting Patients Act, 2016 (the “Bill”), is a Government Bill introduced by the Honorable Eric Hoskins, Minister of Health and Long-Term Care and passed first reading on December 8, 2016. The Bill has also undergone second reading, which took place on March 27, 2017 and has been referred to the Standing Committee on the Legislative Assembly for debate and public hearings. Although the Bill is not yet law, if and when it is enacted there will be some important changes to the way in which RHPA Colleges deal with allegations of sexual abuse. As such, the Executive Committee referred the draft Bill to the Patient Relations Committee and requested that they review and provide the Council with draft recommendations with regards to the proposed Bill.

SUMMARY

The Patient Relations Committee met on March 27, 2017 and reviewed in detail Bill 87. As a part of their review the Committee was provided with, and considered the following documentation:

- the Sexual Abuse Task Force Report¹;
- feedback dated February 27, 2017 provided to the MOHLTC on Bill 87 from the Federation of Health Regulatory Colleges of Ontario¹; and
- a legal analysis of Bill 87 by SML law¹.

Below is a summary of the provisions of Bill 87.

The Bill contains some important provisions to addressing sexual abuse by health practitioners: For example, if passed:

- The sexual abuse provisions will apply to former patients for at least one year and allow the Minister to create a regulation to set the criteria for defining a patient for the purposes of sexual abuse;
- Interim orders could be imposed by the ICRC immediately upon receipt of a complaint or report;
- Gender based restrictions will not be permitted;
- The criteria for mandatory revocations will be expanded to include most forms of sexual touching;
- Eligibility for funding for counselling and therapy and related expenses will be expanded and available to patients who may have been sexually abused earlier;
- The Minister may make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases;
- The penalties for failing to report sexual abuse will be increased.

¹ Should Council Members wish to have a copy of the documentation noted, please contact Carol Lammers and an electronic link may be provided.

The Bill also contains a number of amendments that would potentially increase the power of the Minister over the regulatory colleges. These include:

- Regulation making authority to determine all aspects of the structure of the statutory committees (e.g. composition, quorum, eligibility requirements, disqualification grounds etc.);
- The ability of the Minister to require the disclosure by a College about an individual case (which may include personal information or personal health information);
- The ability of the Minister to direct Colleges to collect and disclose information to entities other than the Minister for human resources planning;
- Regulation making authority requiring the Patient Relations Program to address additional issues.

Bill 87 also includes a few transparency related amendments:

- Information made available in the public register to be expanded;
- Two new mandatory self-reporting obligations which includes reporting all other regulatory bodies that a member is registered with and any findings of professional misconduct or incompetence made by those bodies and reporting all charges for an offence and any resulting bail conditions;
- Colleges will be required to post the dates, agendas and meeting materials for upcoming Council meetings.

Finally, the Bill includes some other miscellaneous amendments including:

- The Registrar will be permitted to approve Alternate Dispute Resolutions (ADR) and withdrawals of complaints by complainants where they are in the public interest;
- Disclosure of College information will be permitted to the regulators of long-term care homes.

RECOMMENDATIONS

It is the Patient Relations Committee's recommendation that the Council of the College of Naturopaths takes a position of support of the proposed Bill 87 as it increases transparency, public safety, professional accountability, and may improve the Colleges' complaints, investigation and discipline processes.

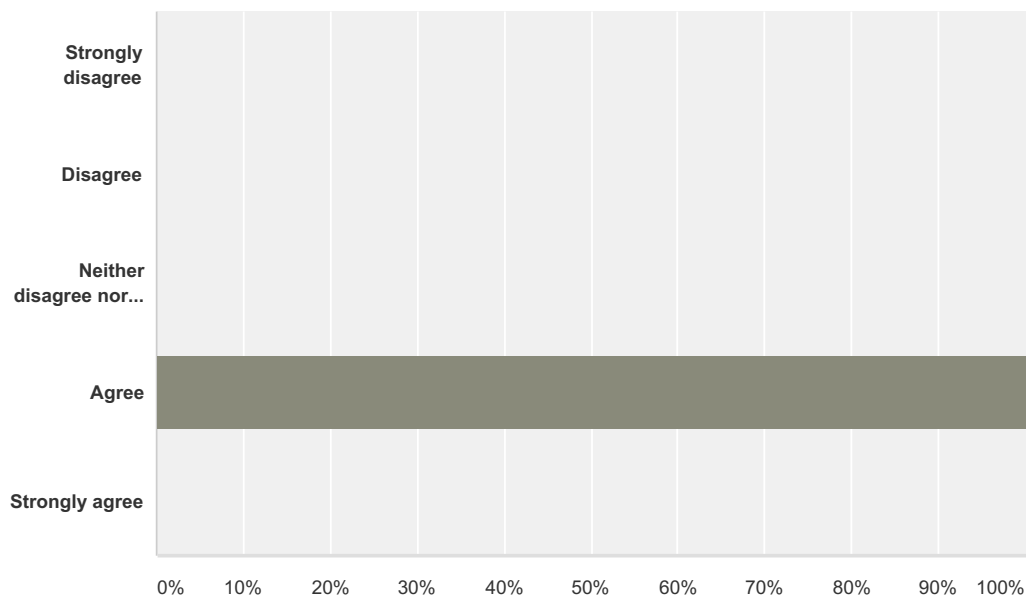
The Patient Relations Committee also recommends that following be considered with regards to communication or feedback regarding the proposed Bill:

- The Council supports the proposed Bill 87 does not include any regulation thereunder as a separate review will need to be undertaken when regulations under the bill are circulated for consultation;
- Caution should be taken in defining "patient" for the purposes of sexual abuse. It will be important that the College's definition is neither too narrow nor too broad as it could inadvertently include or exclude individuals.
- Each College creating their own definition of patient may create inconsistencies in prosecuting sexual abuse;
- The Council supports patients having earlier access to funding for counselling and therapy however there may be unintended consequences whereby immediate access to funding without any screening of the merits may result in an increased cost to the Colleges and have a significant impact especially on smaller Colleges.

Shelley Burns
Chair, Patient Relations Committee
April 2017

Q1 The College has a three to five-year strategic plan or a set of clear long-range goals and priorities.

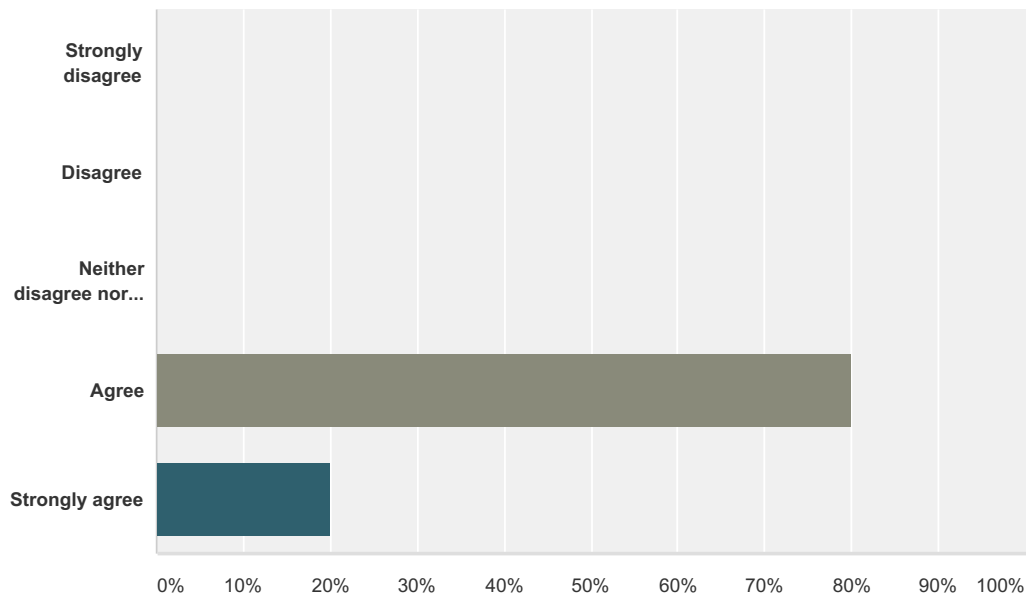
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 5
Strongly agree	0.00% 0
Total	5

Q2 Council has ensured that the College has a one-year operational or business plan, reviews achievements, and discusses variances.

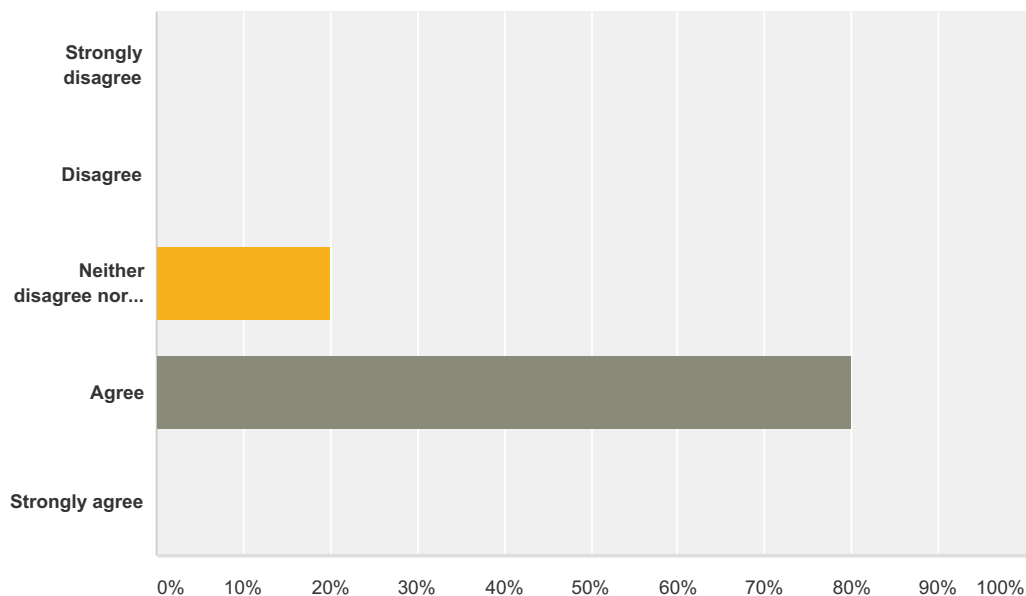
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	80.00%	4
Strongly agree	20.00%	1
Total		5

Q3 Council gives direction to the College on how to achieve the goals primarily by setting or referring to policies.

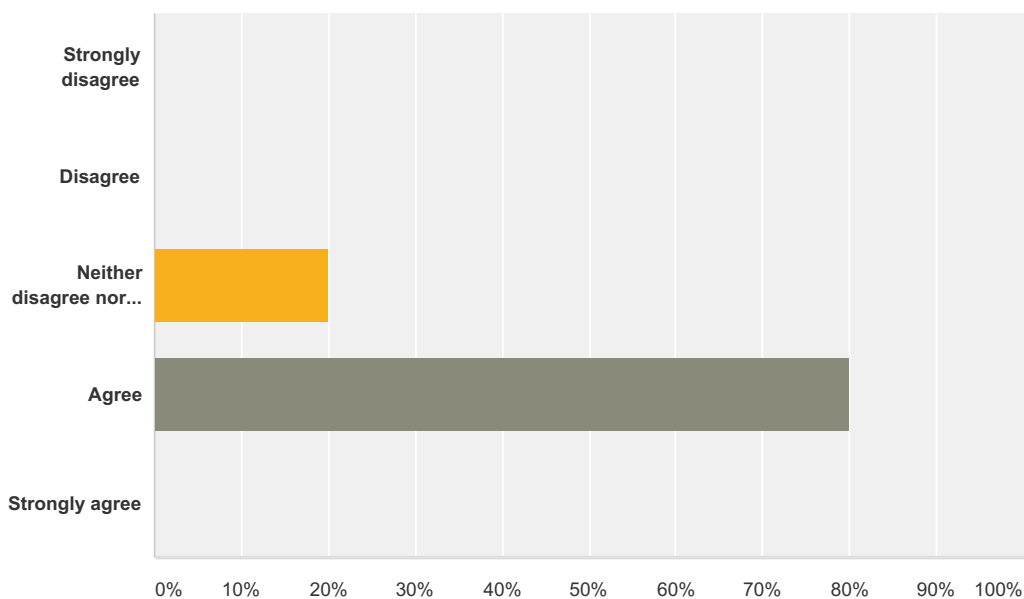
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	80.00%	4
Strongly agree	0.00%	0
Total		5

Q4 Council ensures that the College's accomplishments and challenges are communicated to the members and stakeholders.

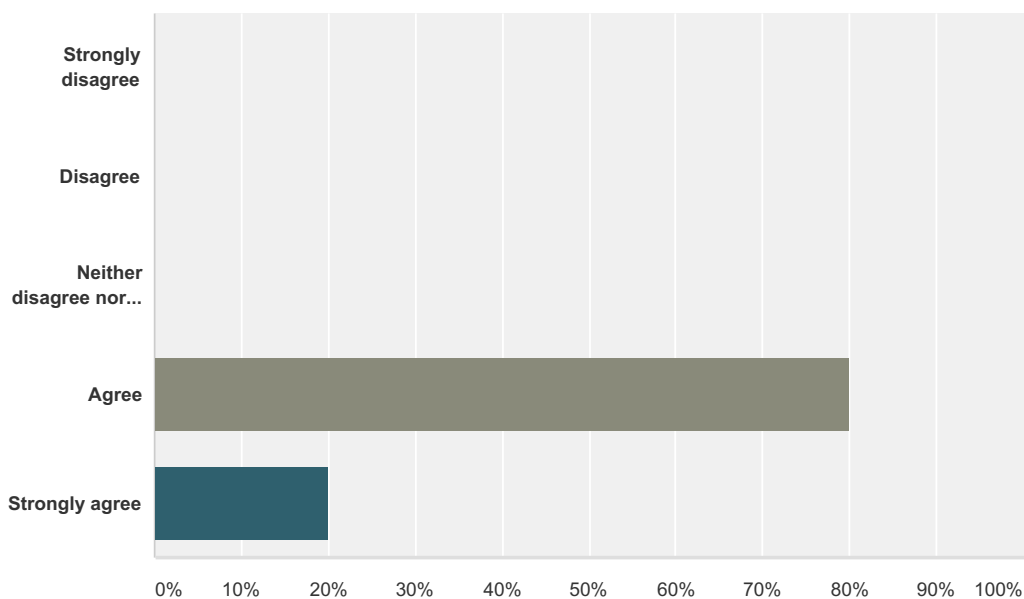
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	80.00%	4
Strongly agree	0.00%	0
Total		5

Q5 Council has ensured that members and stakeholders have received rep;arts on how the College has used its financial and human resources.

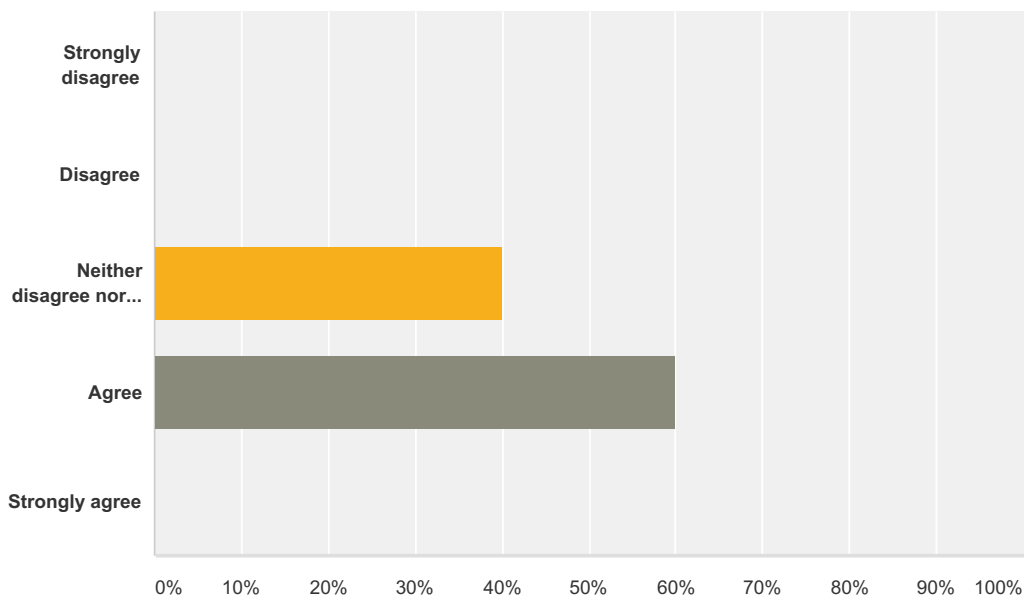
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	80.00%	4
Strongly agree	20.00%	1
Total		5

Q6 Council exercises appropriate oversight of the financial reporting process, including internal controls.

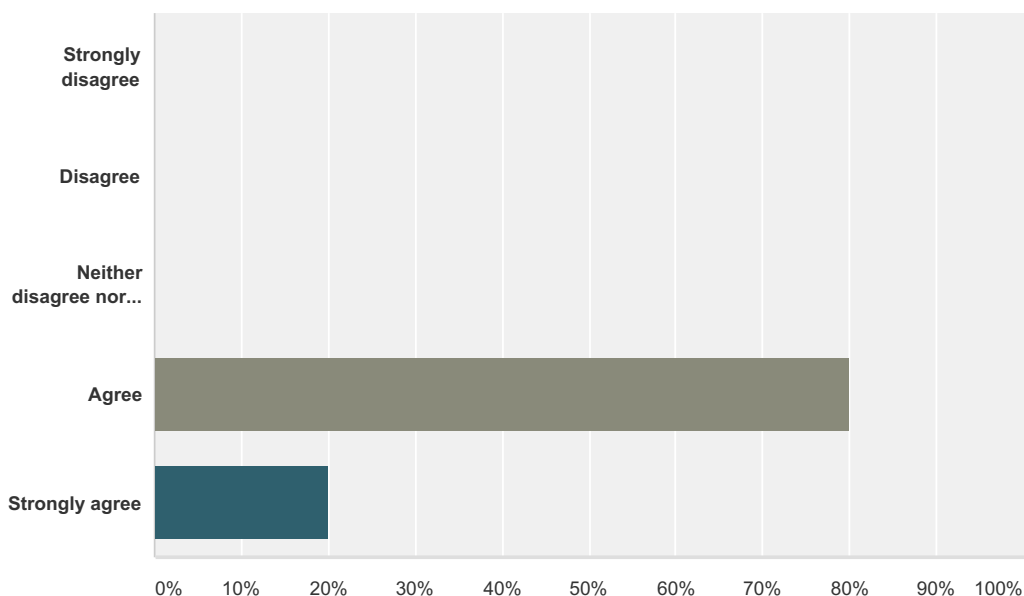
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	40.00%	2
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q7 Council considers the quality and adequacy of financial accounting and reporting, makes inquiries of the independent auditor, reviews the management recommendation letters written by the independent auditor, and monitors the process to ensure that all significant matters are addressed.

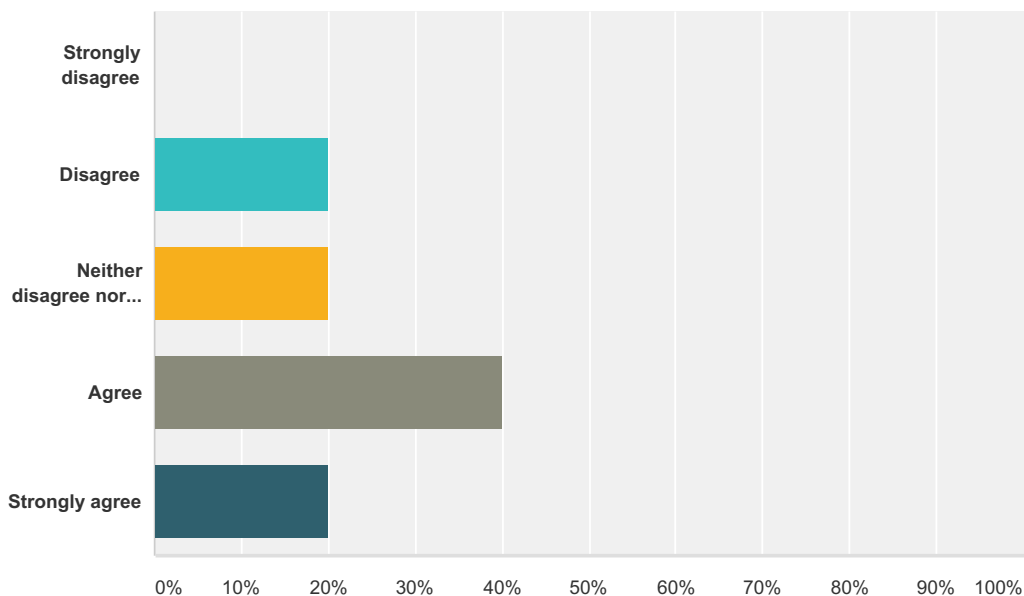
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	80.00% 4
Strongly agree	20.00% 1
Total	5

Q8 Council considers the risks of the College and determines the level of risk tolerance which is acceptable.

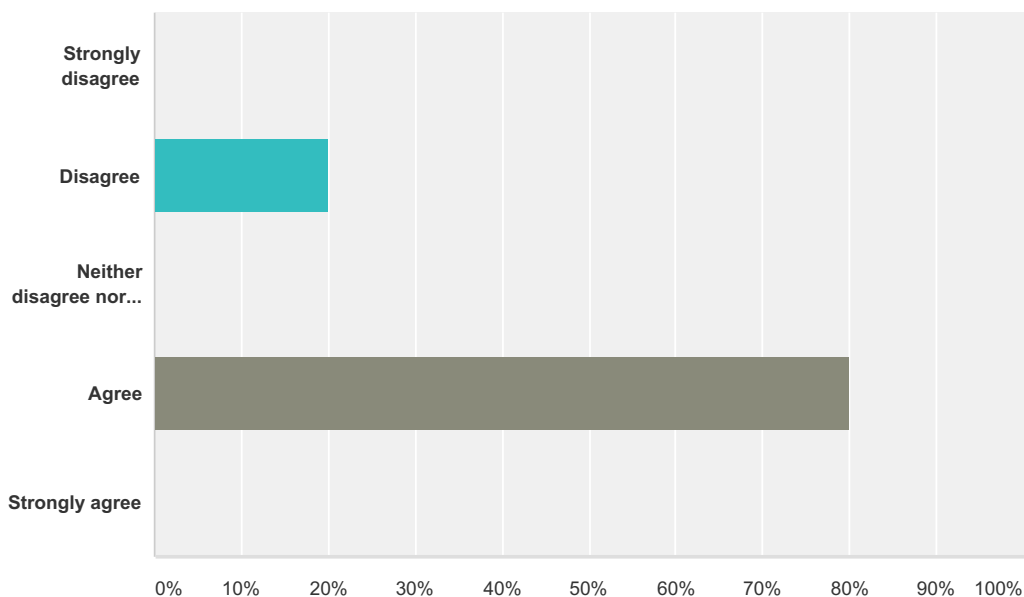
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	20.00% 1
Neither disagree nor agree	20.00% 1
Agree	40.00% 2
Strongly agree	20.00% 1
Total	5

Q9 Council Members are aware of what is expected of them.

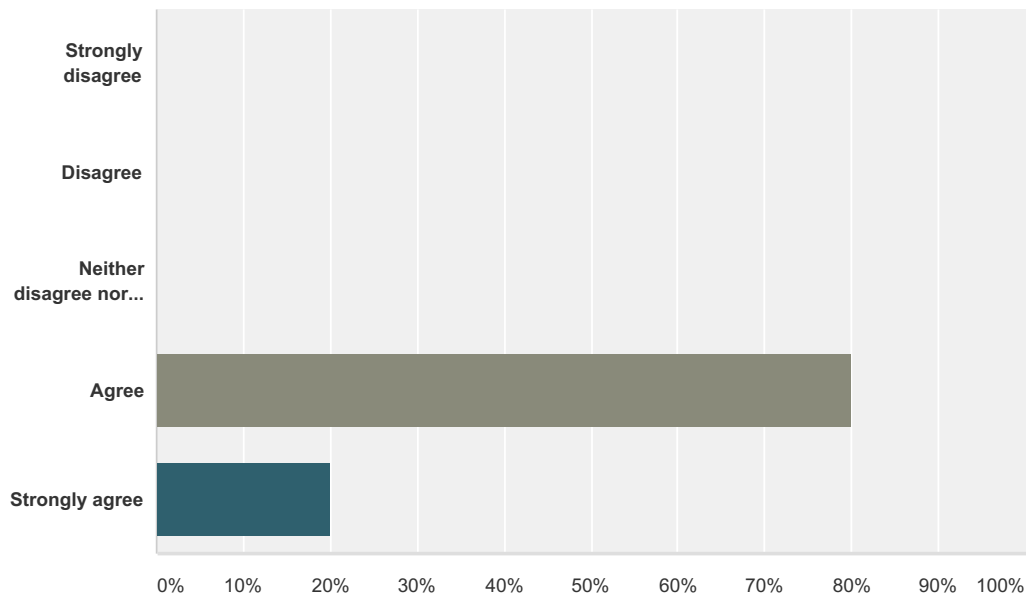
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	20.00% 1
Neither disagree nor agree	0.00% 0
Agree	80.00% 4
Strongly agree	0.00% 0
Total	5

Q10 The agenda of Council meetings is well planned so that Council is able to get through all necessary business in the time allowed.

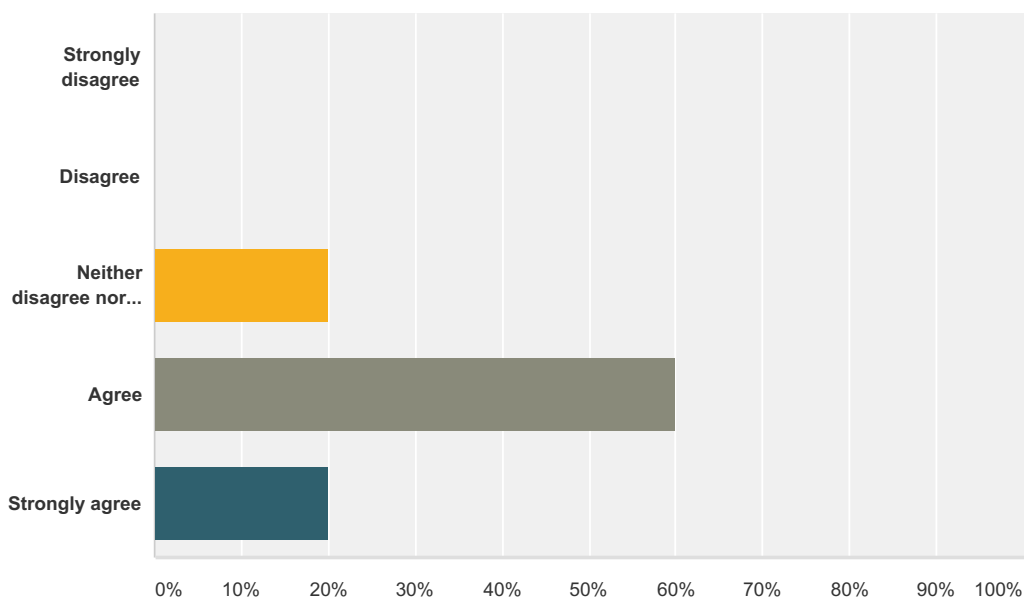
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	80.00%	4
Strongly agree	20.00%	1
Total		5

Q11 It seems like most Council Members come to meetings well-prepared. They have read the materials, sought clarification if necessary and can discuss matters and offer views.

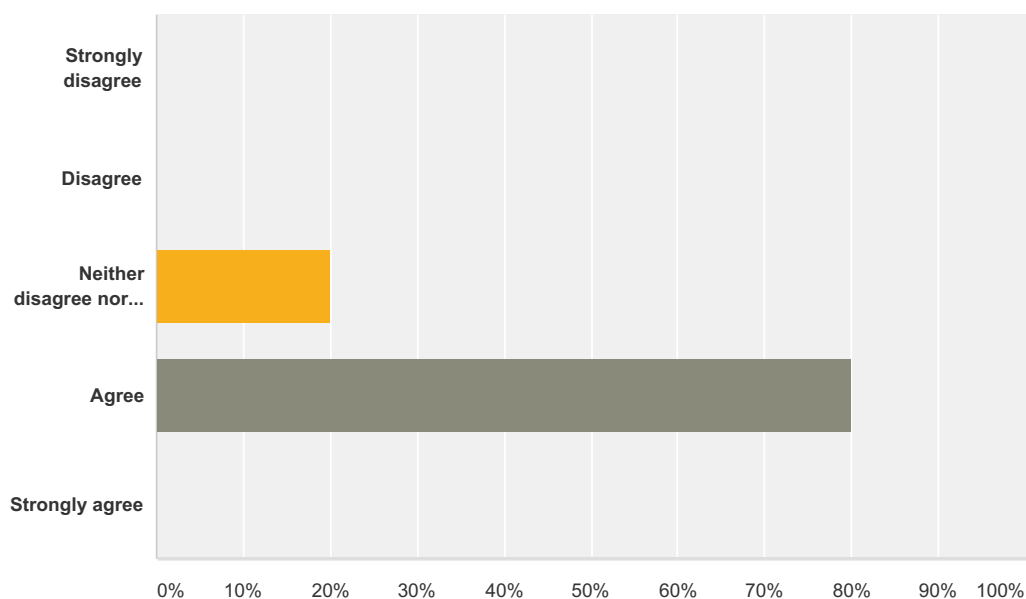
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	20.00% 1
Agree	60.00% 3
Strongly agree	20.00% 1
Total	5

Q12 Council receives relevant and concise written reports well in advance of meetings.

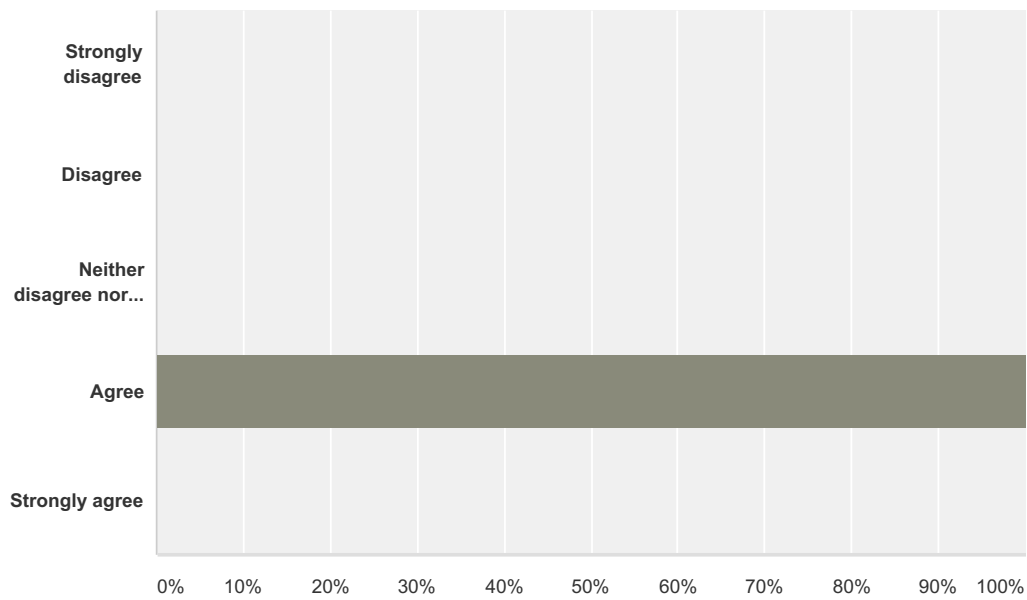
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	20.00% 1
Agree	80.00% 4
Strongly agree	0.00% 0
Total	5

Q13 All Members participate in important Council discussions.

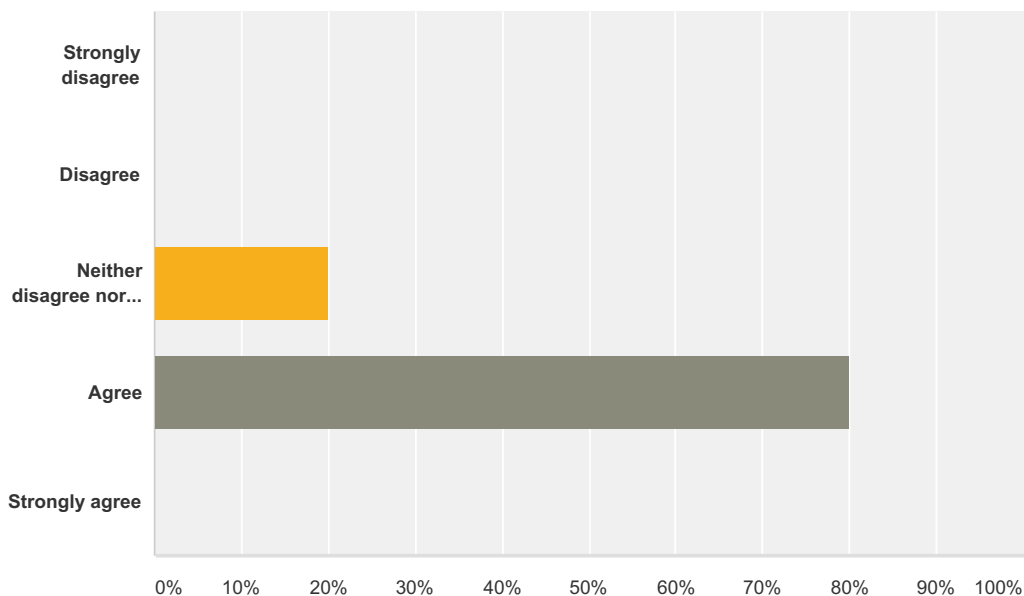
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 5
Strongly agree	0.00% 0
Total	5

Q14 Council does a good job of encouraging and dealing with different points of view.

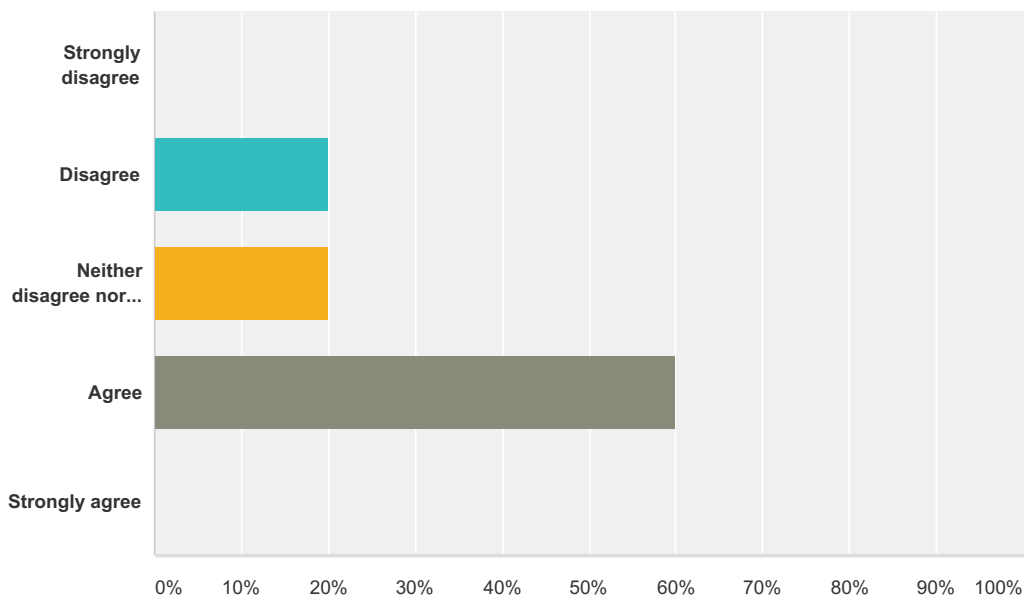
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	80.00%	4
Strongly agree	0.00%	0
Total		5

**Q15 Once Council has made decisions,
regardless of personal opinion, all Council
Members support these decisions.**

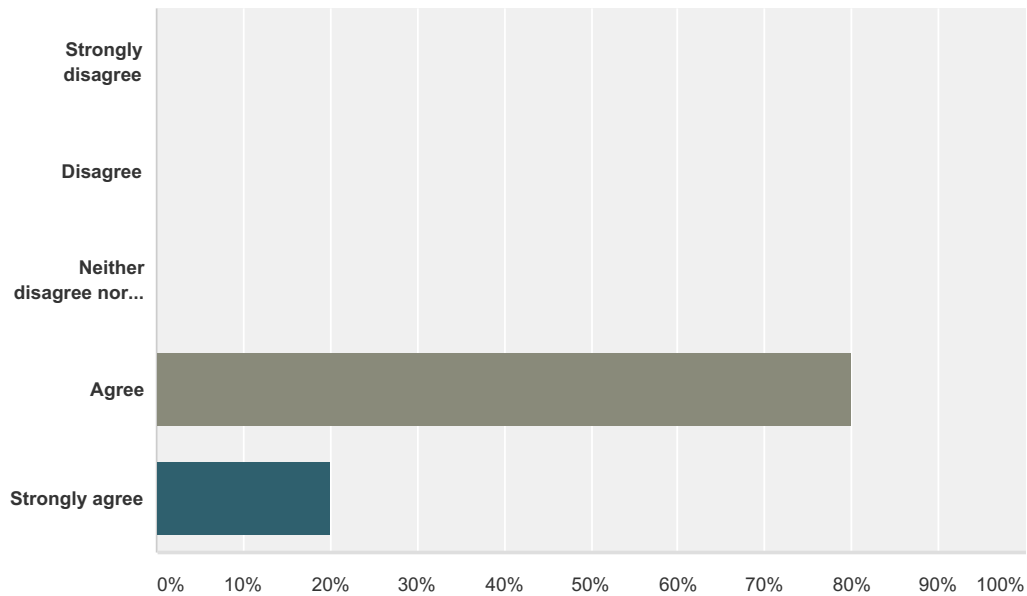
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	20.00%	1
Neither disagree nor agree	20.00%	1
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q16 Council Members act and speak with integrity, honesty and with an understanding that their remarks are made in a public forum and reflect upon the College.

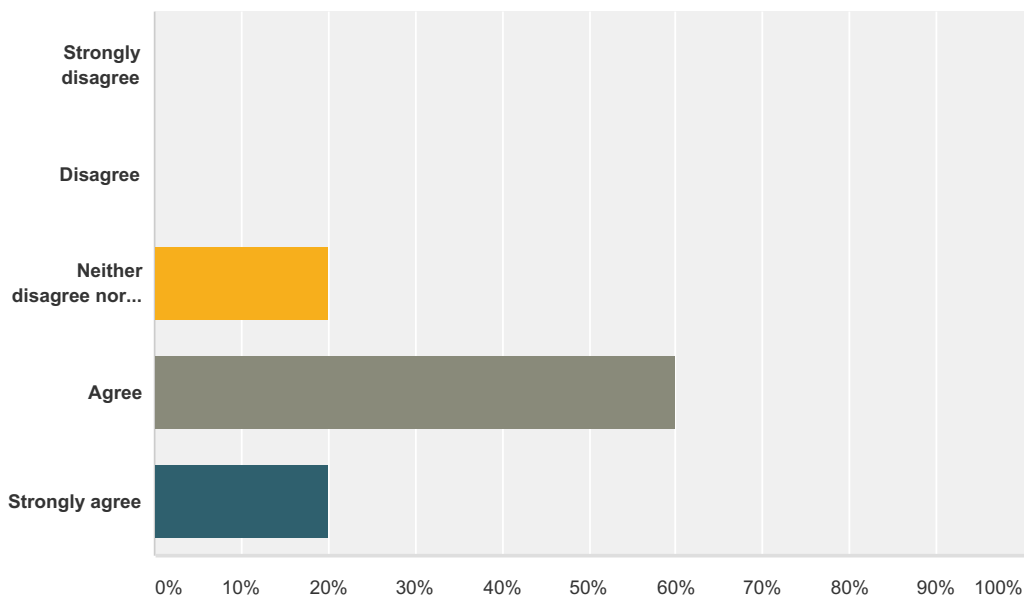
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	80.00%	4
Strongly agree	20.00%	1
Total		5

Q17 Council ensures that its Members and all Committee appointees meet all applicable independence requirements.

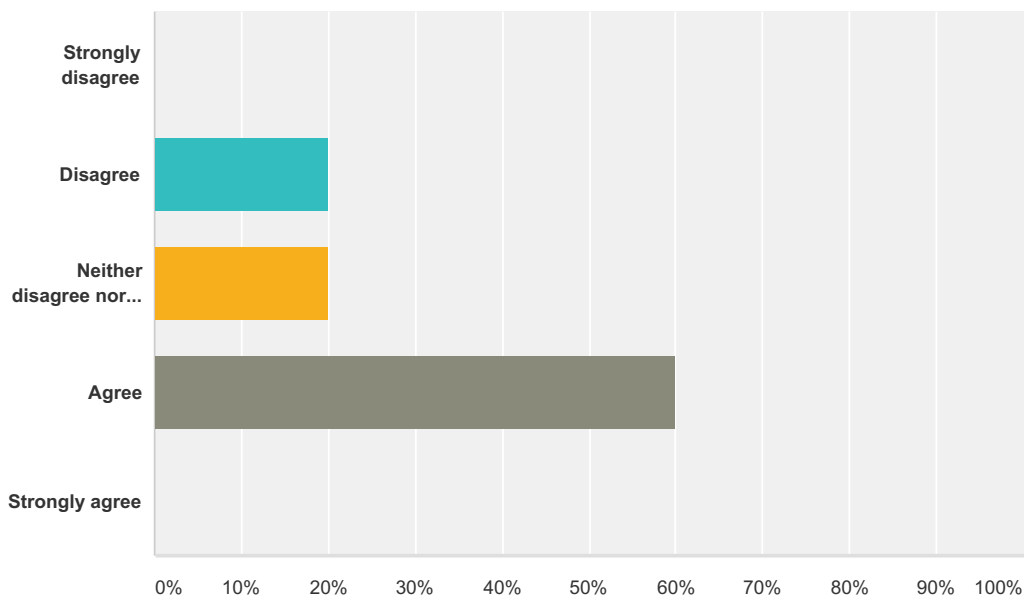
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	60.00%	3
Strongly agree	20.00%	1
Total		5

**Q18 There is a clear understanding of
where Council's role ends and where the
Registrar's role begins.**

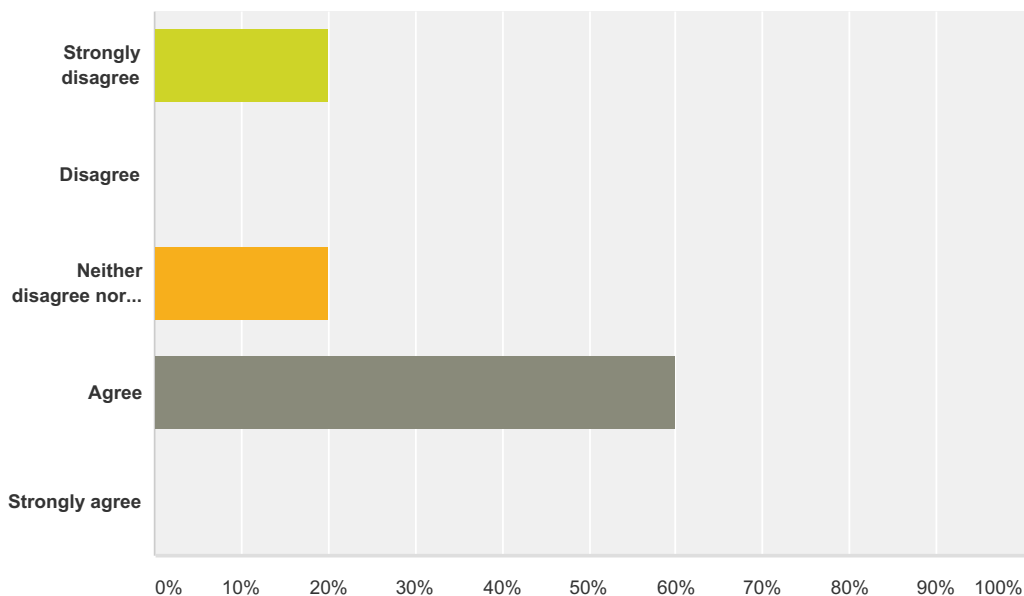
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	20.00% 1
Neither disagree nor agree	20.00% 1
Agree	60.00% 3
Strongly agree	0.00% 0
Total	5

Q19 There is a good two-way communication between the Council and the Registrar.

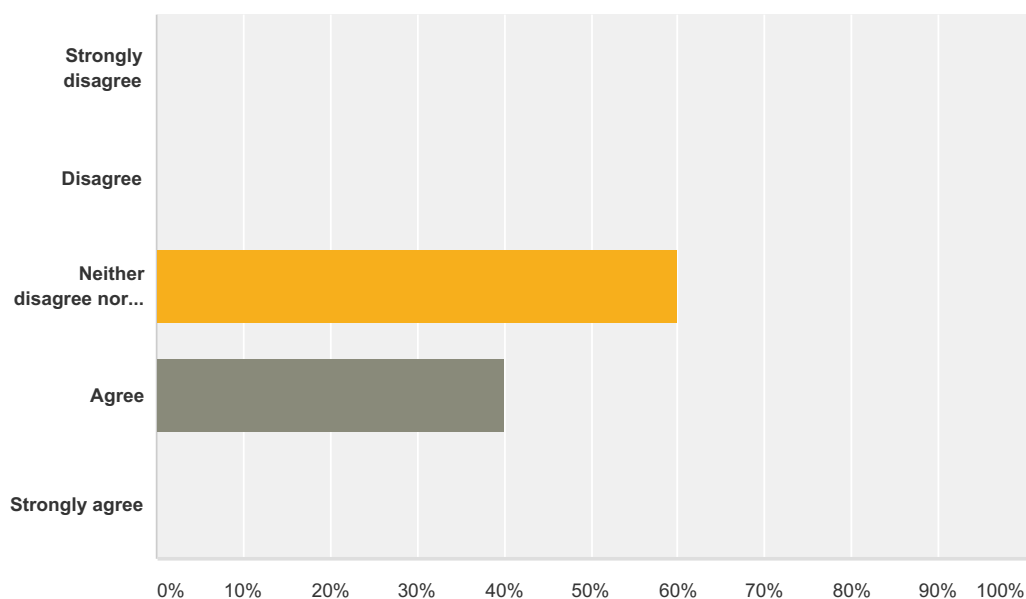
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	20.00%	1
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q20 Council trusts the judgment of the Registrar.

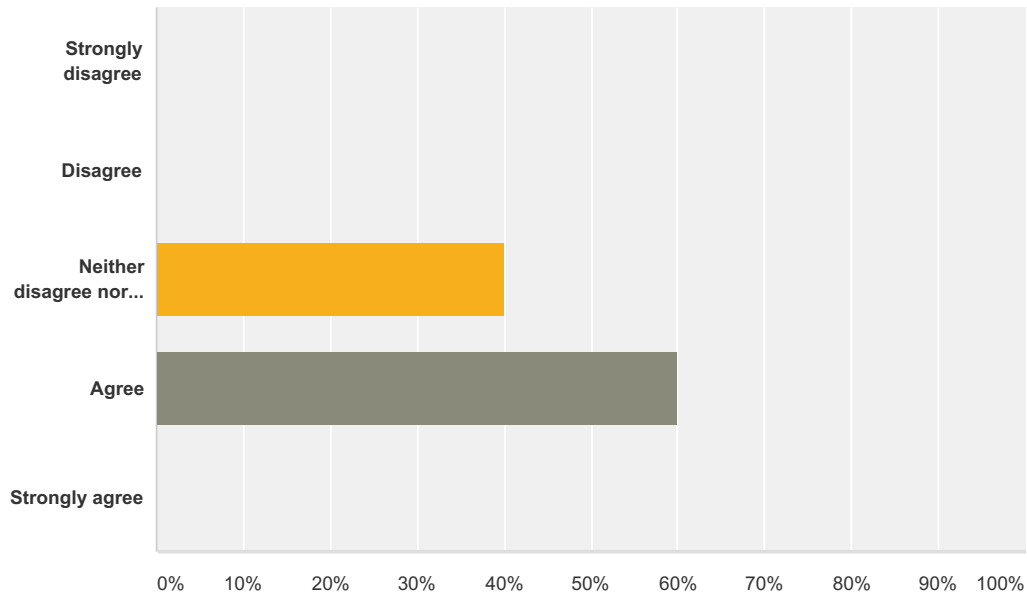
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	60.00% 3
Agree	40.00% 2
Strongly agree	0.00% 0
Total	5

Q21 Council provides direction to the Registrar by setting new policies or clarifying existing ones.

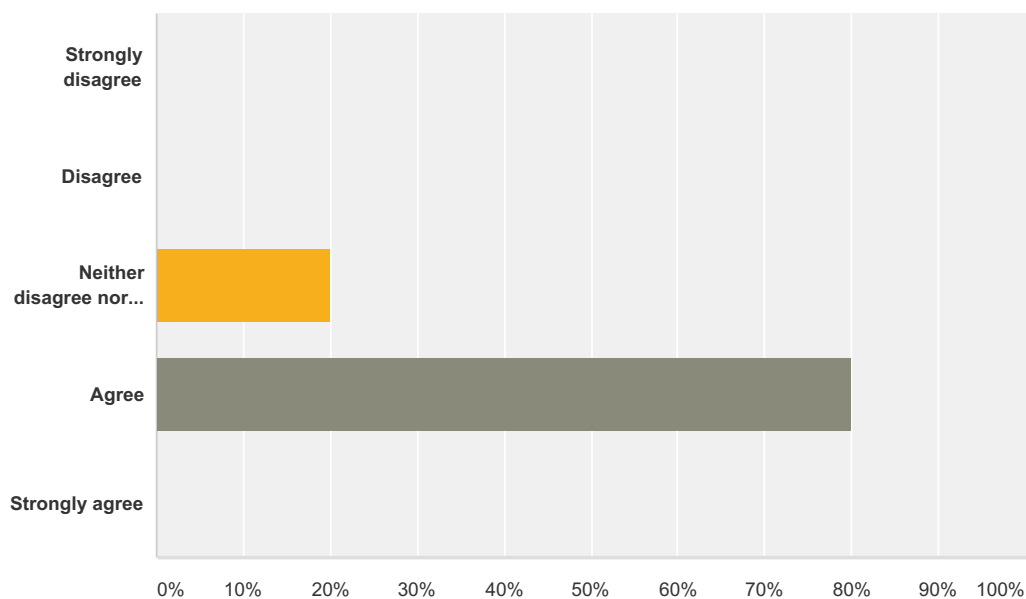
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	40.00%	2
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q22 Council has discussed and communicated the kinds of information and level of detail it requires from the Registrar on what is happening in the organization.

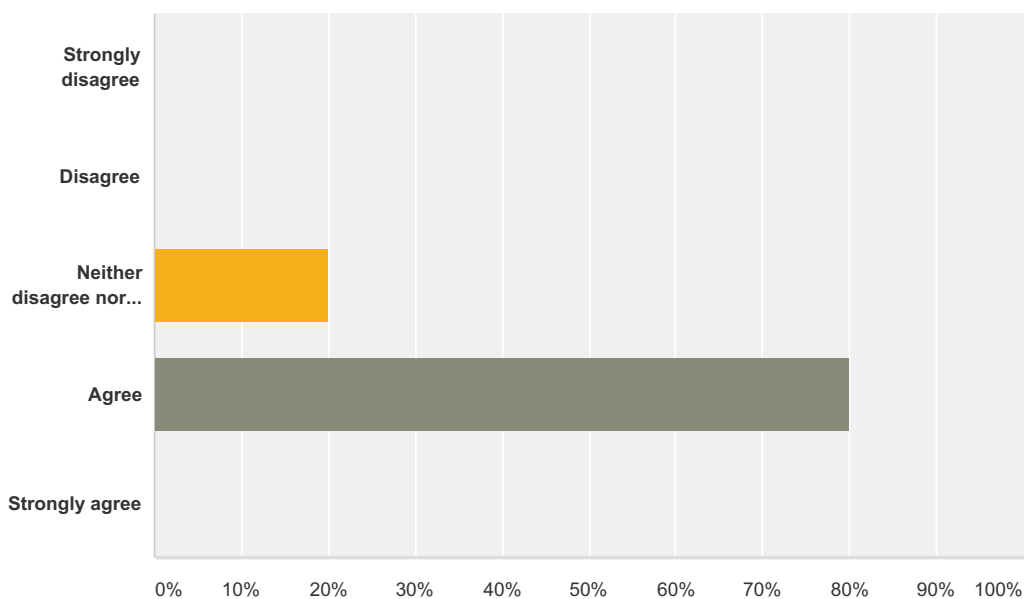
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	80.00%	4
Strongly agree	0.00%	0
Total		5

Q23 Council has developed and implemented formal criteria and a process for annually evaluating the performance of the Registrar.

