



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #45

Draft Agenda

Date: January 29, 2025 (2024/25-05)

Time: 9:15 a.m. to 12:00 p.m. Location:

Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #44
January 29, 2025
9:15 a.m. to 12:00 p.m.
DRAFT AGENDA

Sect/No.	Action		Item	Page	Responsible
0	Pre-Meeting Networking (8:00 am to 9:00 am)				
		Networking	Information networking for Council members (8:45-9:15am)	--	All
1	Call to Order and Welcome				
	1.01	Procedure	Call to Order	--	Chair
	1.02	Discussion	Meeting Norms	4-6	
	1.03	Discussion	"High Five" – Process for identifying consensus	7	
2	Consent Agenda				
	2.01	Approval	i. Draft Meeting Minutes of November 27, 2024	8-13	Chair
			ii. Committee Reports	14-28	
			iii. Information Items	29-82	
3	Approval of Agenda and Conflicts of Interest				
	3.01	Approval	Review of Main Agenda	3	Chair
	3.02	Discussion	Declarations of Conflict of Interest	83-84	
4	Monitoring Reports				
	4.01	Acceptance	Report of the Council Chair	85	Chair
	4.02	Acceptance	Report on Regulatory Operations at December 31, 2024	86-97	A Parr
5	Council Governance Policy Confirmation				
	5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹	--	J. DelBelBelluz
	5.02	Review	Detailed Review – GP Policies (Part 1)	--	
6	Regular Business				
	6.01	Information	Inspection Program Policies	98-116	S. Armstrong
7	In-Camera (Pursuant to paragraphs (b) and (d) of section 7(2) of the HPPC)				
	7.01	Decision	To move in to an in-camera session	--	Chair
	7.02	Decision	Entry-to-Practise Examinations	117-122	Chair
	7.03	Motion	To move out of the in-camera session	--	Chair
8	Council Education				
	7.01	Briefing	Registration Program	--	E. Laugalys
9	Other Business				
	8.01	TBD		--	
10	Evaluation and Next Meeting				
	9.01	Discussion	Meeting Evaluation (Click here to complete the evaluation)	On-line	Chair
	9.02	Discussion	Next Meeting – March 26, 2025	--	
11	Adjournment				
	10.01	Decision	Motion to Adjourn	--	Chair

¹ Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance policies (Ends, Governance Process, CEO-Council Linkage, Executive Limitations policies)



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

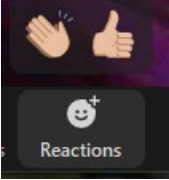
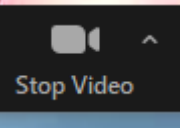
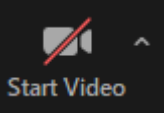
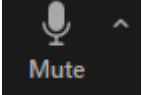
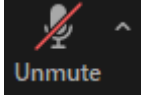
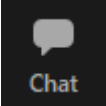
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

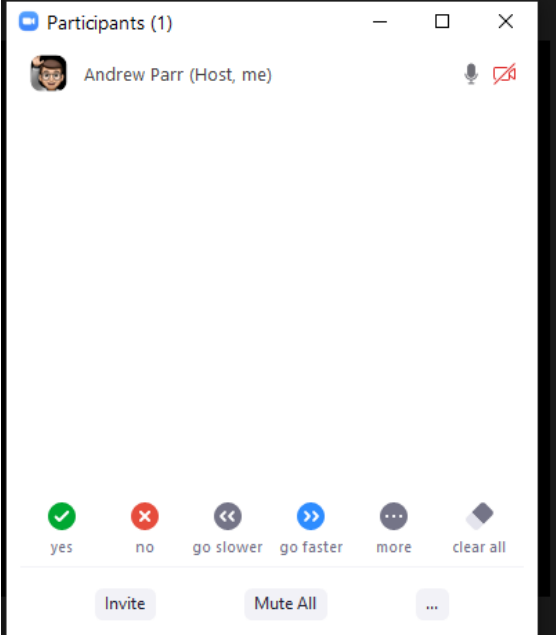
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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Participants (1)

 Andrew Parr (Host, me)

Mute

More >

Rename

Edit Profile Picture

 yes

 no

 go slower

 go faster

 more

 clear all

Invite

Mute All

...