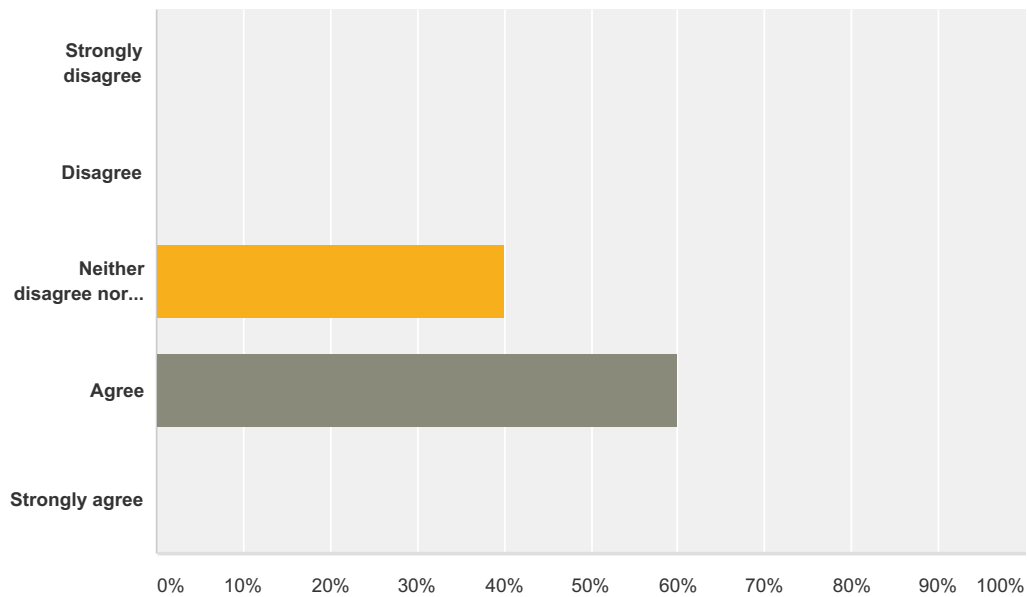
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	20.00%	1
Agree	80.00%	4
Strongly agree	0.00%	0
Total		5

Q24 Council evaluates the Registrar primarily on the accomplishment of the College's strategic goals and priorities, as well as adherence to policies and by-laws.

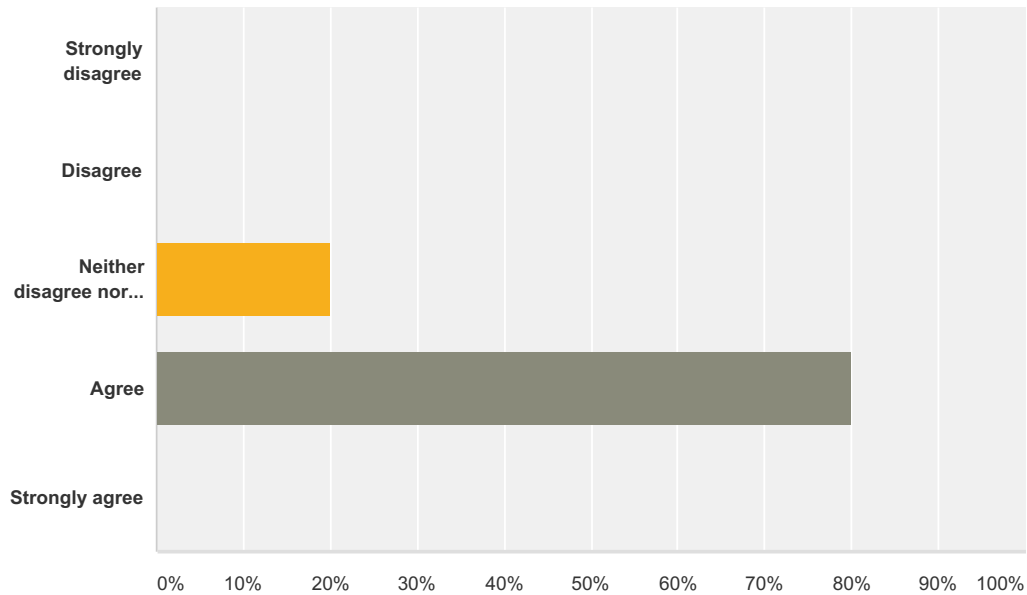
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	40.00%	2
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q25 Council provides feedback and shows its appreciation to the Registrar on a regular basis.

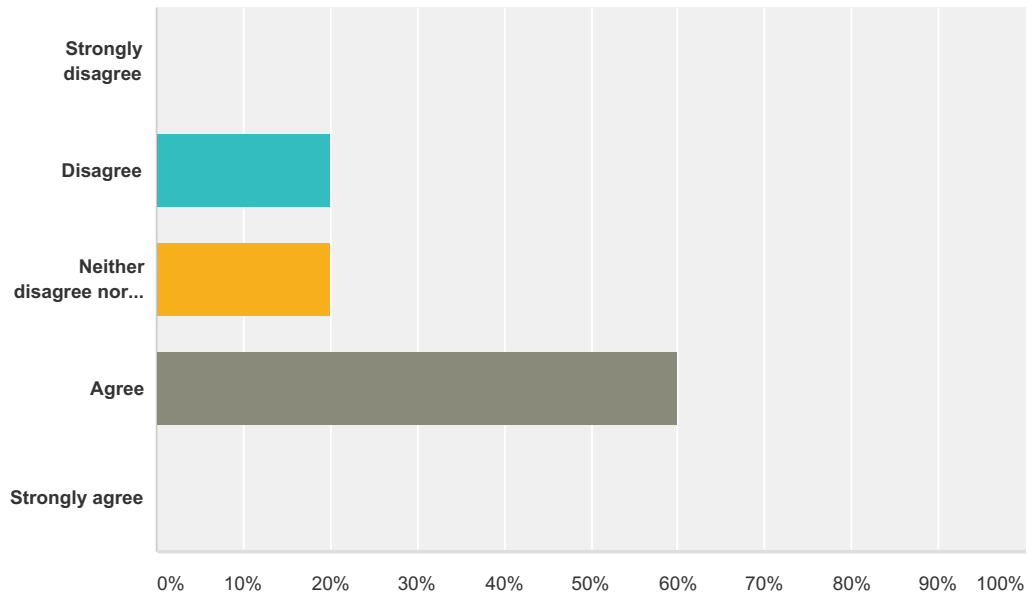
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	20.00% 1
Agree	80.00% 4
Strongly agree	0.00% 0
Total	5

Q26 Council ensures that the Registrar is able to take advantage of professional development opportunities.

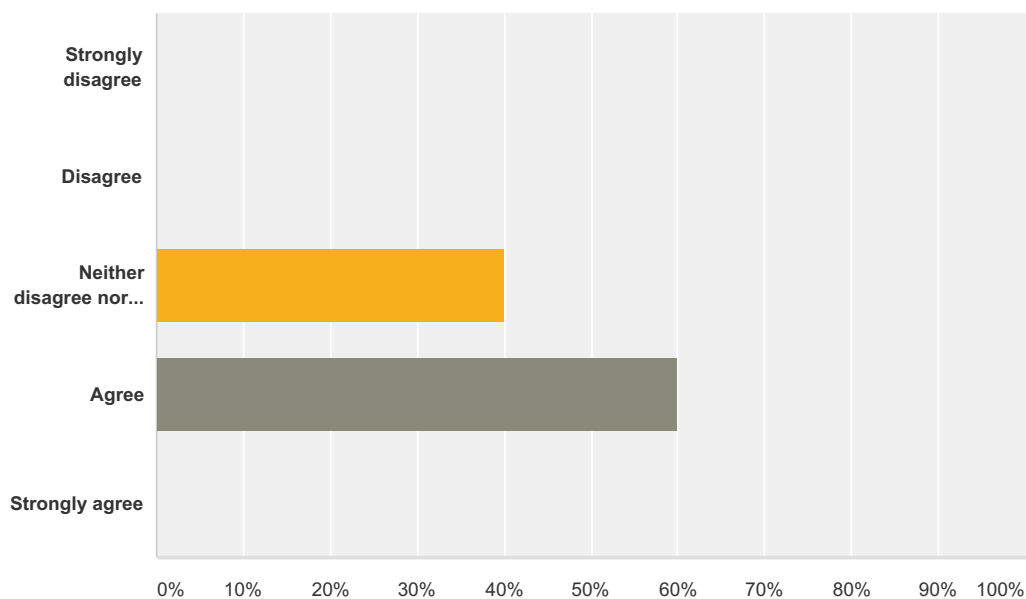
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	20.00%	1
Neither disagree nor agree	20.00%	1
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q27 Council Members have sufficient knowledge of the College's mandate and of the legislative and regulatory framework in which it operates to make sound decisions.

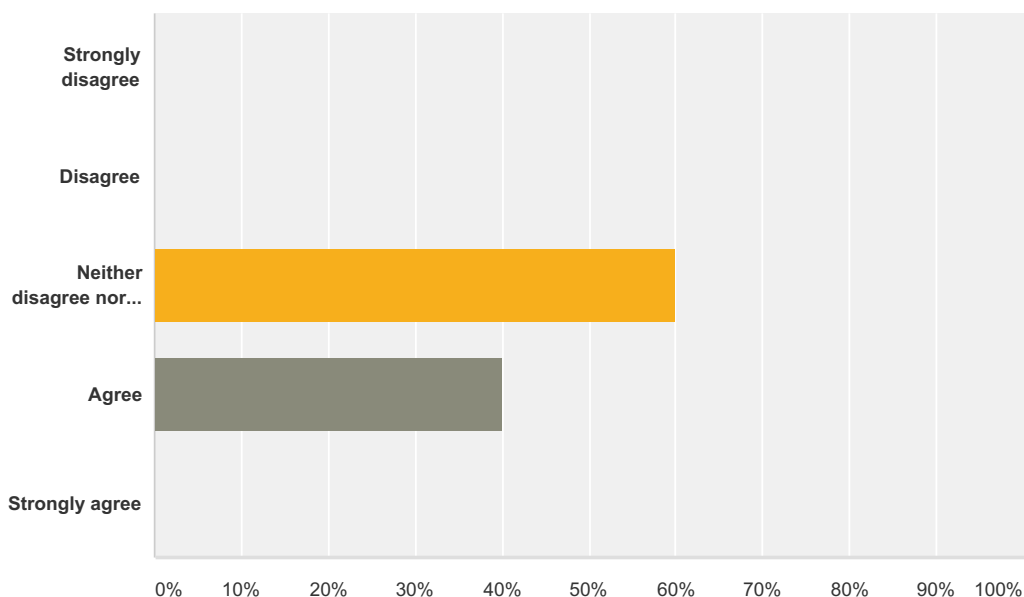
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	40.00%	2
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q28 Council Members participate in ongoing education and development of their knowledge concerning the profession of naturopathy, and self-governance of health professions in Ontario.

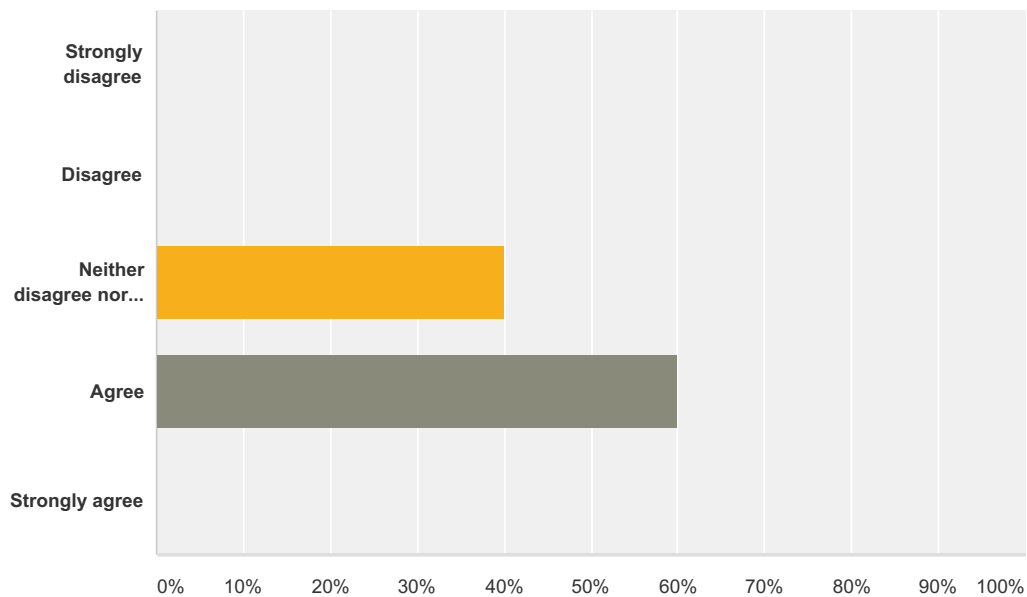
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	60.00% 3
Agree	40.00% 2
Strongly agree	0.00% 0
Total	5

Q29 Council has sufficient knowledge to meet its fiduciary responsibilities.

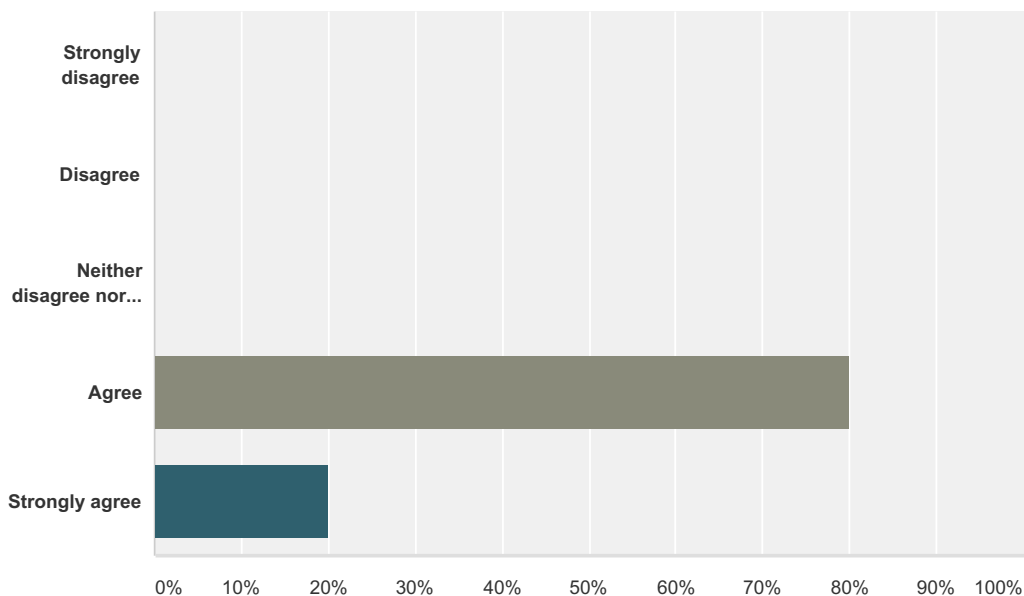
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	40.00% 2
Agree	60.00% 3
Strongly agree	0.00% 0
Total	5

Q30 Council reviews the plans and reports of the College with a critical eye, seeks clarification and offers helpful advice.

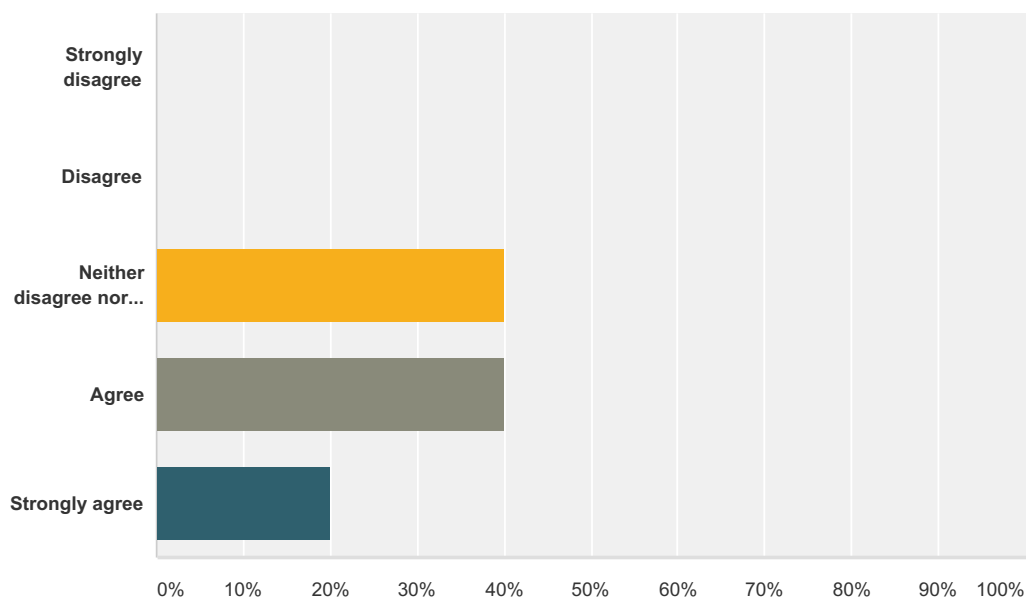
Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	80.00%	4
Strongly agree	20.00%	1
Total		5

Q31 Council ensures that its committees operate within their terms of reference, and that members of Committees are provided with sufficient training and advice from staff.

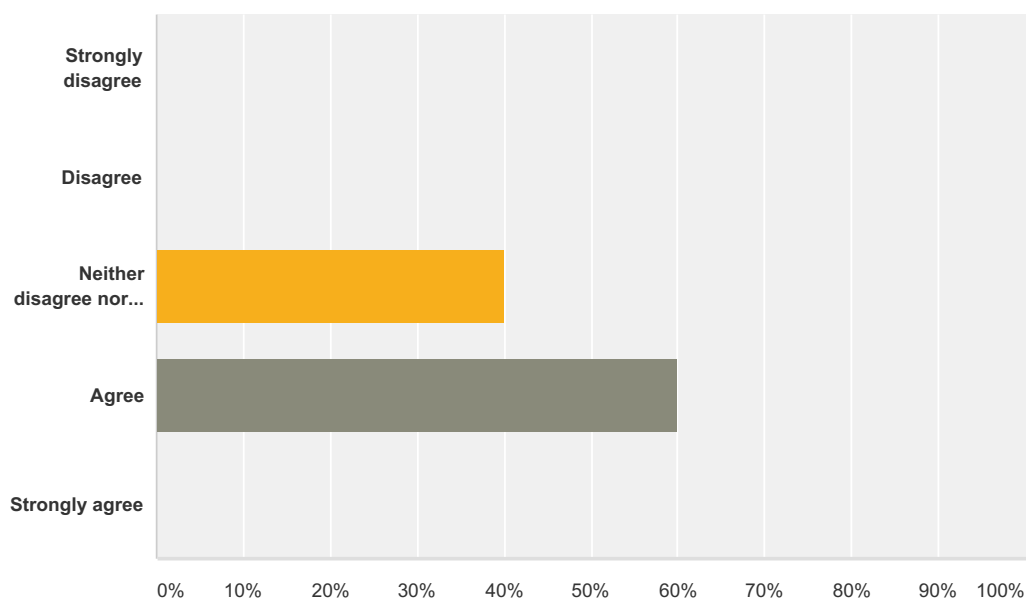
Answered: 5 Skipped: 0



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	40.00% 2
Agree	40.00% 2
Strongly agree	20.00% 1
Total	5

Q32 Council ensures that new Council members are provided with orientation and training.

Answered: 5 Skipped: 0



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	40.00%	2
Agree	60.00%	3
Strongly agree	0.00%	0
Total		5

Q33 Do you have any suggestions for improvement of Council Performance over the next year?

Answered: 2 Skipped: 3

#	Responses	Date
1	I was struck by the fact that the Registrar could use more positive feedback on things that are well done!	2/24/2017 3:14 PM
2	We are in an on-going learning curve improving each quarter. Further learning and understanding of roles will continue to strengthen us.	2/17/2017 10:59 AM

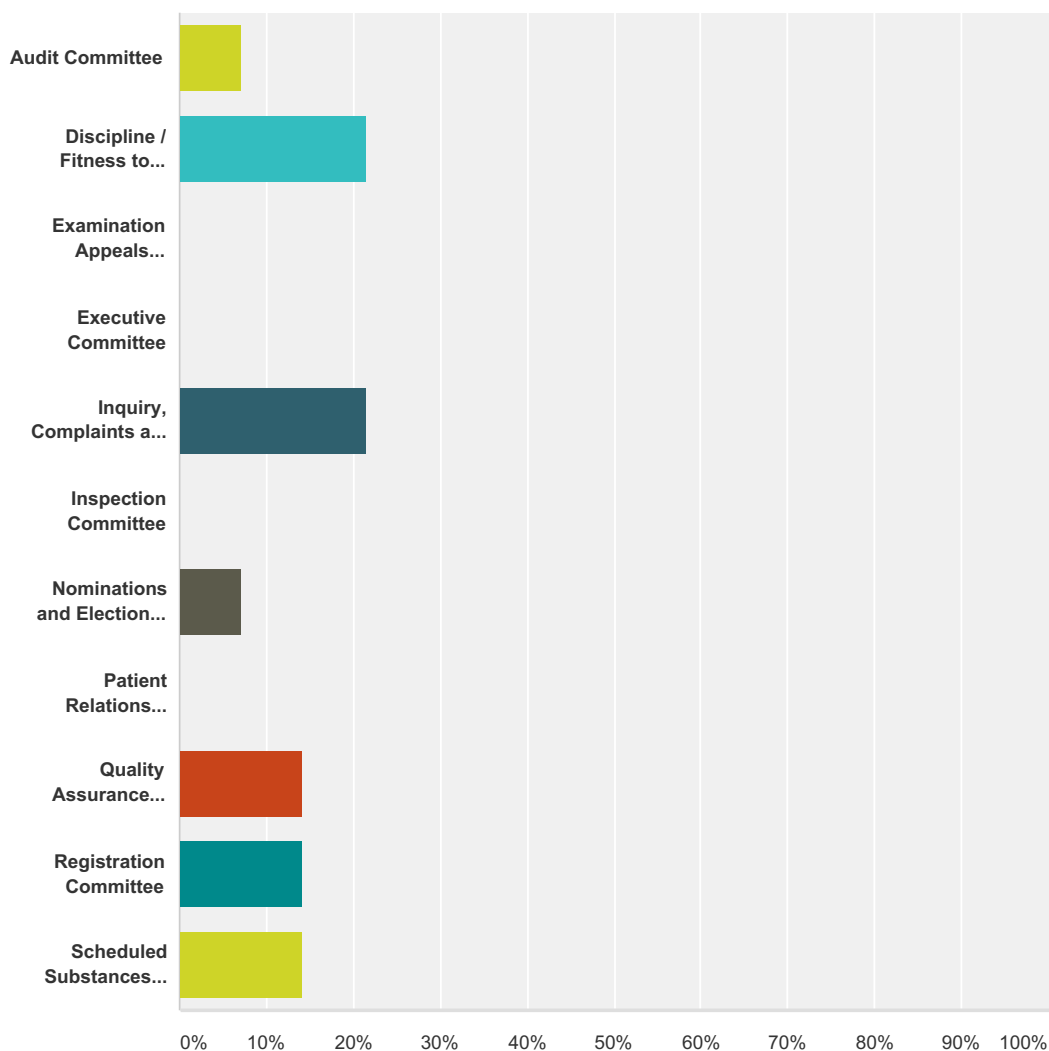
Q34 Do you have any suggestions for improvement of this survey?

Answered: 0 Skipped: 5

#	Responses	Date
	There are no responses.	

Q1 Which Committee are you evaluating?

Answered: 14 Skipped: 0

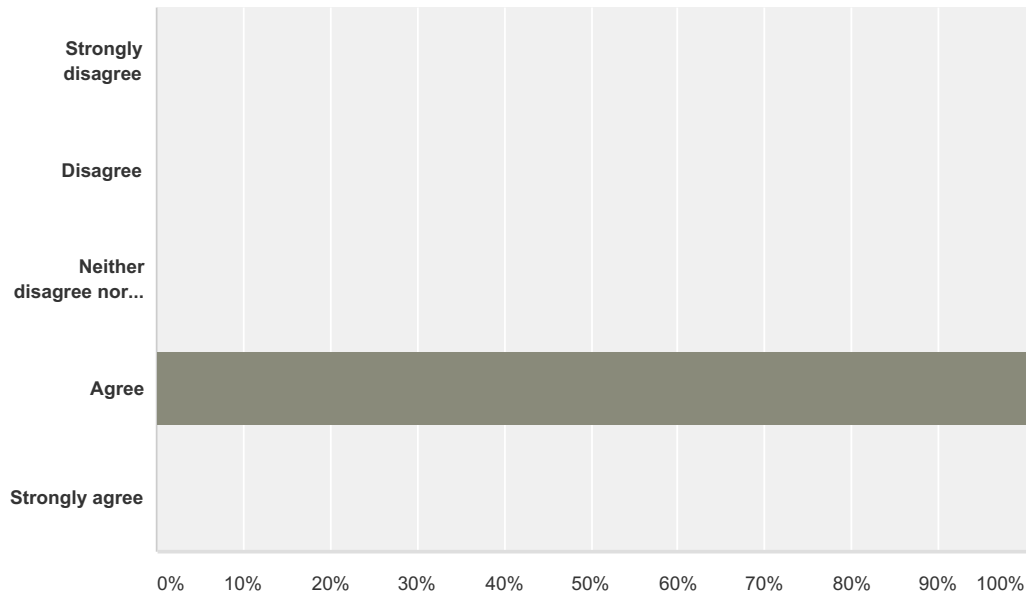


Answer Choices	Responses
Audit Committee	7.14% 1
Discipline / Fitness to Practice Committee	21.43% 3
Examination Appeals Committee	0.00% 0
Executive Committee	0.00% 0
Inquiry, Complaints and Reports Committee (ICRC)	21.43% 3
Inspection Committee	0.00% 0
Nominations and Elections Committee	7.14% 1
Patient Relations Committee	0.00% 0
Quality Assurance Committee	14.29% 2
Registration Committee	14.29% 2

Scheduled Substances Review Committee	14.29%	2
Total		14

Q2 The Committee's mandate was clearly available to all members and was reviewed regularly.

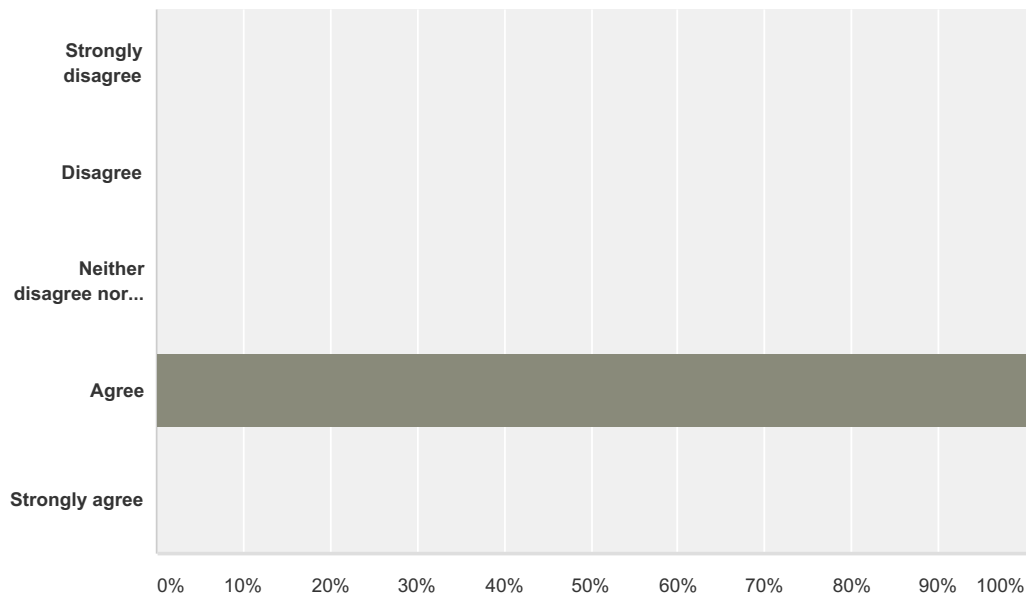
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q3 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

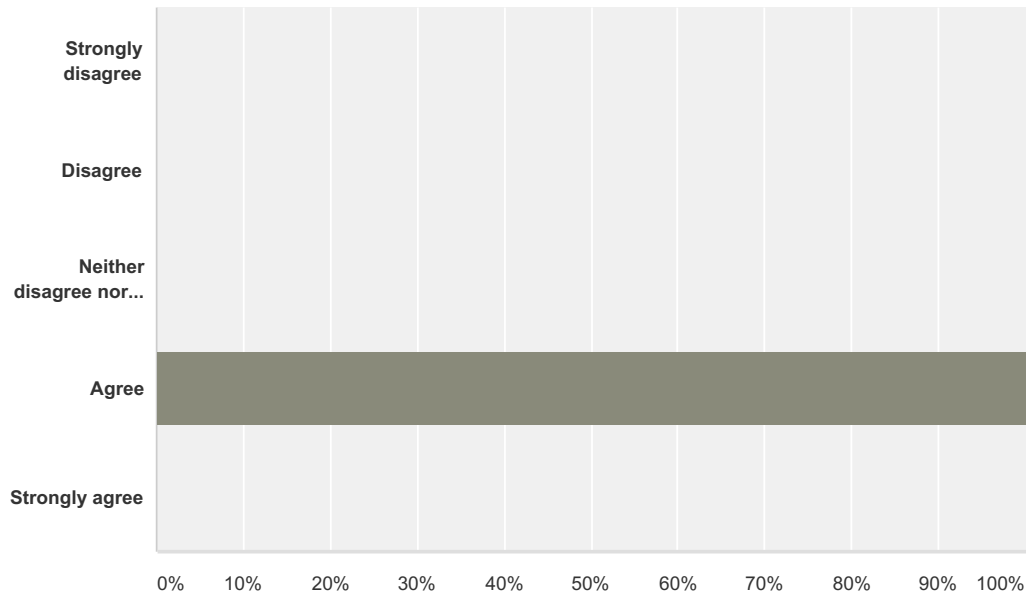
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q4 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

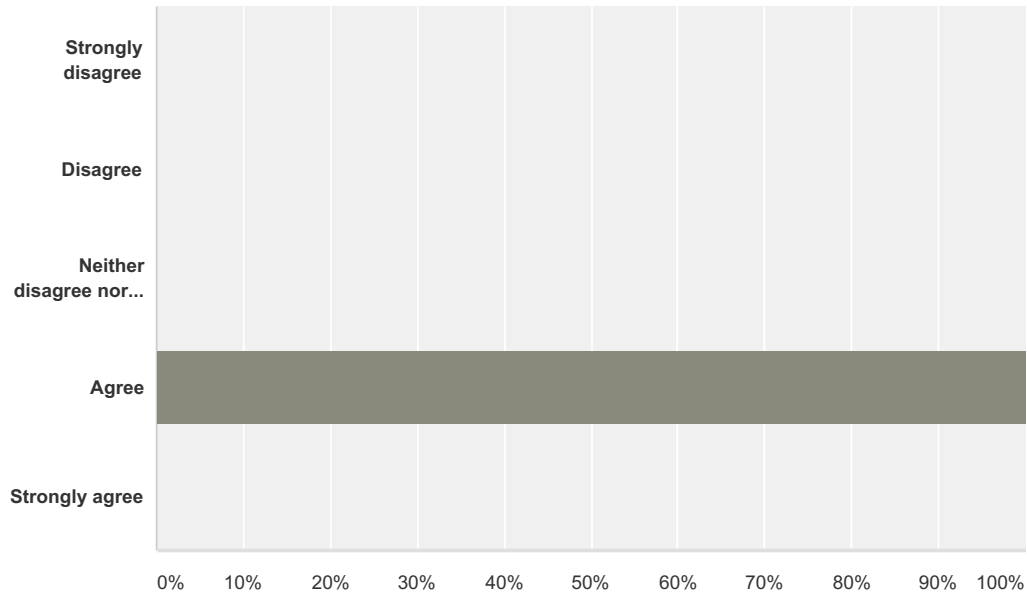
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q5 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

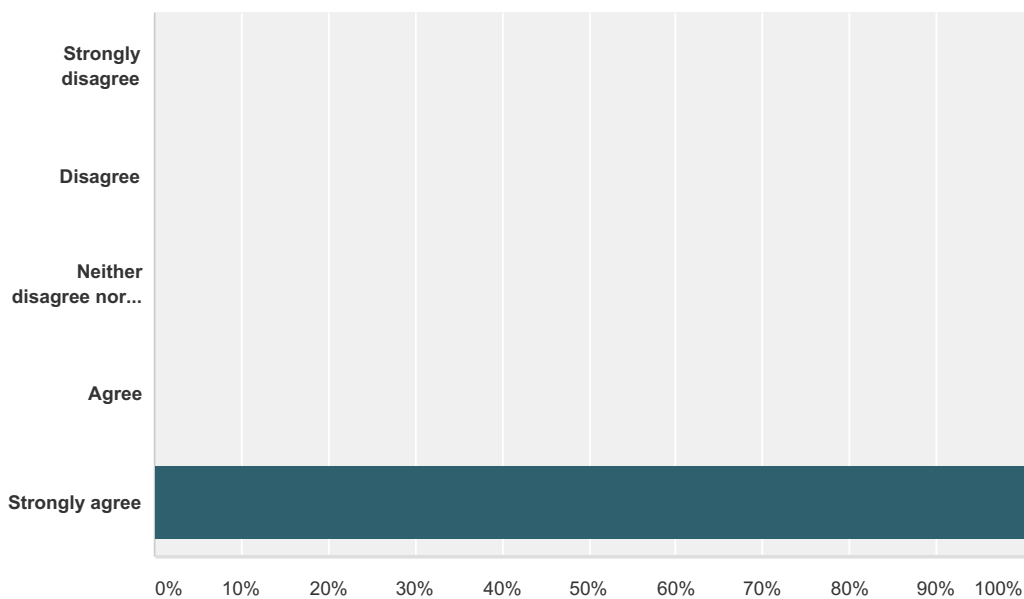
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q6 Committee members adhered to the Council's Code of Conduct.

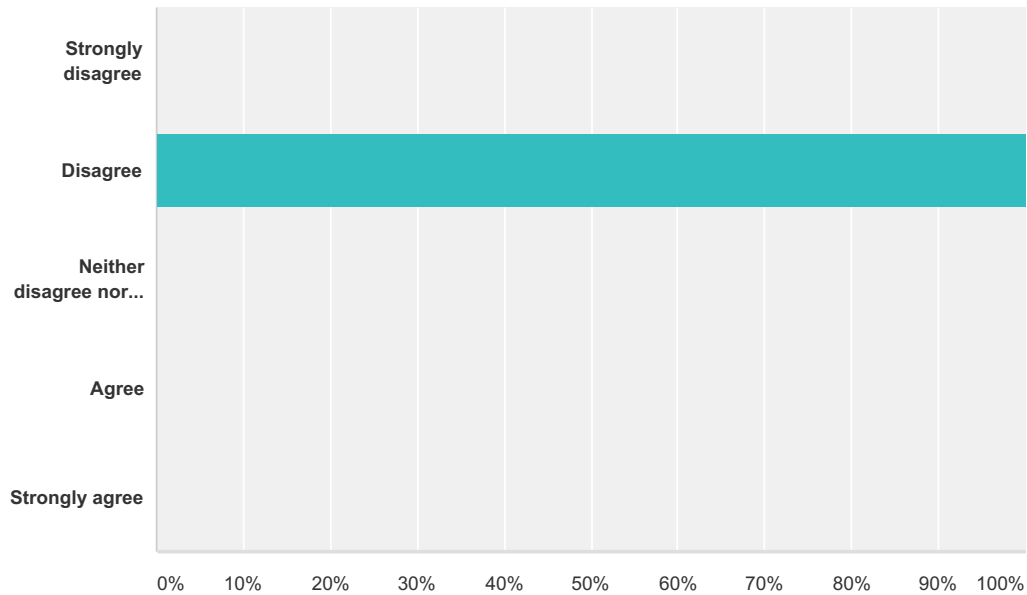
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

**Q7 Committee members were advised of
and adhered to the College's confidentiality
and non-disclosure agreements.**

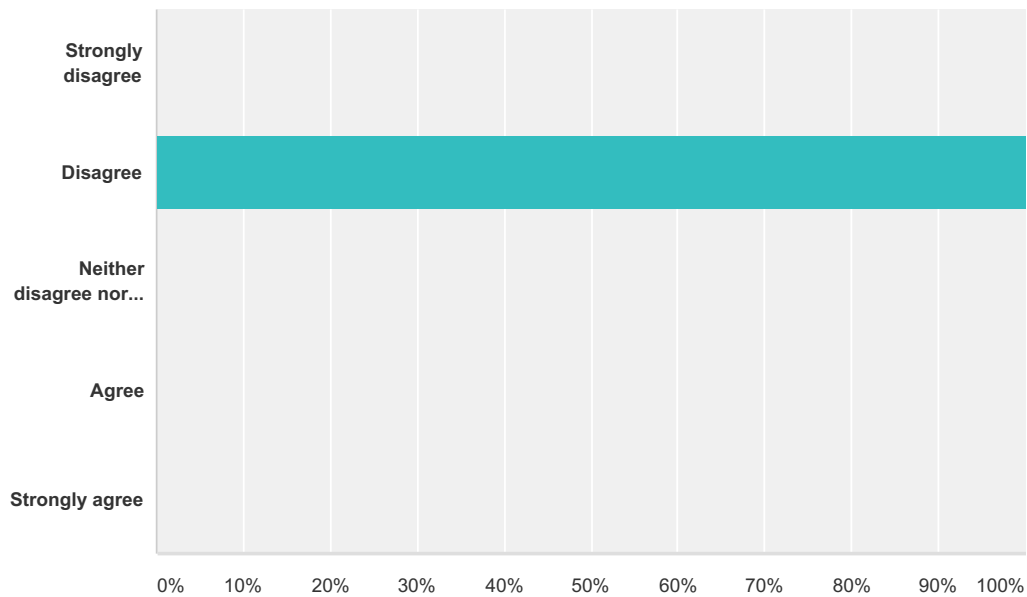
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	100.00% 1
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q8 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

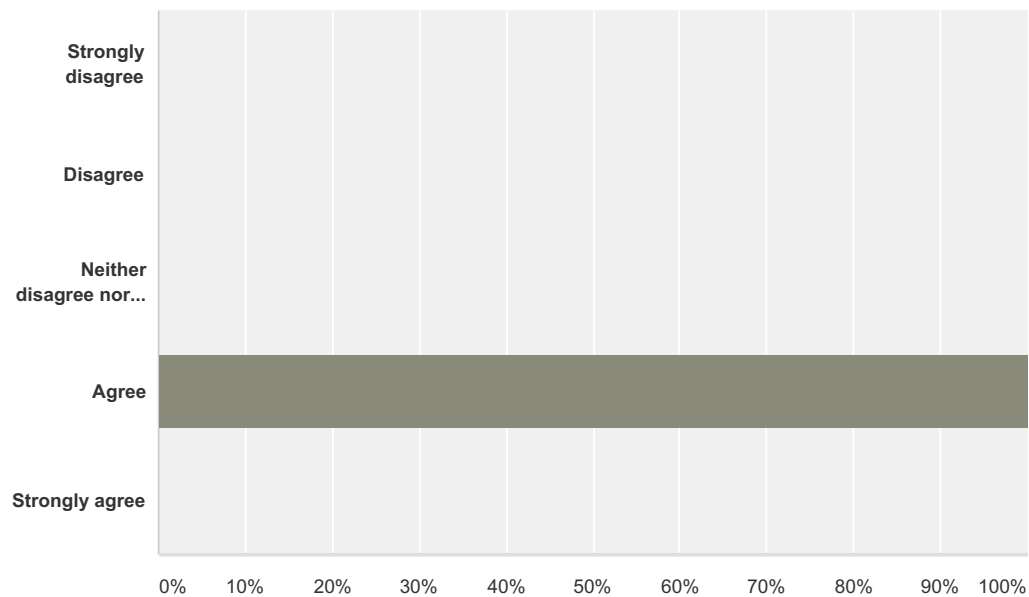
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	100.00% 1
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q9 Committee member attendance was consistent and punctual.

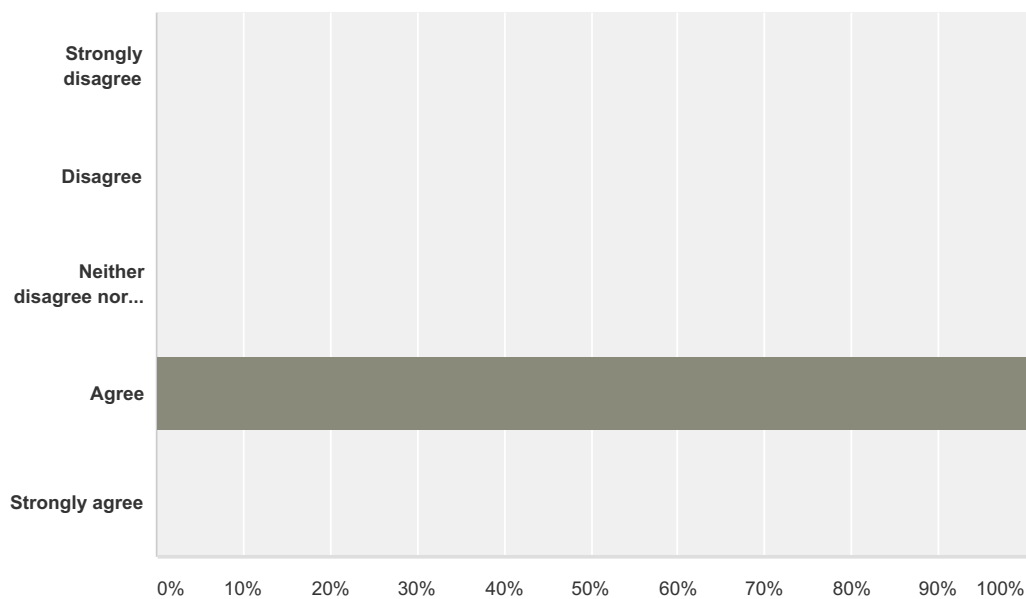
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q10 Committee members came to meetings prepared and ready to contribute.

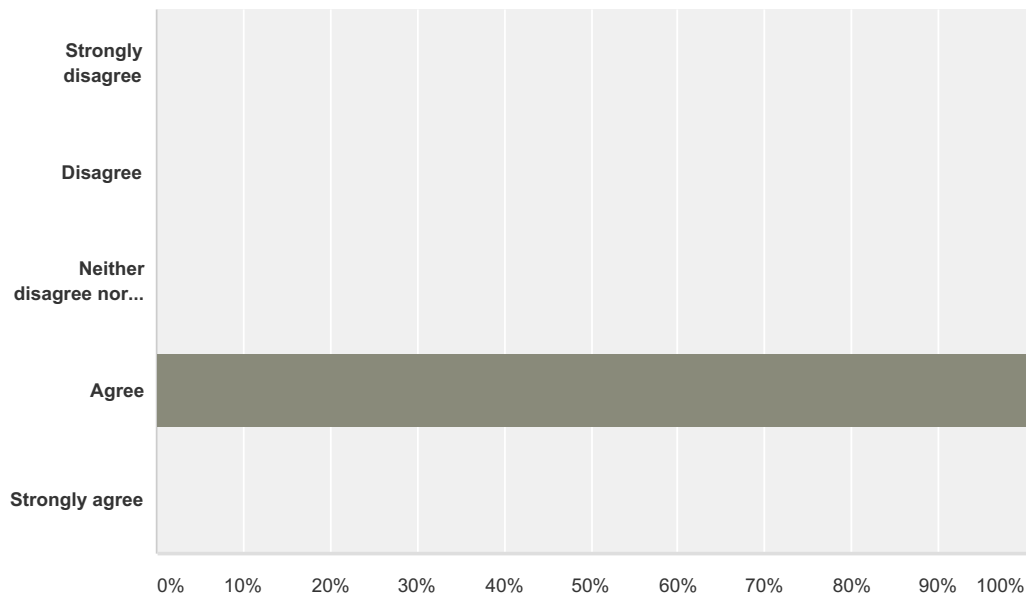
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q11 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

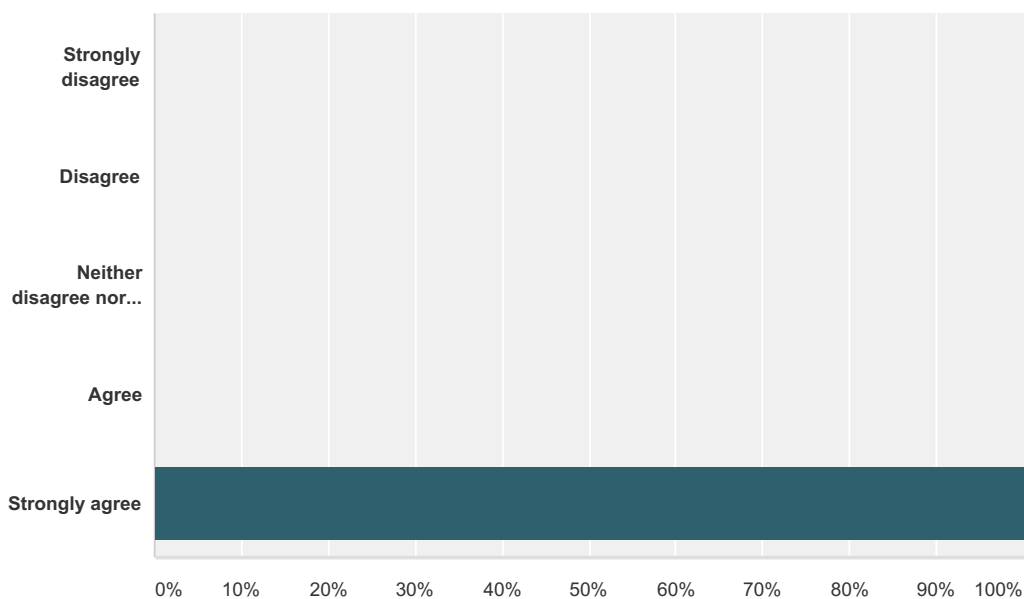
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q12 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

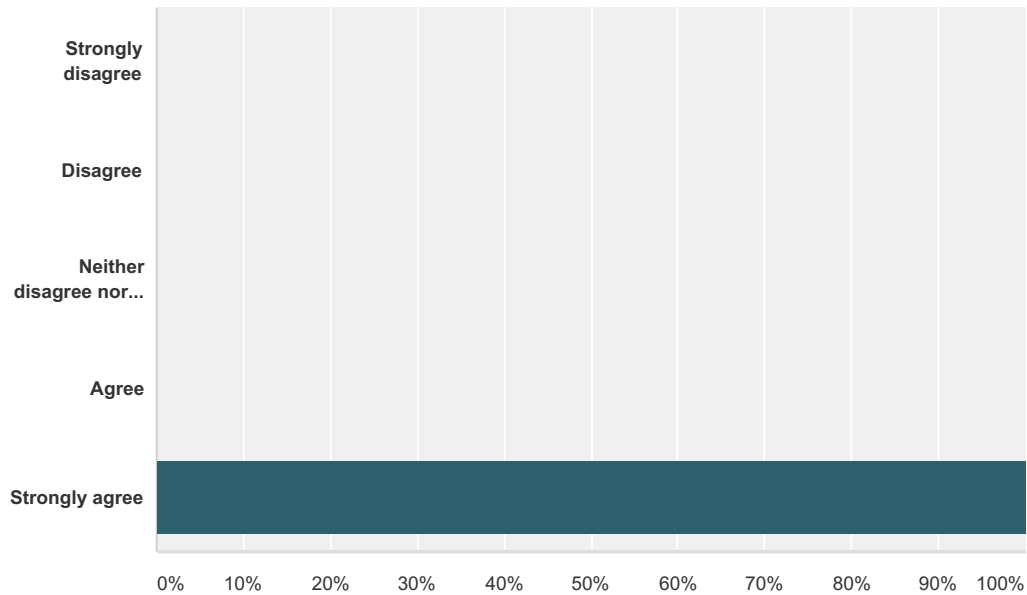
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q13 Committee members' contributions and opinions were respected. Members were treated with courtesy.

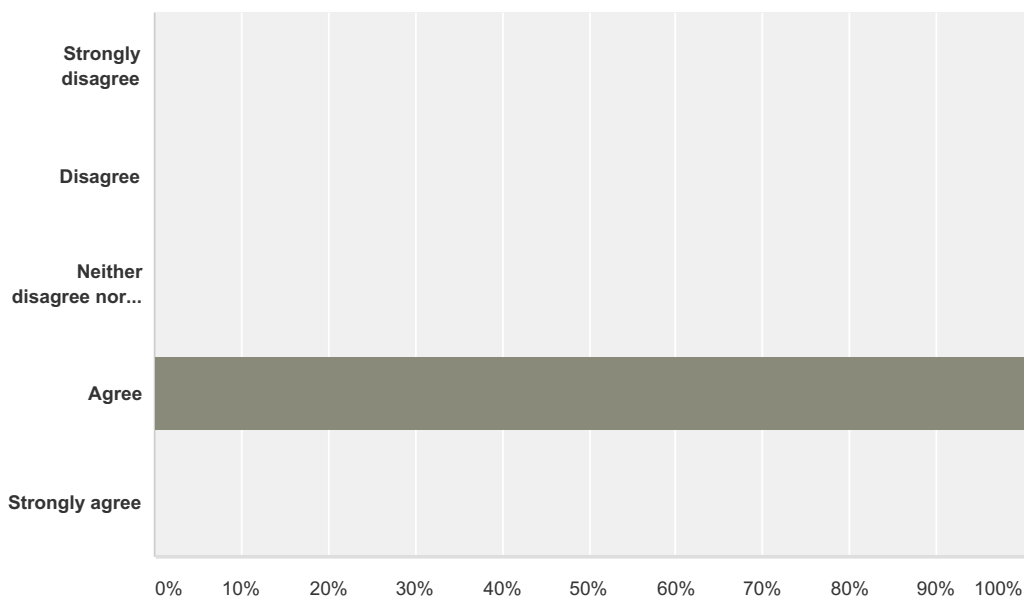
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q14 Meetings were held with appropriate frequency.