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



We will, at times, use this technique to test to see whether the Council has reached a consensus.

When asked you would show:

- 1 finger – this means you hate it!
- 2 fingers – this means you like it but many changes are required.
- 3 fingers – this means I like it but 1-2 changes are required.
- 4 fingers – this means you can live with it as is.
- 5 fingers – this means you love it 100%.

In the interests of streamlining the process, for virtual meetings, rather than showing your fingers or hands, we will ask you to complete a poll.

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
November 27, 2024**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (4:4)		
Dr. Amy Armstrong ¹ , ND (4:4) ²		
Mr. Dean Catherwood (3:4)		
Mr. Brook Dyson (4:4) ³		
Ms. Lisa Fenton (4:4)		
Ms. Sarah Griffiths-Savolaine (4:4) ²		
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:4)		
Dr. Denis Marier, ND (4:4)		
Mr. Paul Phillion (4:4)		
Dr. Jacob Scheer, ND (2:4)		
Dr. Jordan Sokoloski, ND (4:4)		
Dr. Erin Walsh (Psota), ND (3:4)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director, Operations		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		

¹ Formerly Dr. Amy Dobbie, ND

² Arrived at 9:24 a.m.

³ Arrived at 9:47 a.m.

Guests		
Ms. Rebecca Durcan, Legal Counsel		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:17 a.m. He welcomed everyone to the meeting.

The Chair noted that the meeting was being live streamed via YouTube to the College's website.

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the agenda.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	Lisa Fenton
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members have been included in the Council package to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework Report (CPMF) launched by the Ministry of Health.

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Erin Walsh (Psota)
SECOND:	Paul Phillion
CARRIED.	

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at October 31, 2024 from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations at October 31, 2024 from the CEO.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Denis Marier
CARRIED.	

4.03 Report on Operations – Mid-Year Report

The Report on Operations – Mid Year-Report at September 30, 2024 was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operations – Mid-Year Report.
MOVED:	Amy Armstrong
SECOND:	Paul Phillion
CARRIED.	

4.04 Unaudited Financial Statements for Q2

A copy of the Unaudited Financial statements ending September 30, 2024 (Q2) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director, Operations, provided a detailed review of the Statements and highlighted changes in the report from the previous quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and the Unaudited Financial Statements for the second quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation Policies

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

5.01(ii) Governance Process Policies

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

5.02 In-depth Review of Ends Policies and Council-CEO Linkage Policies

The Chair facilitated an educational presentation on the various policies and provided clarification to questions posed in advance of the meeting submitted by Council members. He also responded to any questions that arose during the presentation.

5.03 The Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) Terms of Reference/GP06-Committee Principles

The Chair presented the proposed changes to GP 06 – Committee Principles highlighting the addition of the WGIMPH which has been designated as an Ad Hoc Committee of the Council. In addition, he reviewed the newly developed corresponding Terms of Reference and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to GP06 – Committee Principles and the draft Terms of Reference for the working group as amended.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Amy Armstrong
CARRIED.	

6. Business

6.01 Appointment of the CEO Review Panel

The Chair advised Council members that according to GP19.05 – CEO Annual Performance and Compensation Review, each year the Council at its November meeting, needs to appoint members to the CEO Performance Review Panel (“Review Panel”) with a minimum of three and maximum of four members, that is comprised of the Council Chair and Council Vice-Chair and up to two additional Council members.

MOTION:	To appoint Dr. Jordan Sokoloski, ND, Council Chair, Dean Catherwood, Council Vice-Chair, Dr. Denis Marier, ND, and Dr. Jacob Scheer, ND, to the CEO Performance Review Panel.
MOVED:	Paul Phillion
SECOND:	Lisa Fenton
CARRIED.	

6.02 The Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) – Appointment

The Chair informed Council members that according to the Terms of Reference the College of Naturopaths of Ontario is required to appoint two representatives to the WGIMPH and advised that he has spoken to two Council members who expressed their interest and willingness to become the representatives for the College and asked if anyone else would be interested in putting their name forward.

MOTION:	To appoint Dr. Brenda Lessard-Rhead, ND (Inactive) and Dr. Denis Marier, ND to the Working Group in the Identification and Mitigation of Patient Harm (WGIMPH).
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer
CARRIED.	

7. Council Education

7.01 Program Briefing – Inspection Program

A Briefing Note highlighting the Inspection Program was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, Regulation, responded to any questions posed by Council.

7.02 Health Regulated Professions Act, 1991

The Council received a supplementary educational presentation by General Legal Counsel Ms. Rebecca Durcan which highlighted the *Regulated Health Professions Act (RHPA), 1991*. The presentation focused on key terminology associated with the RHPA, for example the difference between Acts and Regulations. In addition, focused on how the RHPA is applied across all 26 Regulators and identified some differences as they relate to the College. Ms. Durcan responded to any questions that arose at the conclusion of the presentation.

8. Other Business

8.01 Meeting Evaluation

The Chair advised Council members that a link will be provided via email for each member to copy and paste into a web browser to complete an evaluation form immediately following the end of the meeting.

The Chair took the opportunity to thank Council member Mr. Brook Dyson for his years of service to the Council and the College, as his term will expire at the end of November 2024.

8.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for January 29, 2025. This meeting will be held virtually via video conference.

9. Adjournment

9.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:22 a.m.

MOTION:	To adjourn the meeting.
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MOVED:	Paul Phillion
SECOND:	Sarah Griffiths-Savolaine

Recorded by: Monika Zingaro
Human Resources Coordinator
November 27, 2024



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 22, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit Committee
2. Discipline Committee
3. Equity, Diversity and Inclusion Committee
4. Examination Appeals Committee
5. Executive Committee
6. Governance Committee
7. Governance Policy Review Committee
8. Inquiries, Complaints and Reports Committee
9. Inspection Committee
10. Patient Relations Committee
11. Quality Assurance Committee
12. Registration Committee
13. Standards Committee

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT
Period of November 1, 2024, to December 31, 2024

This serves as the chair report of the Audit Committee for the period November 1, 2024, to December 31, 2024. During the reporting period the Audit Committee did not meet. The committee is scheduled to meeting again in May 2025 to begin the audit for the 2024-2025 fiscal year.

Respectfully submitted,

Shawn Bausch, Acting Chair
January 2025



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

Period of November 1, 2024 to December 31, 2024

The Discipline Committee (DC) is independent of Council and has no legal obligation to submit bimonthly reports addressing matters of importance to the Committee. However, in the interest of transparency and to acknowledge Committee members' involvement in the discipline process, the Chair is pleased to provide this report to Council.

This report is for the period from 1 November to 31 December 2024 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of December 31, 2024, there were two ongoing discipline matters before the Committee.

Discipline Hearings

Discipline matter DC22-04 involving Dr. Michael Prytula, ND

On November 7, 2024, the Panel made findings that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing and issued its Decision and Reasons.

The penalty and costs hearing in this matter are scheduled for January 27 and 28, 2025.

Discipline matter DC22-05 involving Dr. Michael Um, ND

On November 14, 2024, the Panel made findings that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing and issued its Decision and Reasons.

The penalty and costs hearing in this matter are scheduled for March 25 and 31, 2025.

New Referrals

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

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,
Dr. Jordan Sokoloski, ND, Chair
January 20, 2025



The College of Naturopaths of Ontario

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE REPORT

Period of November 1, 2024 to December 31, 2024

During the reporting period the Committee did not have a meeting scheduled.

College Committees continue to utilize the EDIB Lens Tool and Staff of the College are in the process of collecting information relating to Land Acknowledgements.