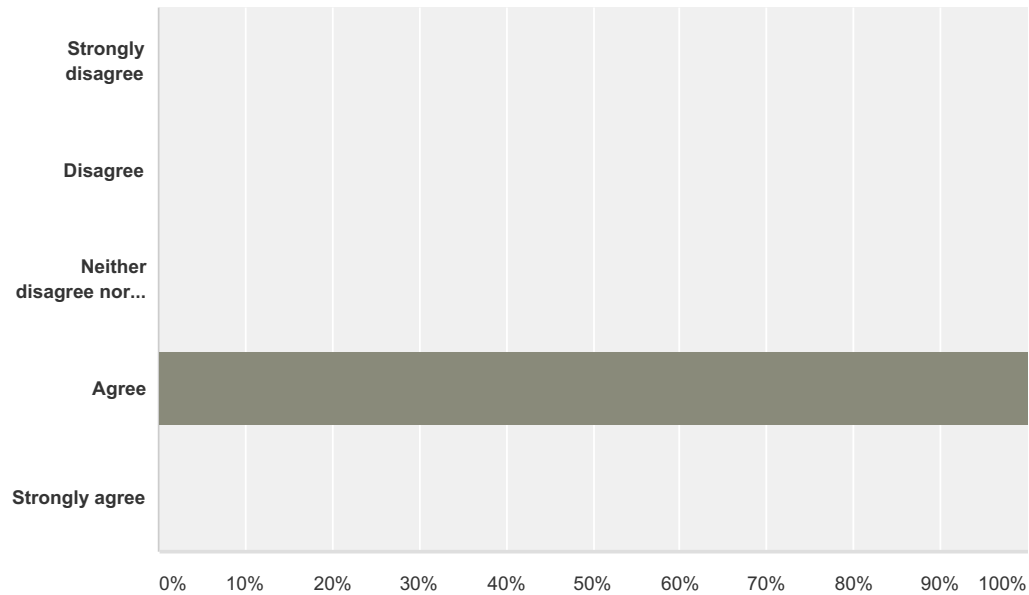
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q15 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

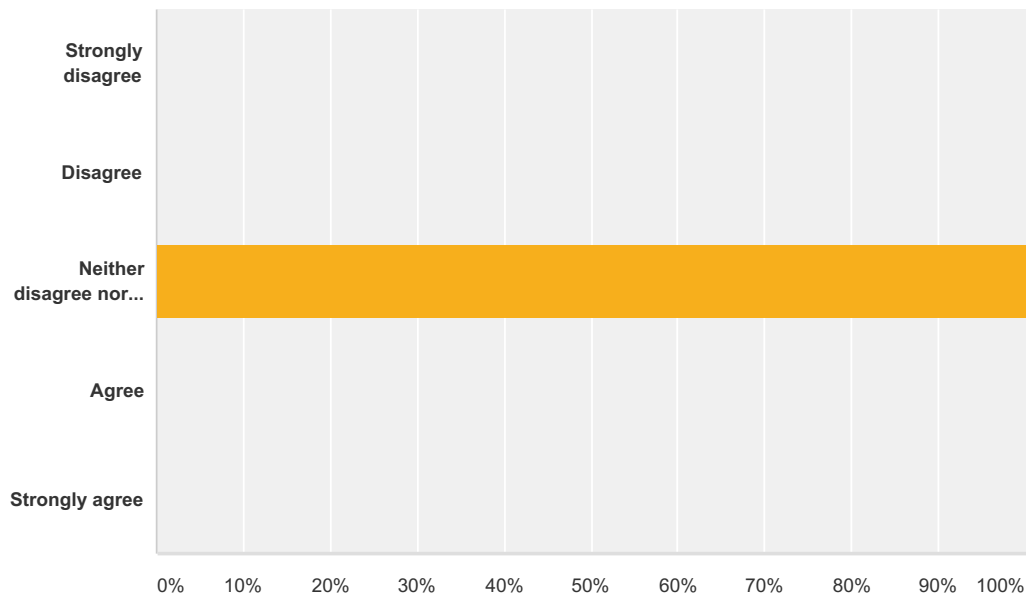
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q16 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

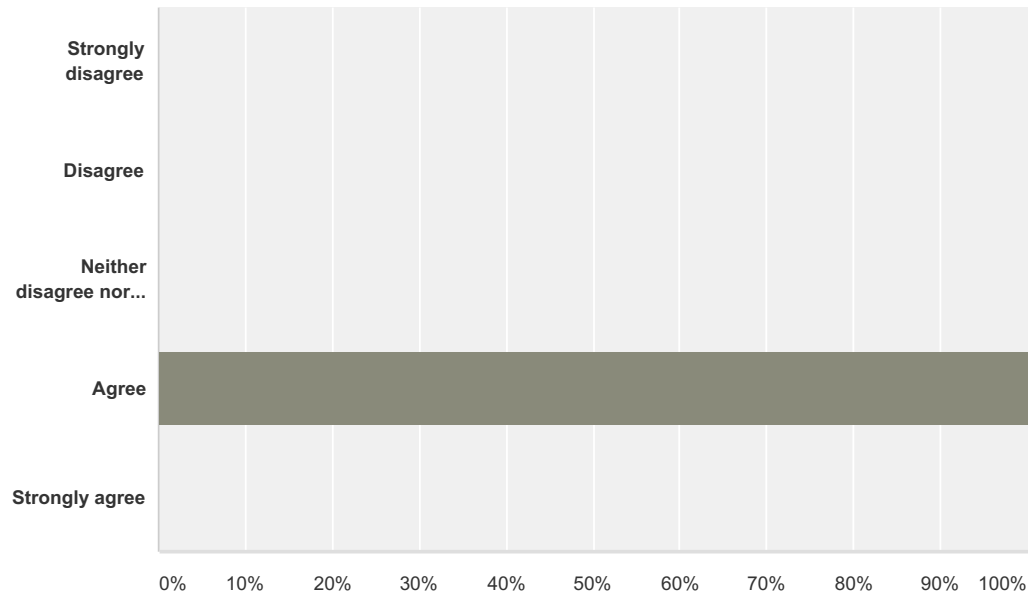
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	100.00%	1
Agree	0.00%	0
Strongly agree	0.00%	0
Total		1

Q17 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

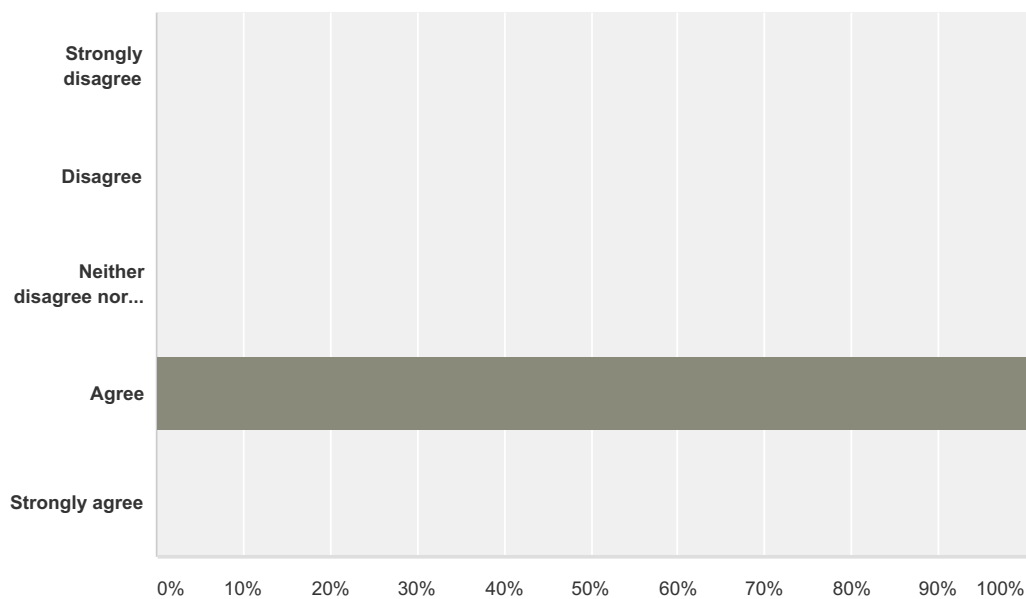
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	100.00%	1
Strongly agree	0.00%	0
Total		1

Q18 A detailed agenda was provided to the Committee in a timely manner.

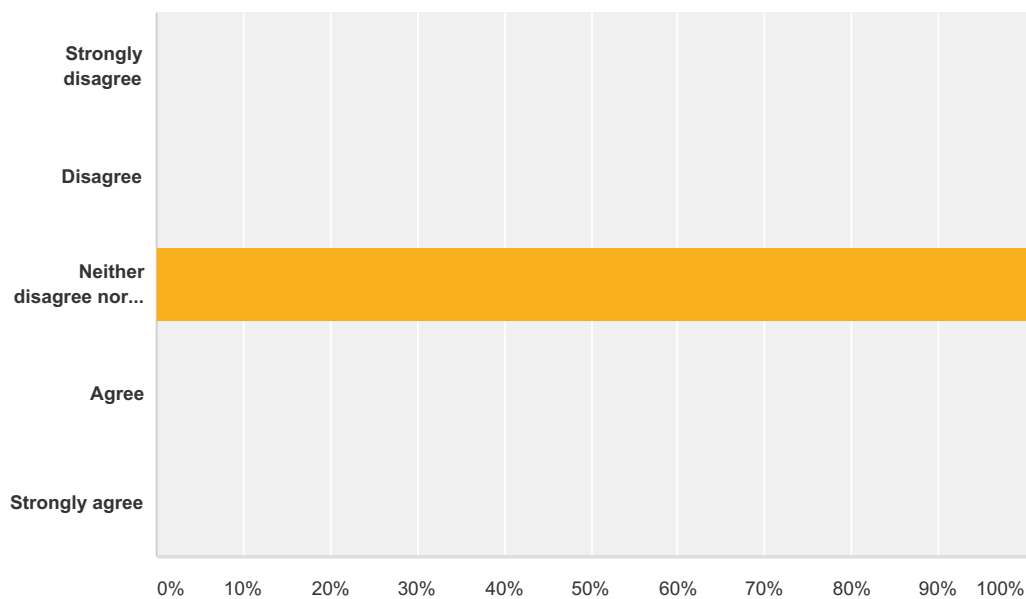
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q19 Meeting minutes reflected the discussion, next steps and action items.

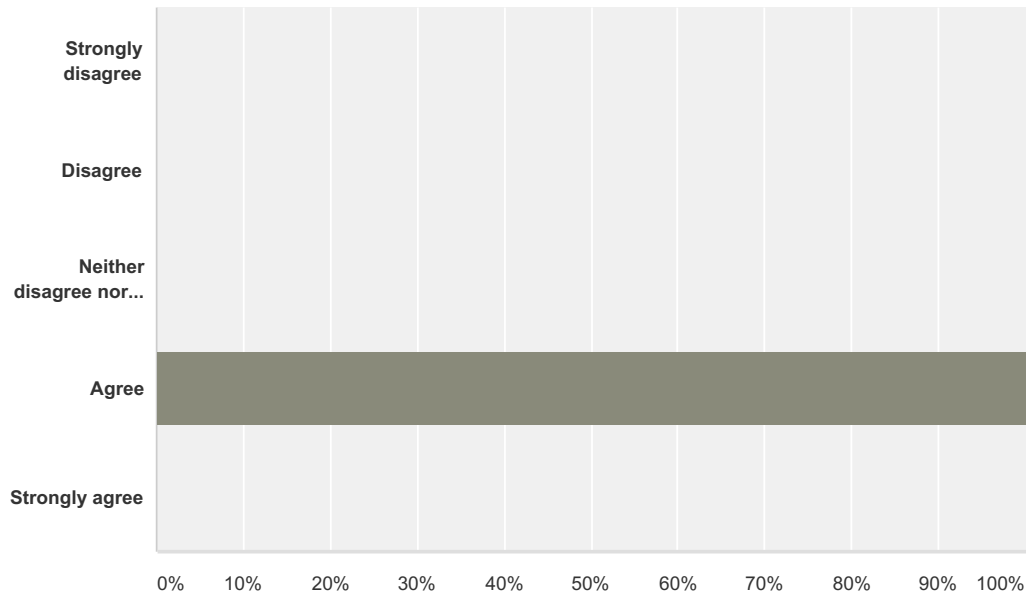
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	100.00% 1
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q20 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

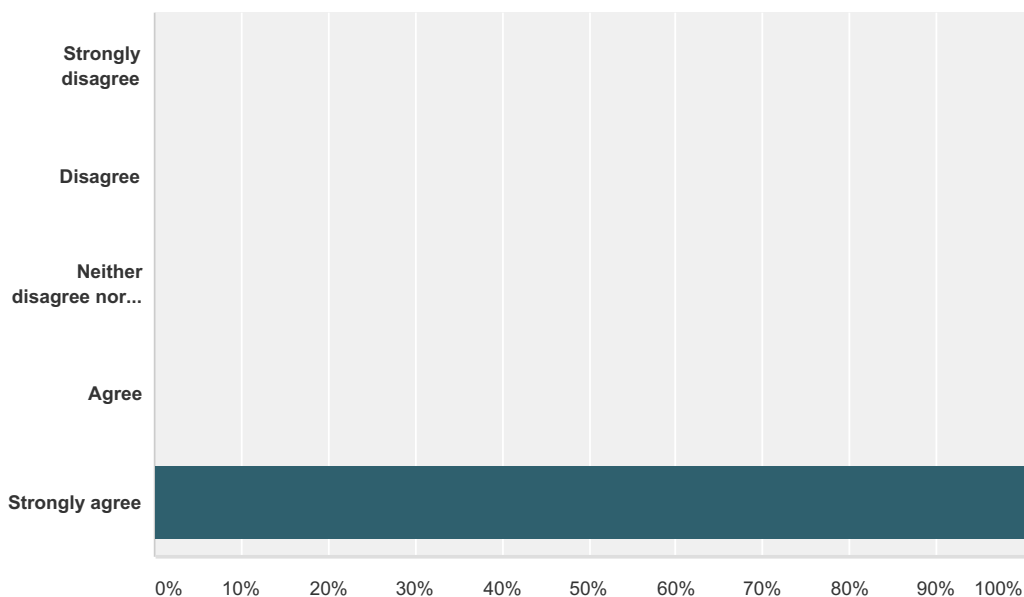
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q21 Overall, the Committee was effective and achieved its objectives.

Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q22 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

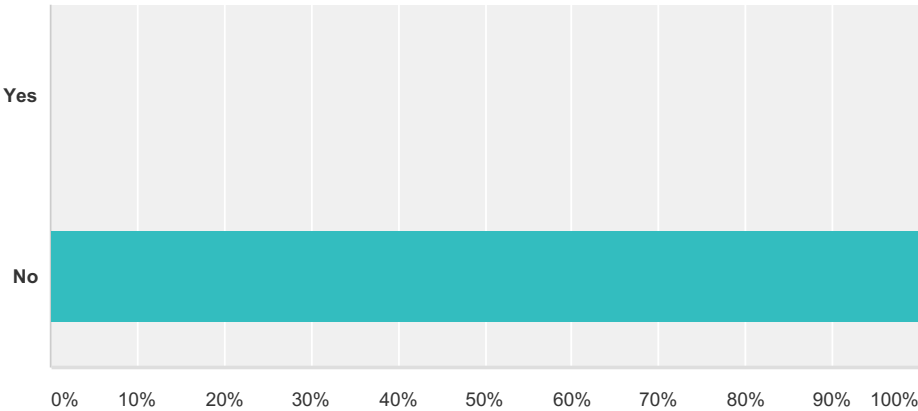
Q23 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q24 Do you belong to another Committee?

Answered: 1 Skipped: 13



Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1
Total		1

Q25 Which Committee are you evaluating?

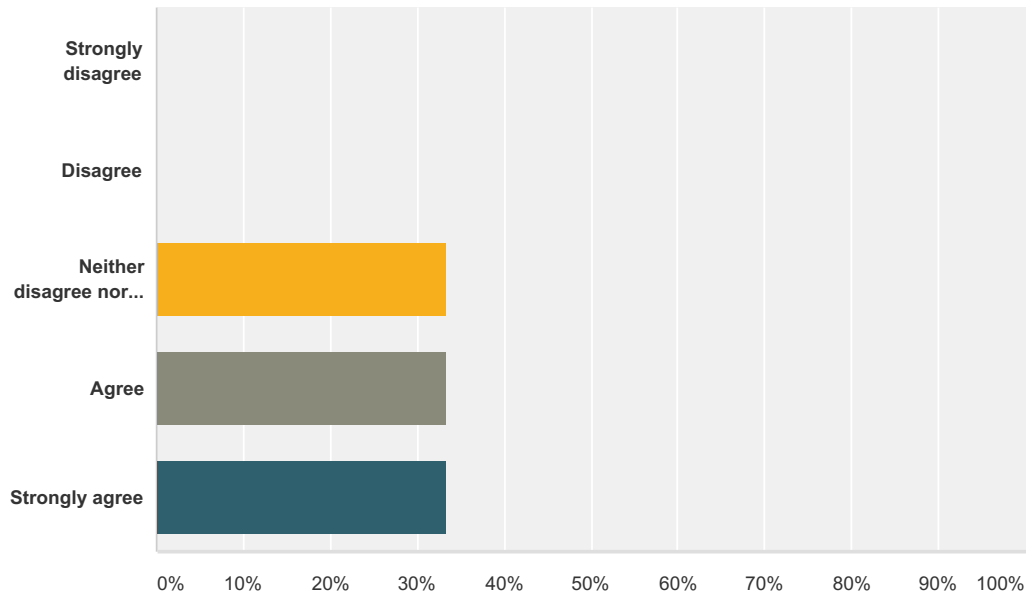
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Discipline / Fitness to Practice Committee	0.00% 0
Examination Appeals Committee	0.00% 0
Executive Committee	0.00% 0
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q26 The Committee's mandate was clearly available to all members and was reviewed regularly.

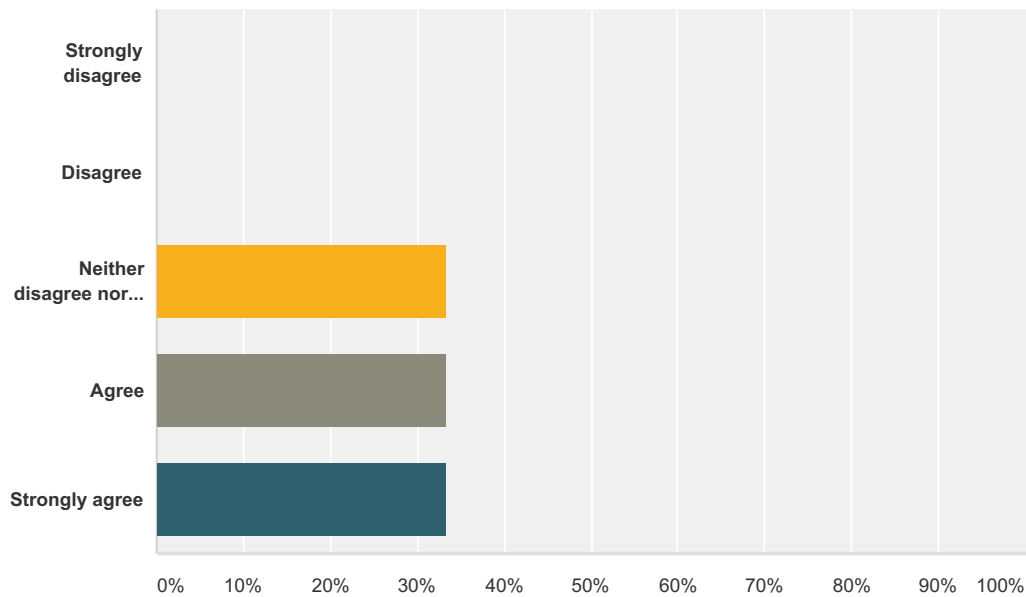
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q27 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

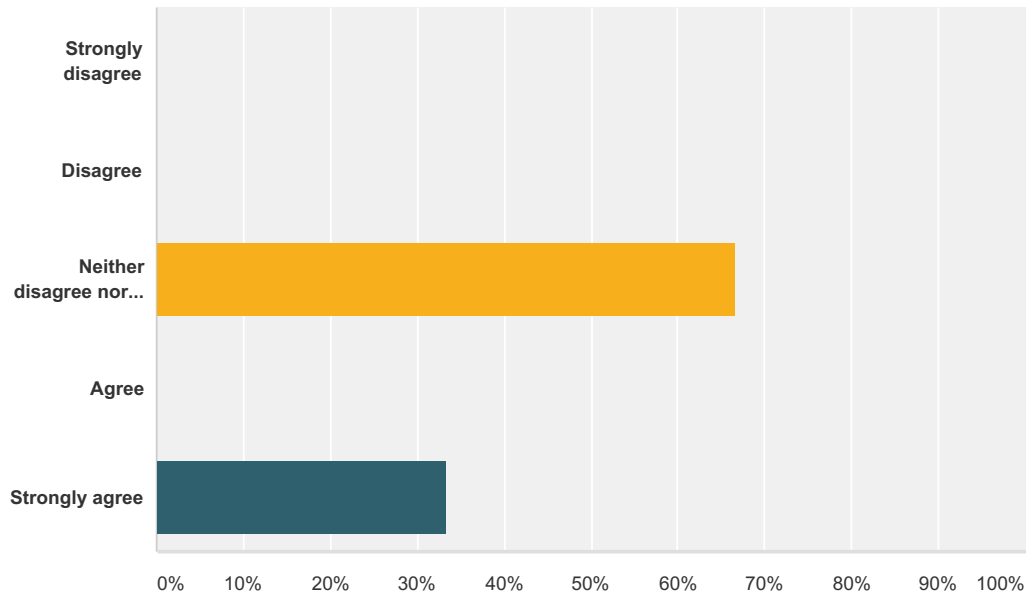
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q28 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

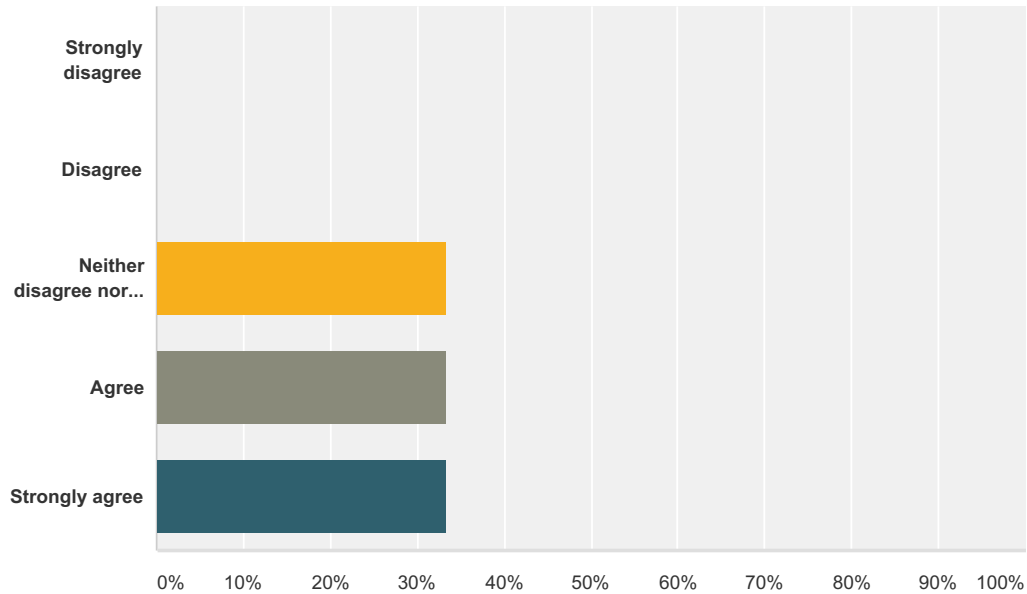
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	66.67%	2
Agree	0.00%	0
Strongly agree	33.33%	1
Total		3

Q29 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

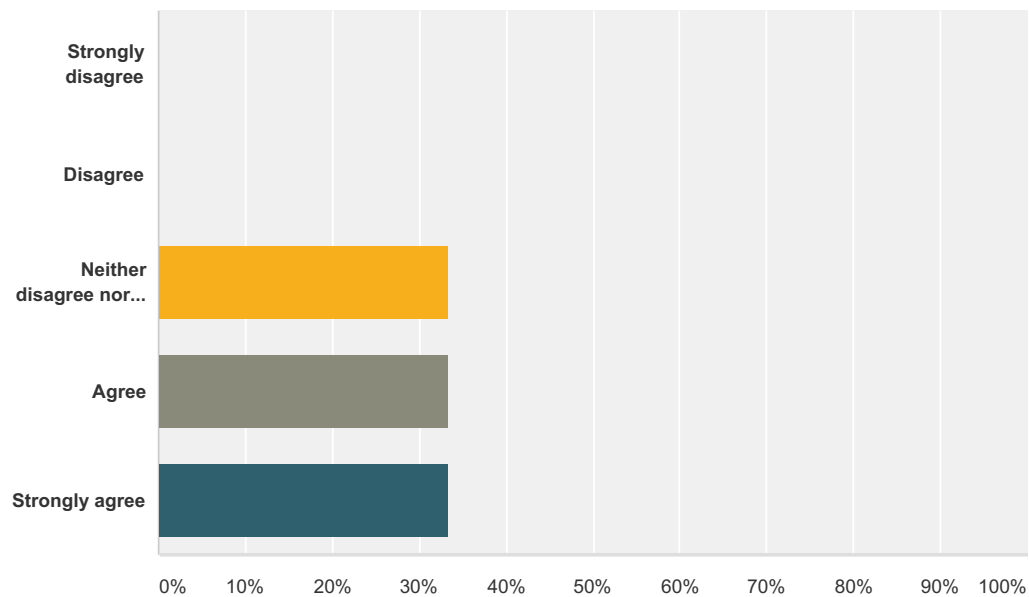
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	33.33% 1
Agree	33.33% 1
Strongly agree	33.33% 1
Total	3

Q30 Committee members adhered to the Council's Code of Conduct.

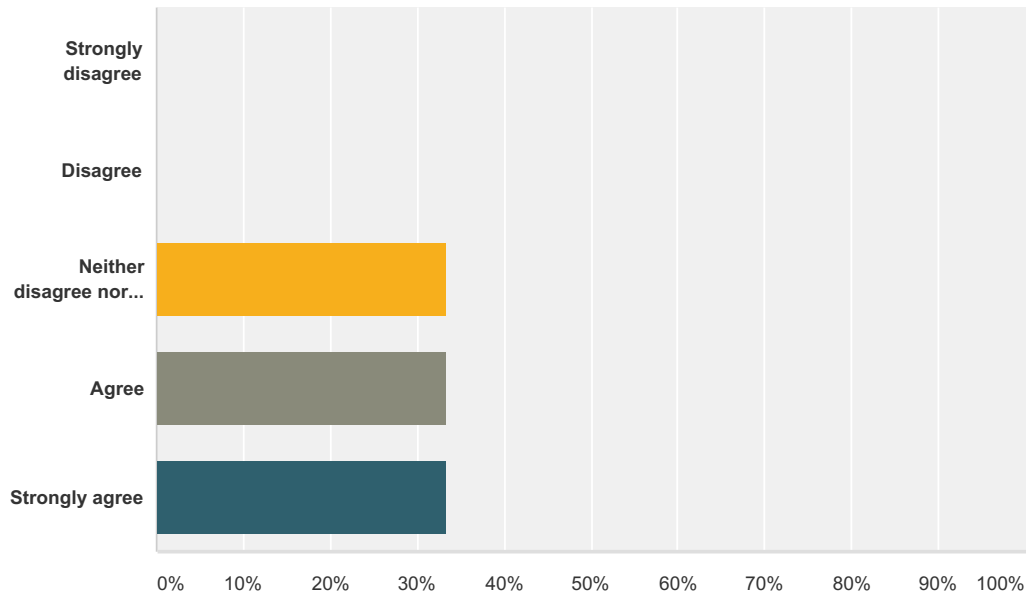
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q31 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

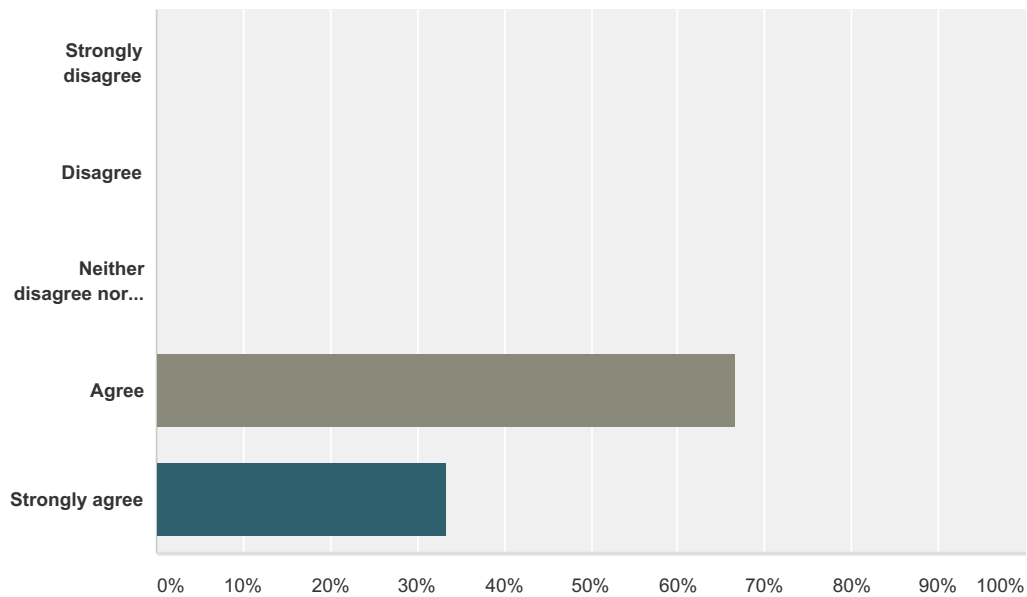
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q32 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

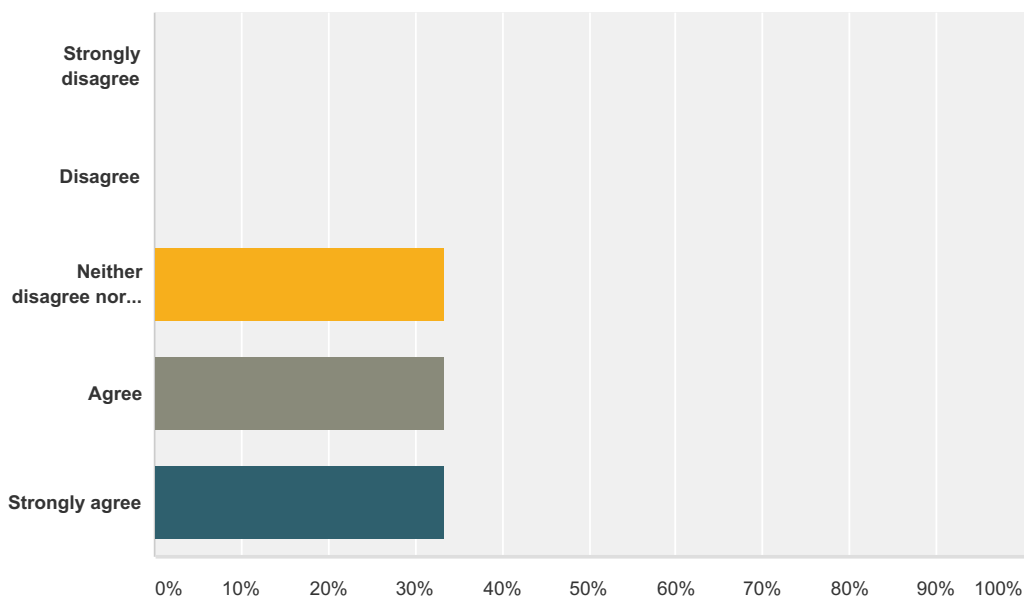
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	66.67%	2
Strongly agree	33.33%	1
Total		3

Q33 Committee member attendance was consistent and punctual.

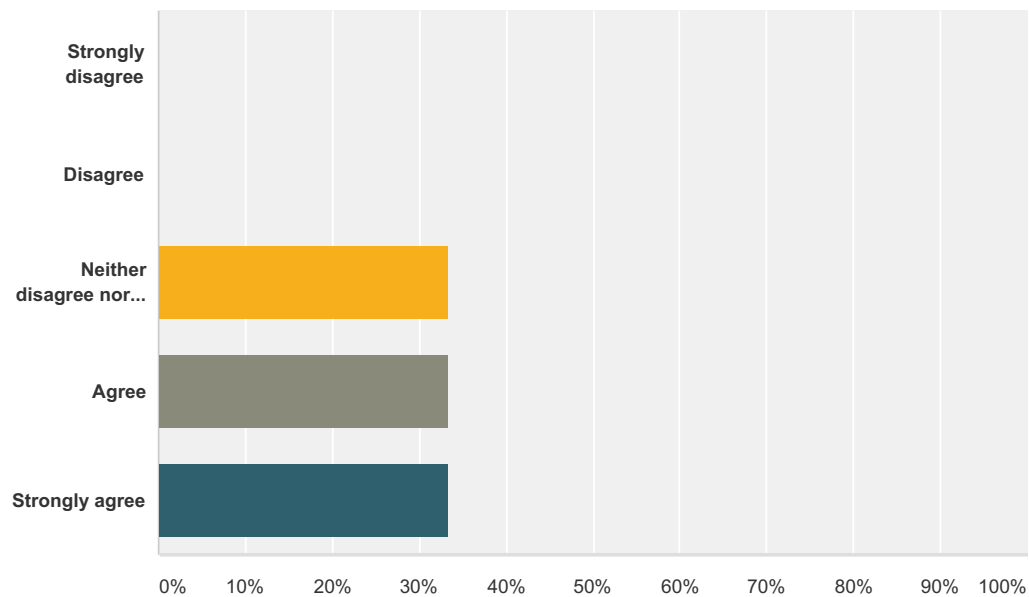
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	33.33% 1
Agree	33.33% 1
Strongly agree	33.33% 1
Total	3

Q34 Committee members came to meetings prepared and ready to contribute.

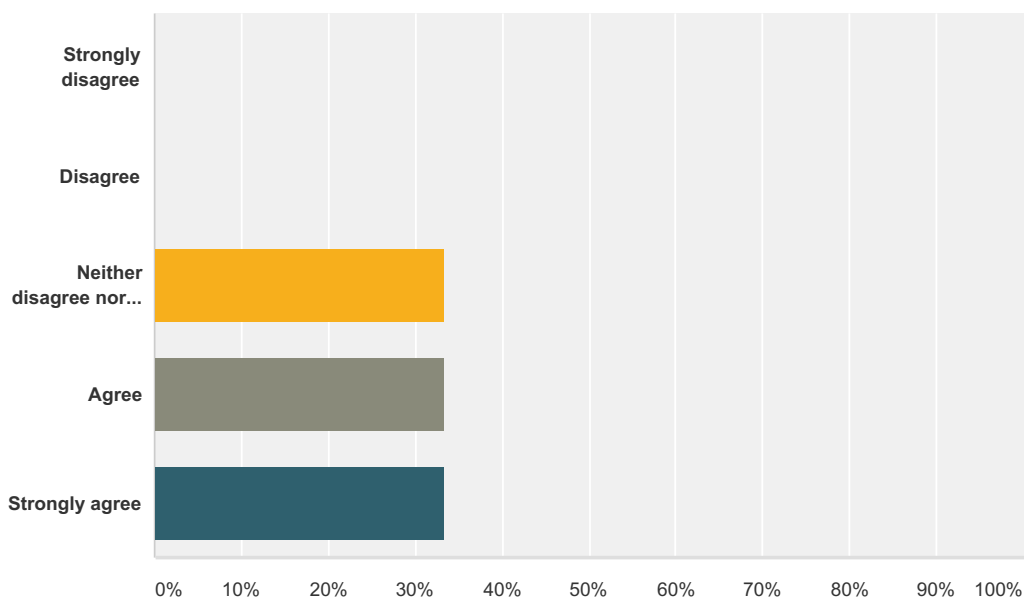
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q35 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

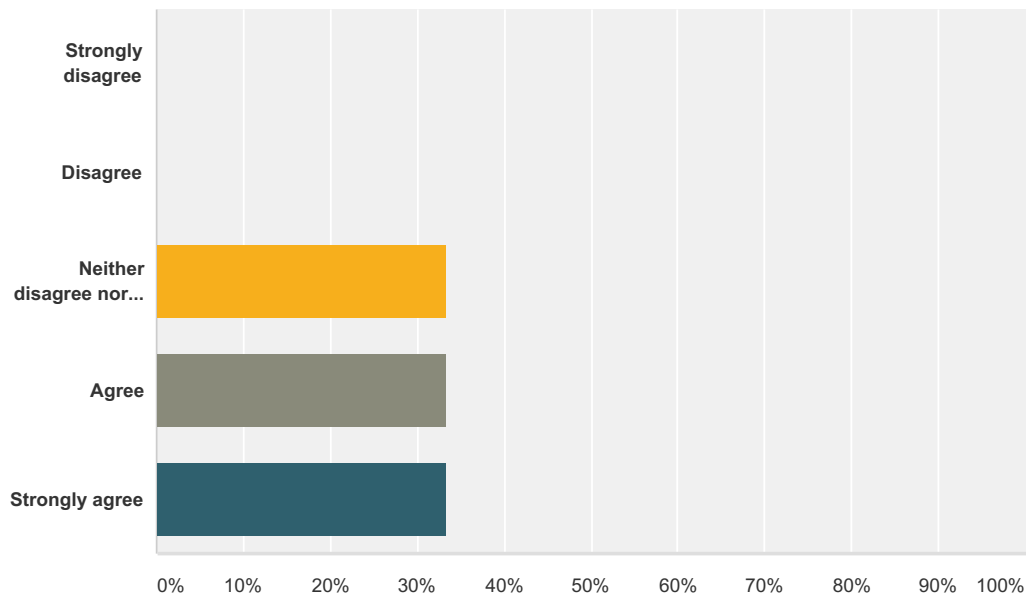
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q36 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

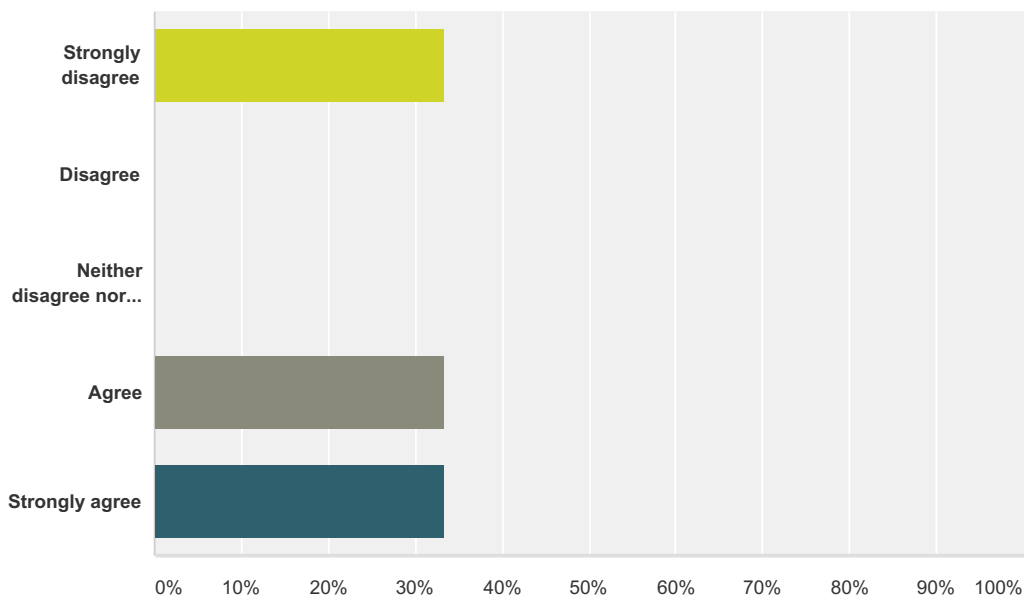
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q37 Committee members' contributions and opinions were respected. Members were treated with courtesy.

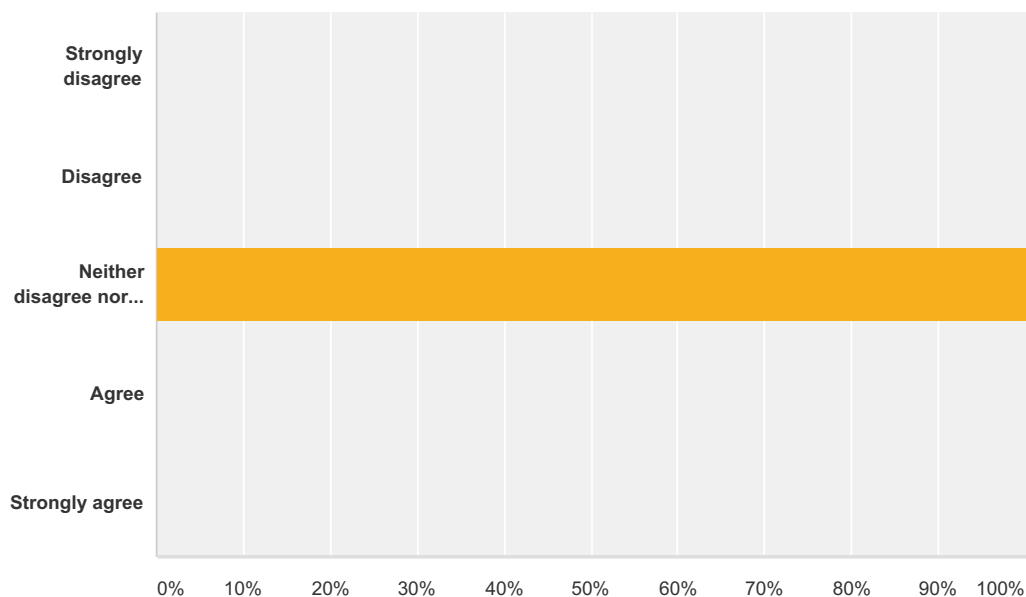
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	33.33%	1
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q38 Meetings were held with appropriate frequency.

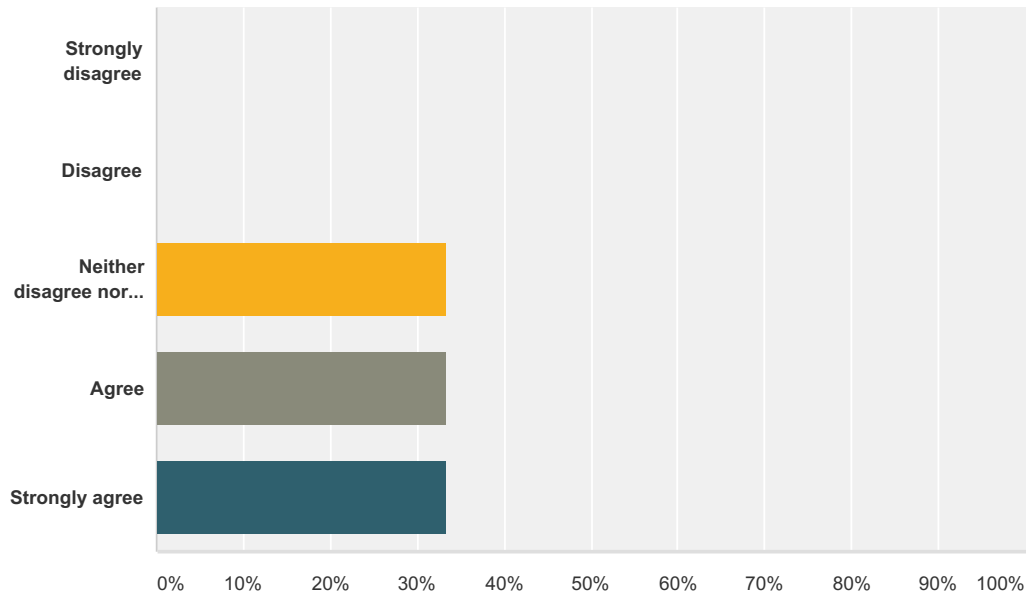
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	100.00% 3
Agree	0.00% 0
Strongly agree	0.00% 0
Total	3

Q39 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

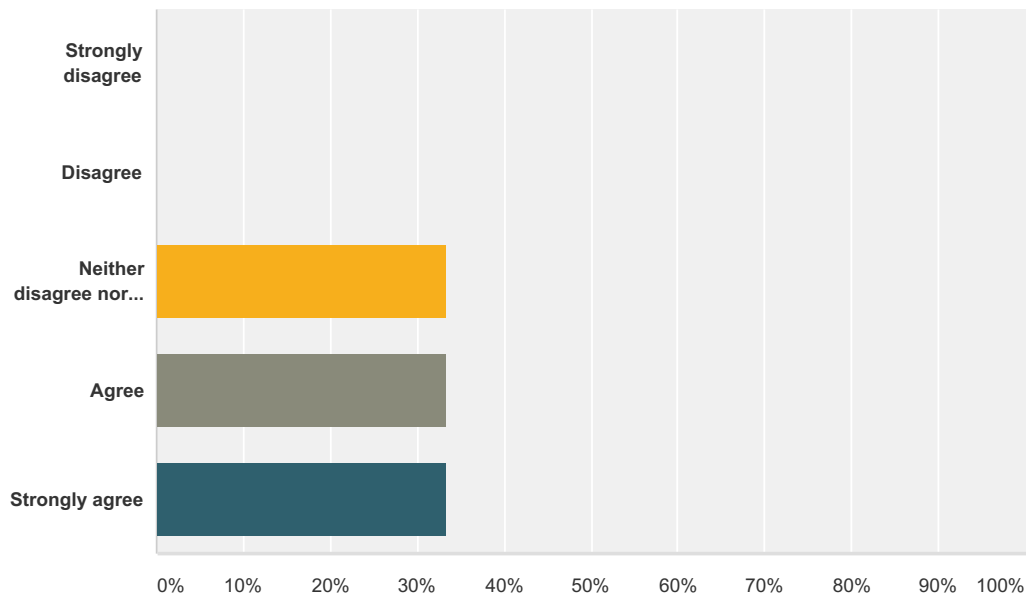
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q40 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

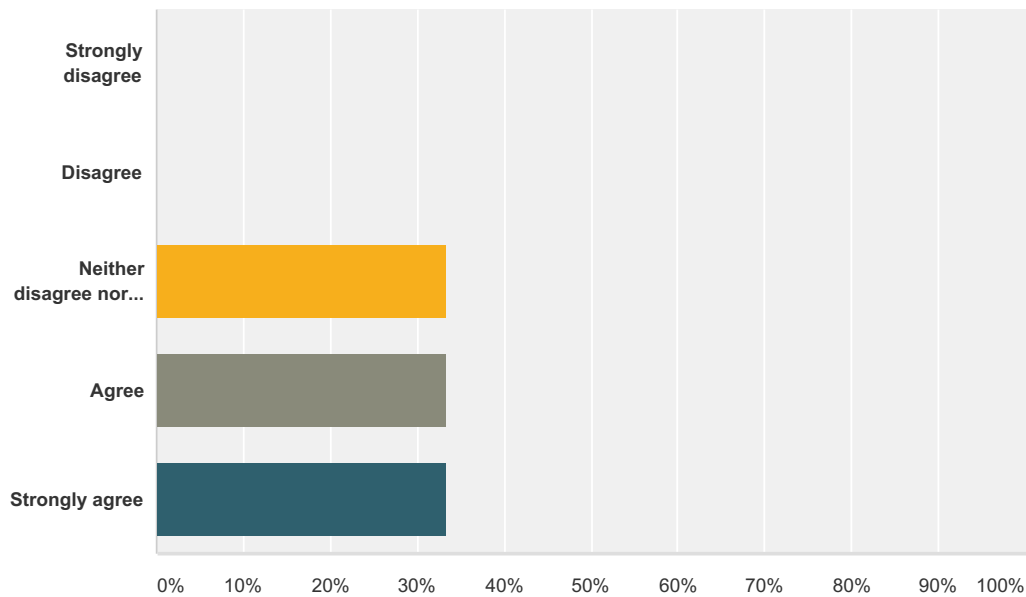
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q41 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

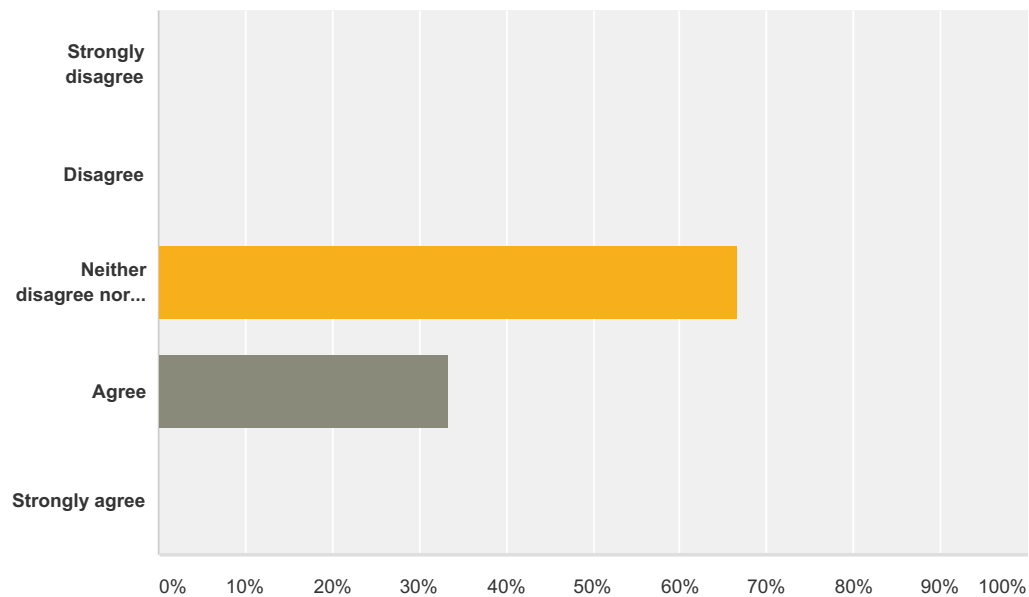
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q42 A detailed agenda was provided to the Committee in a timely manner.

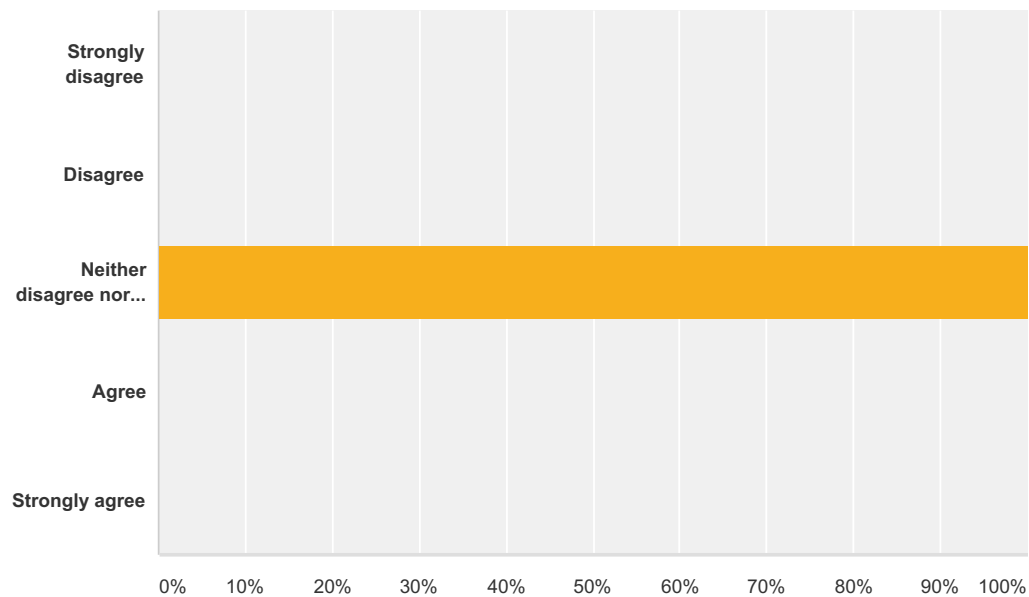
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	66.67% 2
Agree	33.33% 1
Strongly agree	0.00% 0
Total	3

Q43 Meeting minutes reflected the discussion, next steps and action items.

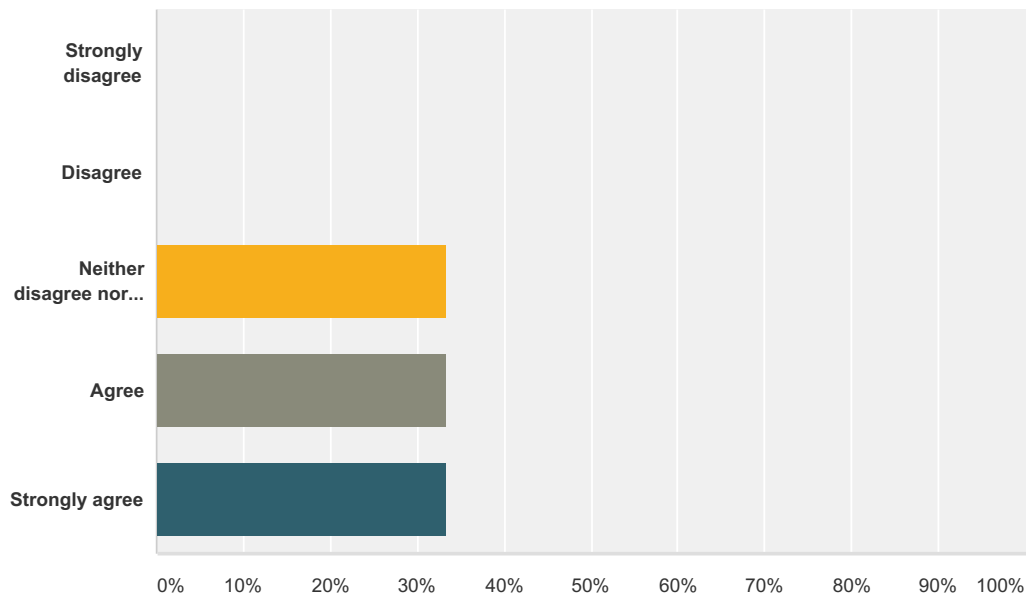
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	100.00% 3
Agree	0.00% 0
Strongly agree	0.00% 0
Total	3

Q44 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

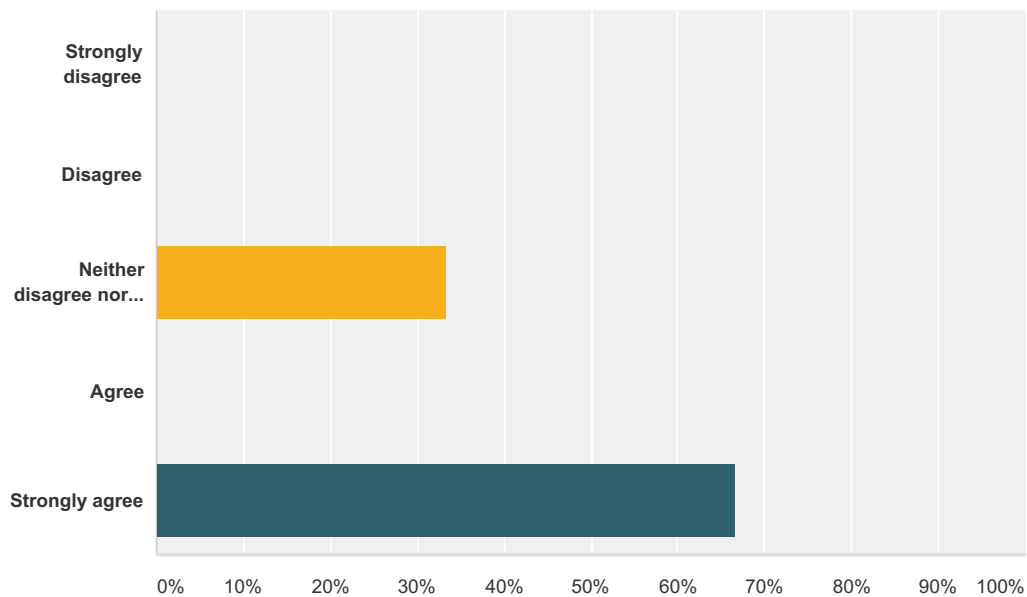
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	33.33%	1
Strongly agree	33.33%	1
Total		3

Q45 Overall, the Committee was effective and achieved its objectives.

Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	33.33%	1
Agree	0.00%	0
Strongly agree	66.67%	2
Total		3

Q46 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 2 Skipped: 12

#	Responses	Date
1	Obtain member schedules ahead of time and try to accommodate as much as is reasonably possible. That way members have lower likelihood of conflict on required dates.	2/9/2017 3:03 PM
2	No	2/9/2017 2:20 PM

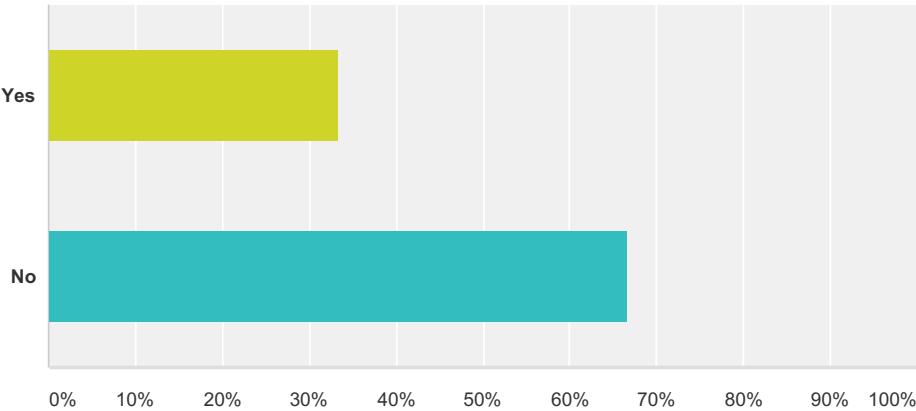
Q47 Do you have any suggestions for improvement for this survey?

Answered: 1 Skipped: 13

#	Responses	Date
1	No	2/9/2017 2:20 PM

Q48 Do you belong to another Committee?

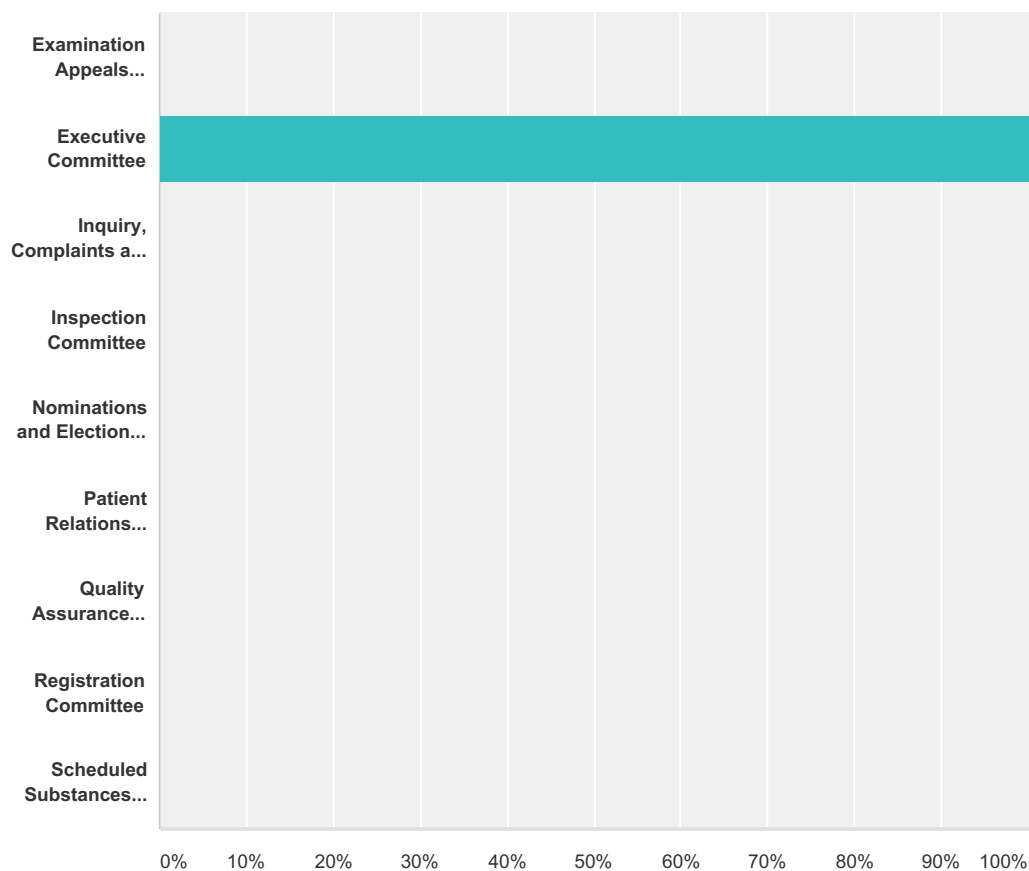
Answered: 3 Skipped: 11



Answer Choices	Responses	
Yes	33.33%	1
No	66.67%	2
Total		3

Q49 Which Committee are you evaluating?

Answered: 1 Skipped: 13



Answer Choices	Responses
Examination Appeals Committee	0.00% 0
Executive Committee	100.00% 1
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	1

Q50 The Committee's mandate was clearly available to all members and was reviewed regularly.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q51 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q52 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q53 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q54 Committee members adhered to the Council's Code of Conduct.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q55 Committee members were advised of
and adhered to the College's confidentiality
and non-disclosure agreements.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q56 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q57 Committee member attendance was consistent and punctual.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q58 Committee members came to meetings prepared and ready to contribute.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q59 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q60 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q61 Committee members' contributions and opinions were respected. Members were treated with courtesy.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q62 Meetings were held with appropriate frequency.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q63 Staff provided the necessary resources
and support to ensure that the Committee
fulfilled its mandate.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q64 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q65 Meeting materials were appropriate
and enhanced Committee members'
understanding of the issues/decisions.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q66 A detailed agenda was provided to the Committee in a timely manner.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q67 Meeting minutes reflected the discussion, next steps and action items.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q68 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q69 Overall, the Committee was effective and achieved its objectives.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q70 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q71 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q72 Do you belong to another Committee?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Yes	0.00% 0
No	0.00% 0
Total	0

Q73 Which Committee are you evaluating?

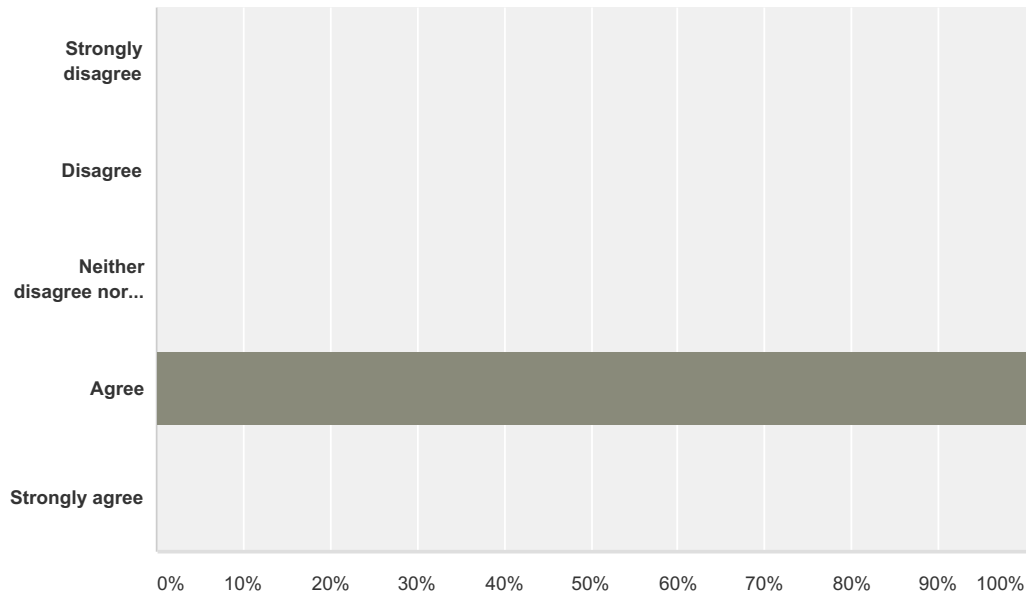
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Executive Committee	0.00% 0
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q74 The Committee's mandate was clearly available to all members and was reviewed regularly.

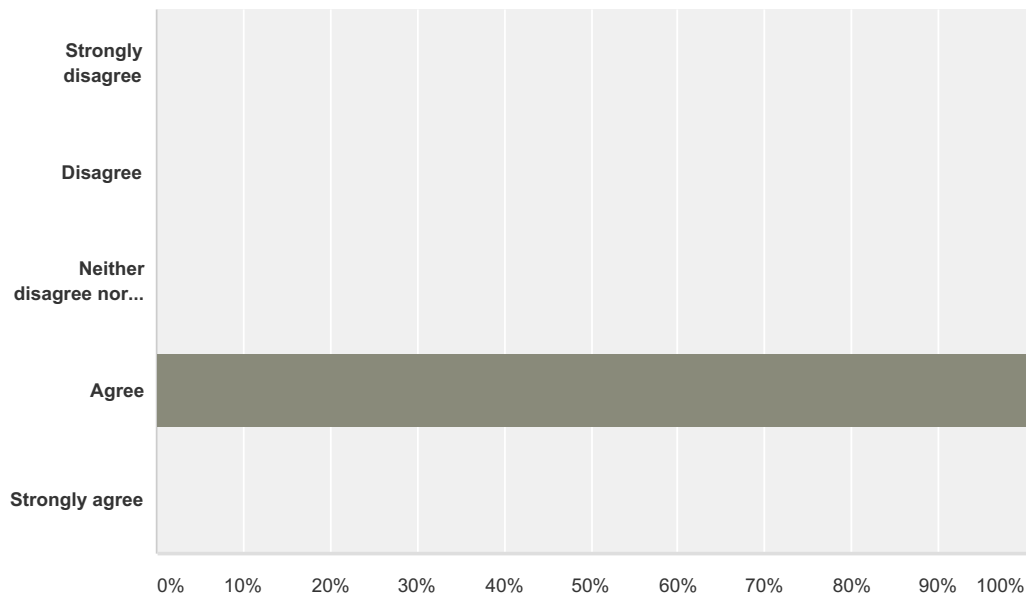
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q75 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

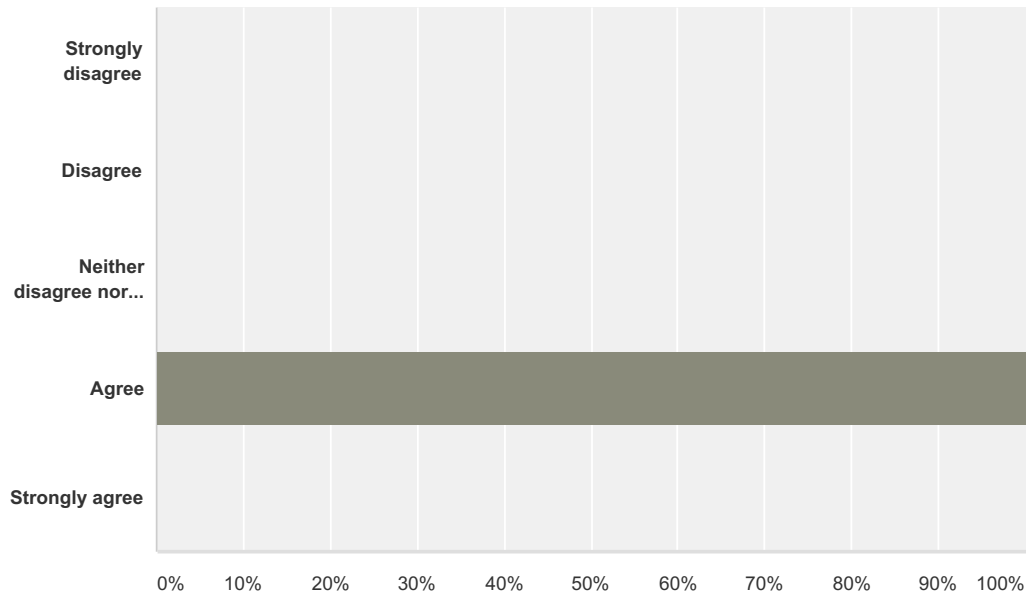
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q76 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

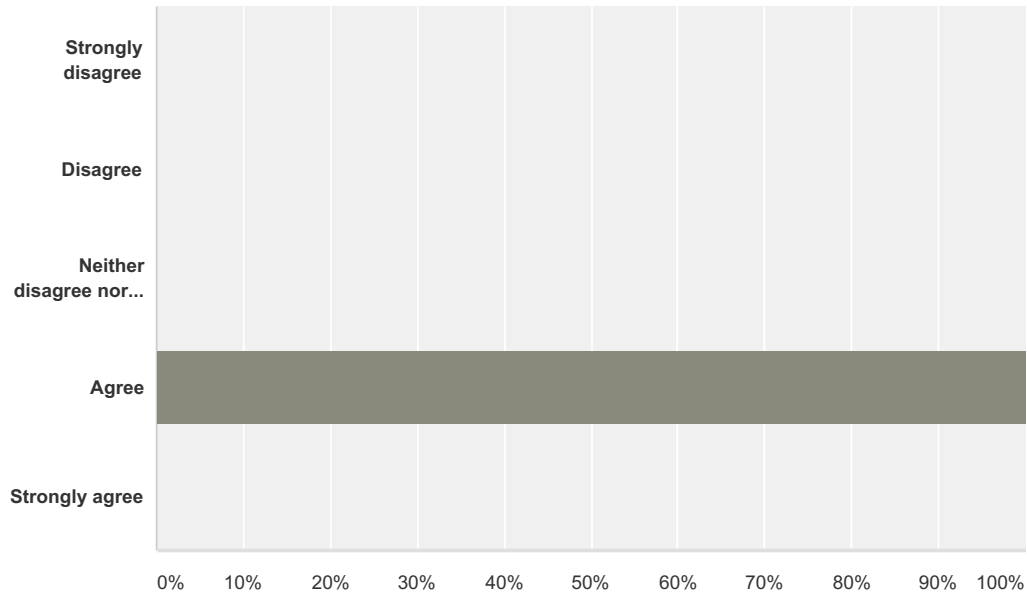
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q77 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

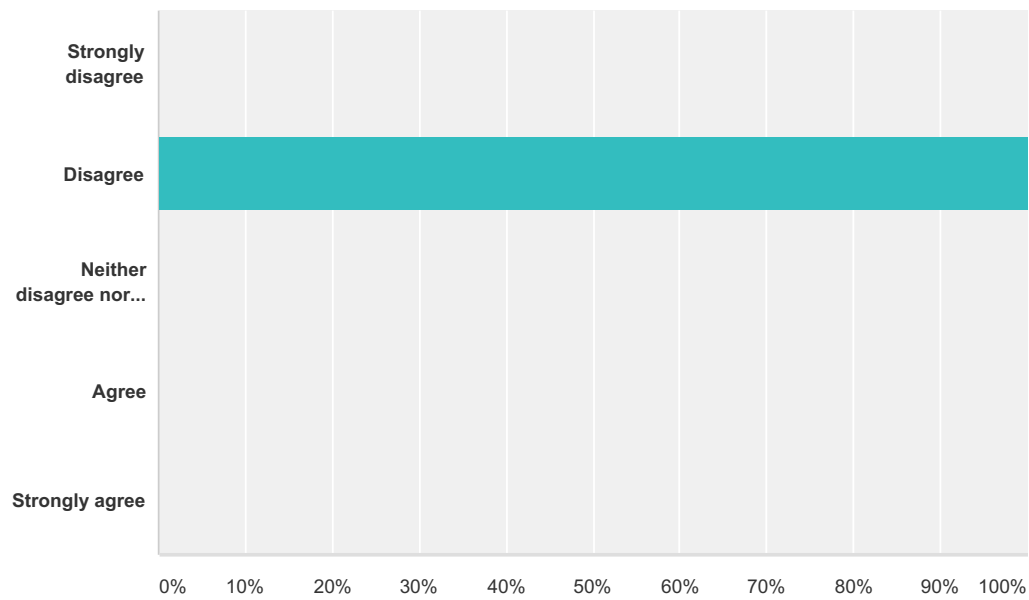
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q78 Committee members adhered to the Council's Code of Conduct.

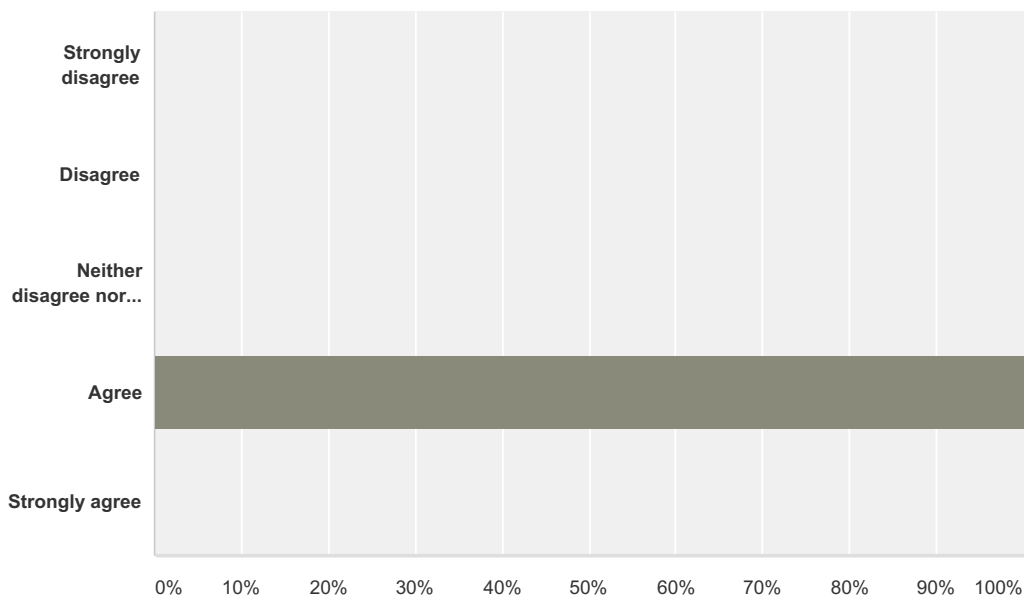
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	100.00% 1
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q79 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

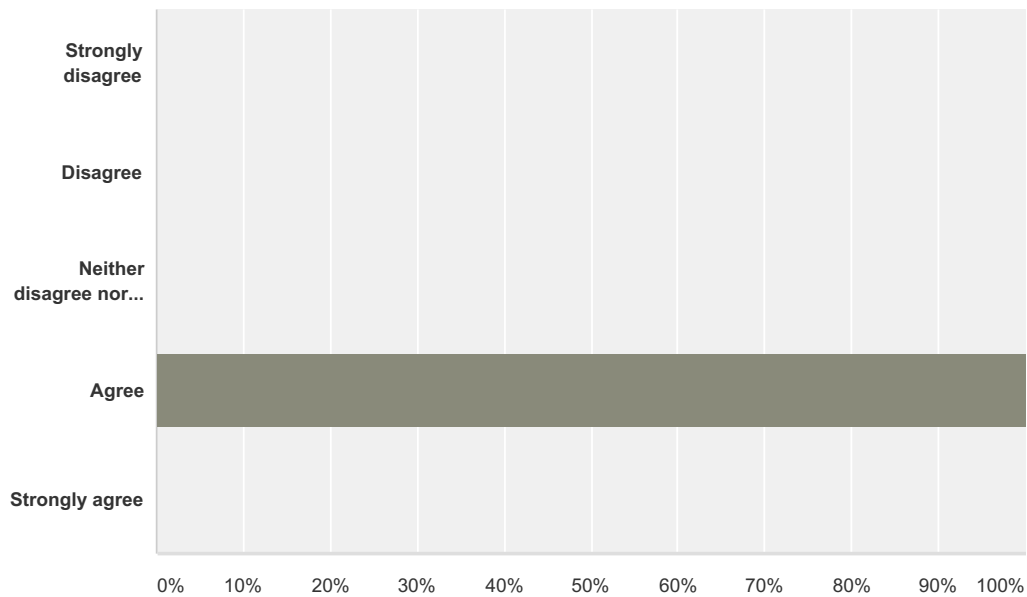
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q80 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

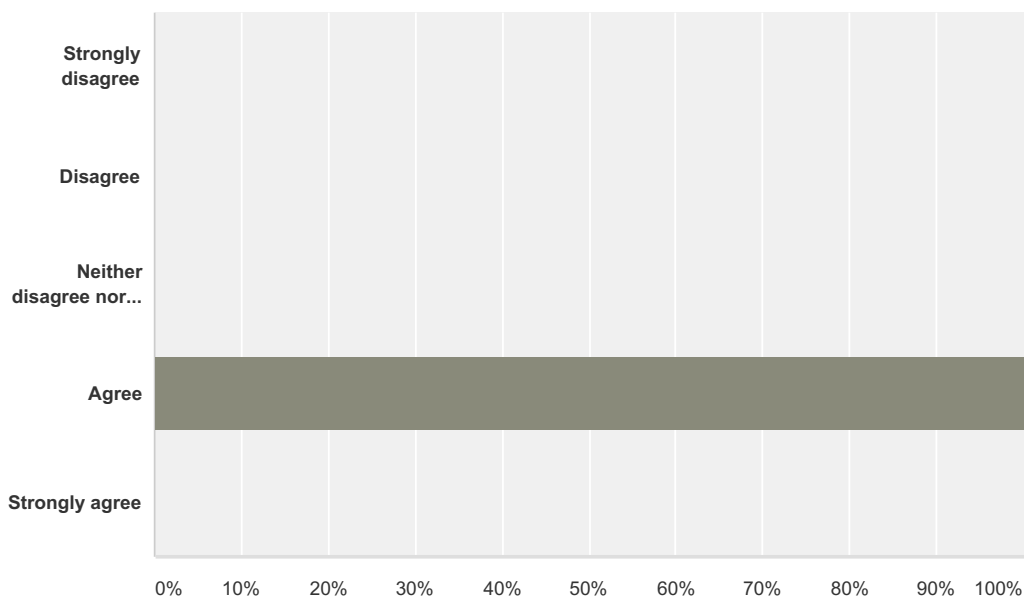
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q81 Committee member attendance was consistent and punctual.

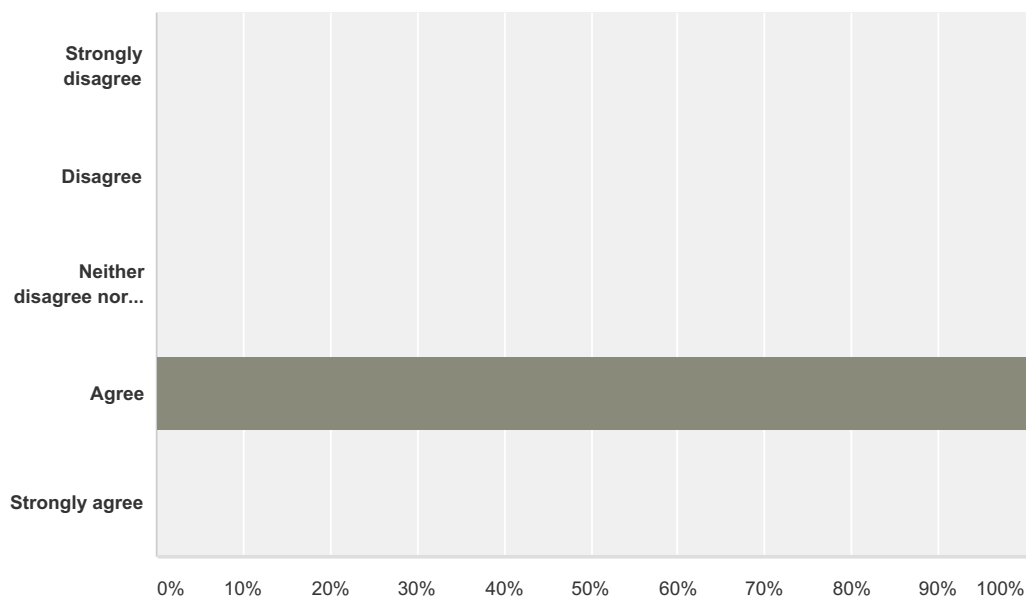
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q82 Committee members came to meetings prepared and ready to contribute.

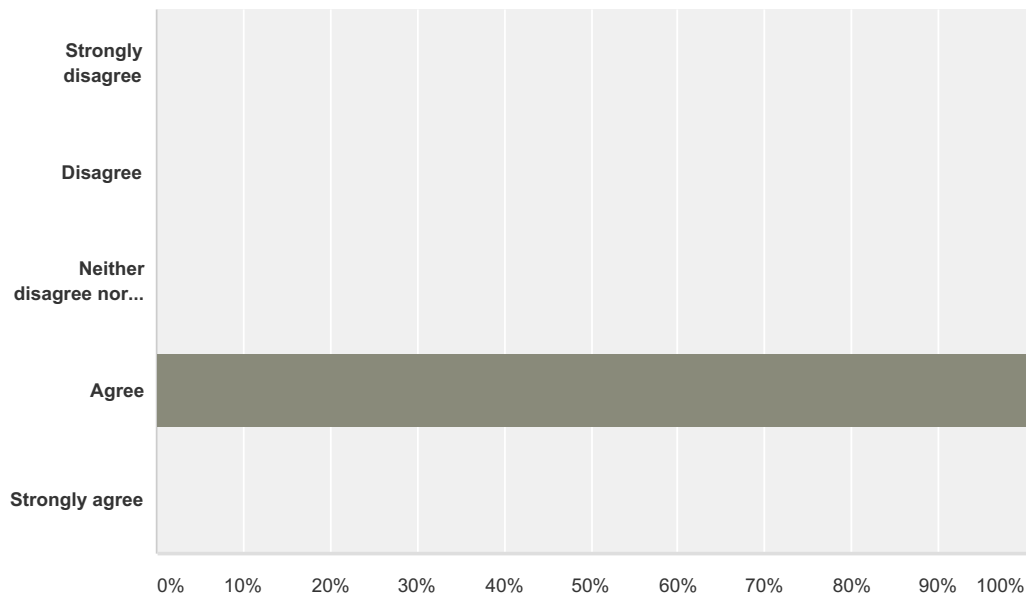
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q83 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

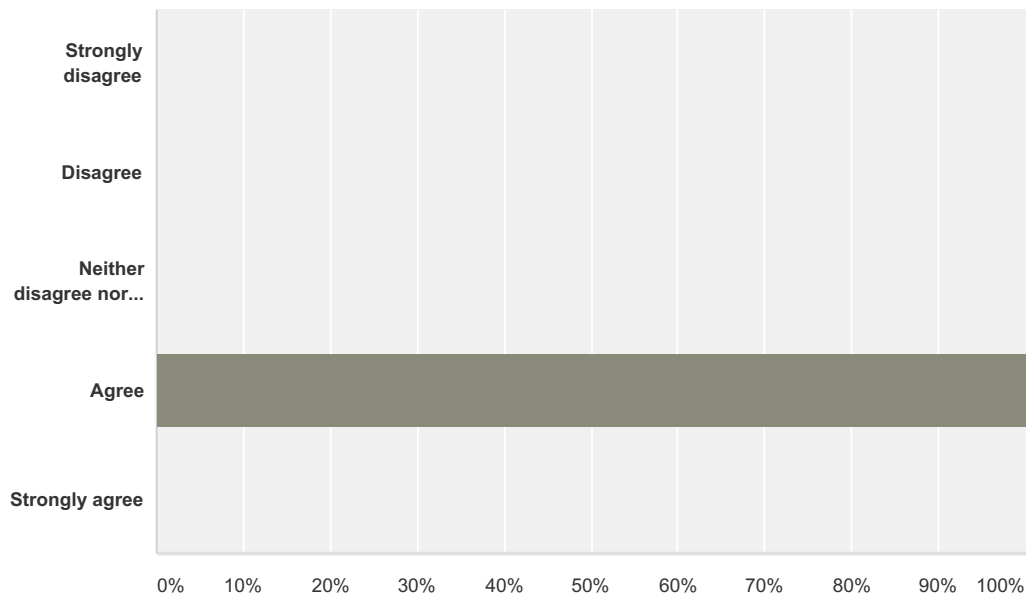
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q84 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

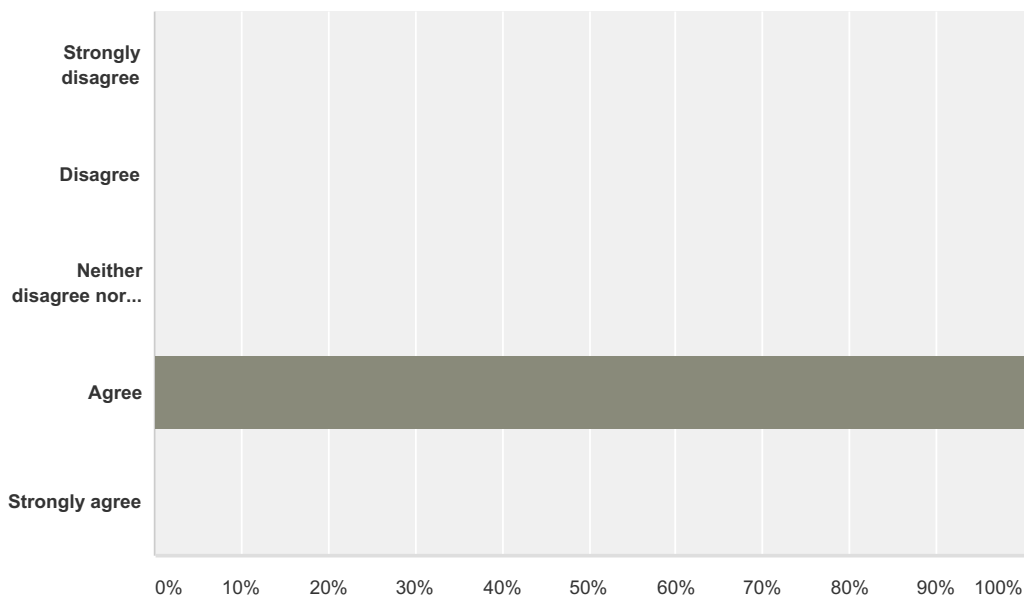
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q85 Committee members' contributions and opinions were respected. Members were treated with courtesy.

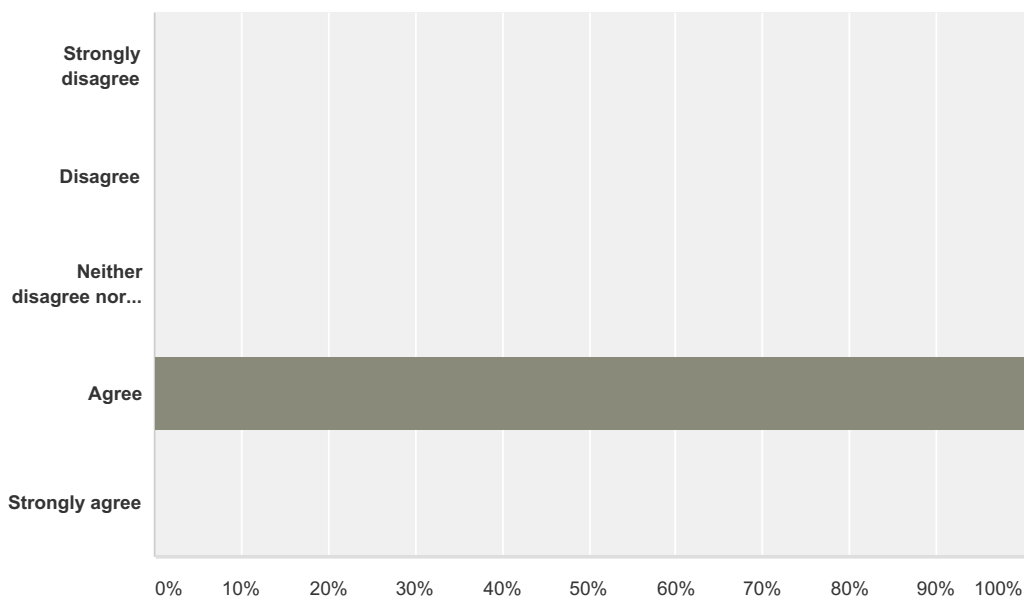
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q86 Meetings were held with appropriate frequency.

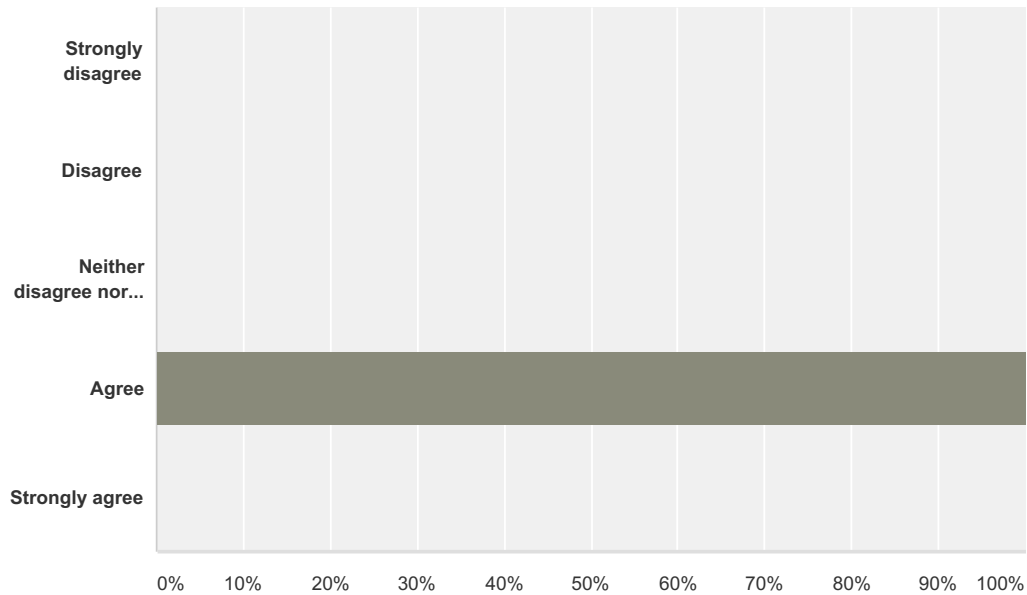
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q87 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

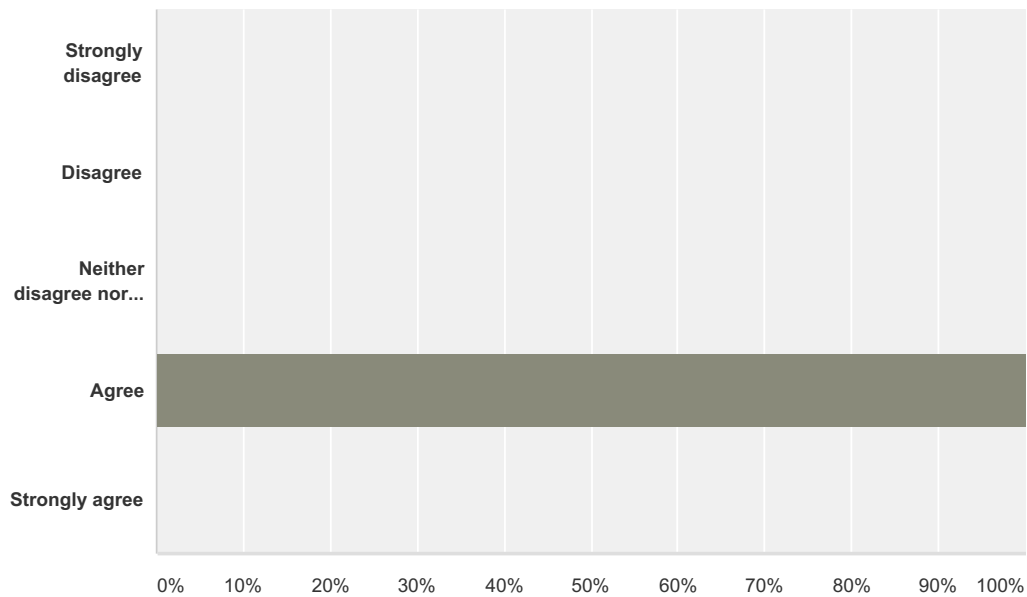
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q88 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

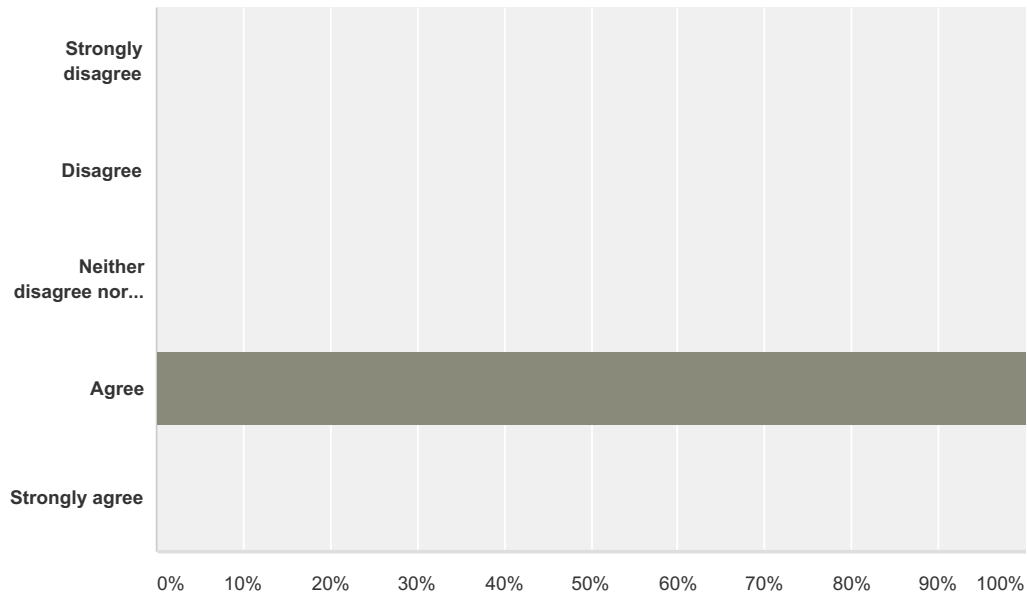
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	100.00%	1
Strongly agree	0.00%	0
Total		1

Q89 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

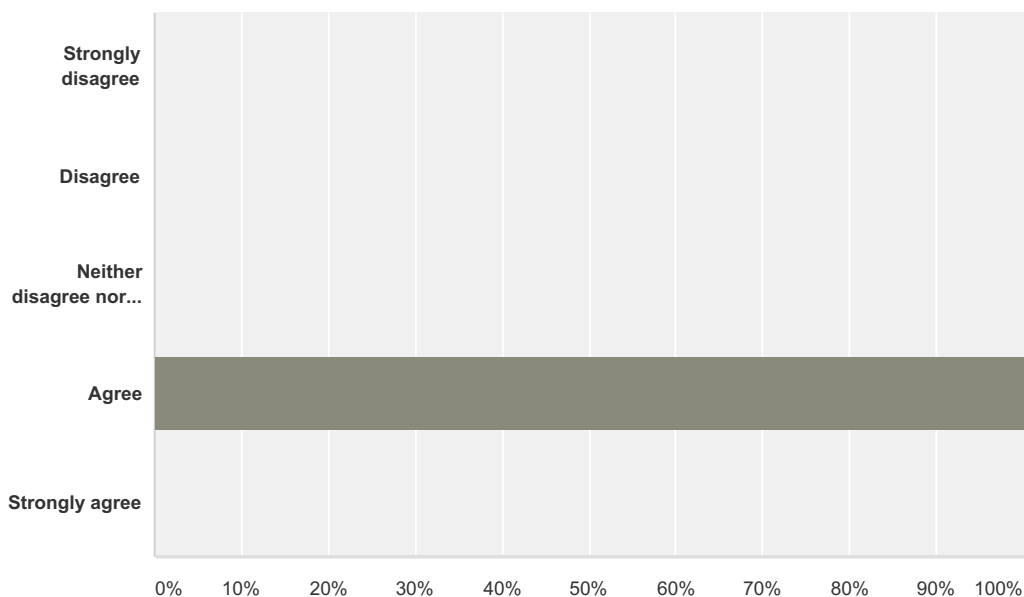
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	100.00%	1
Strongly agree	0.00%	0
Total		1

Q90 A detailed agenda was provided to the Committee in a timely manner.

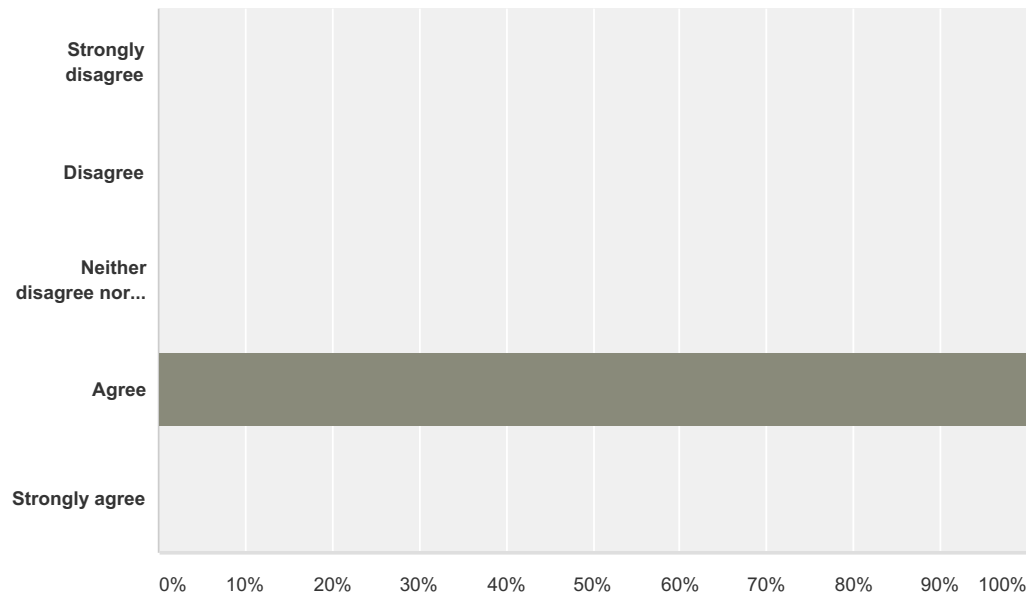
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q91 Meeting minutes reflected the discussion, next steps and action items.

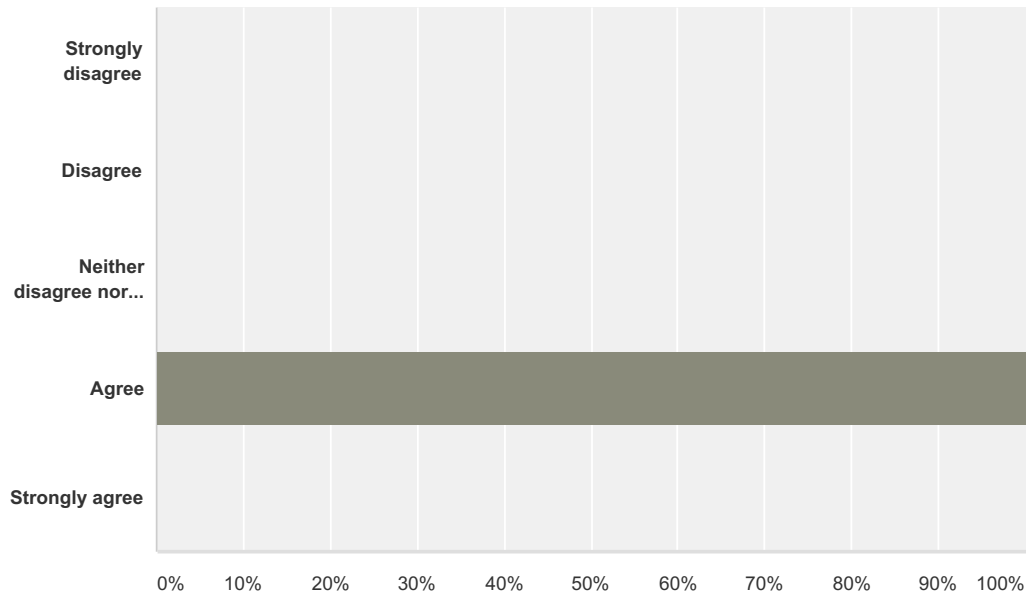
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00%0
Disagree	0.00%0
Neither disagree nor agree	0.00%0
Agree	100.00%1
Strongly agree	0.00%0
Total	1

Q92 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

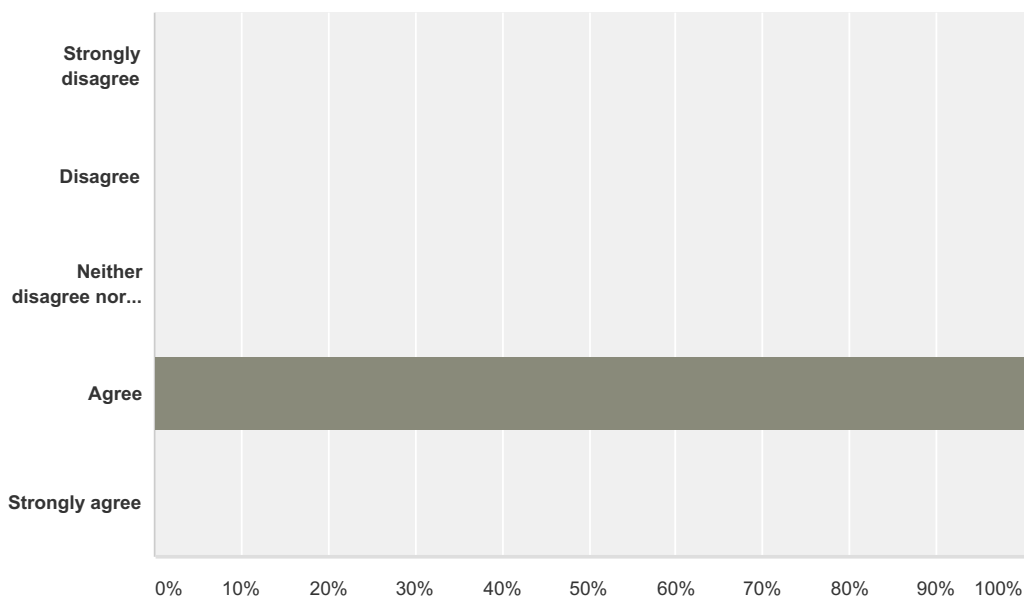
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q93 Overall, the Committee was effective and achieved its objectives.

Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q94 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

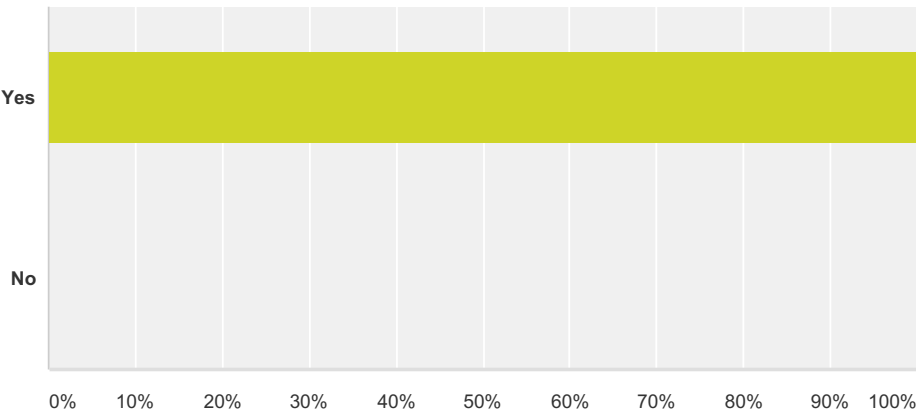
Q95 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q96 Do you belong to another Committee?

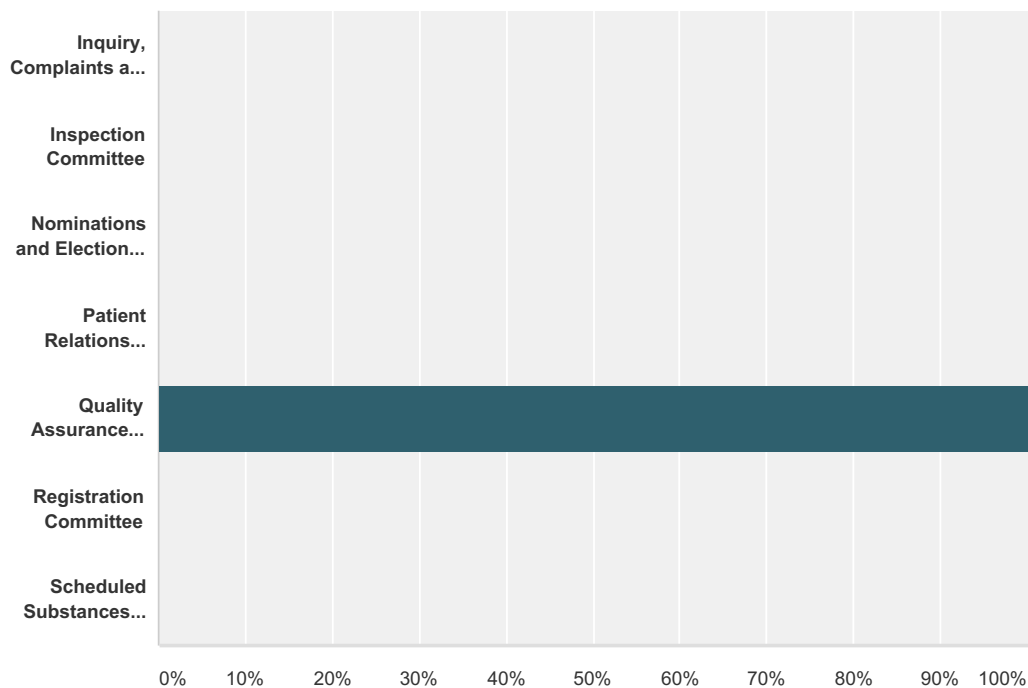
Answered: 1 Skipped: 13



Answer Choices	Responses
Yes	100.00%1
No	0.00%0
Total	1

Q97 Which Committee are you evaluating?

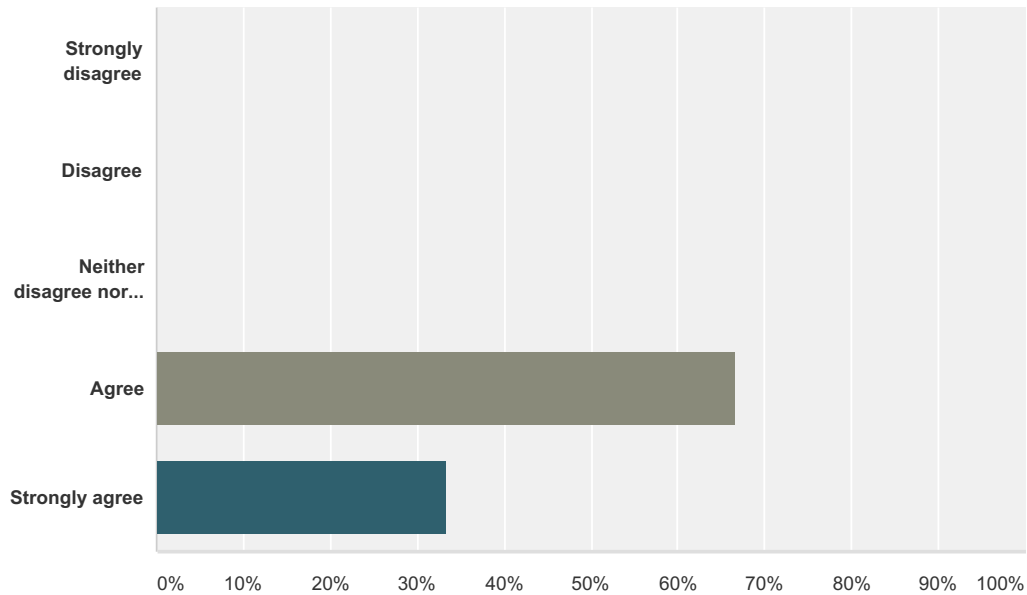
Answered: 1 Skipped: 13



Answer Choices	Responses
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	100.00% 1
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	1

Q98 The Committee's mandate was clearly available to all members and was reviewed regularly.