The Committee is next scheduled to meet on March 4, 2025.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
November 2024

Dr. Shelley Burns, ND
Co-Chair
November 2024



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

November 1 - December 31, 2024

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review.

The Exam Appeals Committee met on December 4, 2024 to discuss an appeal resulting from the September 10, 2024 Ontario Biomedical Exam.

The Committee determined that sufficient evidence existed to substantiate granting the appeal and allowing the failed attempt not to count as one of three allocated in legislation for successful completion of the exam.

After thorough deliberation, the Committee felt that the decision was reasonable, impartial, conscious of equity, diversity and inclusion principles, while ultimately considering public safety.

Furthermore, the Committee reviewed and discussed amendments to the definitions section of the Exams Appeals Policy that were added to provide additional clarity. It was requested that additional wording be added to the definition of procedural irregularities to include 'granted accommodations'.

Respectfully,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

January 9, 2025



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

This serves as the Chair report of the Executive Committee for the period of November 1 to December 31, 2024.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 January 2025



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

During this last reporting period the Governance Committee met once, on November 26th.

At that meeting, the Committee addressed the following items of business:

1. received information regarding the Governance Committee's proposed budget;
2. received information regarding the Health and Safety Program Review;
3. discussed Volunteer Feedback Questionnaires; and,
4. discussed the ICW (In Camera With) Volunteer Program Presenters for March 2025.

Our next scheduled meeting is on February 13th.

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

Respectfully submitted,

Hanno Weinberger
Chair
January 7, 2025



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period November 1, 2024 to December 31, 2024

Meetings and Attendance

The Governance Policy Review Committee did not meet during this review period.

Activities Undertaken

The Committee did, through its acting Chair, continue to provide leadership of Council's regular Governance Policy Confirmation sessions, at the November 27th Council meeting.

Next Meeting Date:

March 4, 2025

Respectfully submitted:

Barry Sullivan
Acting Chair
January 20, 2025.



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

Between November 1 and December 31, 2024, the Inquiries, Complaints and Reports Committee held two regular online meetings – November 7 and December 5.

November 7, 2024: 7 matters were reviewed, ICRC members drafted 2 reports for ongoing matters and approved 2 Decisions and Reasons.

December 5, 2024: 10 matters were reviewed, ICRC members drafted 2 reports for ongoing investigations and approved 2 Decisions and Reasons. Additionally, the ICRC delivered one oral caution to a registrant previously ordered by the Committee.

ICRC members participated in half-day training on November 7th with Rebecca Durcan, which as always was interesting, informative and very well received.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
January 15th, 2025



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

Period of November 1, 2024 to December 31, 2024

Committee Update

The Inspection Committee has met once by teleconference on November 21, 2024.

Inspection Outcomes

Part I inspections –

- One pass with 2 recommendations.
- One pass with 13 recommendations.
- Two passes with no recommendations.

Part II inspections –

- One pass with 5 recommendations.
- One pass with 3 recommendations.
- One pass with 1 recommendation.

5-year inspections –

- One pass with 2 conditions and 4 recommendations.
- One pass with 1 condition and 4 recommendations.

Final Inspection Outcomes – One submission from a premises that had a 5-year inspection outcome of a pass with conditions received a final outcome of a pass after the conditions had been met.

Deferral Request – One deferral request was granted until June 30, 2025.

Type 1 Occurrence Report – Three Type 1 Occurrence Reports were reviewed.

- Two Type 1 occurrences were reviewed for referrals to the emergency department, no further action was required.
- One Type 1 occurrence was reviewed for in-office emergency interventions. The patient was treated with IV saline and diphenhydramine, monitored and released. No further action was required.

Inspection Program Policies and General Regulation Review

- Approval of amendments made to the Inspection Program Policies to be sent to the Council for final approval.

Respectfully submitted,

Dr Sean Armstrong ND
Chair
January 15, 2025.



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

During the reporting period the Committee met one time on November 20, 2024. All members of the Committee were present.

At its November meeting, the Committee received an update on the current status of the Funding for Therapy/Counselling program, reviewed and finalized amendments to its Program Policies and determined the 2025 meeting dates.