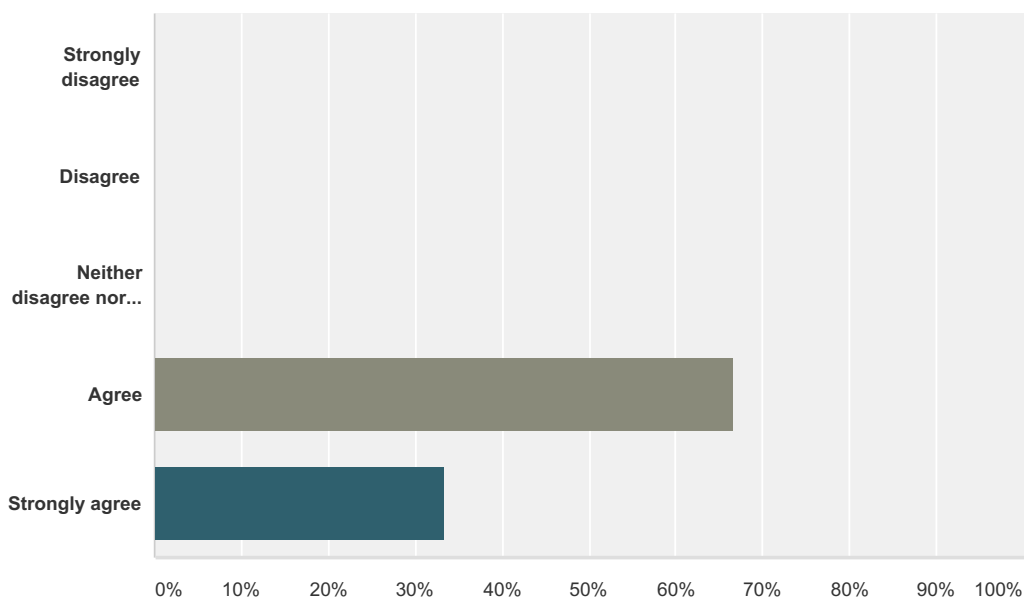
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	66.67% 2
Strongly agree	33.33% 1
Total	3

Q99 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

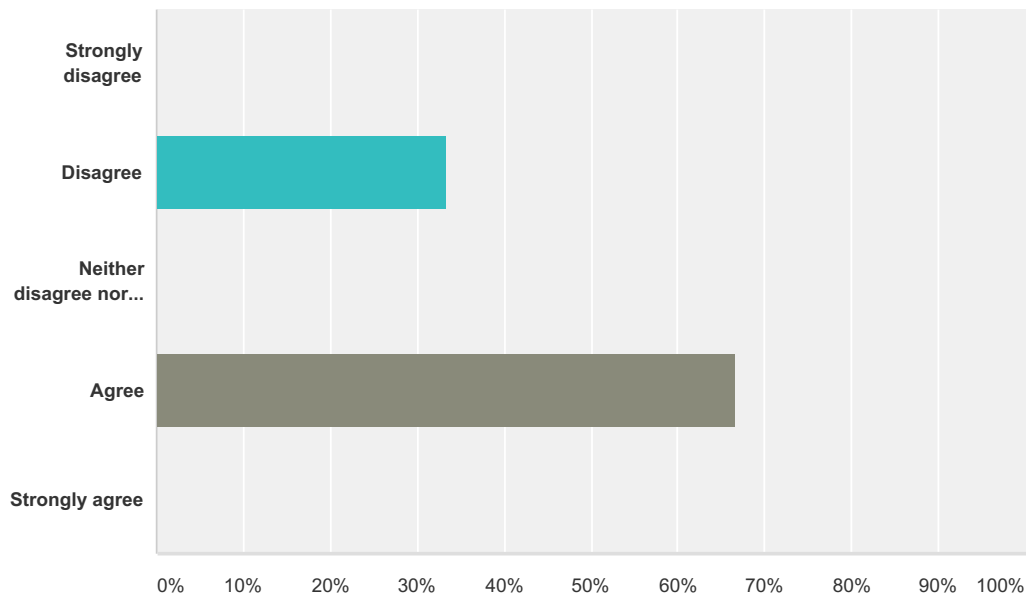
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	66.67%	2
Strongly agree	33.33%	1
Total		3

Q100 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

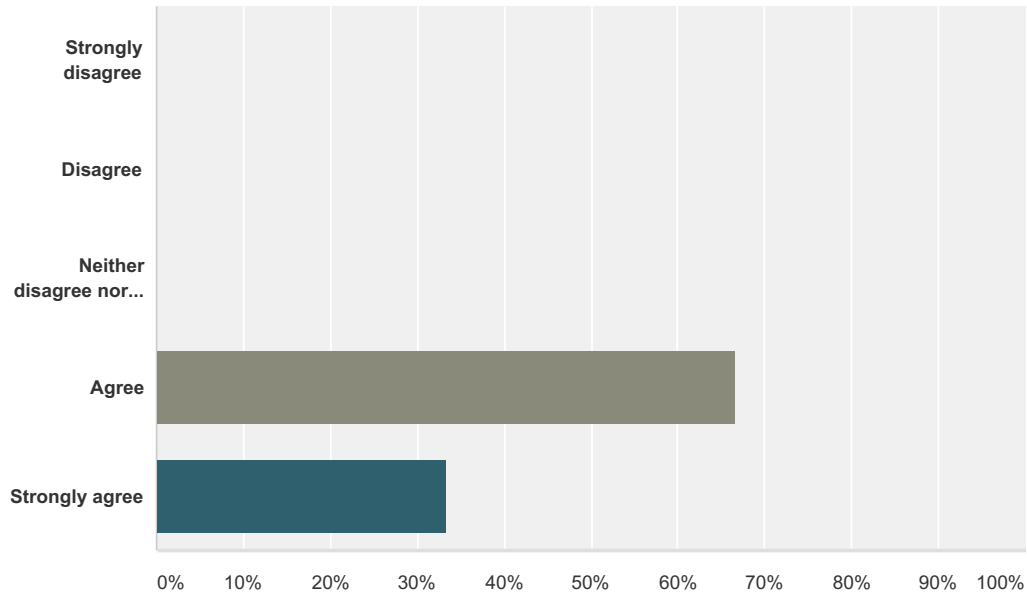
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	33.33% 1
Neither disagree nor agree	0.00% 0
Agree	66.67% 2
Strongly agree	0.00% 0
Total	3

Q101 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

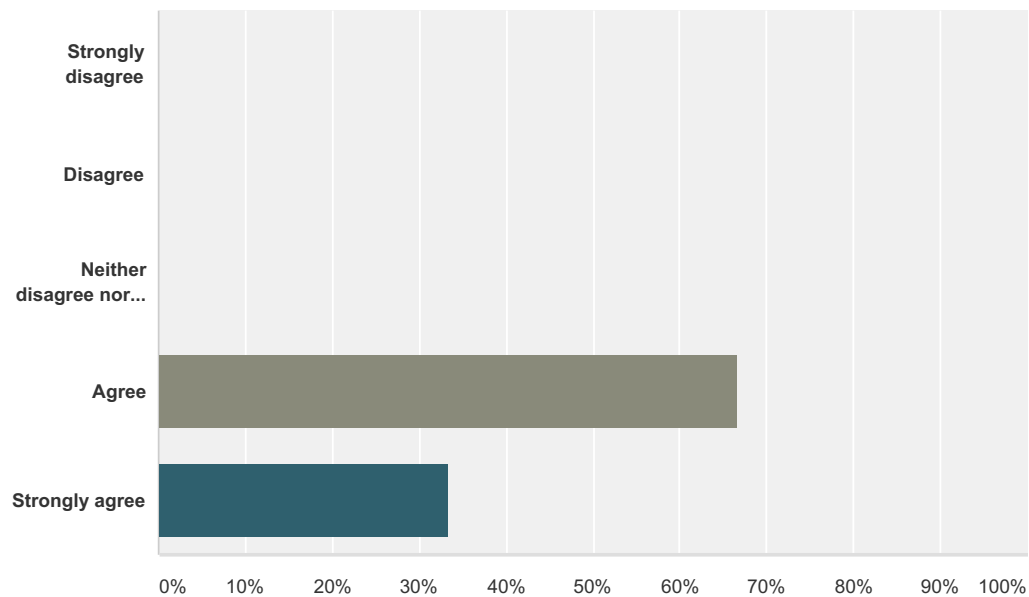
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	66.67%	2
Strongly agree	33.33%	1
Total		3

Q102 Committee members adhered to the Council's Code of Conduct.

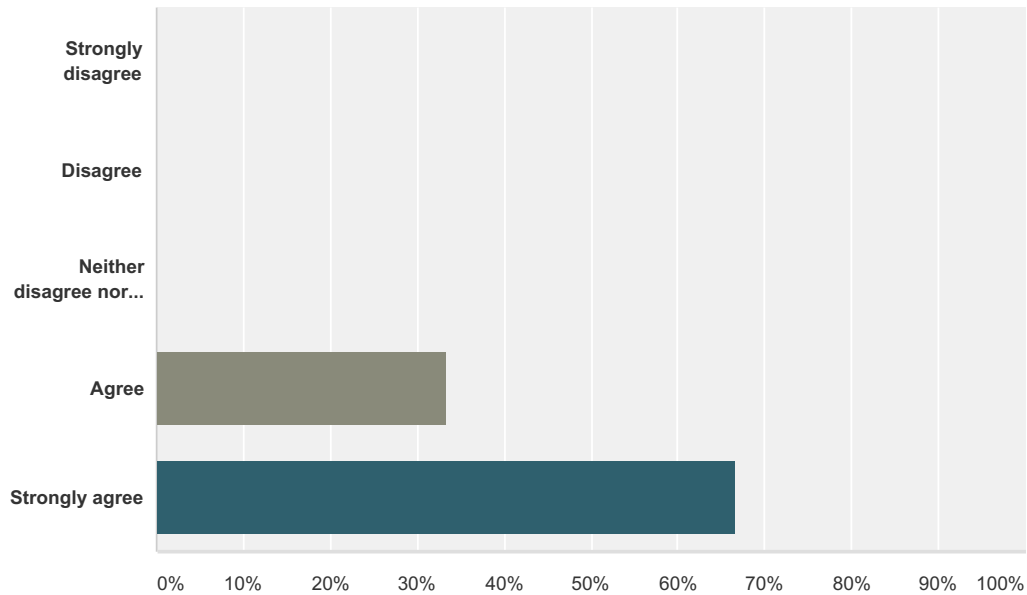
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	66.67% 2
Strongly agree	33.33% 1
Total	3

Q103 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

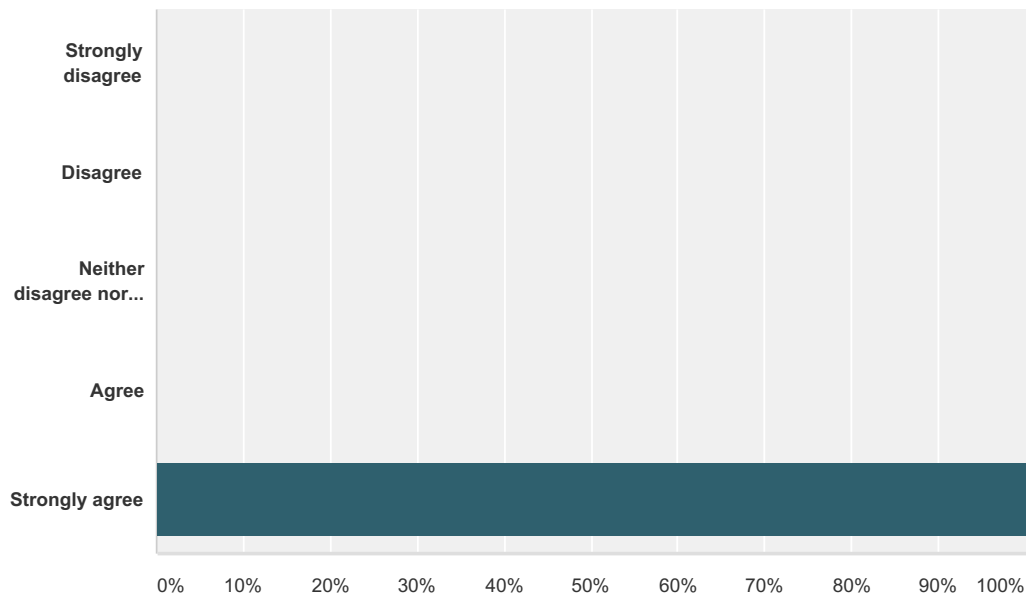
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	33.33% 1
Strongly agree	66.67% 2
Total	3

Q104 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

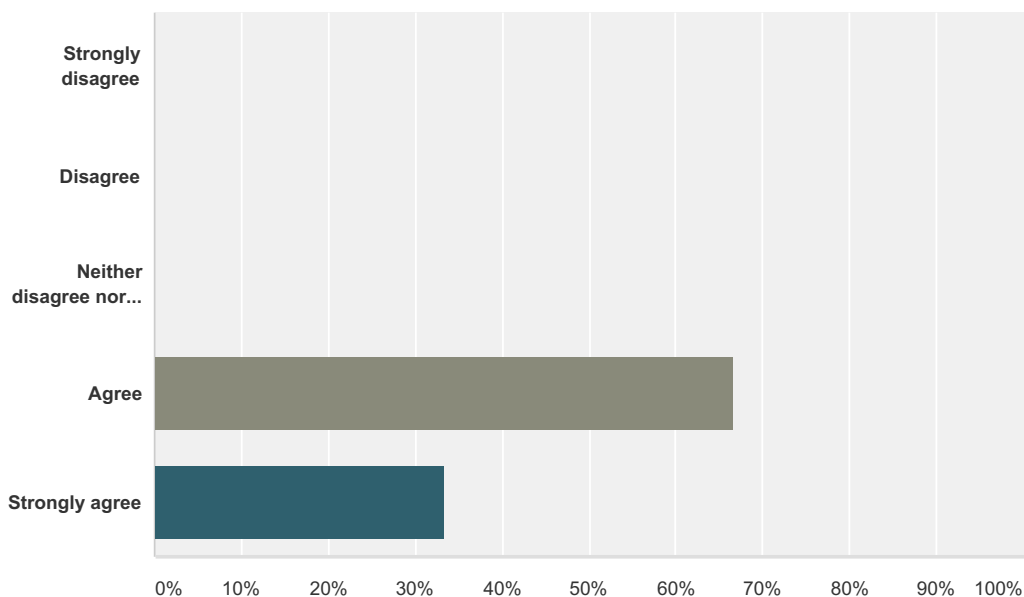
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	3
Total		3

Q105 Committee member attendance was consistent and punctual.

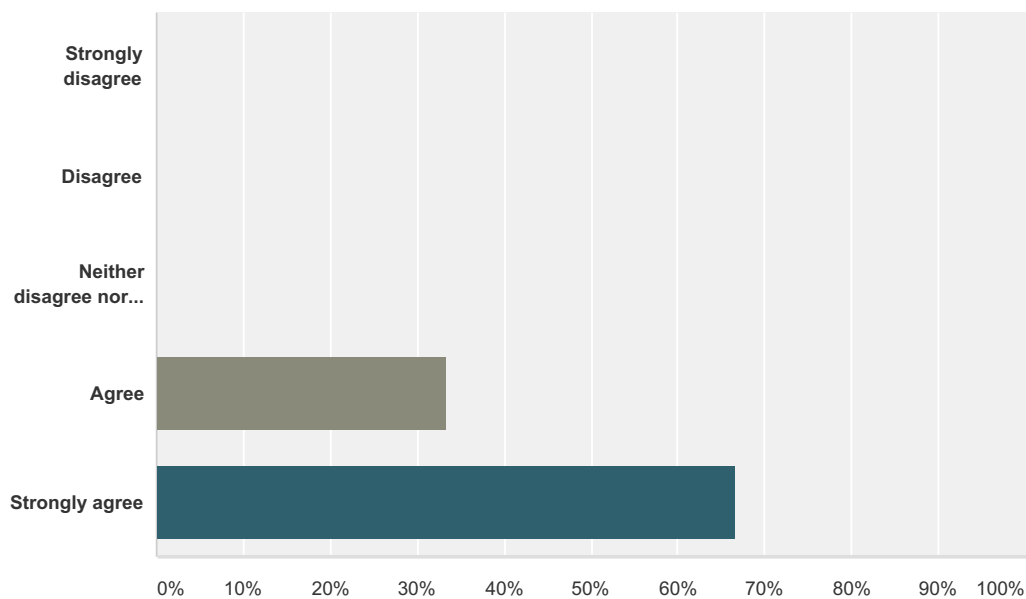
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	66.67% 2
Strongly agree	33.33% 1
Total	3

Q106 Committee members came to meetings prepared and ready to contribute.

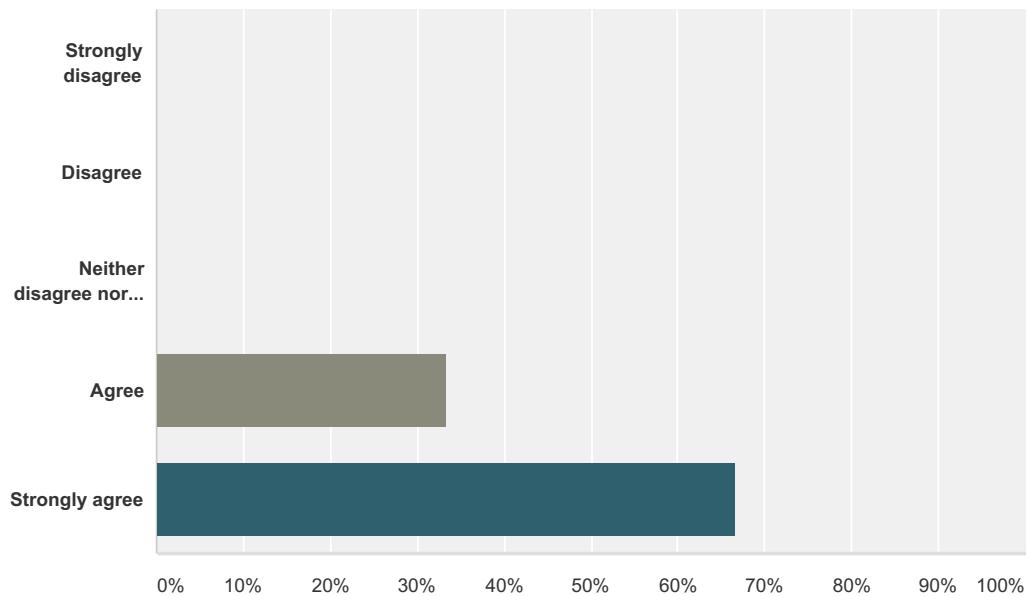
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	33.33% 1
Strongly agree	66.67% 2
Total	3

Q107 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

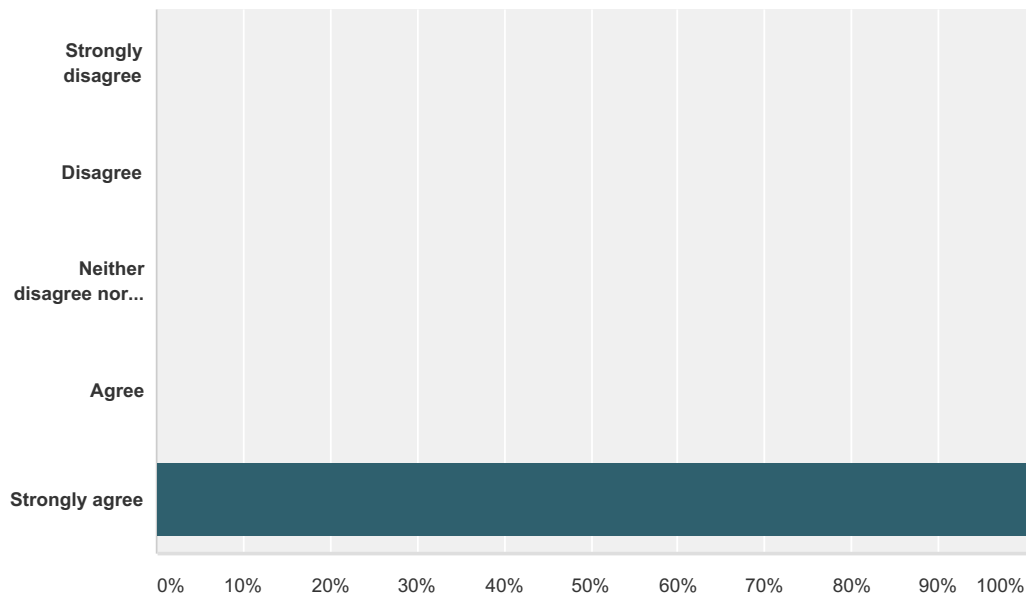
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q108 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

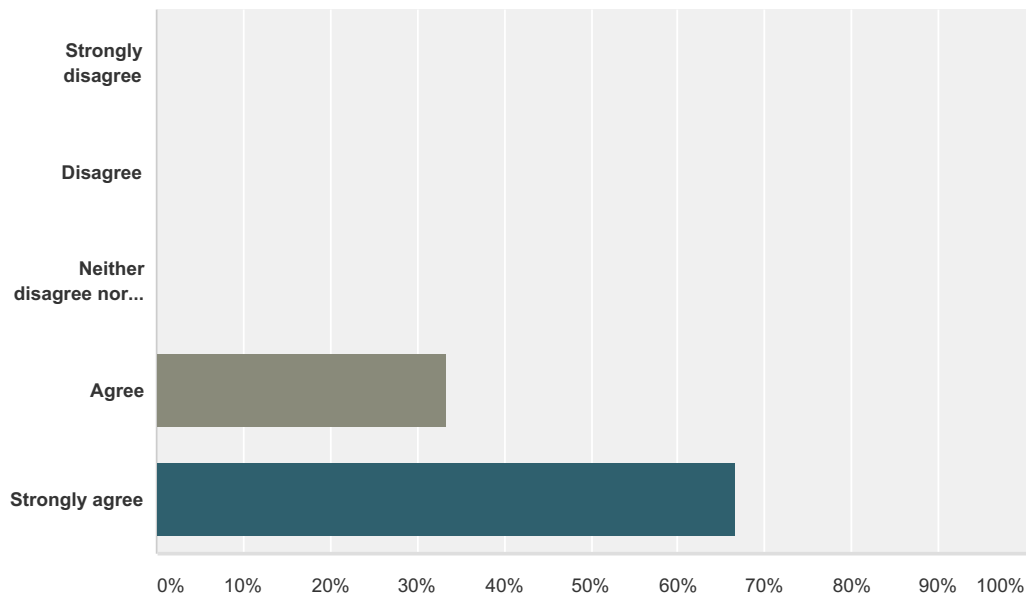
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	3
Total		3

Q109 Committee members' contributions and opinions were respected. Members were treated with courtesy.

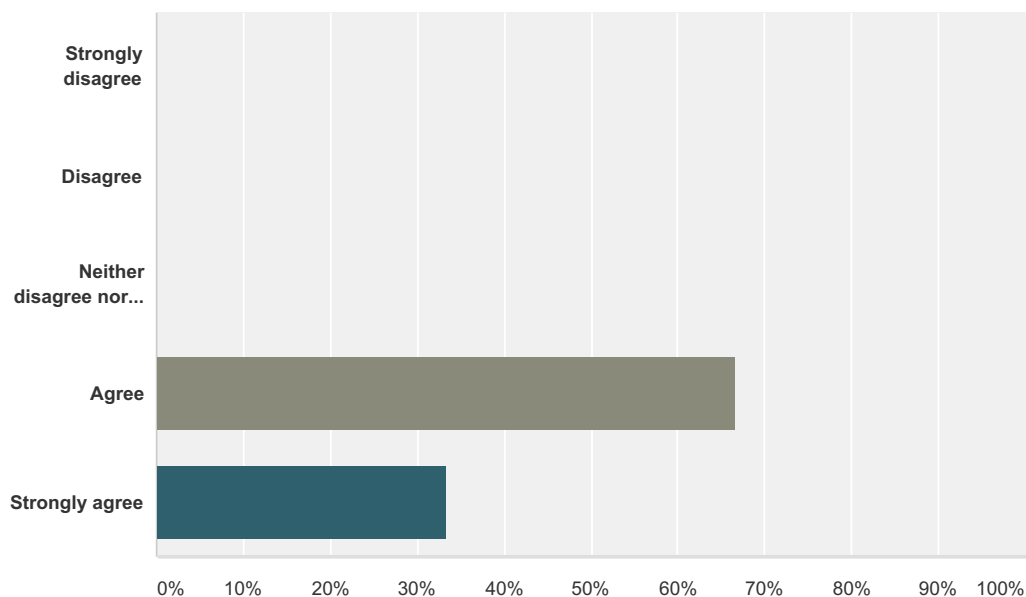
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q110 Meetings were held with appropriate frequency.

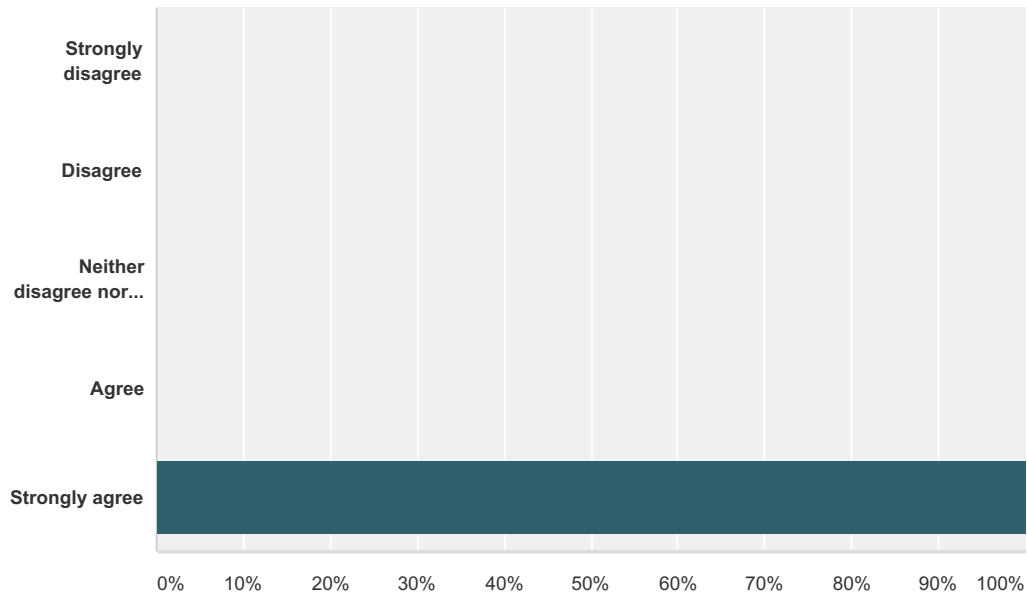
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	66.67% 2
Strongly agree	33.33% 1
Total	3

Q111 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

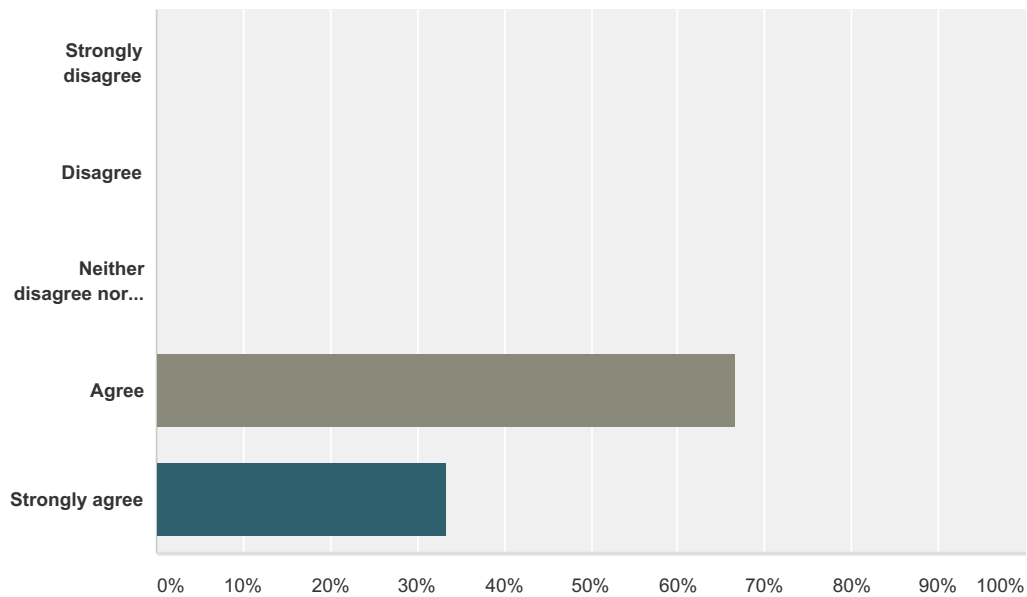
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	3
Total		3

Q112 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

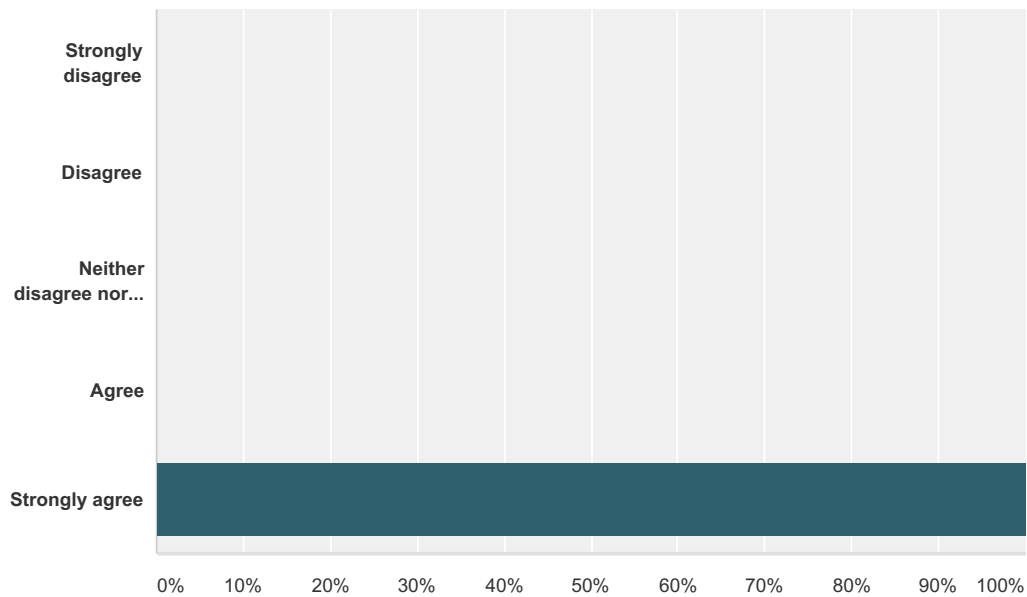
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	66.67%	2
Strongly agree	33.33%	1
Total		3

Q113 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

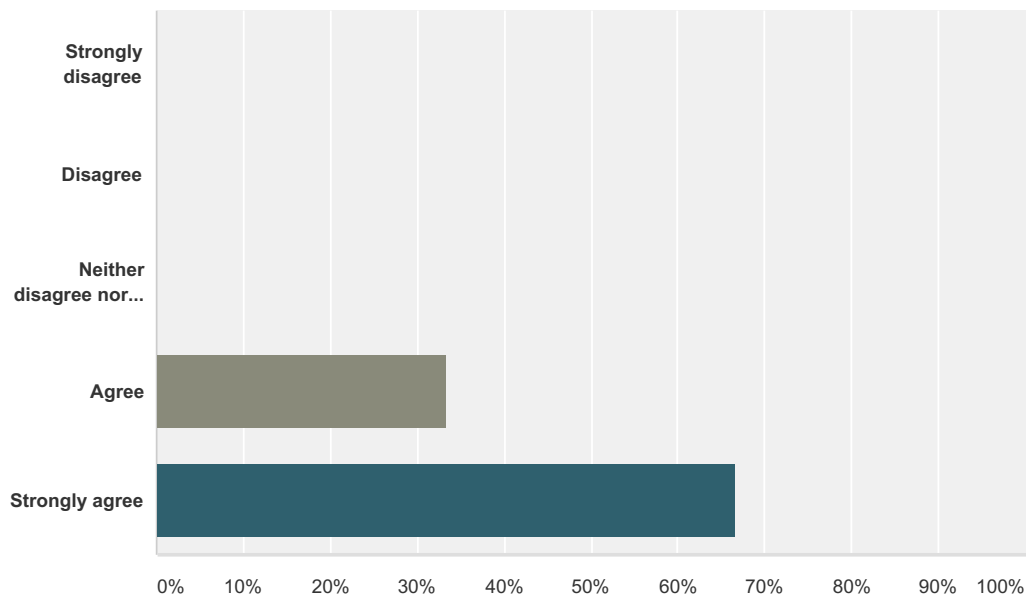
Answered: 3 Skipped: 11



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 3
Total	3

Q114 A detailed agenda was provided to the Committee in a timely manner.

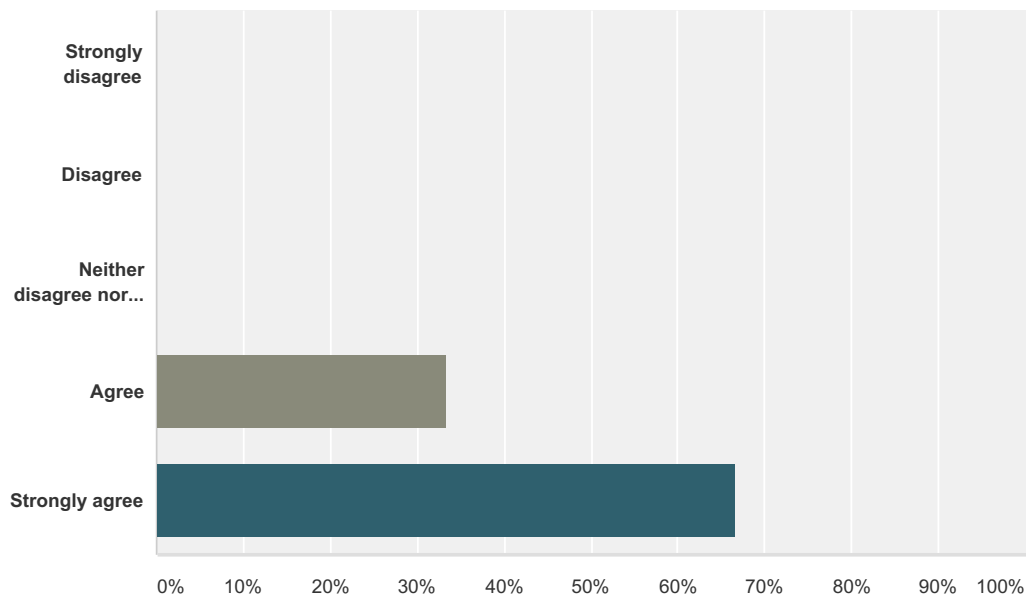
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q115 Meeting minutes reflected the discussion, next steps and action items.

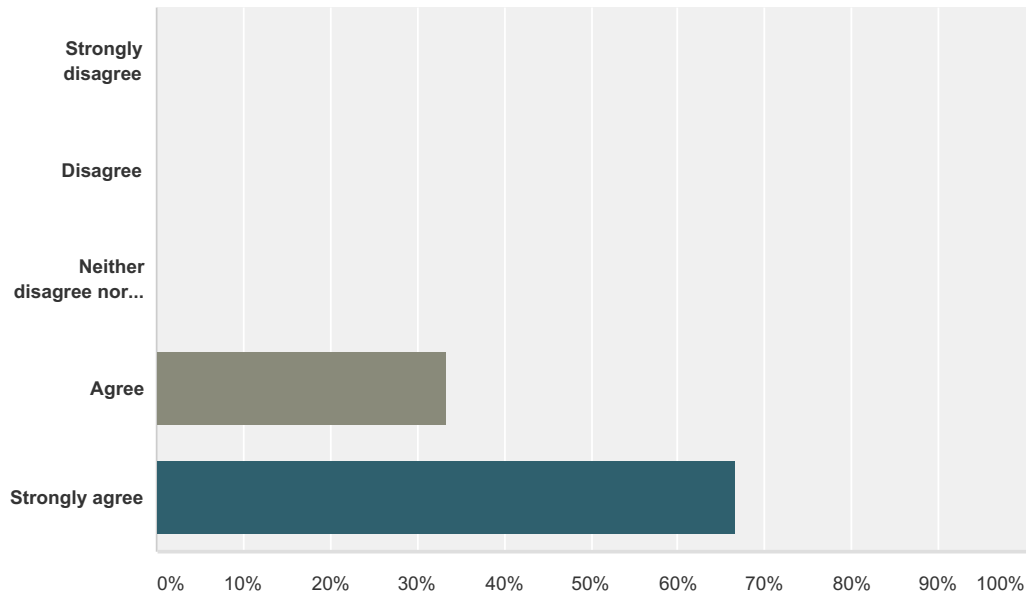
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q116 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

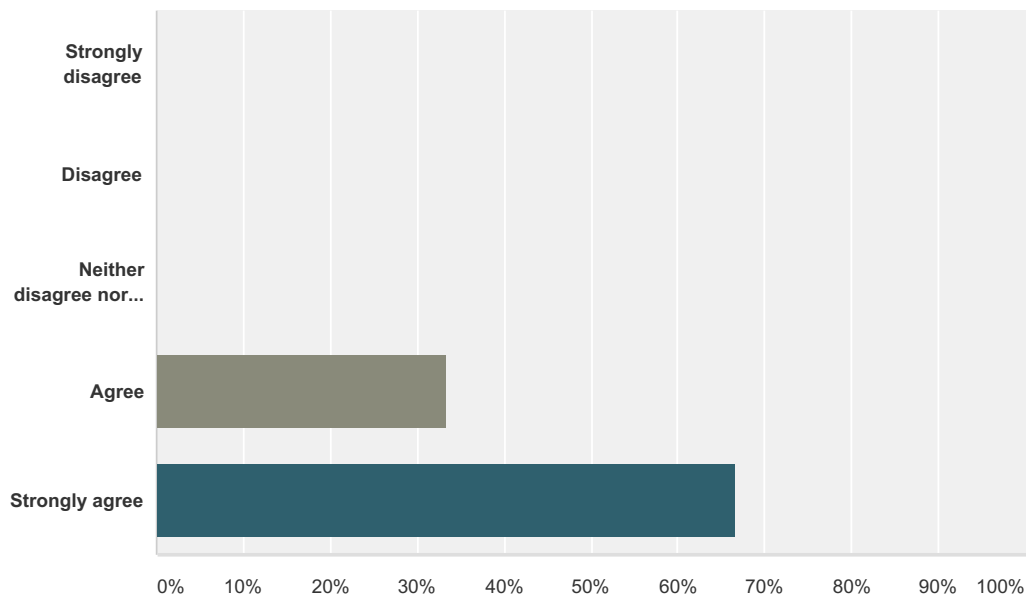
Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q117 Overall, the Committee was effective and achieved its objectives.

Answered: 3 Skipped: 11



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	33.33%	1
Strongly agree	66.67%	2
Total		3

Q118 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 1 Skipped: 13

#	Responses	Date
1	No (ICRC members aren't shy to raise any suggestions during meetings, which College staff are always very helpful and responsive to).	2/23/2017 6:36 PM

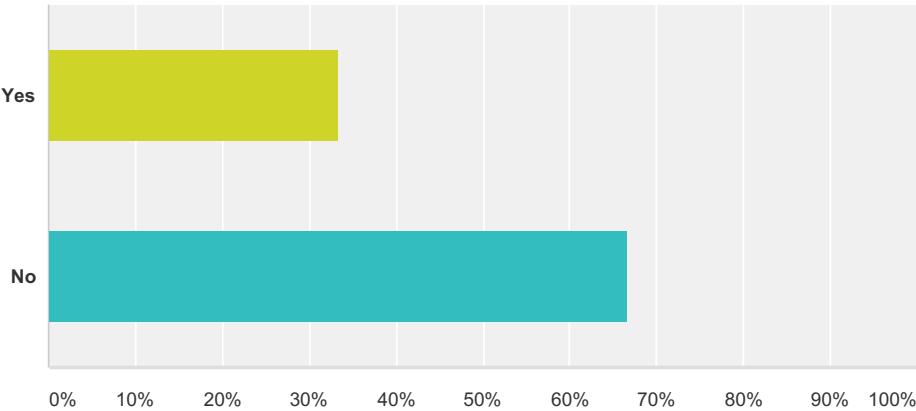
Q119 Do you have any suggestions for improvement for this survey?

Answered: 1 Skipped: 13

#	Responses	Date
1	No	2/23/2017 6:36 PM

Q120 Do you belong to another Committee?

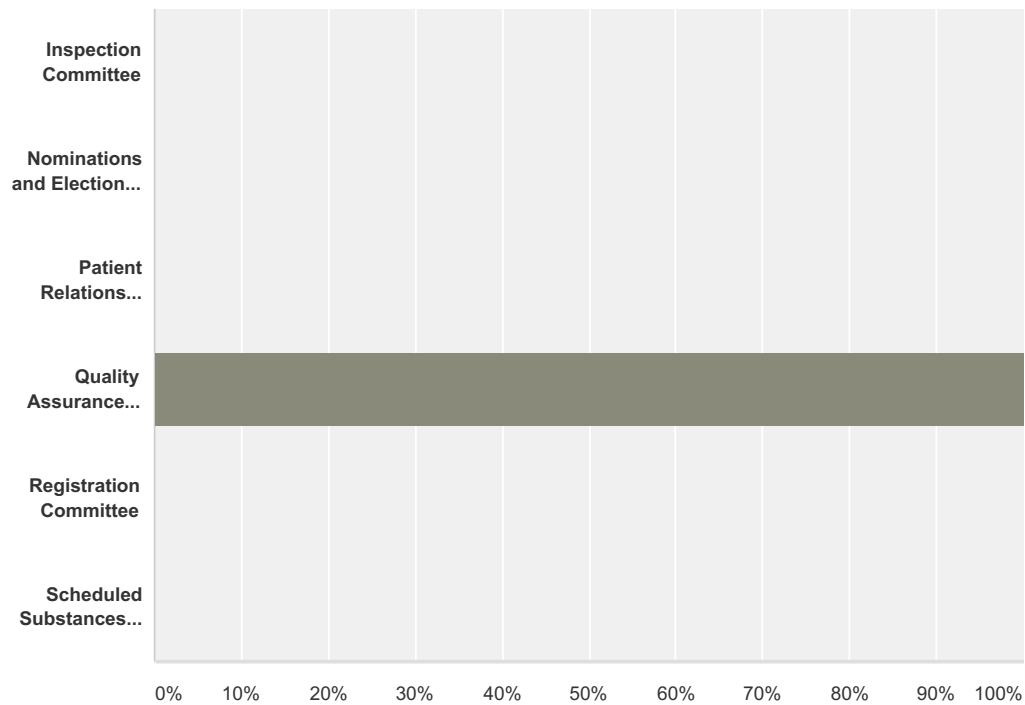
Answered: 3 Skipped: 11



Answer Choices	Responses	
Yes	33.33%	1
No	66.67%	2
Total		3

Q121 Which Committee are you evaluating?

Answered: 1 Skipped: 13



Answer Choices	Responses
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	100.00% 1
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	1

Q122 The Committee's mandate was clearly available to all members and was reviewed regularly.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q123 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q124 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q125 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q126 Committee members adhered to the Council's Code of Conduct.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q127 Committee members were advised of
and adhered to the College's confidentiality
and non-disclosure agreements.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q128 Committee members were advised of
and adhered to the College's Conflict of
Interest by-laws and declared any potential
conflicts of interest.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q129 Committee member attendance was consistent and punctual.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q130 Committee members came to meetings prepared and ready to contribute.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q131 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q132 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q133 Committee members' contributions and opinions were respected. Members were treated with courtesy.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q134 Meetings were held with appropriate frequency.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q135 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q136 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q137 Meeting materials were appropriate
and enhanced Committee members'
understanding of the issues/decisions.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q138 A detailed agenda was provided to the Committee in a timely manner.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q139 Meeting minutes reflected the discussion, next steps and action items.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q140 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q141 Overall, the Committee was effective and achieved its objectives.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	0.00%	0
Total		0

Q142 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q143 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q144 Do you belong to another Committee?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses	
Yes	0.00%	0
No	0.00%	0
Total		0

Q145 Which Committee are you evaluating?

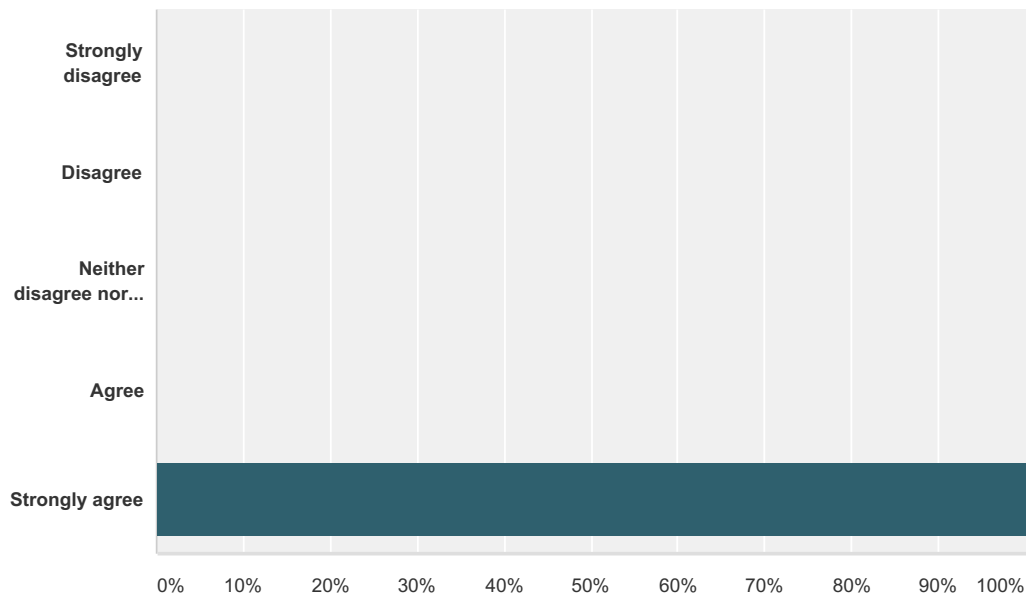
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q146 The Committee's mandate was clearly available to all members and was reviewed regularly.

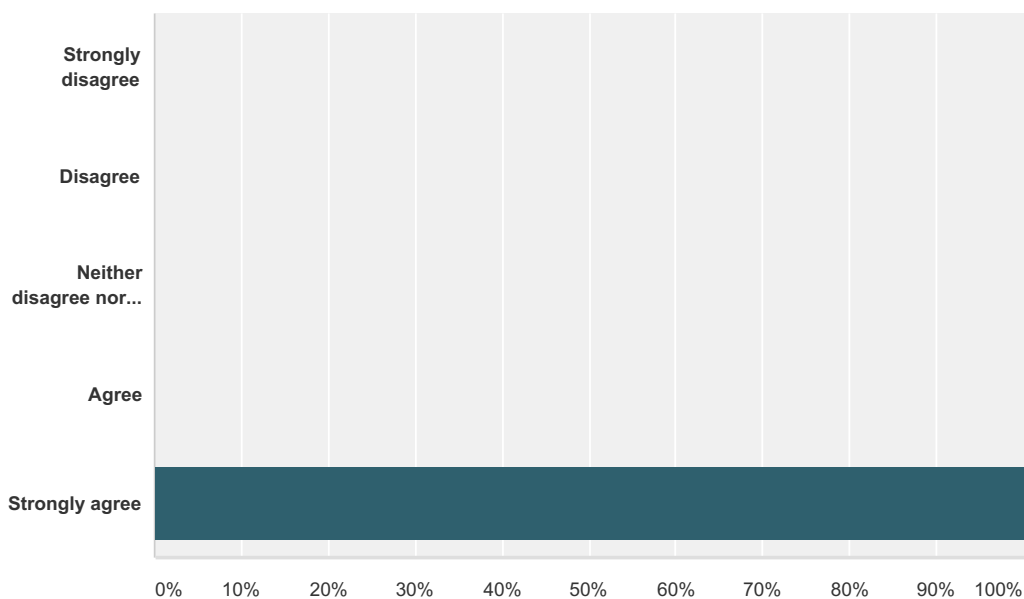
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q147 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

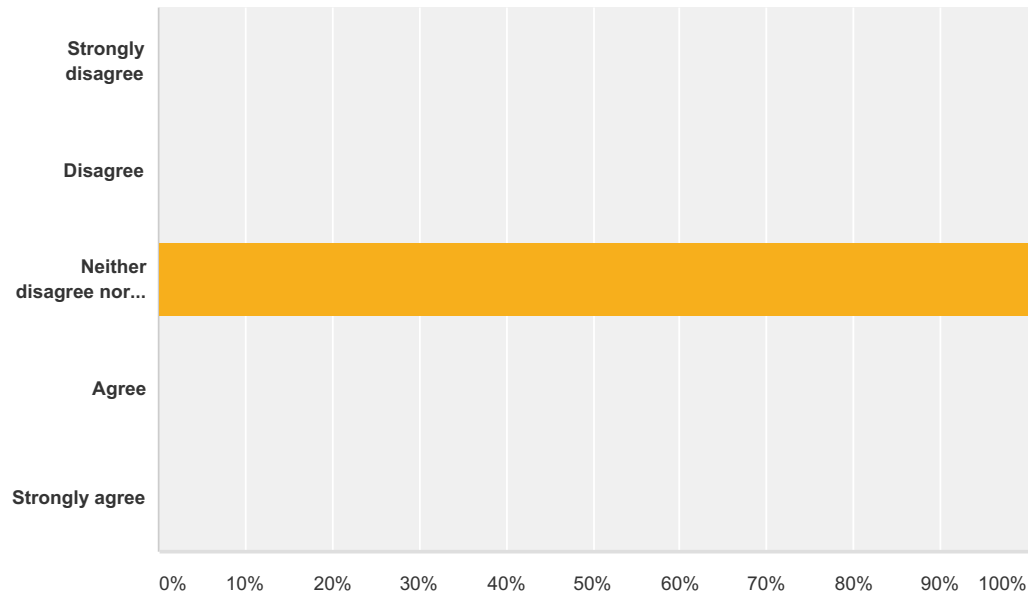
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q148 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

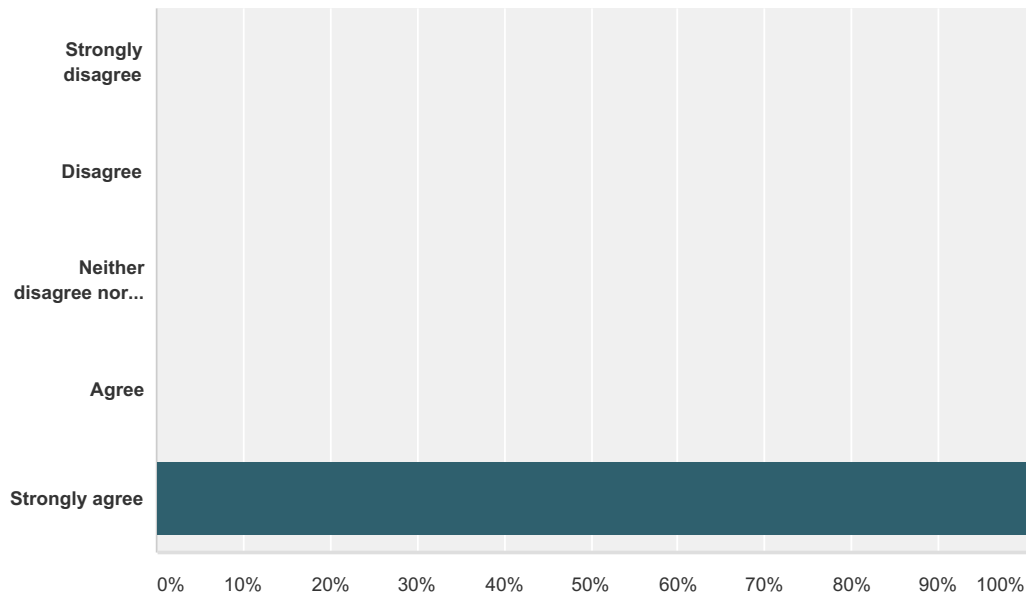
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	100.00% 1
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q149 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

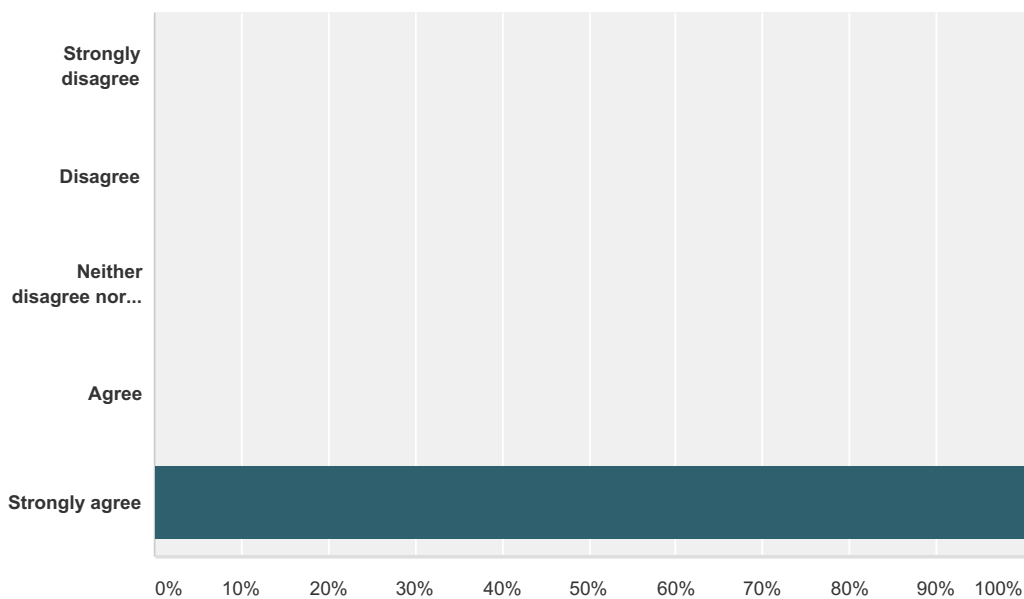
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q150 Committee members adhered to the Council's Code of Conduct.

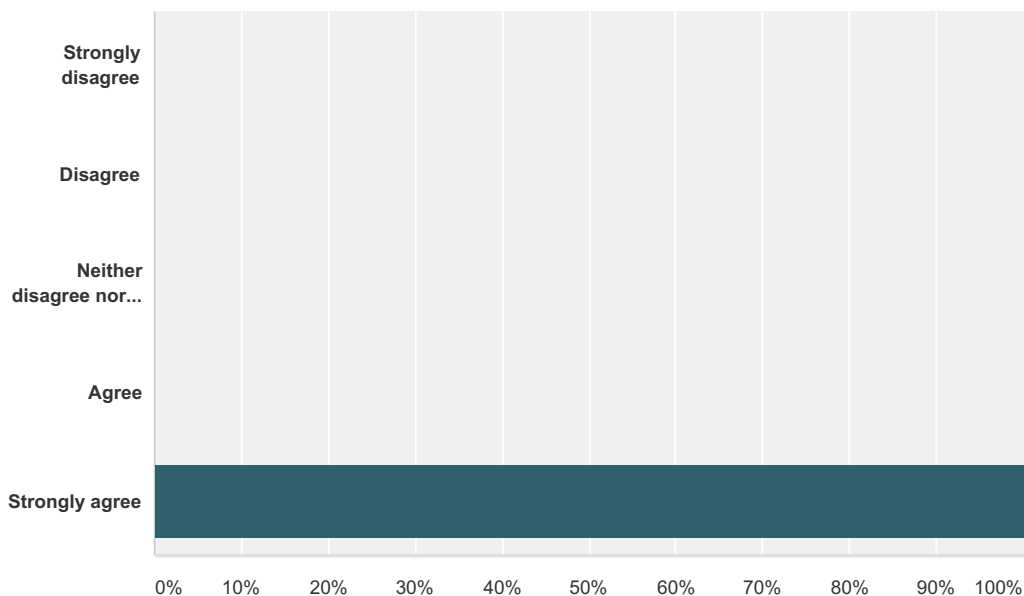
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q151 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

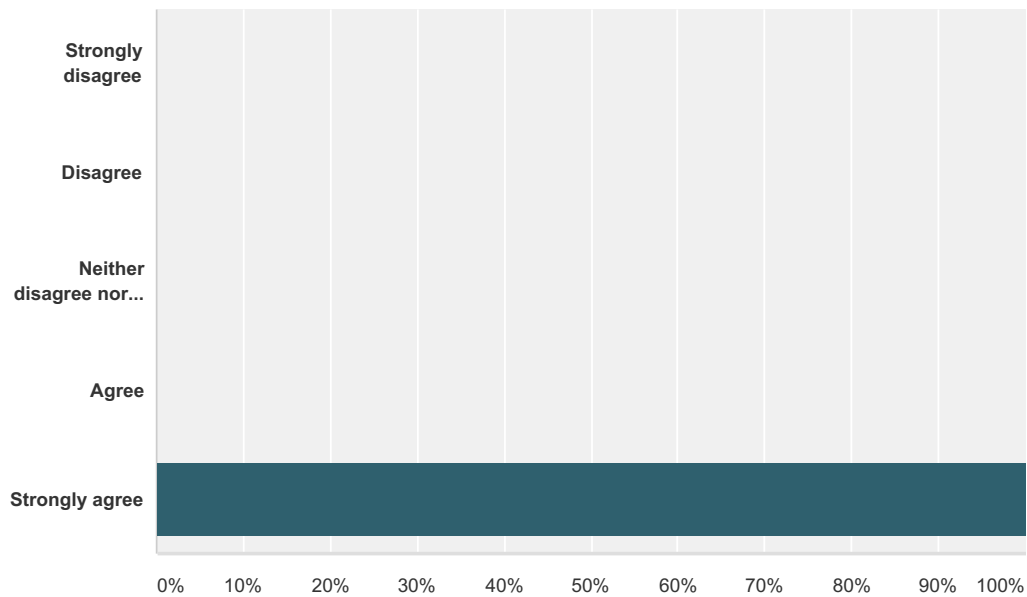
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q152 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

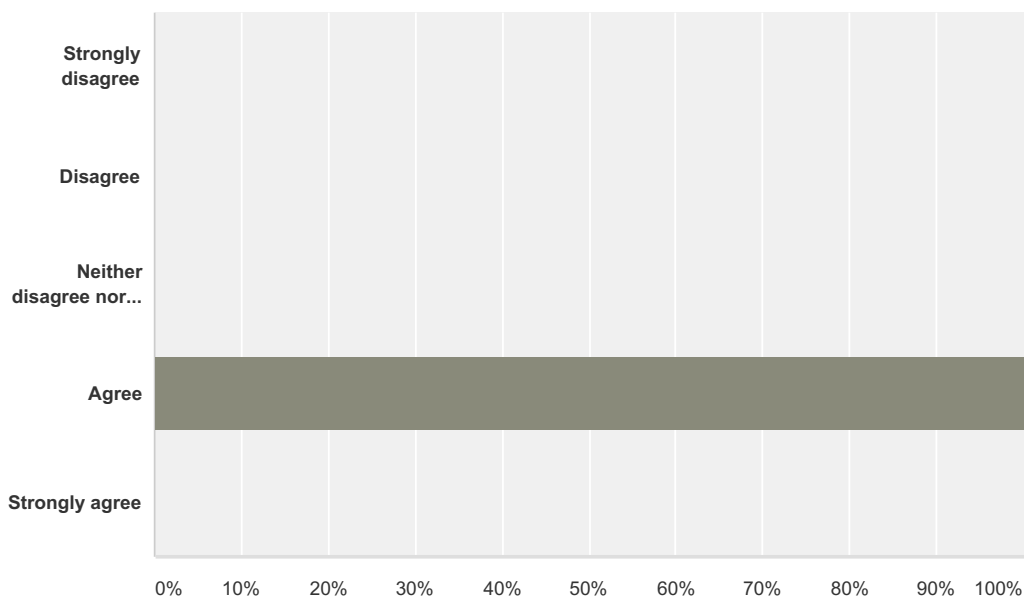
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q153 Committee member attendance was consistent and punctual.

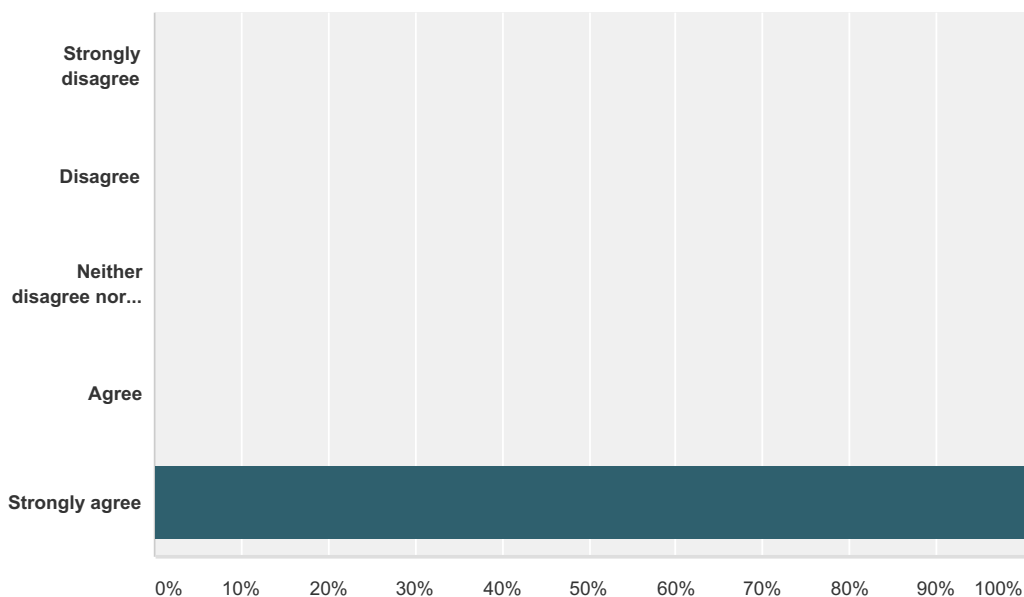
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q154 Committee members came to meetings prepared and ready to contribute.

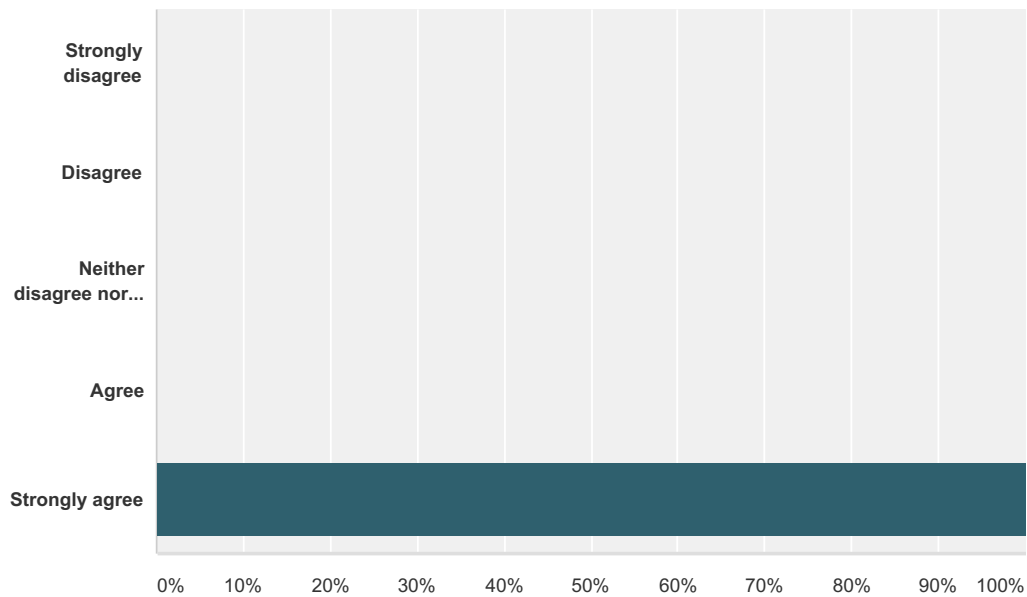
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q155 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

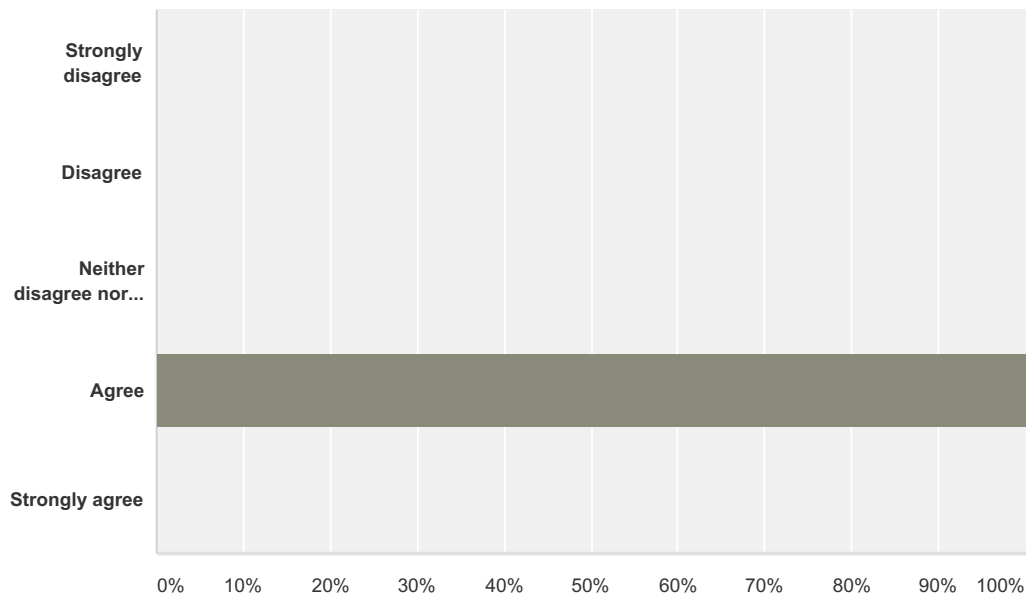
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q156 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

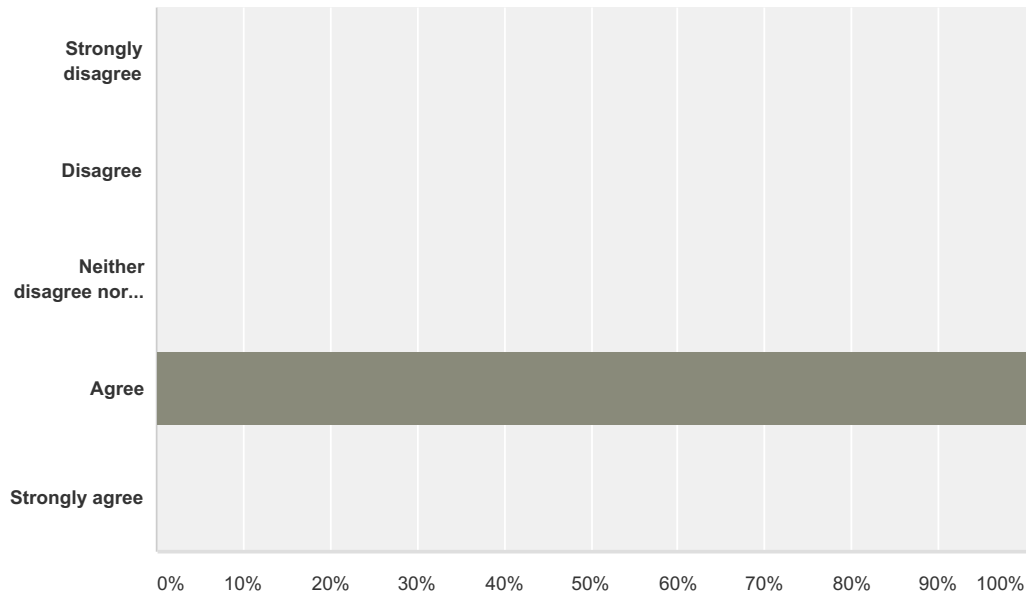
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q157 Committee members' contributions and opinions were respected. Members were treated with courtesy.

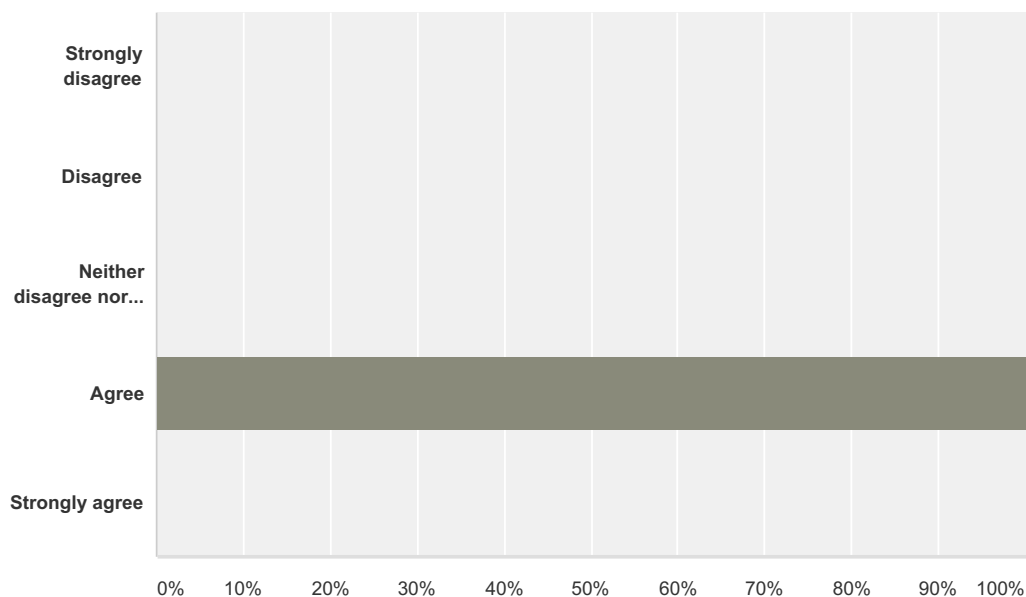
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	100.00%	1
Strongly agree	0.00%	0
Total		1

Q158 Meetings were held with appropriate frequency.

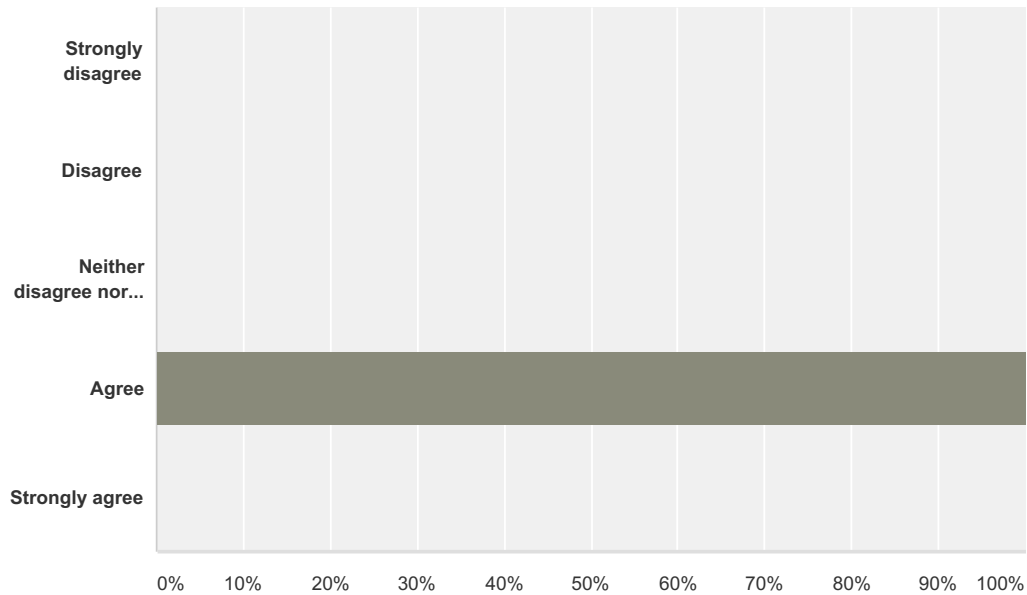
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q159 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

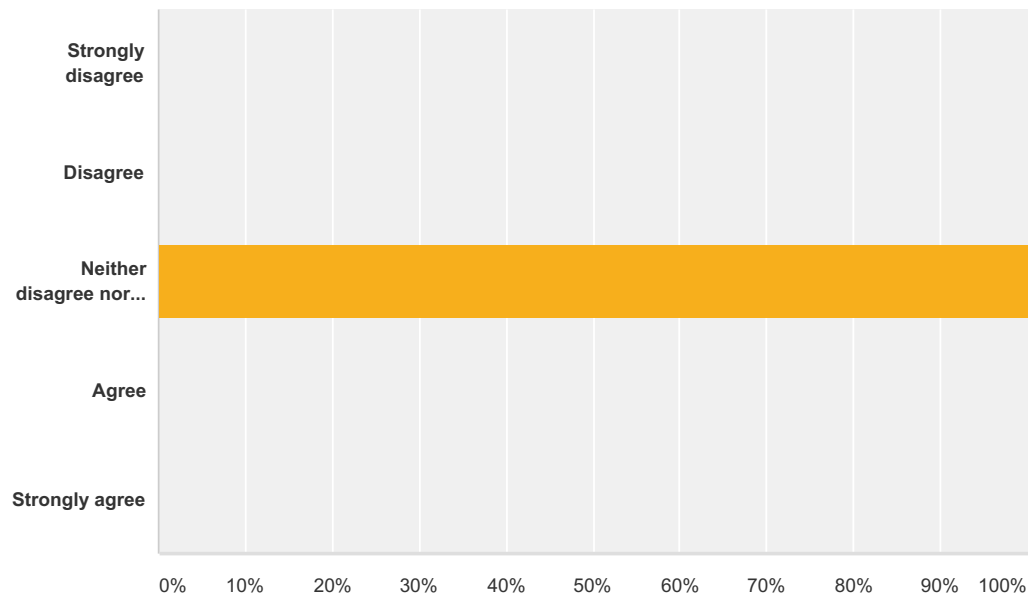
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q160 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

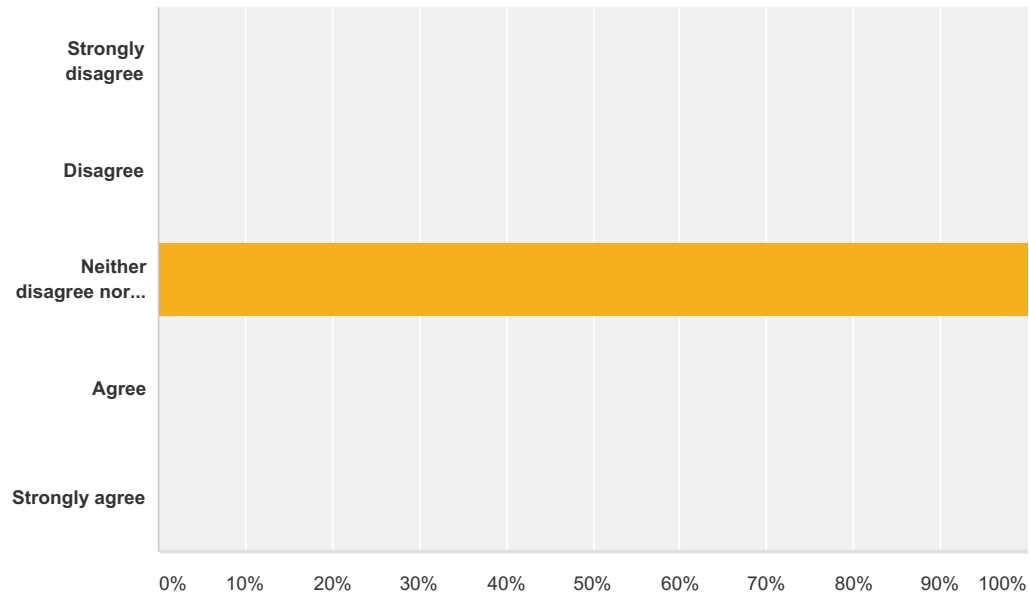
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	100.00%	1
Agree	0.00%	0
Strongly agree	0.00%	0
Total		1

Q161 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

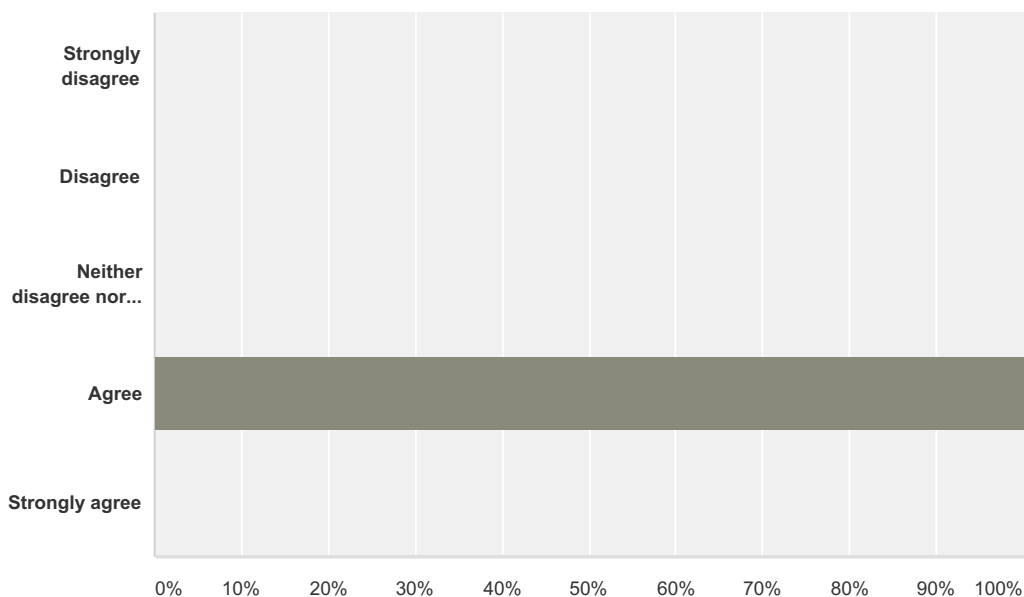
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	100.00% 1
Agree	0.00% 0
Strongly agree	0.00% 0
Total	1

Q162 A detailed agenda was provided to the Committee in a timely manner.

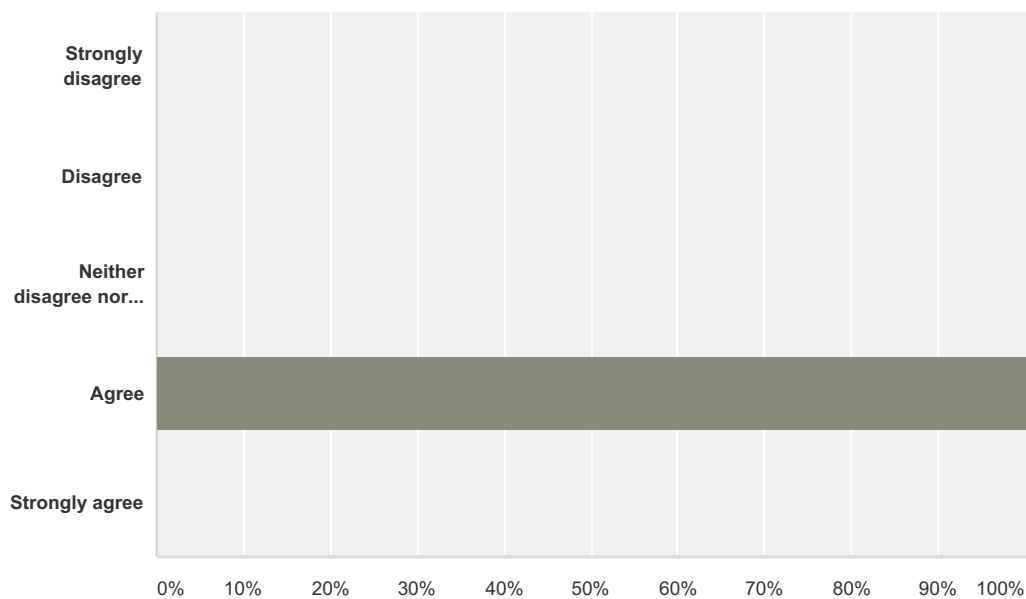
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q163 Meeting minutes reflected the discussion, next steps and action items.

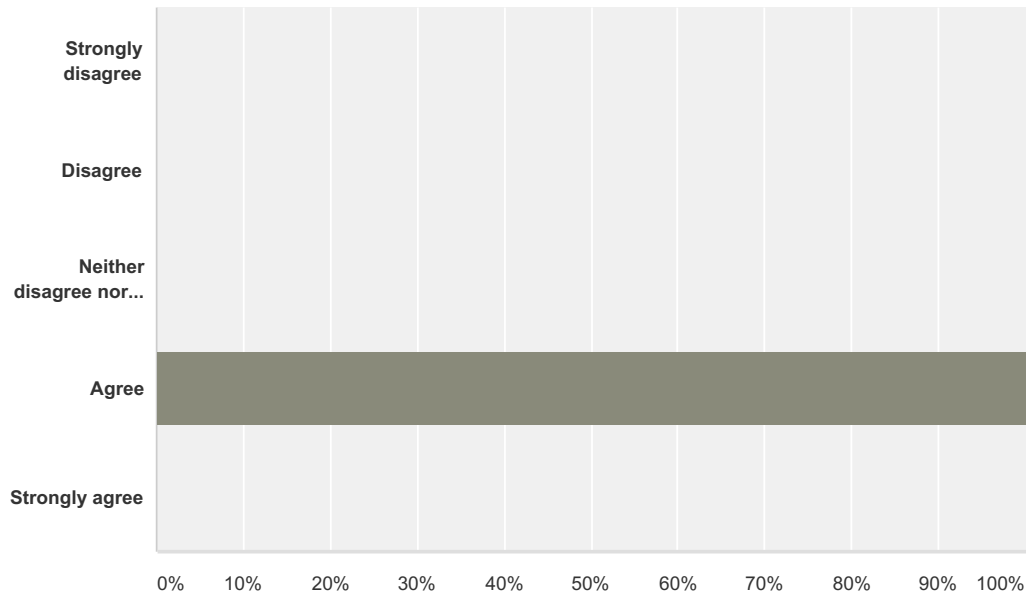
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q164 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

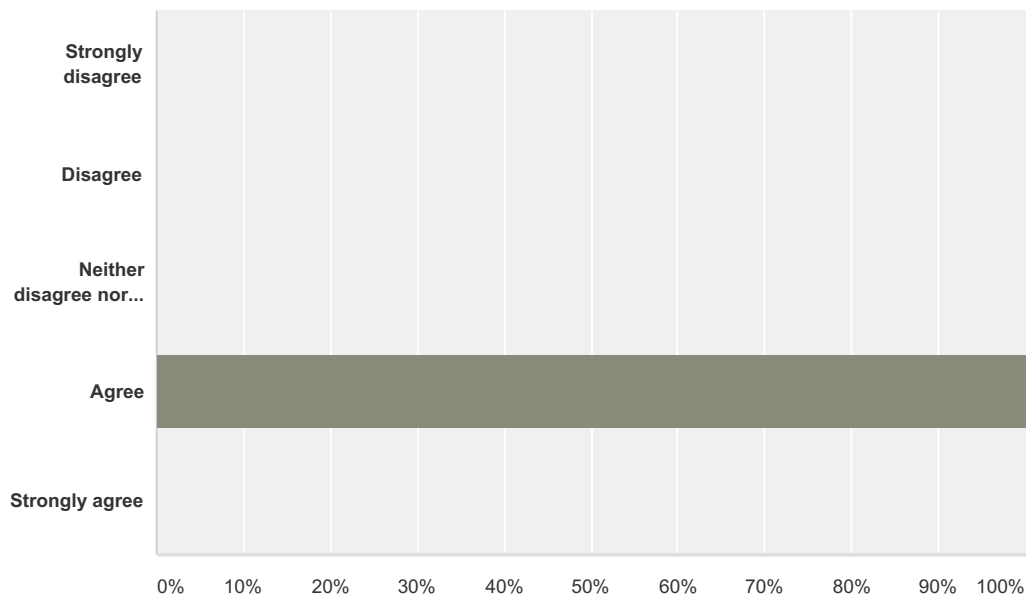
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q165 Overall, the Committee was effective and achieved its objectives.

Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q166 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

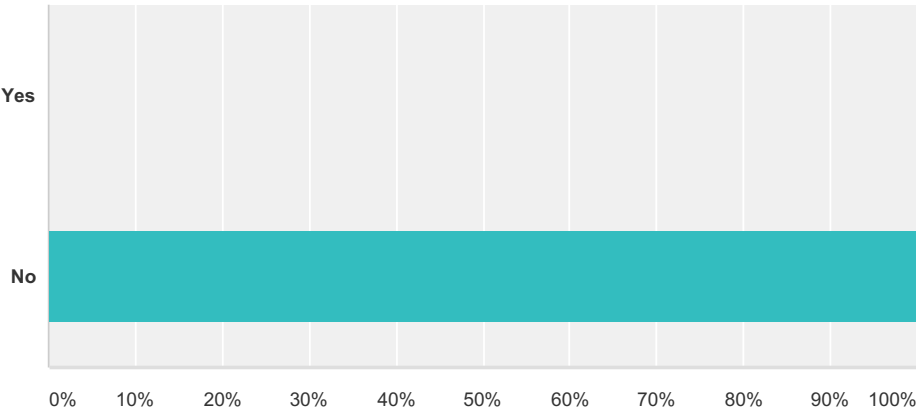
Q167 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q168 Do you belong to another Committee?

Answered: 1 Skipped: 13



Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1
Total		1

Q169 Which Committee are you evaluating?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses	
Patient Relations Committee	0.00%	0
Quality Assurance Committee	0.00%	0
Registration Committee	0.00%	0
Scheduled Substances Review Committee	0.00%	0
Total		0

Q170 The Committee's mandate was clearly available to all members and was reviewed regularly.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q171 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q172 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q173 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q174 Committee members adhered to the Council's Code of Conduct.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q175 Committee members were advised of
and adhered to the College's confidentiality
and non-disclosure agreements.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q176 Committee members were advised of
and adhered to the College's Conflict of
Interest by-laws and declared any potential
conflicts of interest.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q177 Committee member attendance was consistent and punctual.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q178 Committee members came to meetings prepared and ready to contribute.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q179 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q180 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q181 Committee members' contributions
and opinions were respected. Members
were treated with courtesy.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q182 Meetings were held with appropriate frequency.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q183 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q184 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

**Q185 Meeting materials were appropriate
and enhanced Committee members'
understanding of the issues/decisions.**

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q186 A detailed agenda was provided to the Committee in a timely manner.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q187 Meeting minutes reflected the discussion, next steps and action items.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	0.00%	0
Total		0

Q188 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q189 Overall, the Committee was effective and achieved its objectives.

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	0.00% 0
Total	0

Q190 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q191 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q192 Do you belong to another Committee?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses	
Yes	0.00%	0
No	0.00%	0
Total		0

Q193 Which Committee are you evaluating?

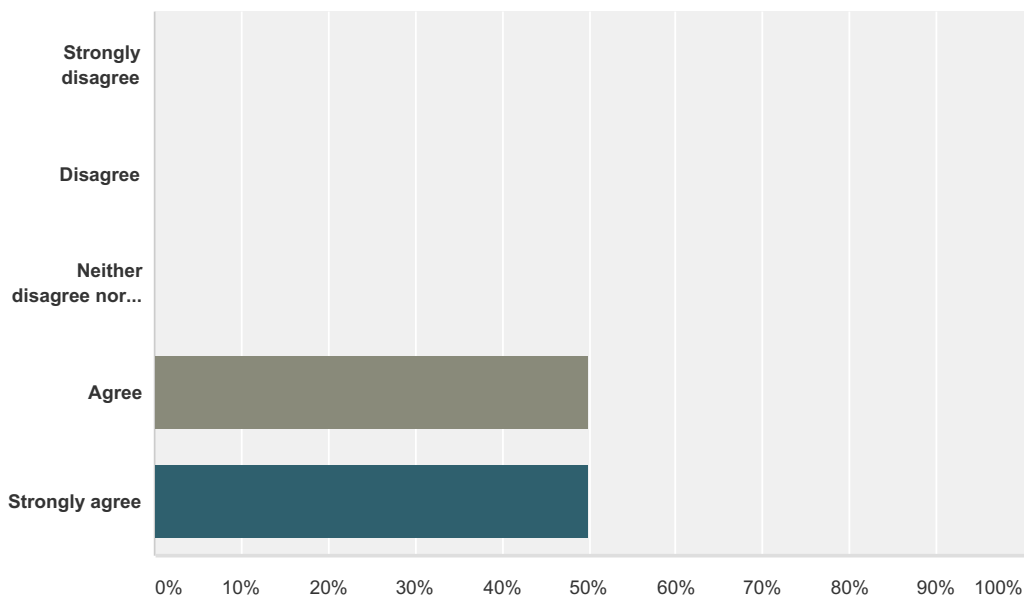
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q194 The Committee's mandate was clearly available to all members and was reviewed regularly.

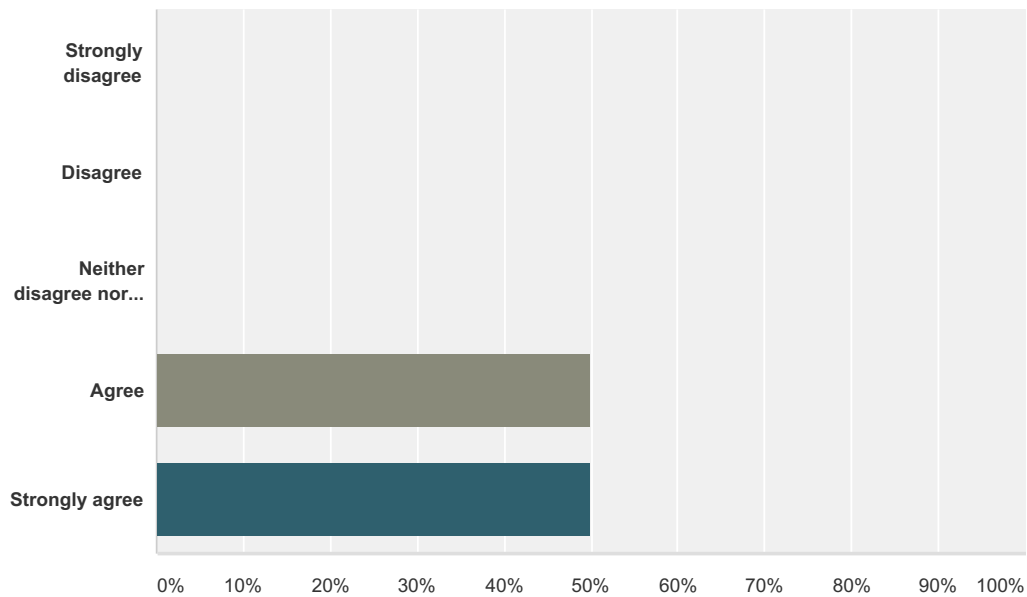
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	2
Strongly agree	50.00%	2
Total		4

Q195 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

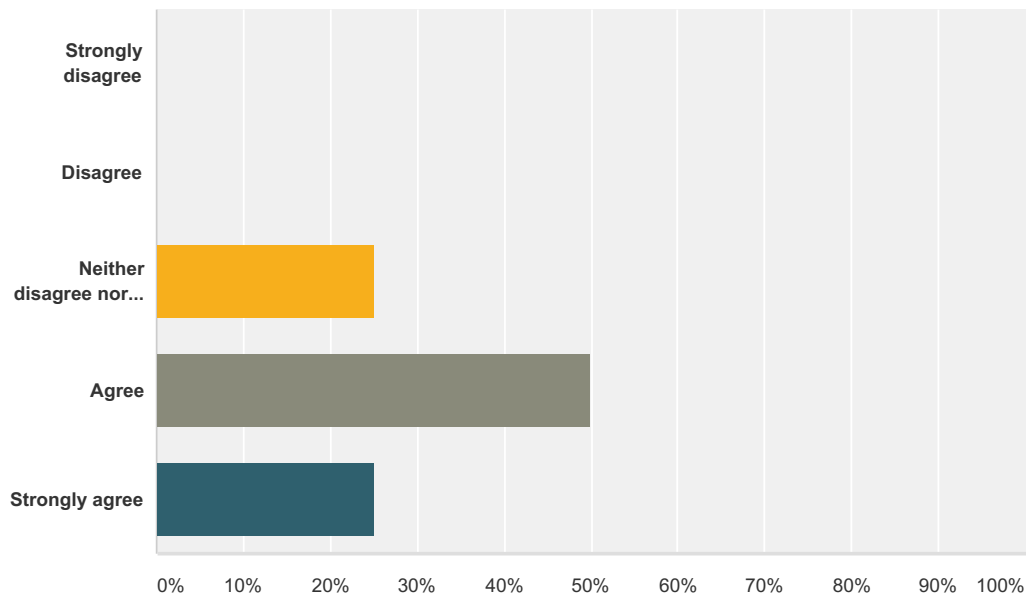
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	2
Strongly agree	50.00%	2
Total		4

Q196 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

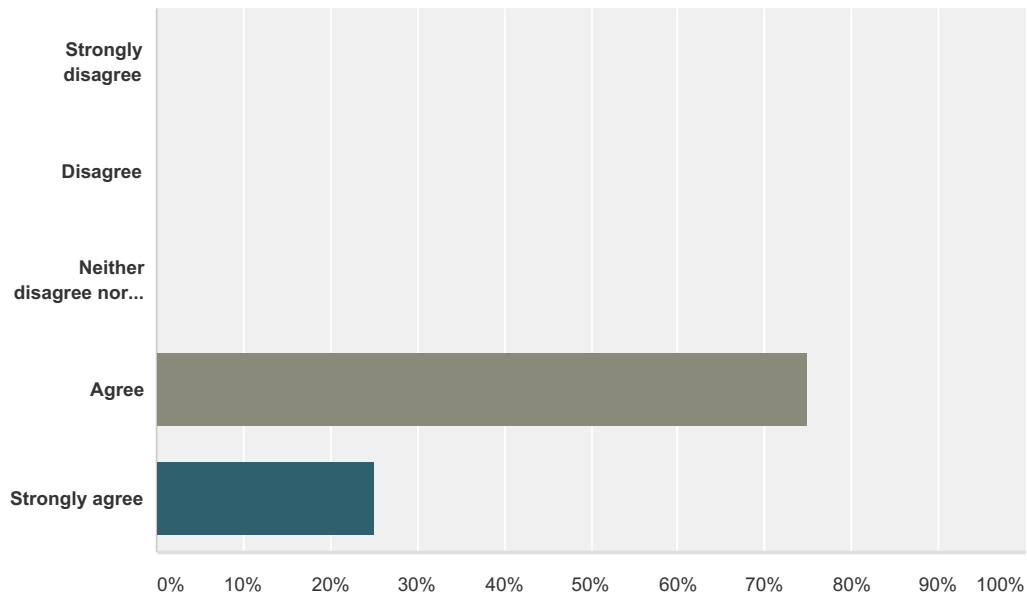
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	25.00%	1
Agree	50.00%	2
Strongly agree	25.00%	1
Total		4

Q197 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

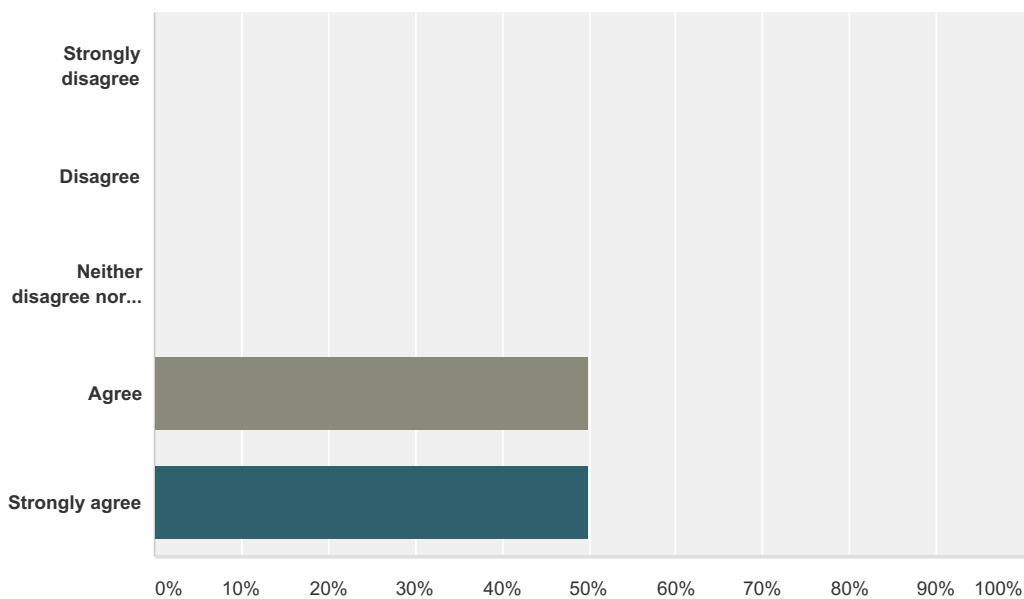
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	75.00%	3
Strongly agree	25.00%	1
Total		4

Q198 Committee members adhered to the Council's Code of Conduct.

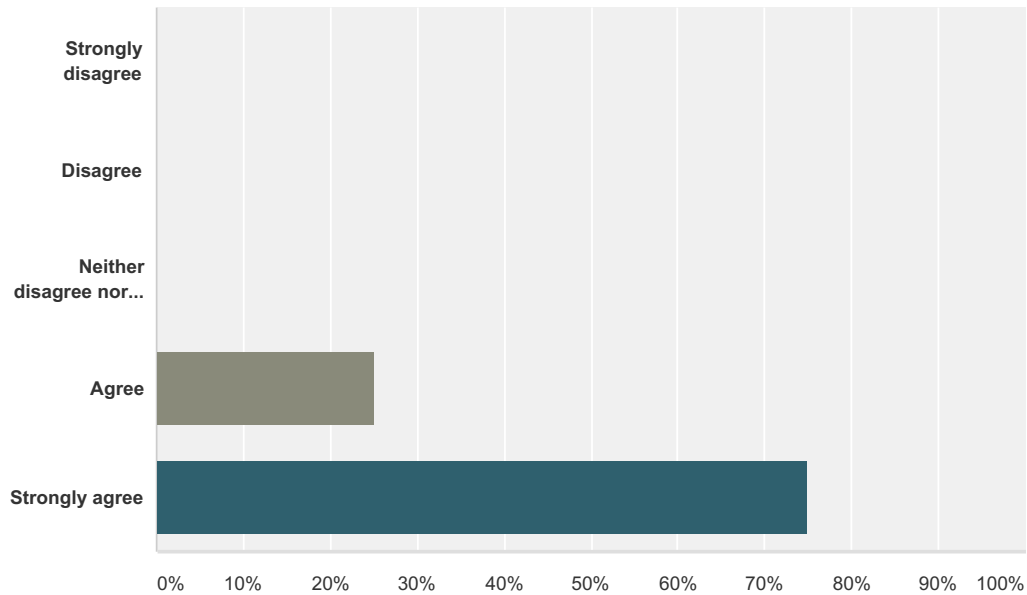
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 2
Strongly agree	50.00% 2
Total	4

Q199 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

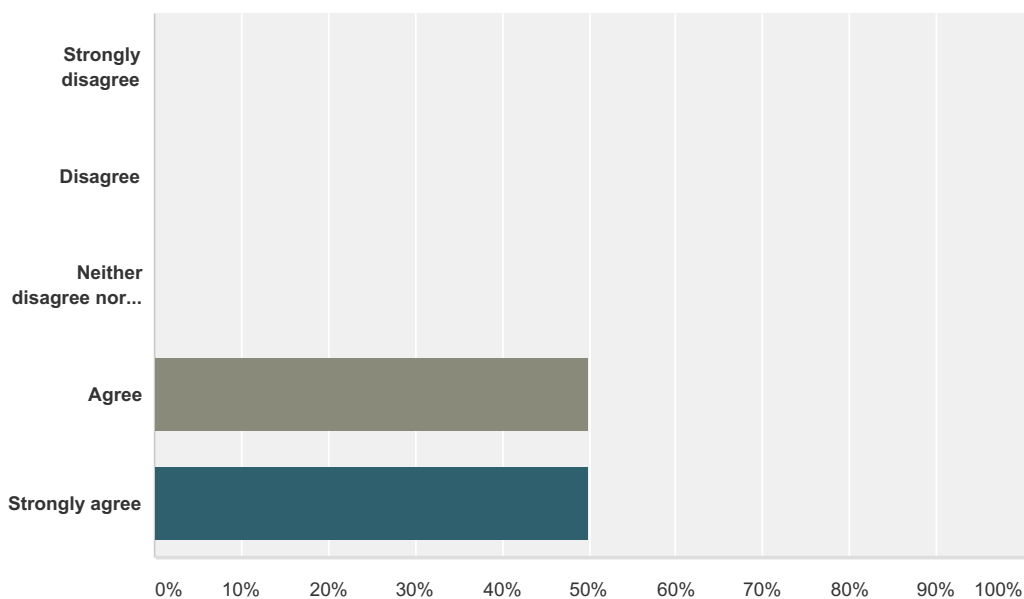
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	25.00%	1
Strongly agree	75.00%	3
Total		4

Q200 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

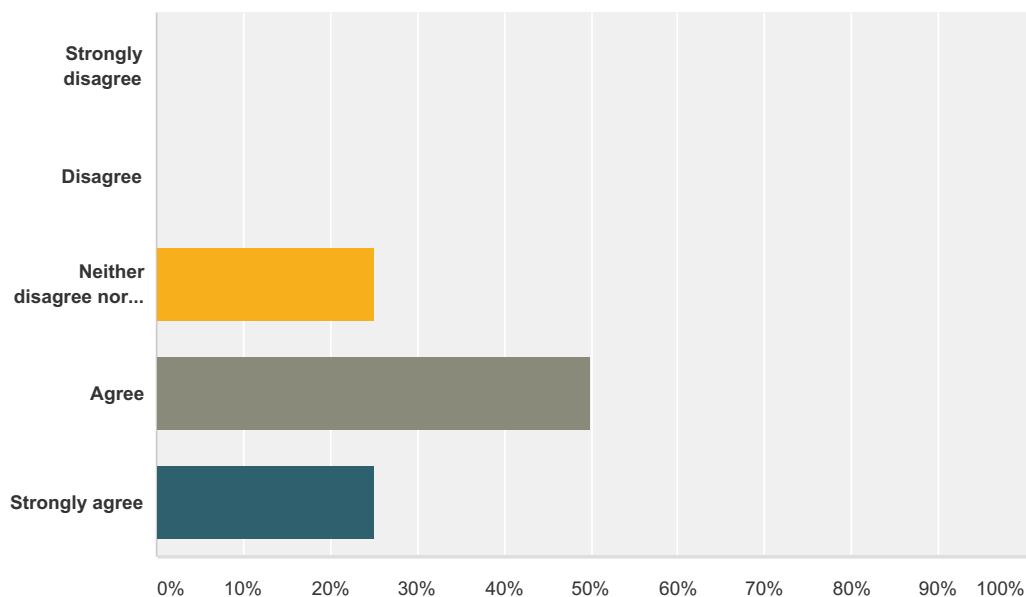
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	2
Strongly agree	50.00%	2
Total		4

Q201 Committee member attendance was consistent and punctual.

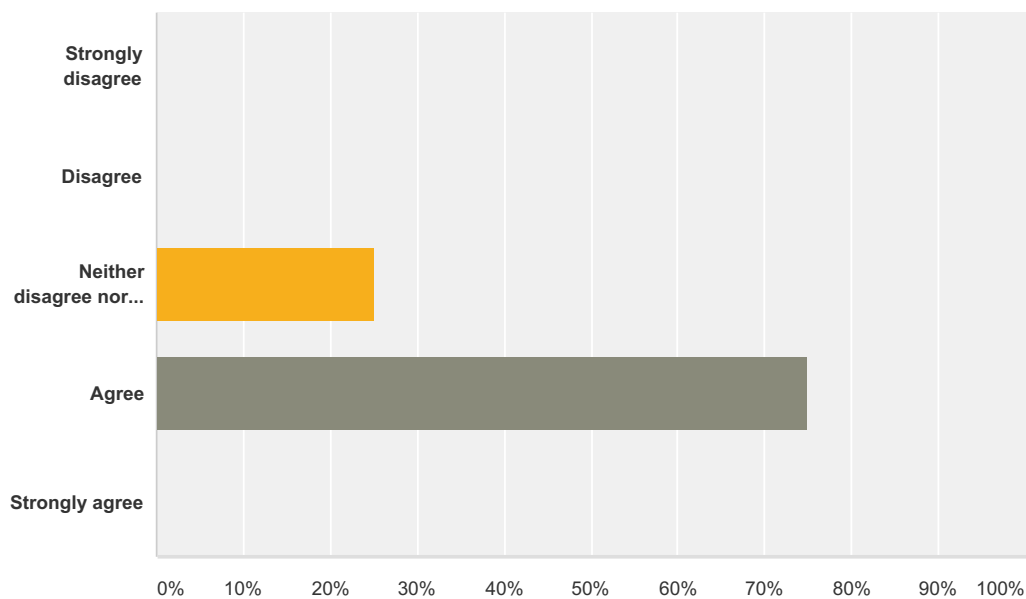
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	25.00% 1
Agree	50.00% 2
Strongly agree	25.00% 1
Total	4

Q202 Committee members came to meetings prepared and ready to contribute.

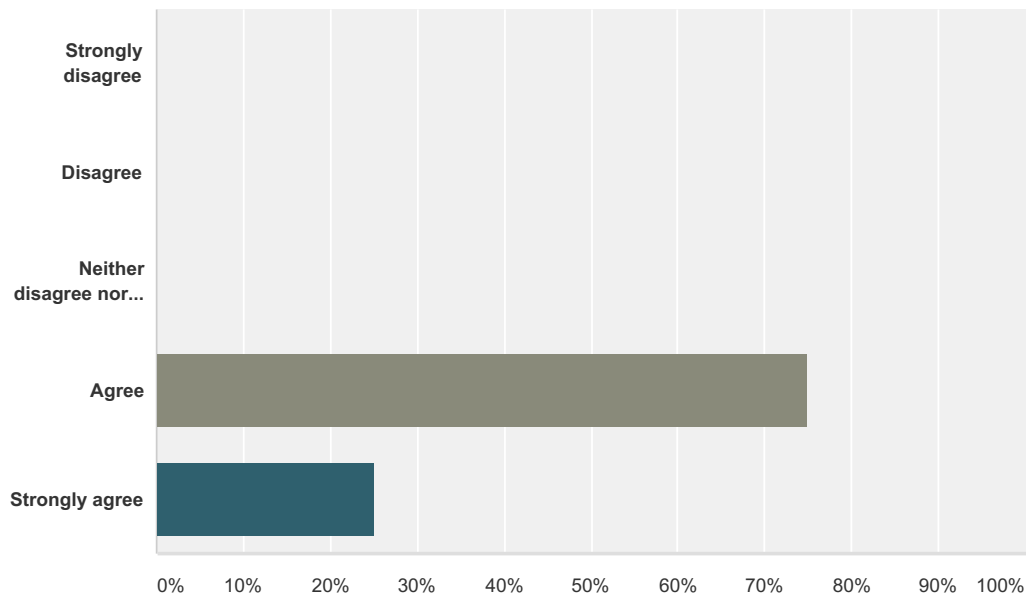
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	25.00% 1
Agree	75.00% 3
Strongly agree	0.00% 0
Total	4

Q203 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

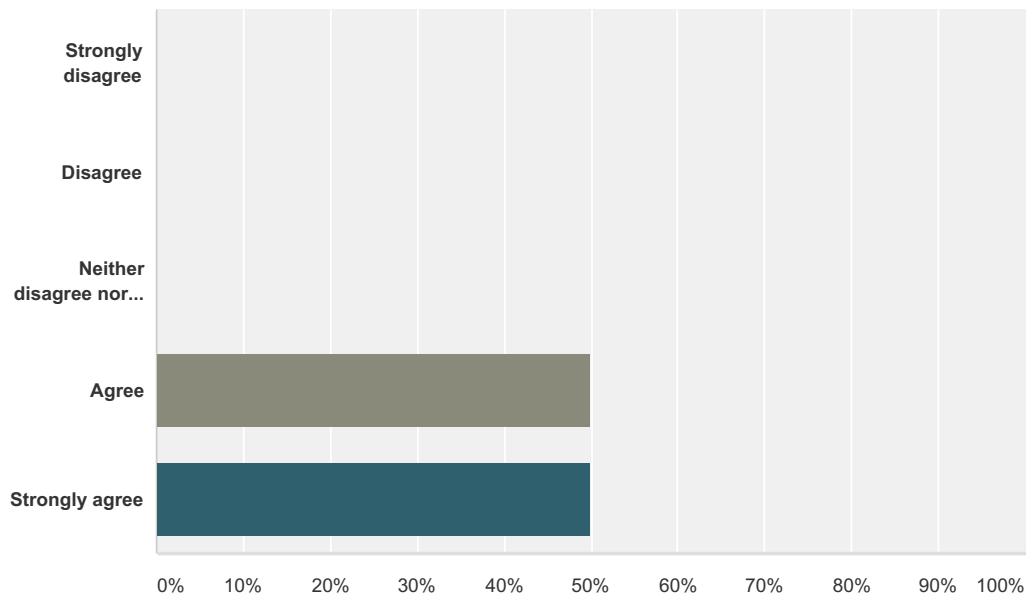
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	75.00%	3
Strongly agree	25.00%	1
Total		4

Q204 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

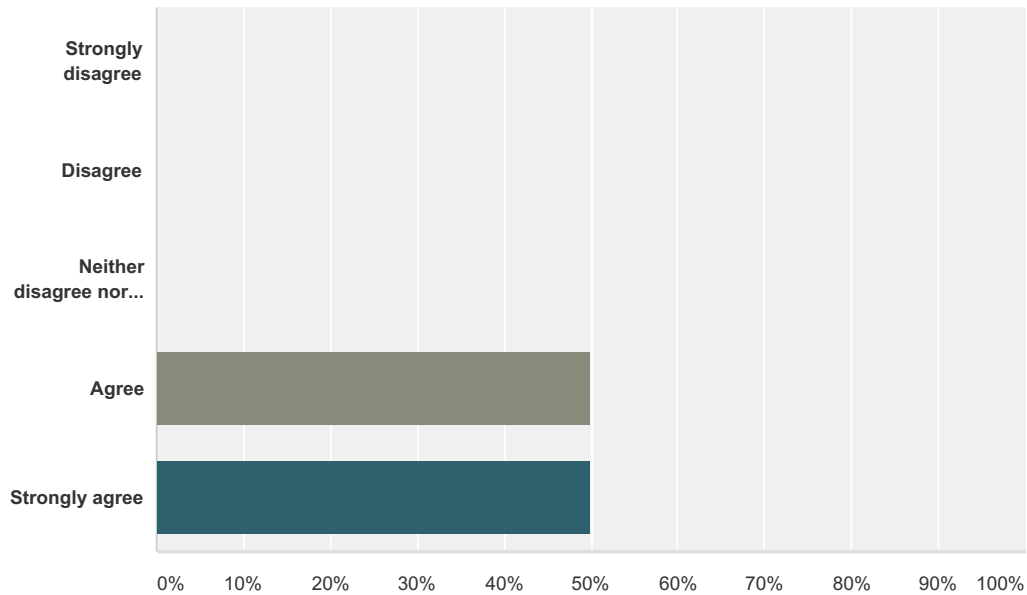
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	2
Strongly agree	50.00%	2
Total		4

Q205 Committee members' contributions and opinions were respected. Members were treated with courtesy.