The Committee is next scheduled to meet on February 12, 2025 where it intends to begin review of the educational materials available.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
January 2024



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period November 1, 2024 to December 31, 2024

Meetings and Attendance

Since the date of our last report to Council in November, the Quality Assurance Committee met on one occasion via videoconference, on December 3rd. There were no concerns regarding quorum.

Activities Undertaken

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

The Committee also considered and made decisions with respect to what further action if any, would be taken in the case of 5 Registrants, given their submissions on how the discrepancies identified in their Peer and Practice Assessments would be addressed.

Finally, after considering background information provided by staff on the operation of the Self-Assessment component of the QAP, the Committee determined that for 2025/26, Registrants would again be required to complete 3 Self Assessments, including; **EDIB** and **Informed Consent** as **mandatory** Self- Assessment topics and **one additional** topic to be chosen by the Registrant from the Self- Assessment topics list.

Next Meeting Date

January 21, 2025

Respectfully submitted by,

Barry Sullivan, Chair

January 13, 2025



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

At the time of this report, the Registration Committee met once on November 19, 2024.

Exam Remediation – Ontario Prescribing & Therapeutics Examination

The Committee reviewed and set plans of exam remediation for four candidates who had made two unsuccessful attempts at the Ontario Prescribing & Therapeutics Examination, in accordance with the Prescribing and Therapeutics Program & Examination Policy.

Exceeded Exam Attempts – Ontario Biomedical Examination

The Committee reviewed a petition for an additional examination attempt on the grounds of exceptional circumstances under subsection 5(5)(b) of the Registration Regulation.

Respectfully submitted,

Danielle O'Connor ND
Chair
January 16, 2025



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of November 1, 2024 to December 31, 2024

During the reporting period the Committee met one time on November 13, 2024.

At its meeting, the Committee began the process of reviewing the public consultation feedback received on the proposed Standards of Practice. In light of the volume of feedback received the Committee attempted to schedule an additional date in advance of their next scheduled meeting but was unable to meet quorum.

The Committee is next scheduled to meet on February 5, 2025 where it will continue its review.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
January 2024



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 22, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Grey Areas (No. 297 & 298)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (November 2024)	This is an update provide by Julie Maciura to the members of the Health Profession Regulators of Ontario (HPRO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government.
3.	Council Meeting Evaluation	Tables summarizing the responses of Council member's feedback from the November 2024 Council meeting.
4.	Policy Amendments	The Council amended the Terms of Reference for the Statutory Committees delegating them the authority to

No.	Name	Description
		oversee the administration of their relevant programs. As such, the Committees are now authorized to amend Program Policies, however, these must be disclosed to the Council. In this section, amendments to the Exam Appeals Policy, the PLAR Appeals Policy and the PLAR Program Policy approved by the Registration Committee on January 21, 2025 are provided.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Purpose-Driven Sanctions

Anastasia-Maria Hountalas

December 2024 - No. 297

The time has come to break away from criminal sentencing concepts when determining the appropriate sanction in a discipline matter. In the [October](#) and [November](#) issues of Grey Areas, my colleague Natasha Danson discussed how a registrant's degree of insight should be adopted as the guiding factor in sanction over the perceived remorse, or lack thereof, of a registrant.

However, that is just one aspect of sanction choice. For some time, courts have tried to distinguish sanctions in the discipline process from criminal sentencing. Three decades ago, British Columbia's highest court urged that a risk-assessment approach be adopted in [McKee v. College of Psychologists of British Columbia](#), 1994 CanLII 1404 (BC CA):

In cases of professional discipline there is an aspect of punishment to any penalty which may be imposed and in some ways the proceedings resemble sentencing in a criminal case. However, where the legislature has entrusted the disciplinary

process to a self-governing professional body, the legislative purpose is regulation of the profession in the public interest. The emphasis must clearly be upon the protection of the public interest, and to that end, an assessment of the degree of risk, if any, in permitting a practitioner to hold himself out as legally authorized to practice his profession. The steps necessary to protect the public, and the risk that an individual may represent if permitted to practice, are matters that the professional's peers are better able to assess than a person untrained in the particular professional art or science. It was very much a question within the competence of the Board of Psychologists to decide whether the respondent could safely be held out to the public as a registered psychologist, and a person in whom the public could confidently place its trust. So, I respectfully disagree with the learned chambers judge when he likened the imposition of a penalty to a sentencing process....

More recently, courts have focussed on three goals of disciplinary sanctions. In [*Ritchot v. The Law Society of Manitoba*](#), 2010 MBCA 13 (CanLII), the Court said:

The goals of the Society's disciplinary process are non-punitive and are "intended to protect the public, maintain high professional standards, and preserve public confidence in the legal profession."

That general approach was more recently reaffirmed in [*Ontario \(College of Physicians and Surgeons of Ontario\) v. Lee*](#), 2019 ONSC 4294 (CanLII).

Despite this guidance, courts frequently slip into criminal language and concepts when reviewing sanctions. As my colleague Natasha Danson points out, doing so creates the risk of technical rules detracting from achievement of the regulator's goals.

A recent appeal decision in Ireland predominately reflects the purpose-driven approach to disciplinary sanctions. In [*William McCartney v. The Veterinary Council of Ireland*](#) ([2024] IEHC 411), a veterinarian was found to have performed surgery on a different leg of a dog than agreed upon and failed to communicate appropriately with the client afterwards. More serious allegations, such as mistakenly operating on the wrong leg of the dog, were dismissed. The veterinarian unilaterally concluded, once in the surgical theatre, that operating on the dog's other leg first was clinically indicated. A two-month suspension was imposed.

On the appeal of sanction, the Court considered the regulator's "clear and helpful" sanctioning guideline. The document identified three goals of disciplinary sanctions as follows:

- (a) Protect and promote the health and welfare of animals and to protect public health.

- (b) Promote and maintain public confidence in veterinary provision and the delivery of veterinary services.

- (c) Promote and maintain proper professional standards and conduct for the members of the provision".

Those goals are virtually identical to those formulated in the *Ritchot* decision.

Secondly, the guideline includes a lengthy menu of circumstances and considerations that could facilitate a particular sanction to best achieve the goals. In this case, the considerations that favoured a suspension included the seriousness of the conduct, that it undermined confidence in the profession, and that a message should be sent to the profession and the public that such conduct was unacceptable.

Considerations that favoured a lesser sanction (such as advice, a warning, or censure), included that the lapse was isolated, there was a low risk of recurrence, the veterinarian had shown some insight, and had already taken remedial action. In terms of insight, the Court found that, while the veterinarian had defended against the allegations, arguing they did not amount to misconduct, this was done in the context of facing more serious allegations that were ultimately not proved and the veterinarian had accepted responsibility once the finding was made (including not appealing the finding).

On balance the Court found that the regulator was justified in seeking a suspension.

The Court then applied the third step in the sanctioning guideline, selecting a sanction that was proportionate to the circumstances and considerations. The Court concluded that a two-month suspension was disproportionate. The Court identified additional circumstances, including one that the regulator had not properly considered, namely that the veterinarian had been called

away on a family emergency immediately after the surgery that prevented him from communicating with the client to explain what he had done and why. The Court concluded that a proportionate sanction would be a one-month suspension.

Some of the language in this Irish sanctioning guideline harkens back to criminal sentencing. For example, reference was made to aggravating and mitigating factors rather than to circumstances and considerations that applied to the sanctioning goals. Nevertheless, the guidelines and their application by the Court in this decision reflect a purpose-driven approach to discipline sanctions.

Canadian regulators may wish to develop their own sanctioning guidelines that take a purpose-driven approach. The guidelines could:

1. Reiterate the goals of discipline sanctions;
2. Specify the kinds of circumstances and considerations that would tend to attract various sanctions; and
3. Suggest a proportionate selection of sanctions in individual decisions that would achieve the goals.