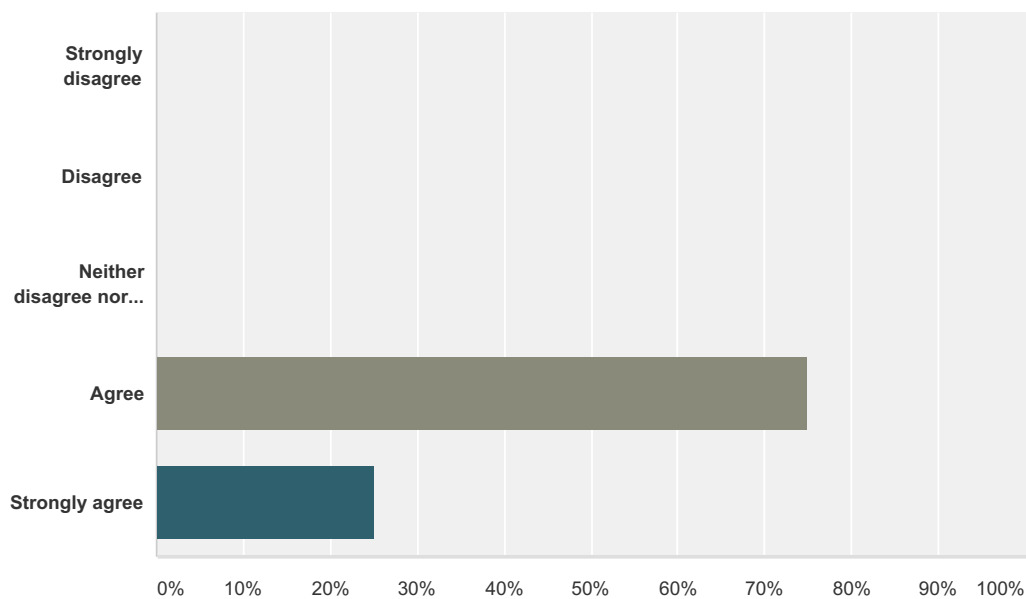
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 2
Strongly agree	50.00% 2
Total	4

Q206 Meetings were held with appropriate frequency.

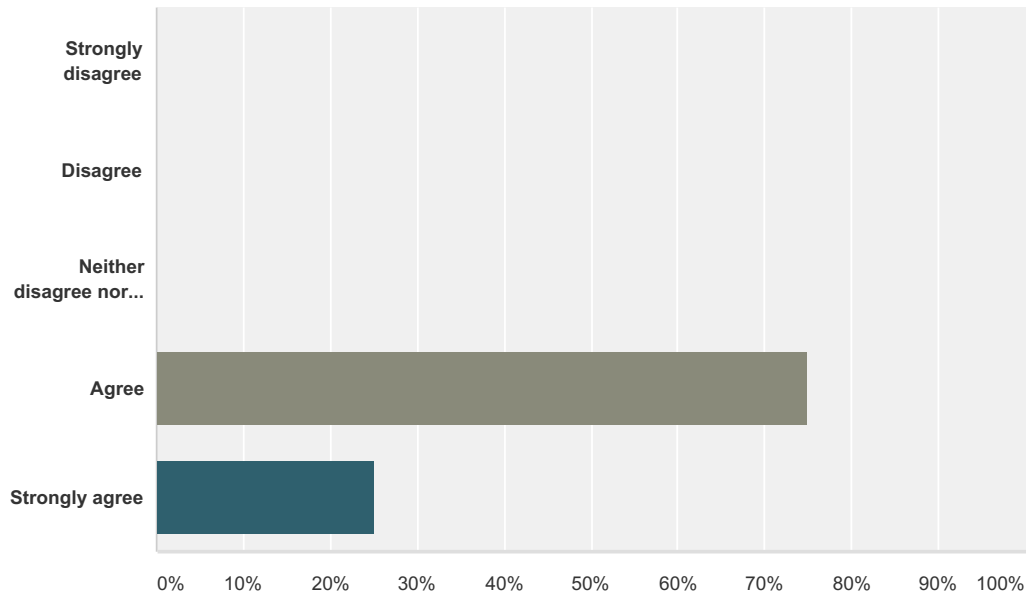
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	75.00% 3
Strongly agree	25.00% 1
Total	4

Q207 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

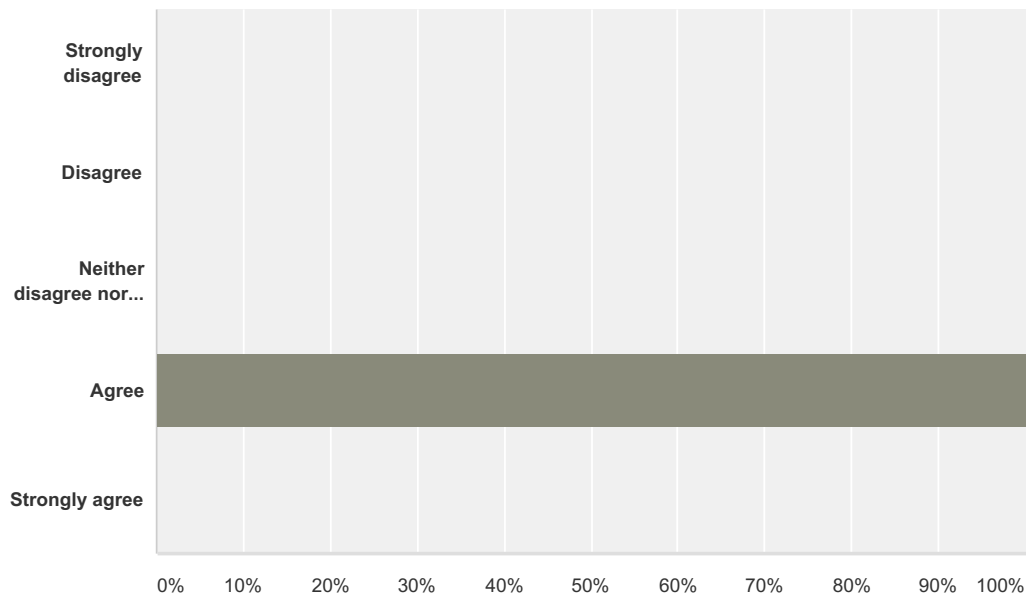
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	75.00%	3
Strongly agree	25.00%	1
Total		4

Q208 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

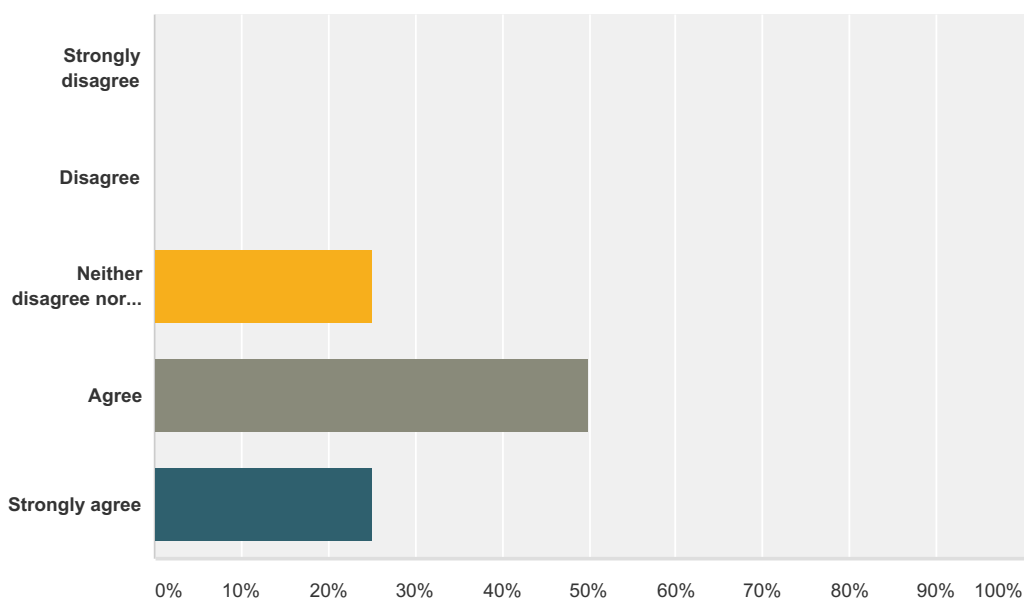
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	100.00%	4
Strongly agree	0.00%	0
Total		4

Q209 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

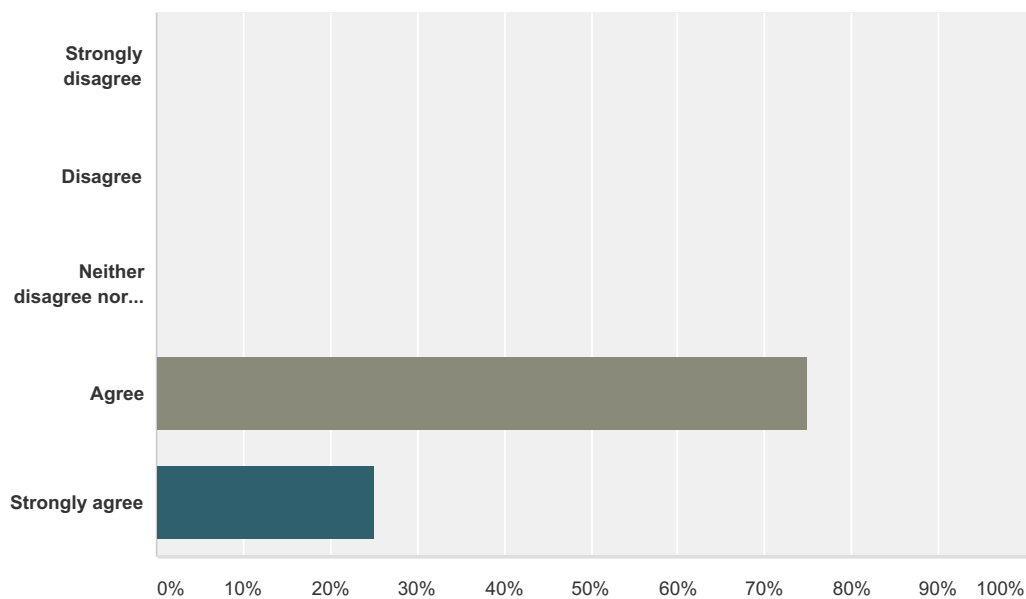
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	25.00%	1
Agree	50.00%	2
Strongly agree	25.00%	1
Total		4

Q210 A detailed agenda was provided to the Committee in a timely manner.

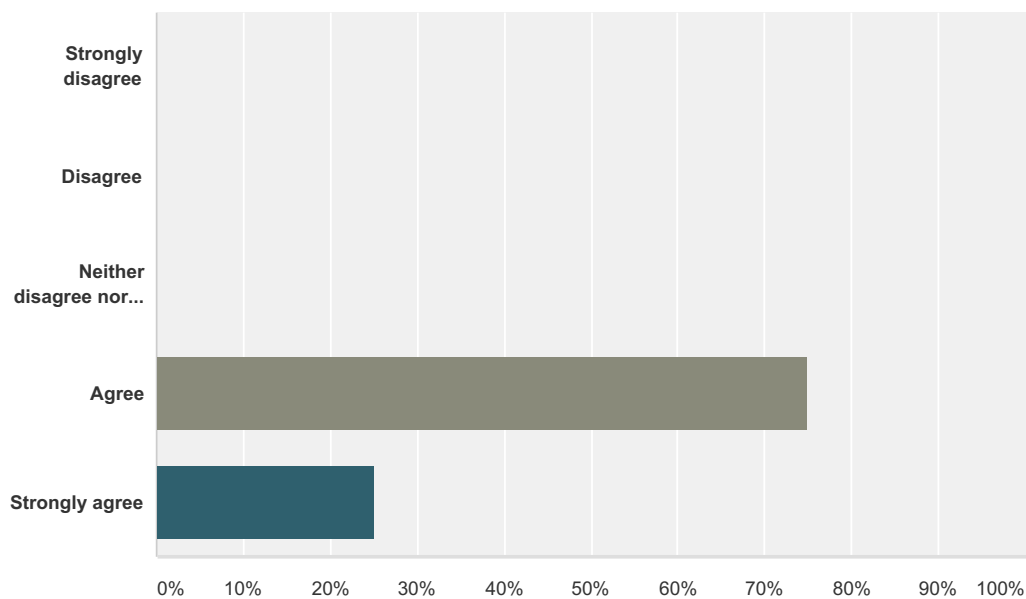
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	75.00% 3
Strongly agree	25.00% 1
Total	4

Q211 Meeting minutes reflected the discussion, next steps and action items.

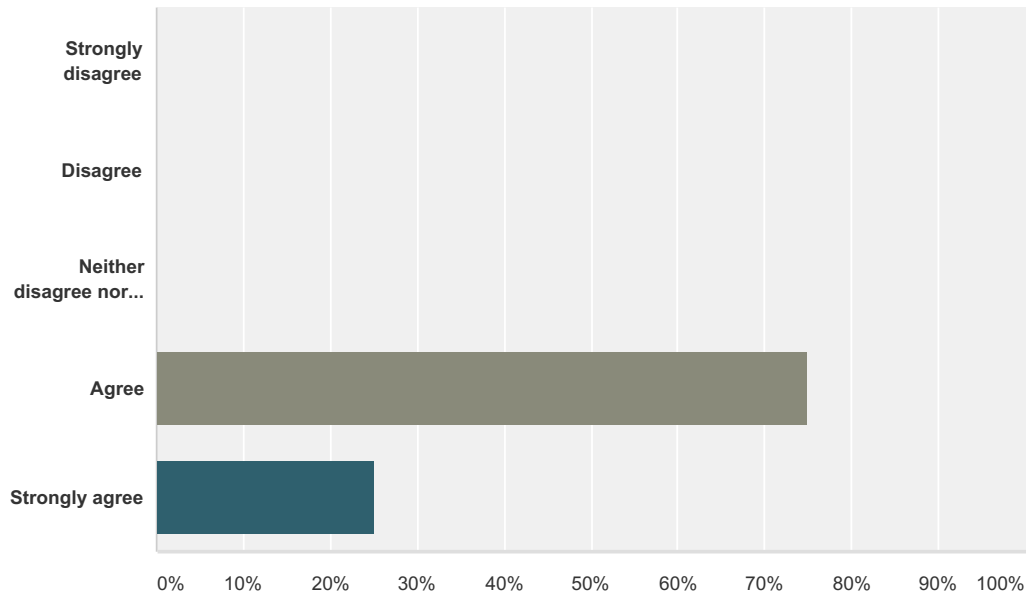
Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	75.00% 3
Strongly agree	25.00% 1
Total	4

Q212 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

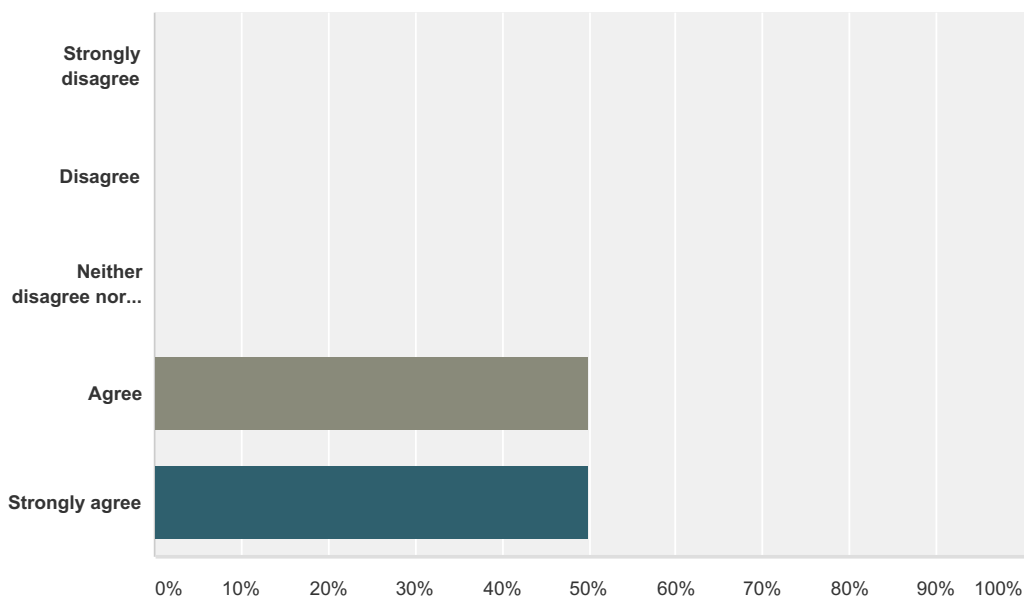
Answered: 4 Skipped: 10



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	75.00%	3
Strongly agree	25.00%	1
Total		4

Q213 Overall, the Committee was effective and achieved its objectives.

Answered: 4 Skipped: 10



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 2
Strongly agree	50.00% 2
Total	4

Q214 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

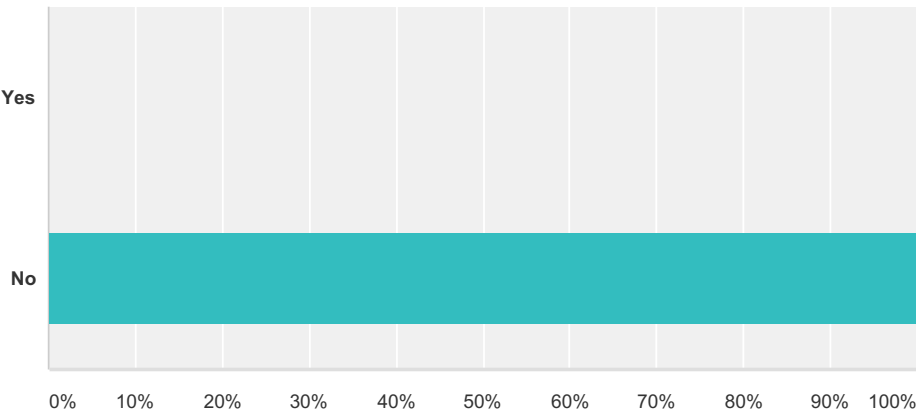
Q215 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q216 Do you belong to another Committee?

Answered: 4 Skipped: 10



Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	4
Total		4

Q217 Which Committee are you evaluating?

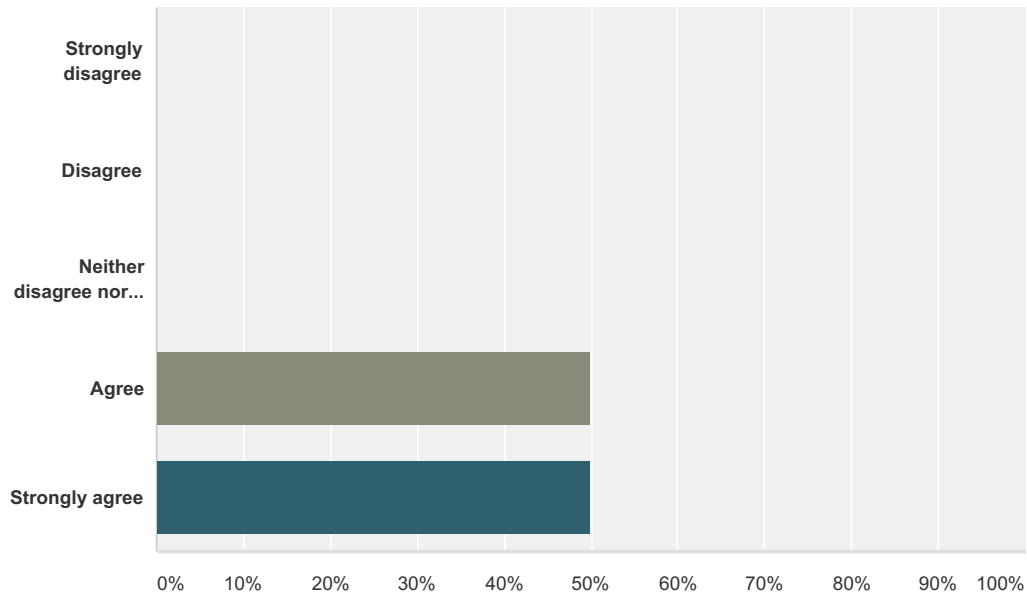
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q218 The Committee's mandate was clearly available to all members and was reviewed regularly.

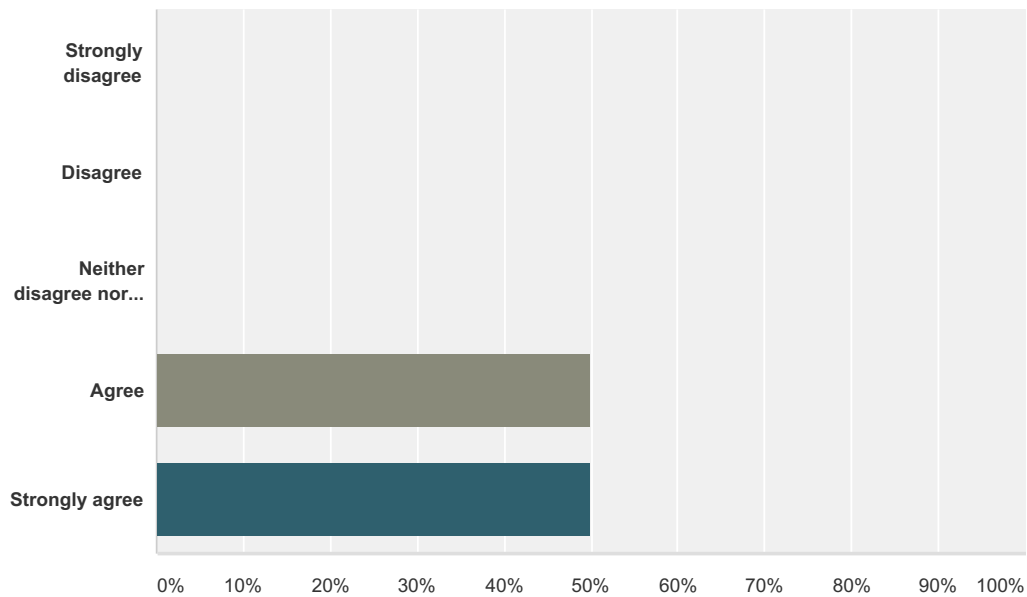
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q219 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

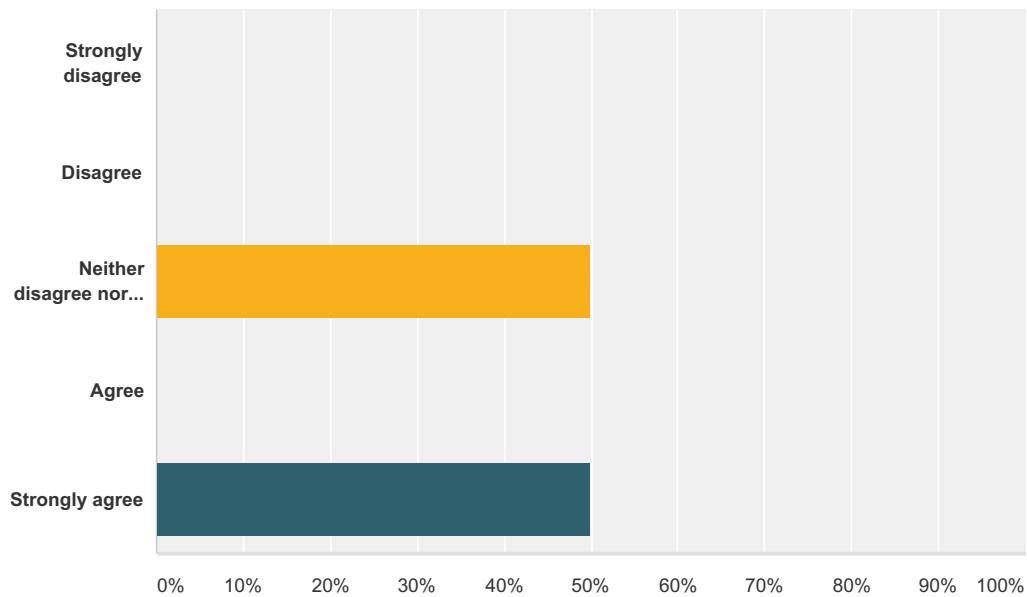
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q220 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

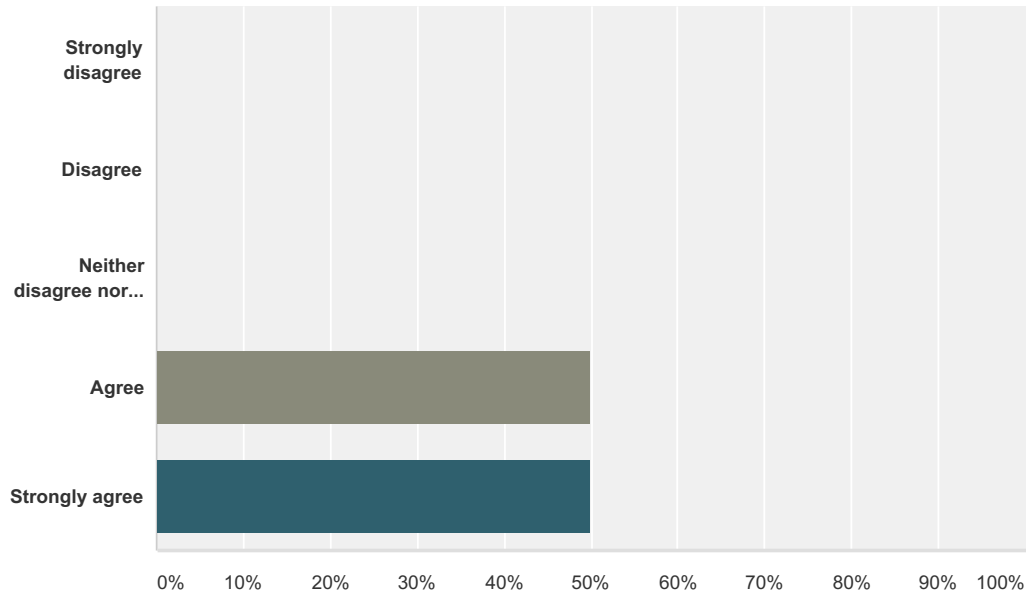
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	50.00%	1
Agree	0.00%	0
Strongly agree	50.00%	1
Total		2

Q221 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

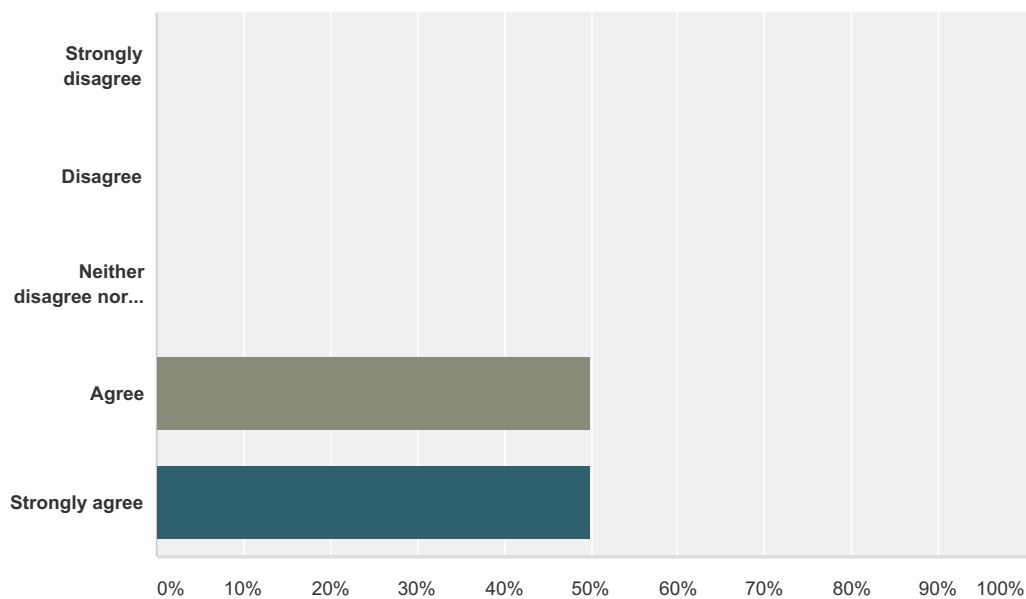
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q222 Committee members adhered to the Council's Code of Conduct.

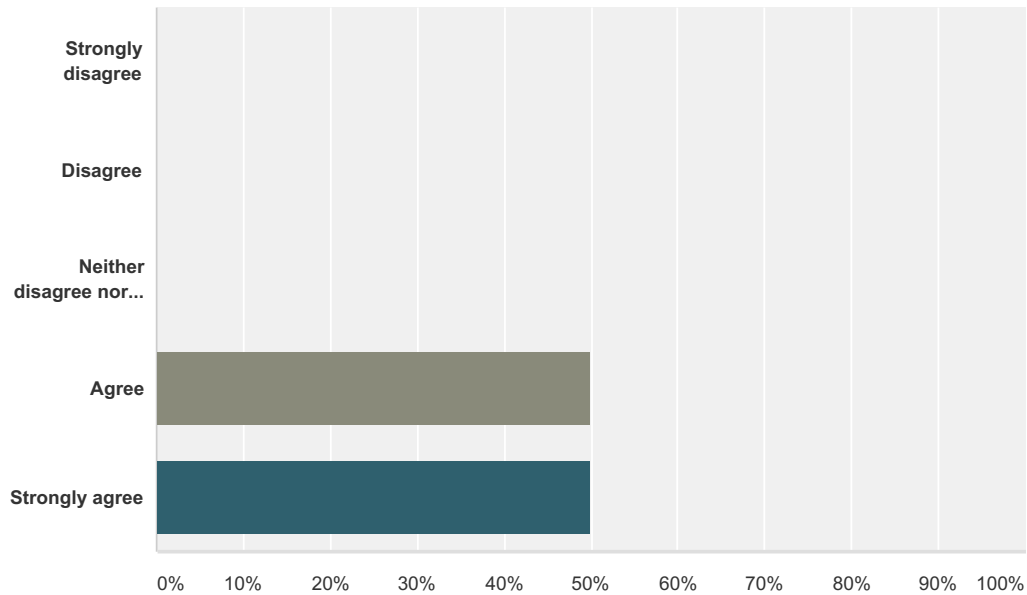
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q223 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

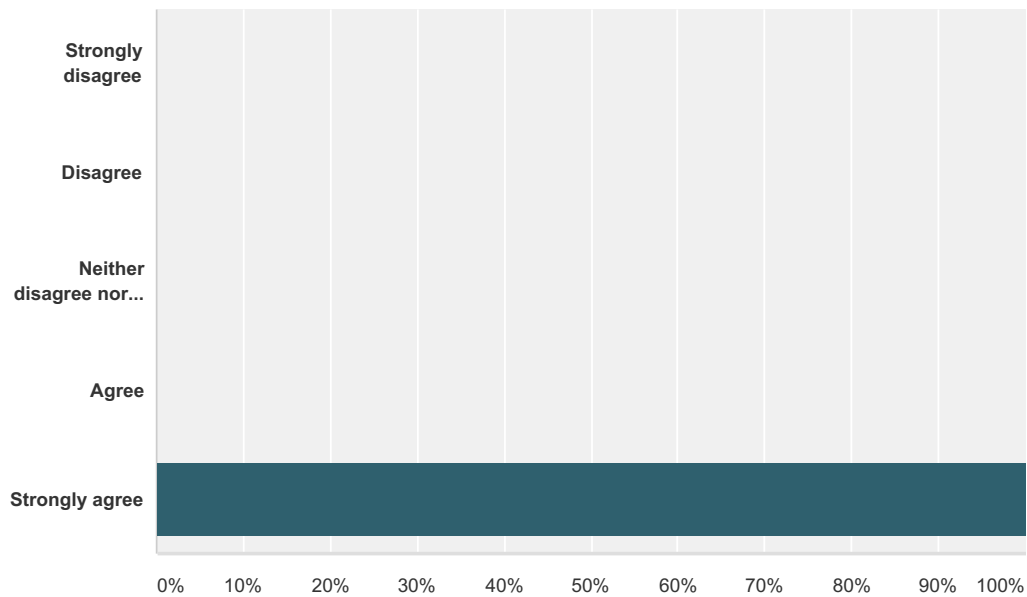
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q224 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

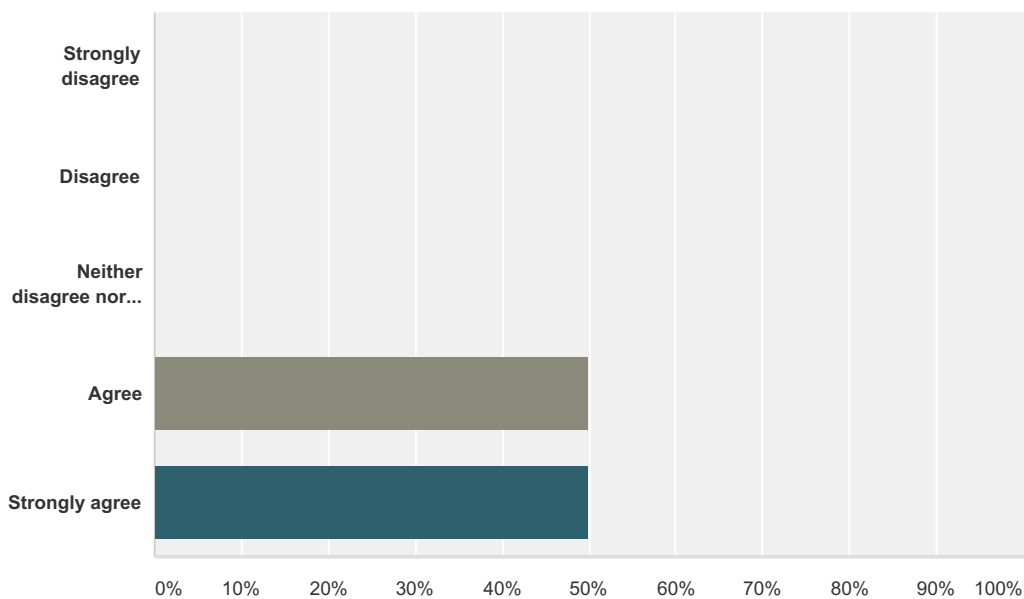
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	2
Total		2

Q225 Committee member attendance was consistent and punctual.

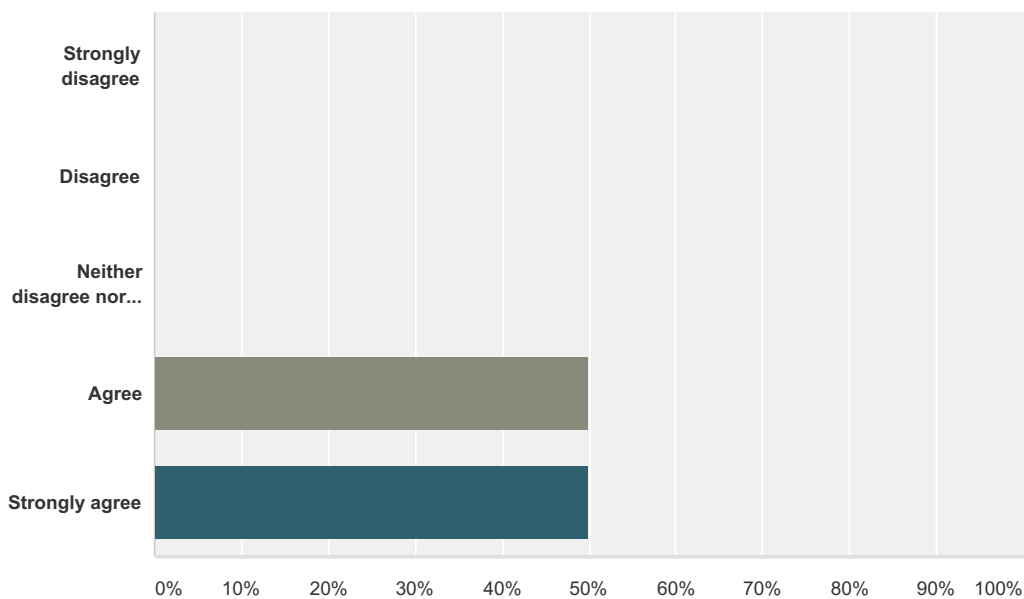
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q226 Committee members came to meetings prepared and ready to contribute.

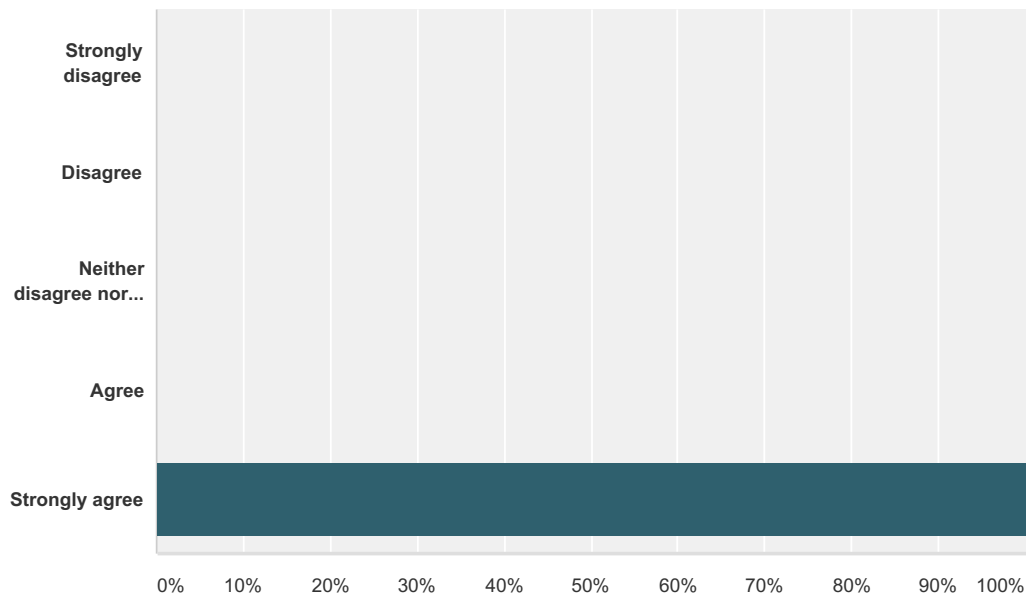
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q227 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

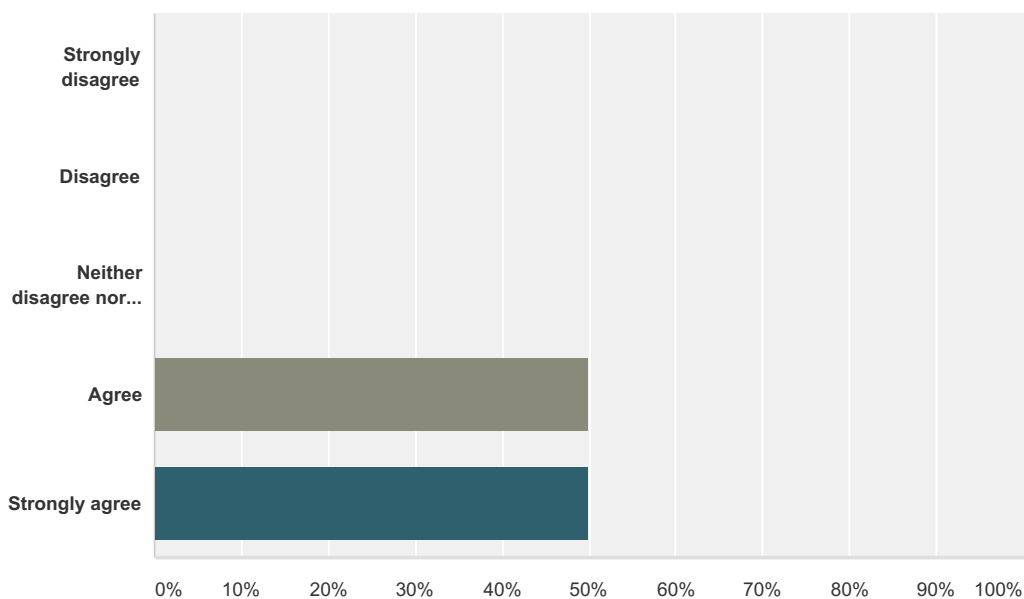
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	2
Total		2

Q228 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

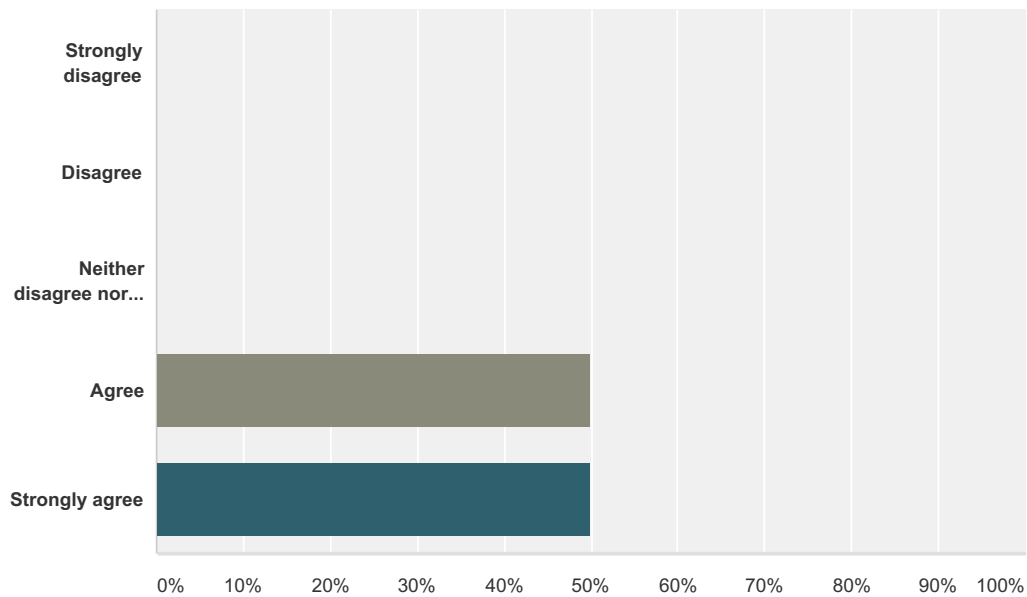
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q229 Committee members' contributions and opinions were respected. Members were treated with courtesy.

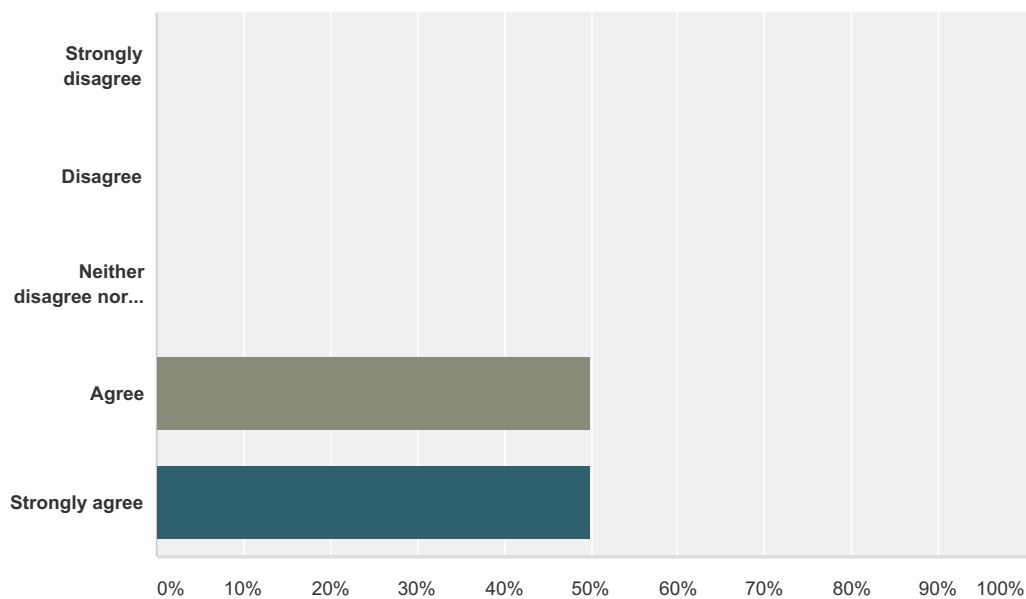
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q230 Meetings were held with appropriate frequency.

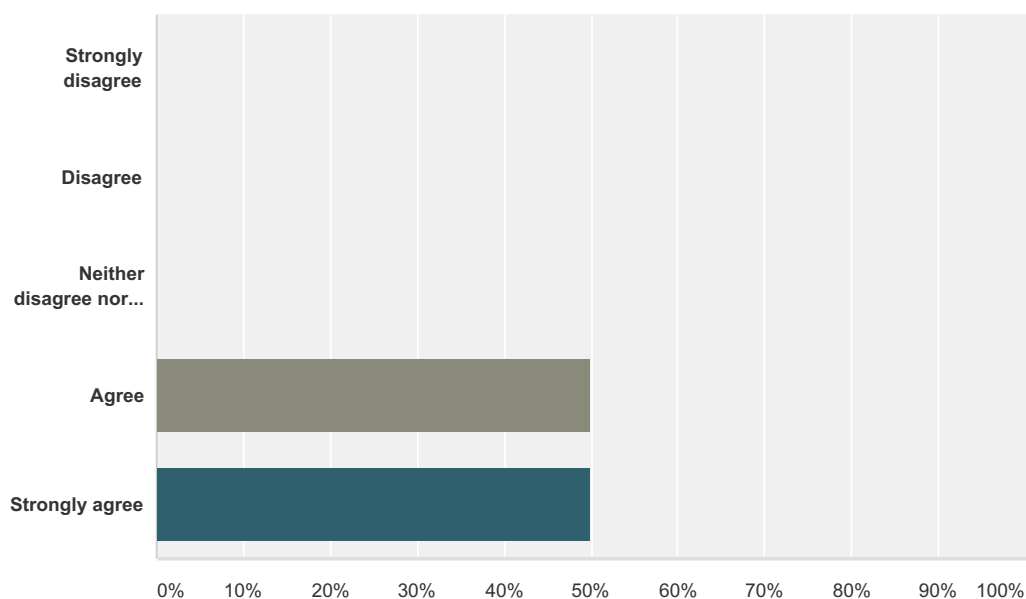
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q231 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

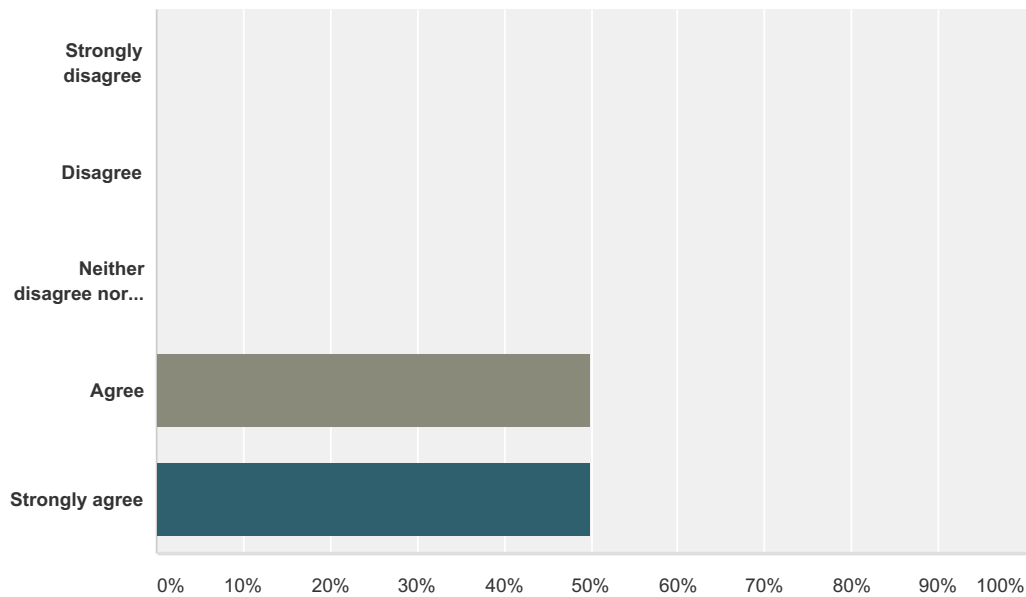
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q232 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

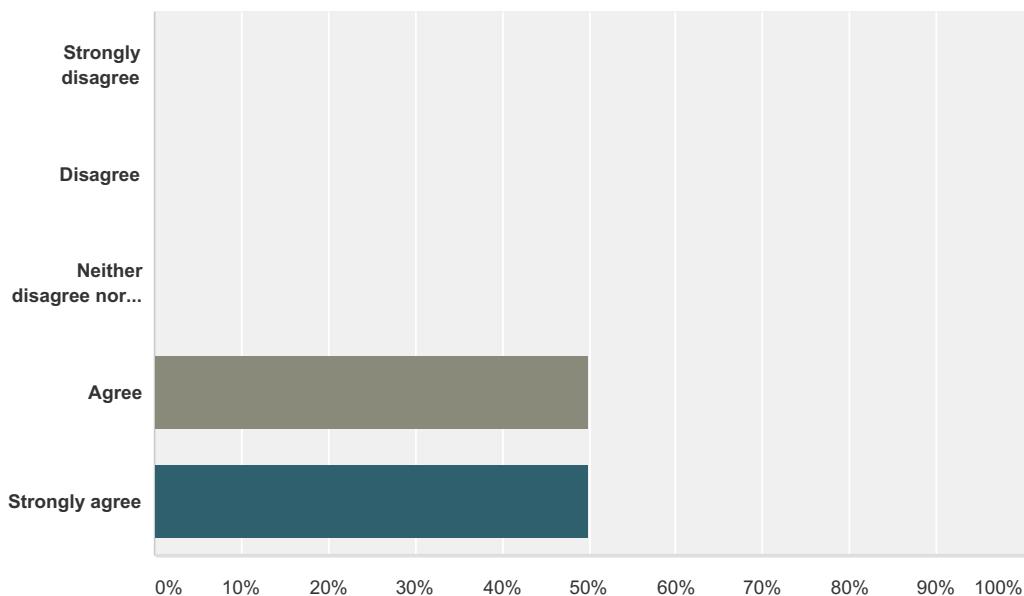
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q233 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

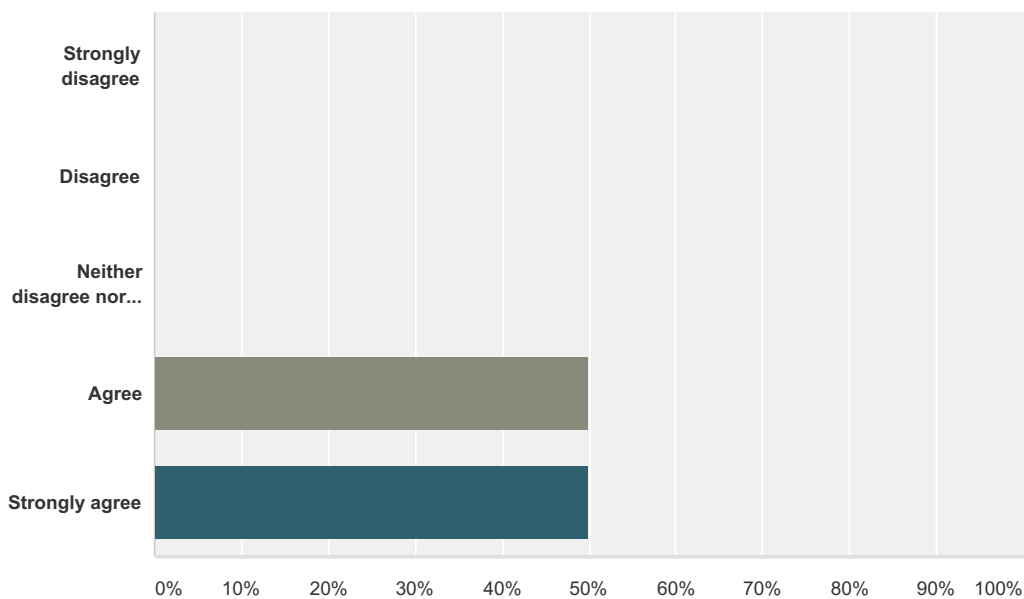
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q234 A detailed agenda was provided to the Committee in a timely manner.

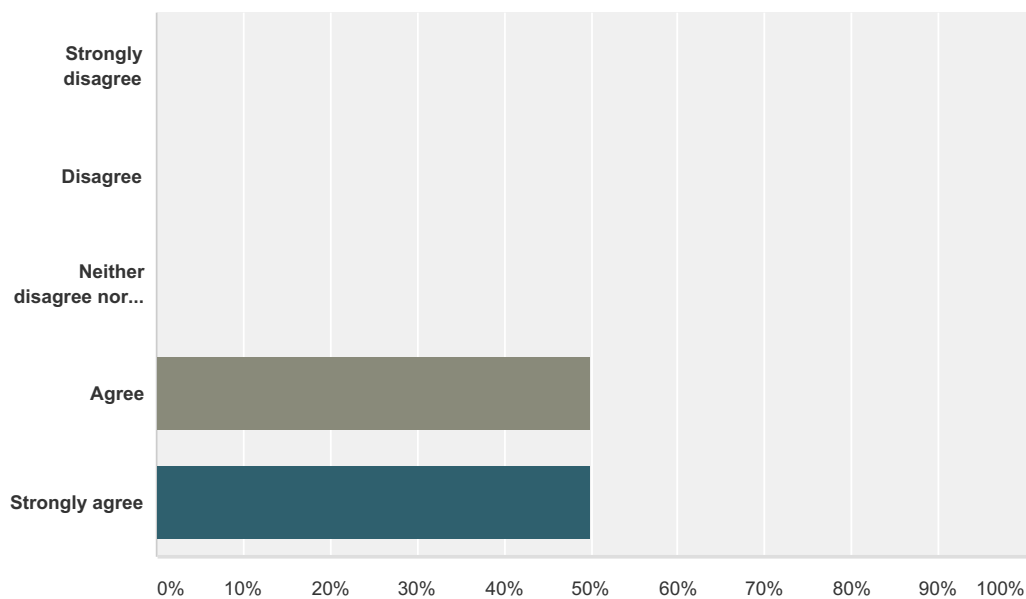
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q235 Meeting minutes reflected the discussion, next steps and action items.

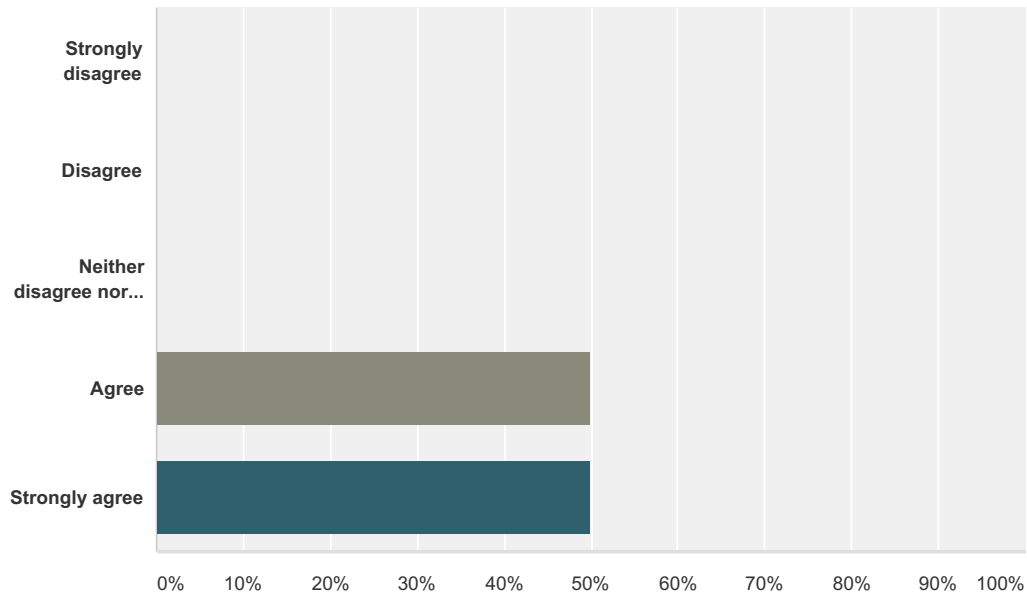
Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	50.00% 1
Strongly agree	50.00% 1
Total	2

Q236 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

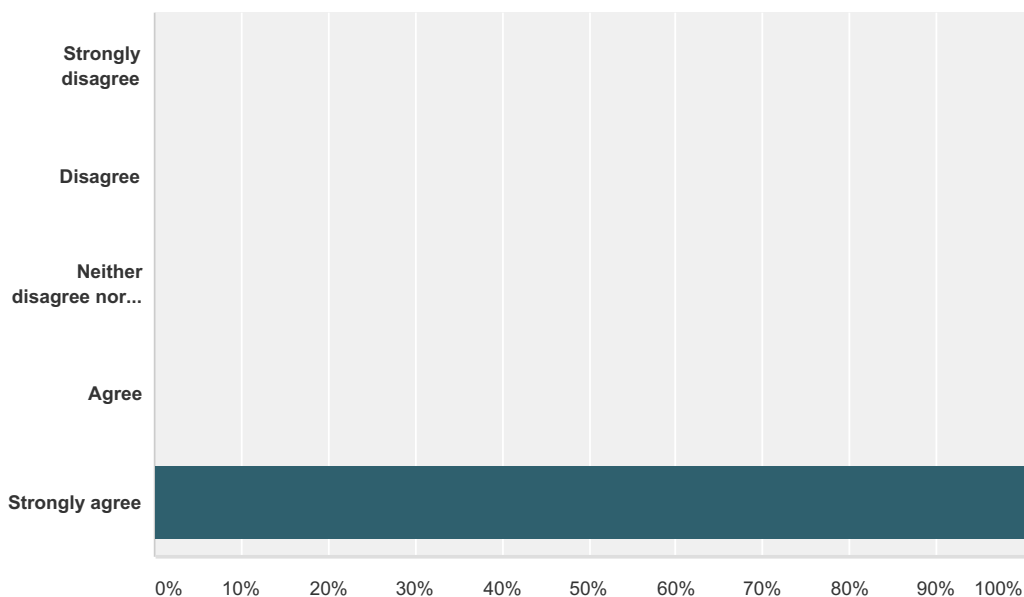
Answered: 2 Skipped: 12



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	50.00%	1
Strongly agree	50.00%	1
Total		2

Q237 Overall, the Committee was effective and achieved its objectives.

Answered: 2 Skipped: 12



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 2
Total	2

Q238 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 1 Skipped: 13

#	Responses	Date
1	balance of genders	2/9/2017 3:04 PM

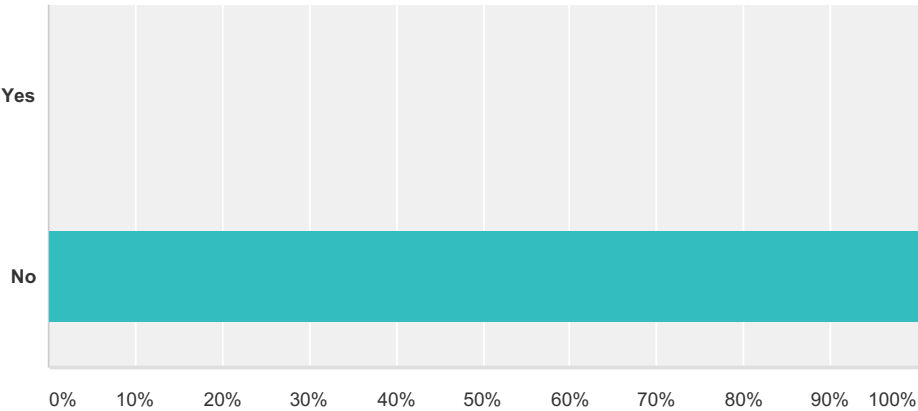
Q239 Do you have any suggestions for improvement for this survey?

Answered: 0 Skipped: 14

#	Responses	Date
	There are no responses.	

Q240 Do you belong to another Committee?

Answered: 2 Skipped: 12



Answer Choices	Responses
Yes	0.00%0
No	100.00%2
Total	2

Q241 Which Committee are you evaluating?

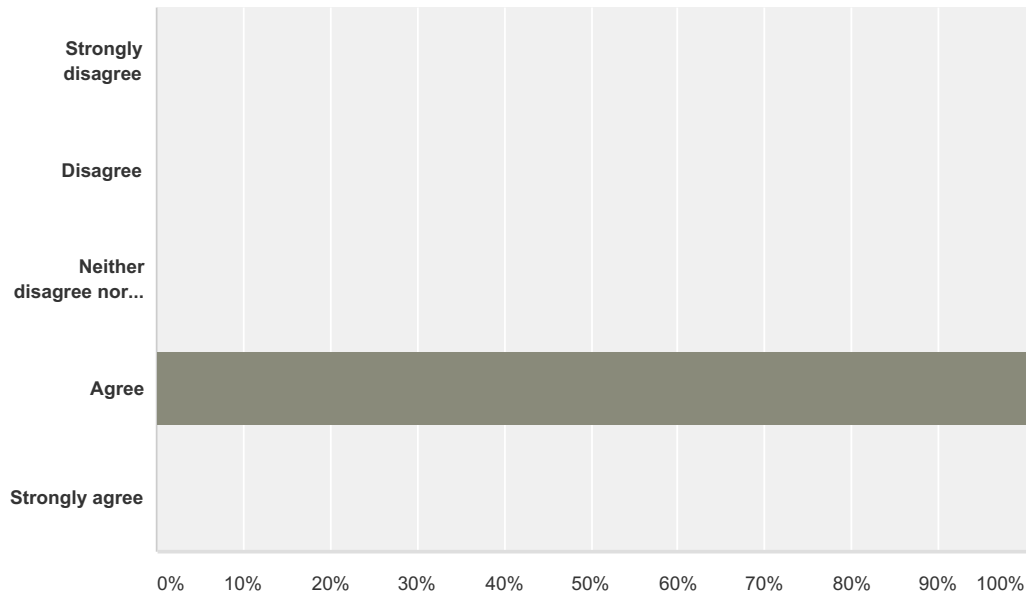
Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Scheduled Substances Review Committee	0.00% 0
Total	0

Q242 The Committee's mandate was clearly available to all members and was reviewed regularly.

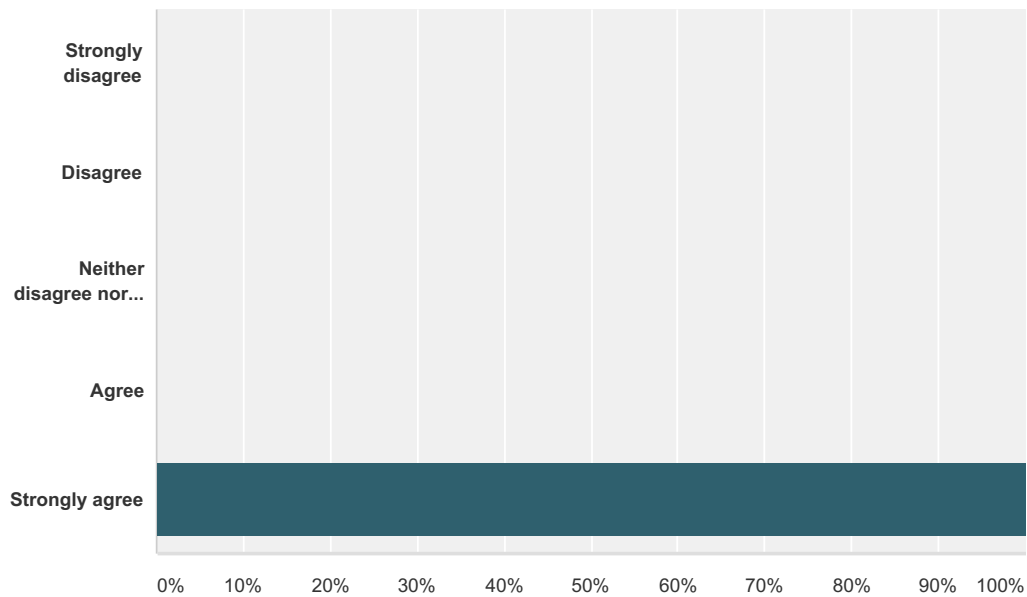
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q243 Committee members understood the mandate of the Committee and operated in a manner that reflected its understanding of the mandate.

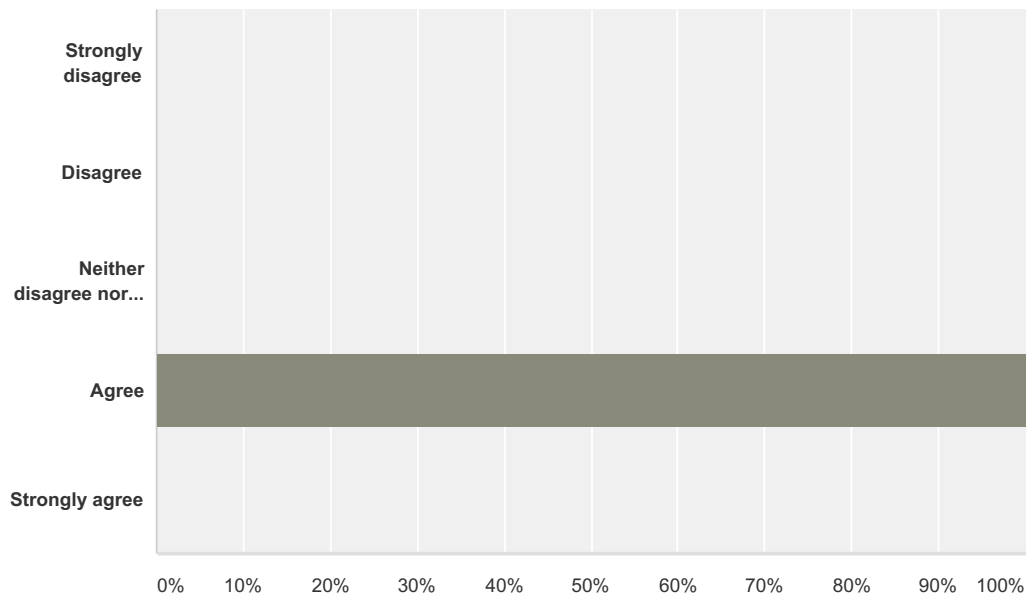
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q244 The Committee regularly reviewed its operational plan to ensure that organizational goals were achieved.

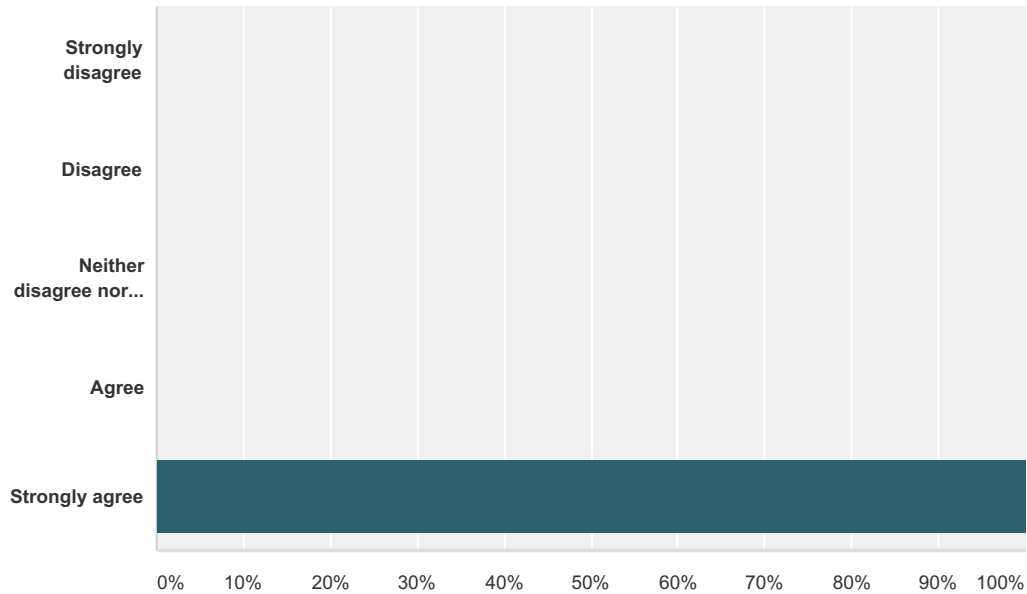
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q245 Committee's policies and decisions reflected the Committee's mandate and its legislative requirements set out in the applicable legislation and the Regulated Health Professions Act, 1991

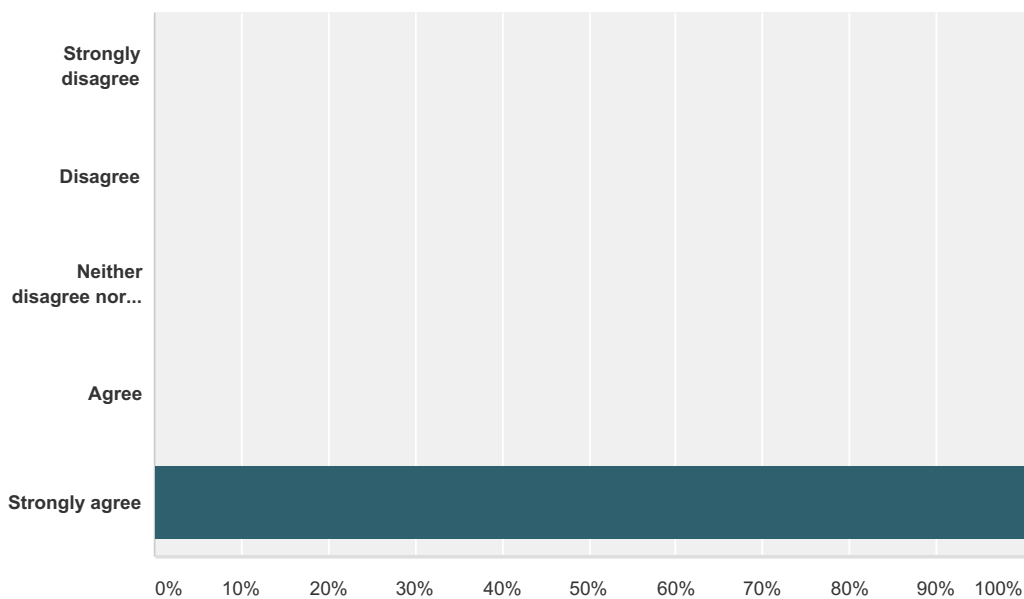
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q246 Committee members adhered to the Council's Code of Conduct.

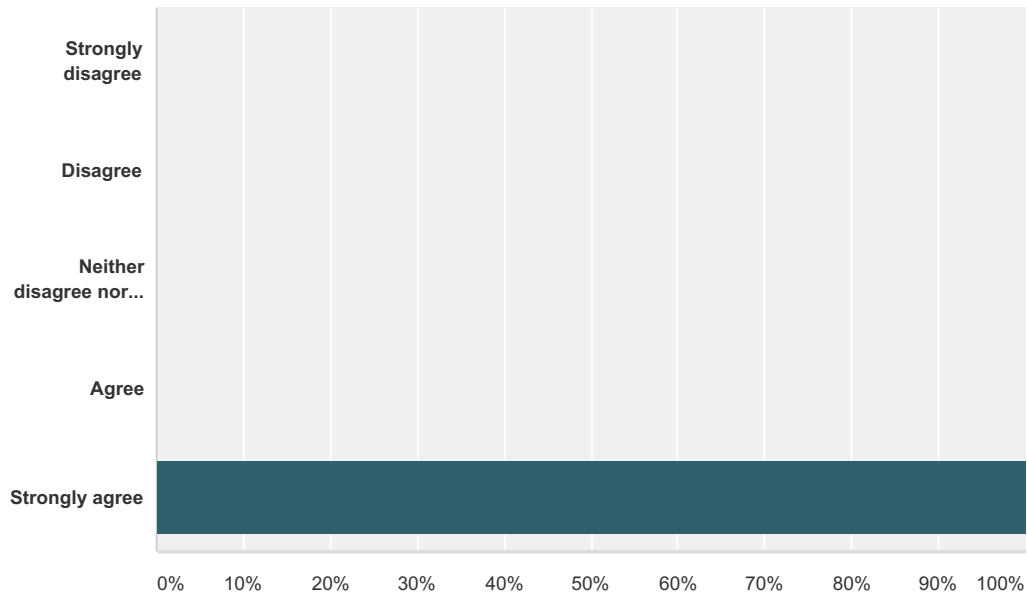
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q247 Committee members were advised of and adhered to the College's confidentiality and non-disclosure agreements.

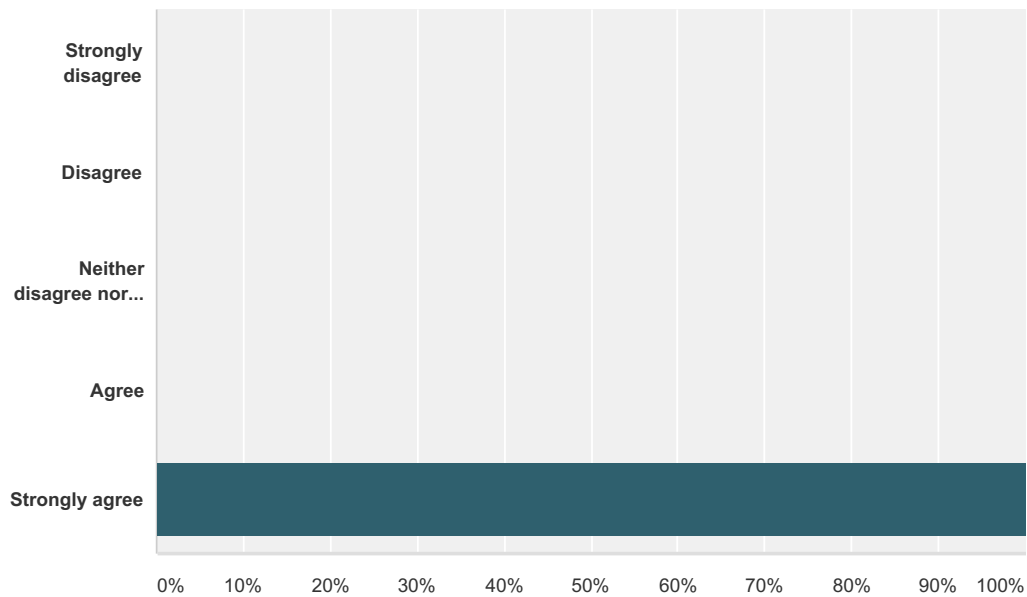
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q248 Committee members were advised of and adhered to the College's Conflict of Interest by-laws and declared any potential conflicts of interest.

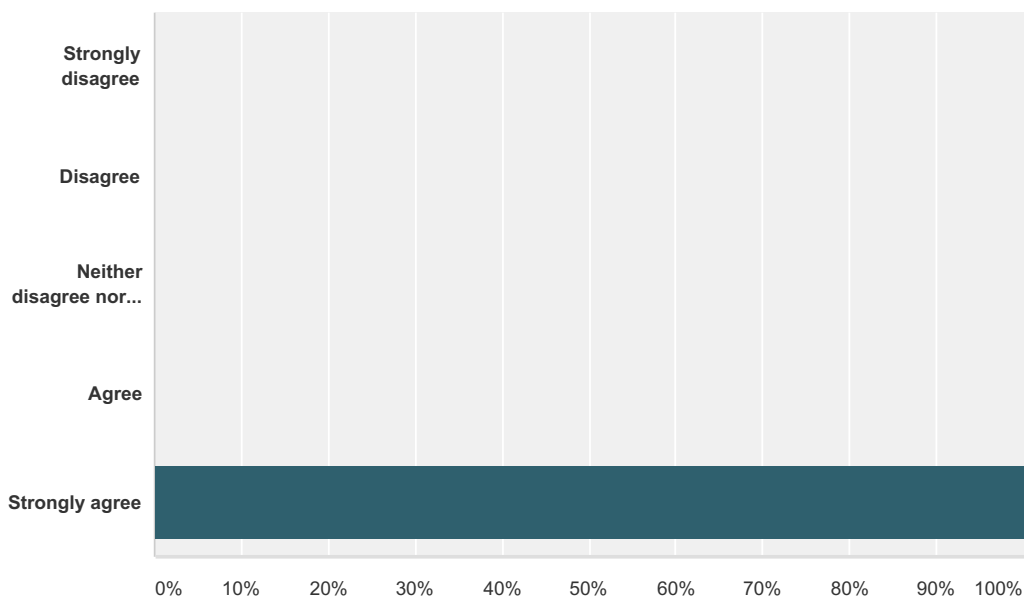
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q249 Committee member attendance was consistent and punctual.

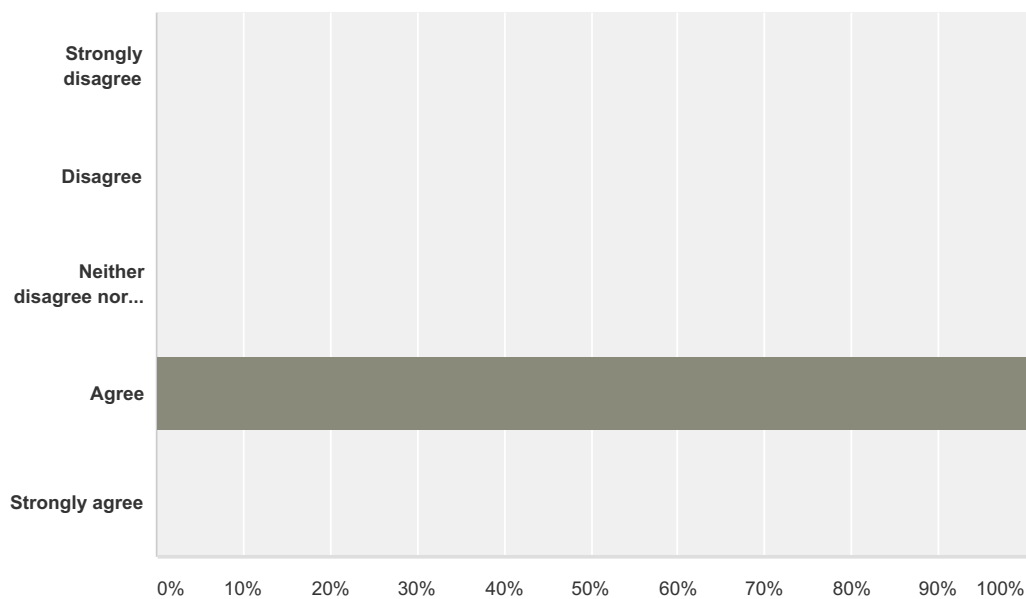
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q250 Committee members came to meetings prepared and ready to contribute.

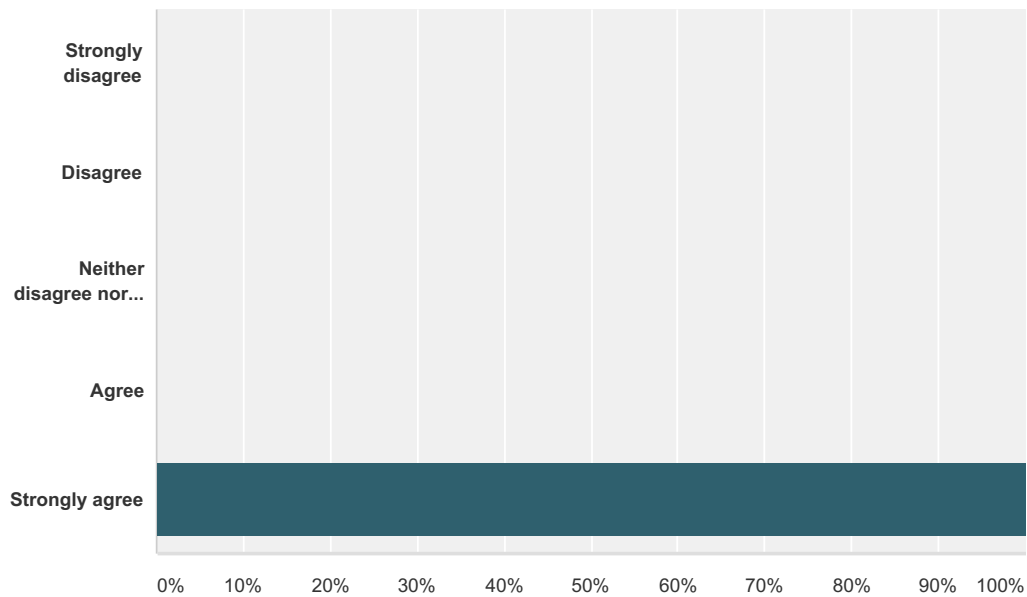
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q251 When the Committee rendered decisions, clear instructions regarding responsibility, timelines and accountability were provided.

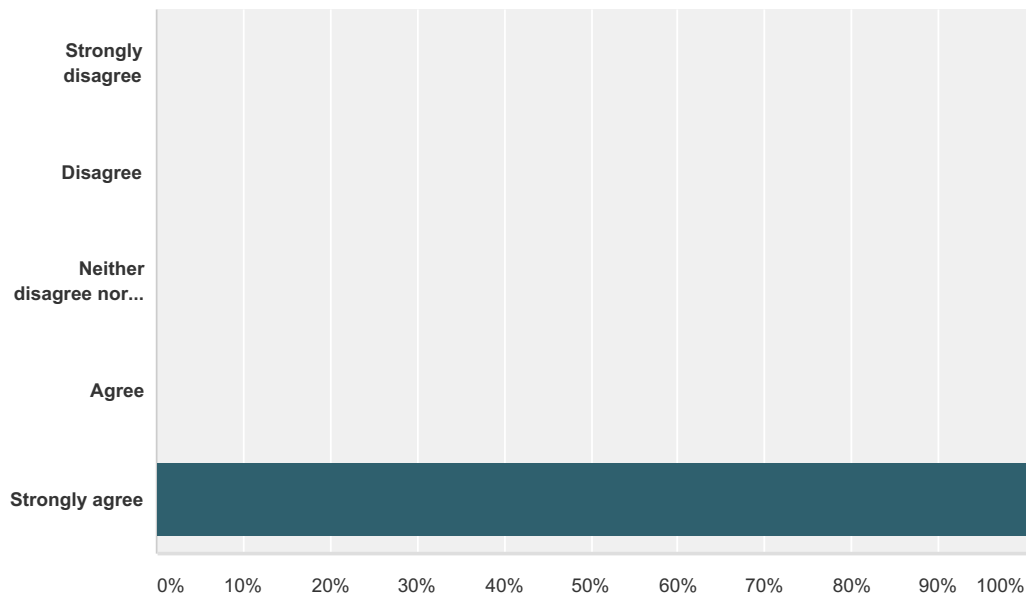
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q252 Committee members were given sufficient opportunity to contribute and express opinions, and were encouraged to speak and participate.

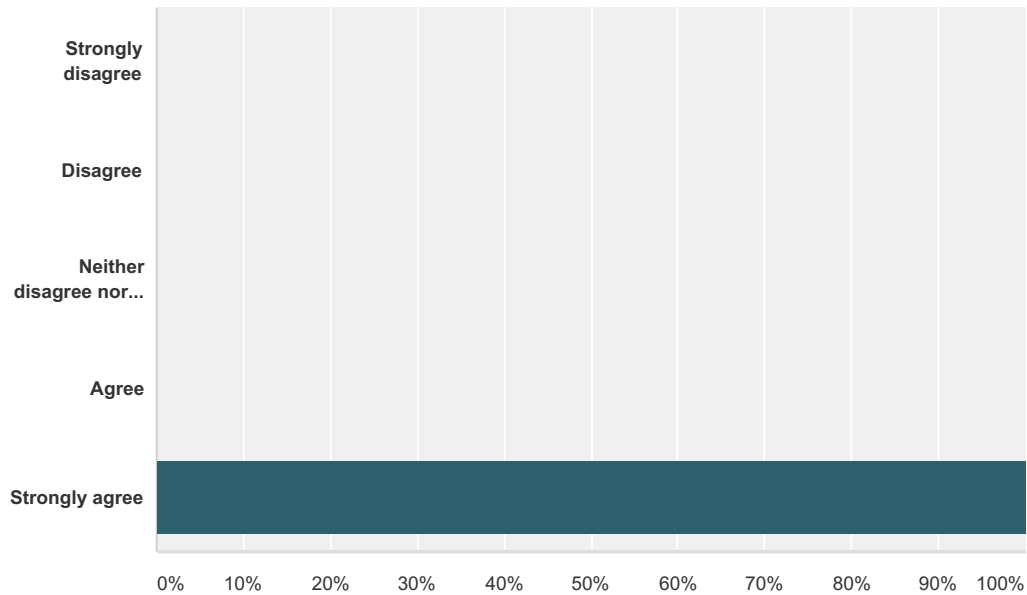
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q253 Committee members' contributions and opinions were respected. Members were treated with courtesy.

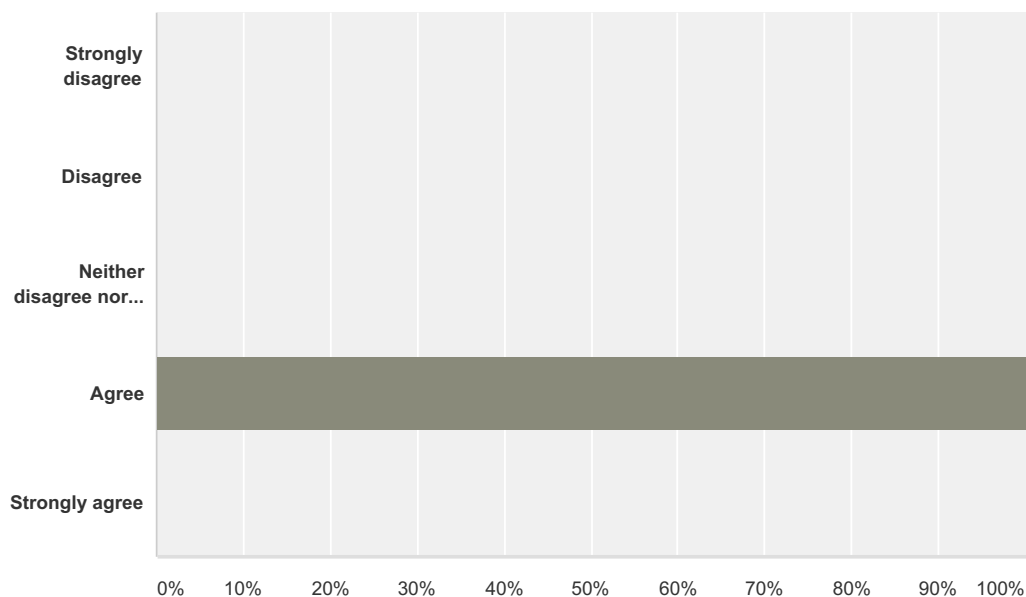
Answered: 1 Skipped: 13



Answer Choices	Responses	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neither disagree nor agree	0.00%	0
Agree	0.00%	0
Strongly agree	100.00%	1
Total		1

Q254 Meetings were held with appropriate frequency.

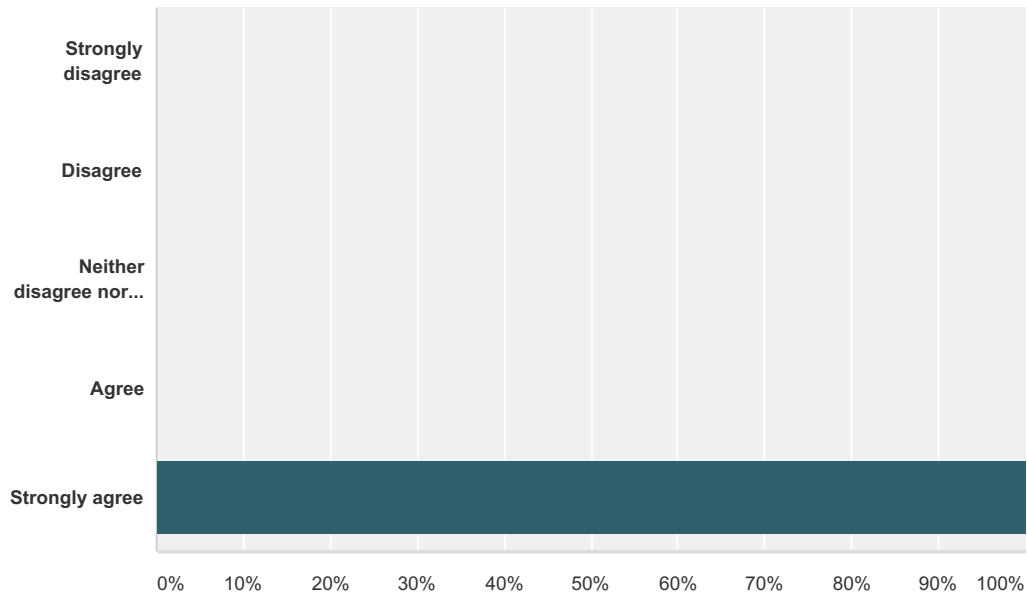
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q255 Staff provided the necessary resources and support to ensure that the Committee fulfilled its mandate.

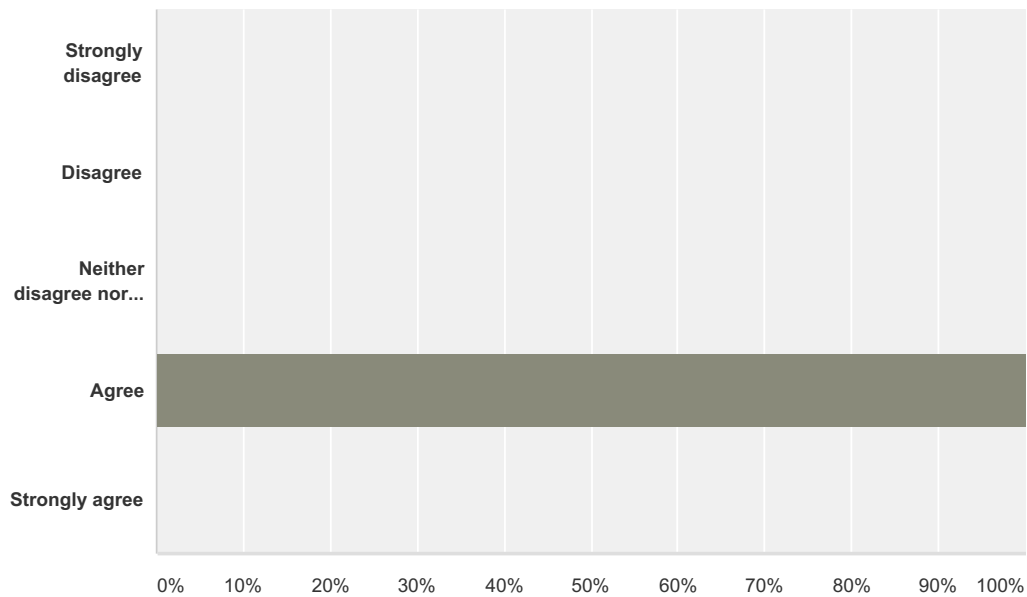
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q256 Staff provided appropriate environmental scans, comparator materials and analysis to enable the Committee to make informed decisions.

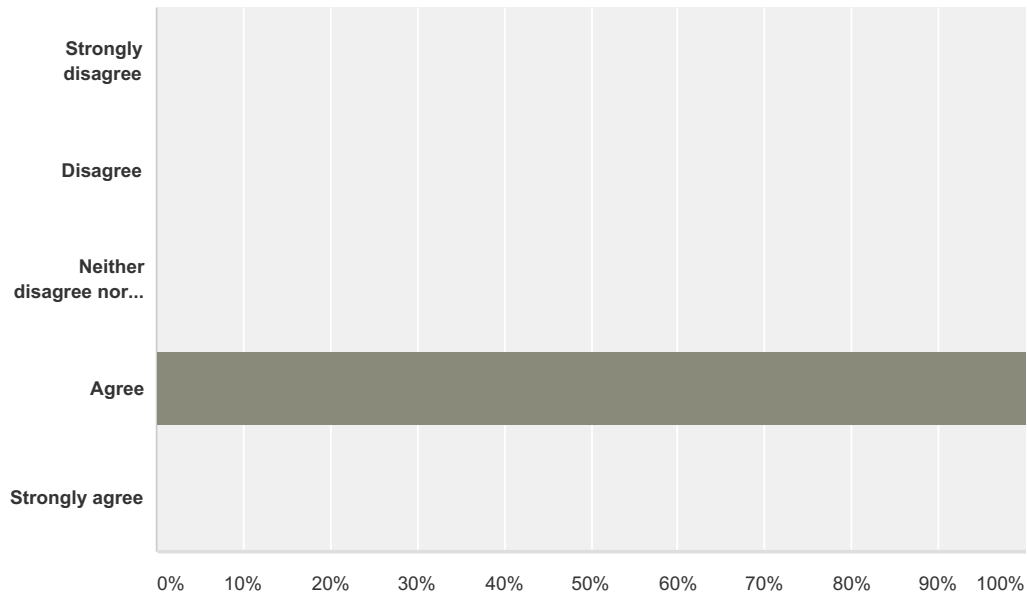
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q257 Meeting materials were appropriate and enhanced Committee members' understanding of the issues/decisions.

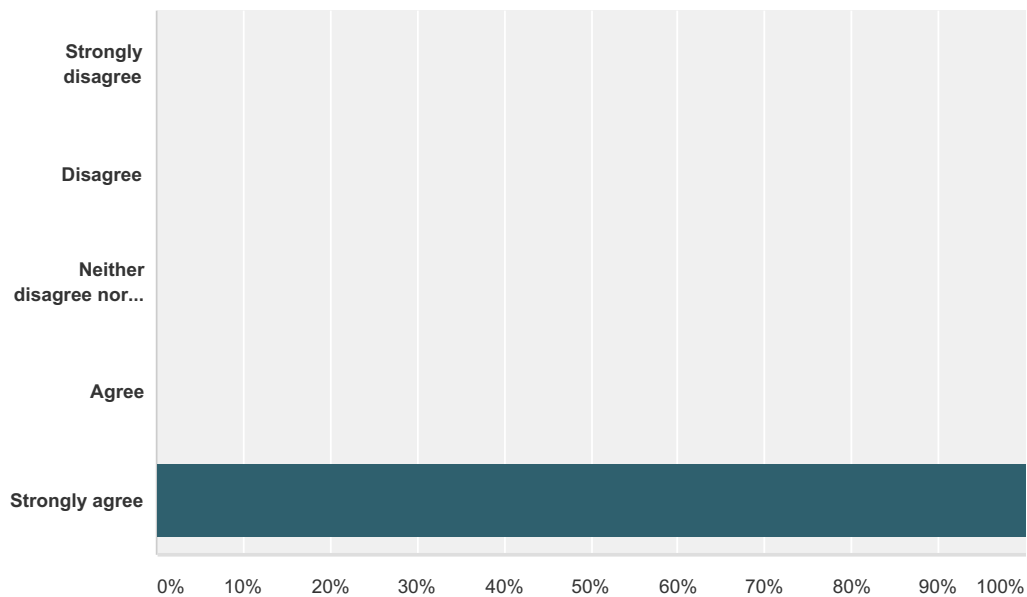
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q258 A detailed agenda was provided to the Committee in a timely manner.

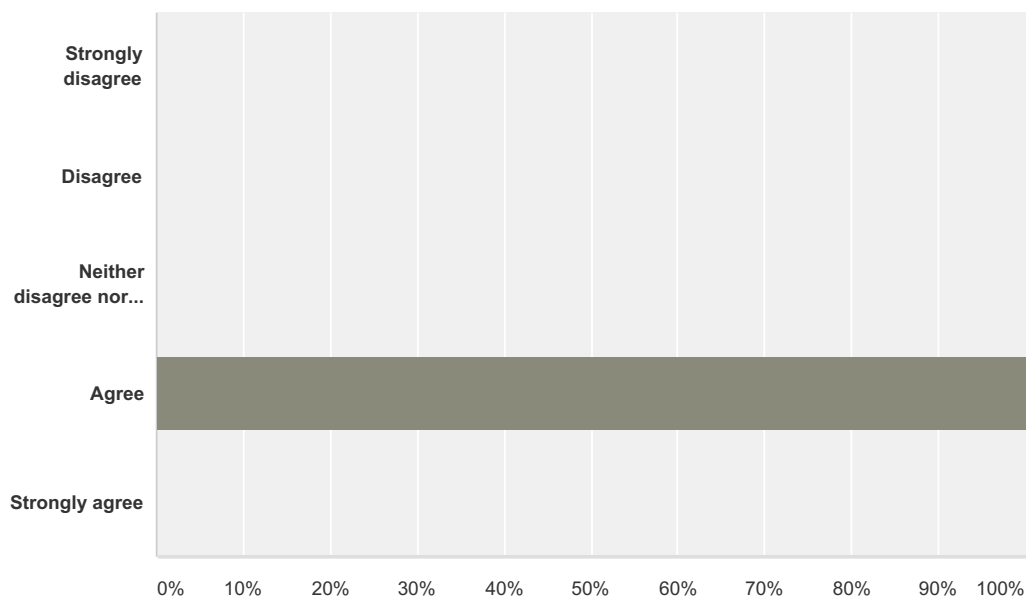
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q259 Meeting minutes reflected the discussion, next steps and action items.

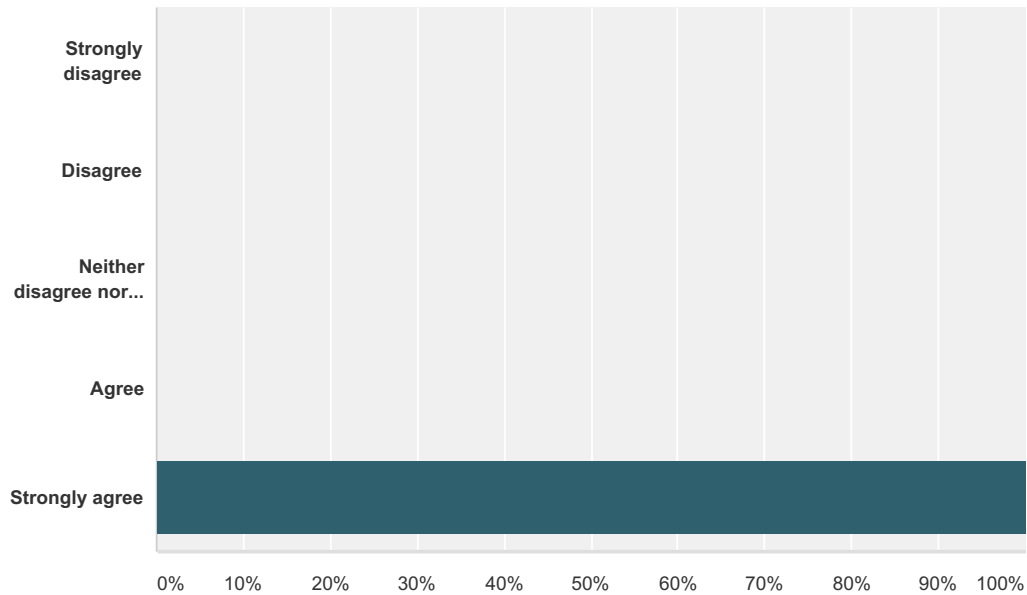
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	100.00% 1
Strongly agree	0.00% 0
Total	1

Q260 Discussions were focused on the topics on the agenda. Issues received time and attention according to their relevance.

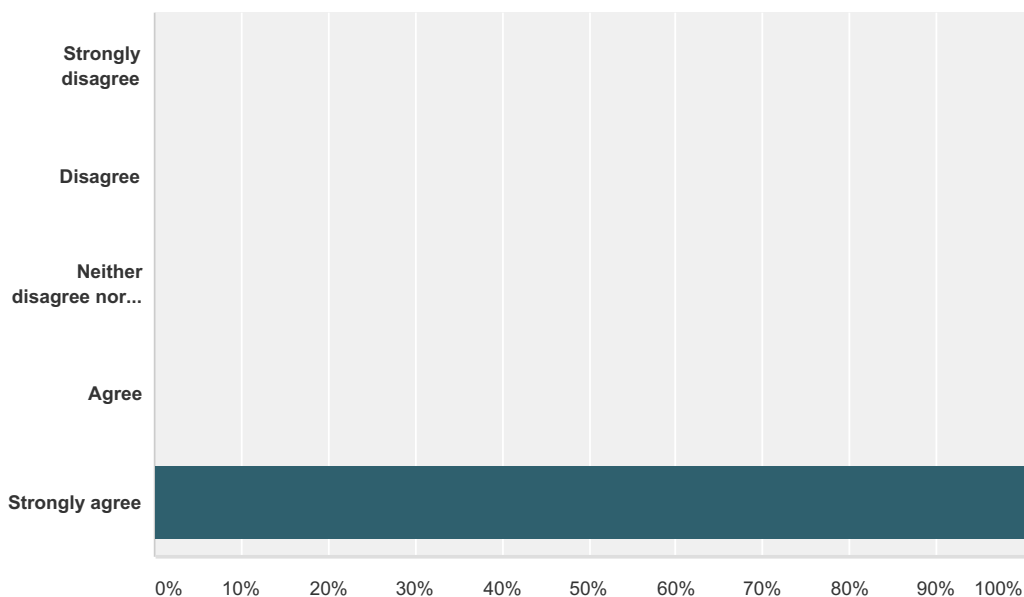
Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q261 Overall, the Committee was effective and achieved its objectives.

Answered: 1 Skipped: 13



Answer Choices	Responses
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neither disagree nor agree	0.00% 0
Agree	0.00% 0
Strongly agree	100.00% 1
Total	1

Q262 Do you have any suggestions for improvement for this Committee over the next year?

Answered: 1 Skipped: 13

#	Responses	Date
1	No	2/14/2017 9:04 PM

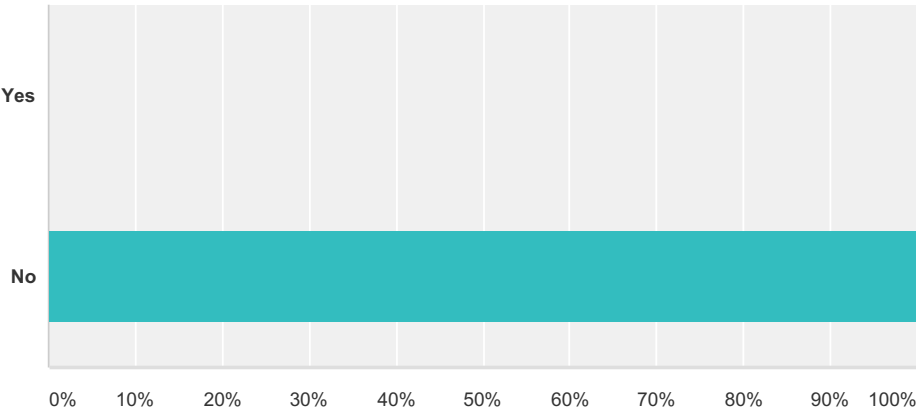
Q263 Do you have any suggestions for improvement for this survey?

Answered: 1 Skipped: 13

#	Responses	Date
1	No	2/14/2017 9:04 PM

Q264 Do you belong to another Committee?

Answered: 1 Skipped: 13



Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	1
Total		1

Q265 Which Committee are you evaluating?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Audit Committee	0.00% 0
Discipline / Fitness to Practice Committee	0.00% 0
Examination Appeals Committee	0.00% 0
Executive Committee	0.00% 0
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0

Q266 Which Committee are you evaluating?

Answered: 0 Skipped: 14

⚠ No matching responses.

Answer Choices	Responses
Audit Committee	0.00% 0
Discipline / Fitness to Practice Committee	0.00% 0
Examination Appeals Committee	0.00% 0
Executive Committee	0.00% 0
Inquiry, Complaints and Reports Committee (ICRC)	0.00% 0
Inspection Committee	0.00% 0
Nominations and Elections Committee	0.00% 0
Patient Relations Committee	0.00% 0
Quality Assurance Committee	0.00% 0
Registration Committee	0.00% 0
Scheduled Substances Review Committee	0.00% 0
Total	0