Even without published guidelines, regulators could adopt a purpose-driven sanctioning approach in discipline cases.

This article was originally published by Law360 Canada, part of [LexisNexis Canada Inc.](#)

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

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

The Importance of Briefing Notes

Julie Maciura

January 2025 - No. 298

Policy makers have long relied upon briefing notes to assist in making good decisions. Boards, councils and even committees of regulators have often used briefing notes to enable staff and preparatory teams to concisely convey the information that decision-makers need.

Briefing notes now have an important legal role, too.

In this article, we use “policy” in a broad sense to include proposed legislation, regulations, by-laws, rules, standards of practice, guidelines, and advisory statements.

A traditional briefing note identifies the issues to be determined or addressed, describes the outcome of the research conducted, articulate the options available to the decision-makers, summarizes the results of any consultation, sets out the advantages and disadvantages for each option, possibly makes a recommendation, proposes an implementation plan, and specifies the method for monitoring and reviewing the impact of the policy.

However, in recent years the role played by briefing notes has expanded and has come to be seen as a component of a board’s risk management and governance functions. As a result, briefing notes identify that the topic of the policy is a risk worth addressing. The analysis portion of the briefing note evaluates the nature of the risk to help understand it better (e.g., its root cause and the impact of existing measures to reduce it). Of particular importance is a comprehensive review of the possible measures to address the risk, including the unintended consequences of each. This is where the concept of Right Touch Regulation plays a crucial role.

Briefing notes have also helped regulators to become more transparent in their work. For example, Ontario health regulators are required to post their meeting materials (including briefing notes) in advance of their board meetings (with limited exceptions). Many other regulators now do this voluntarily. Briefing notes are often a key component of a regulator’s consultation with system partners (such as the profession and the public) on their policy initiatives.

More recently, briefing notes have also served critical legal purposes. For example, they often outline the statutory provision enabling the making of the policy, especially if it is a form of subordinate legislation (such as a regulation, by-law, or rule).

In the past, the most likely challenge to a new rule or policy was that it was made in bad faith or for an improper purpose. A briefing note can provide strong evidence that the provision is consistent with the enabling legislation. For example, in [*Hardick v. College of Chiropractors of Ontario*](#), 2023 ONSC 1479 (CanLII), a by-law amendment extended the cooling off period for prospective board members from three years to six years. A prospective candidate challenged the provision as targeting him because it was made after he expressed an interest in serving on the board. In denying an interim stay of the provision, the Court noted that the regulator's transparent policy-making process made it unlikely that a finding of bad faith or improper motive on the part of the regulator could be established.

Courts have also hesitated to find that a provision is invalid because it is not authorized by the enabling statute. Just a decade ago, Canada's highest court said that subordinate legislation should only be found to be unauthorized (i.e., to be "ultra vires") where it was "irrelevant", "extraneous" or "completely unrelated" to the authorizing sections in the enabling statute.

An example of this deferential approach, in the regulatory context, is found in [*Sobeys West Inc. v. College of Pharmacists of British Columbia*](#), 2014 BCSC 1414 (CanLII), where a regulator prohibited pharmacists from offering inducements to patients. The lower Court held that this by-law was "unreasonable" in large part because of the lack of evidence before the decision-makers regarding the public interest served by the rule. The lower Court was unimpressed by the affidavit evidence of some of the

decision-makers as to why they thought the public would be protected by the prohibition. On appeal, the Court of Appeal reversed the lower Court's decision in large part because of the high level of deference that the courts should show to regulators making by-laws. See: [*Sobeys West Inc. v. College of Pharmacists of British Columbia*](#), 2016 BCCA 41 (CanLII).

However, late last year the Supreme Court of Canada pronounced on how its recent emphasis on the "rule of law" in the realm of administrative law would affect challenges to the validity of subordinate legislation. While the issue in [*Auer v. Auer*](#), 2024 SCC 36 (CanLII), related to child support guidelines, the Court was clearly providing general guidance that should be considered by professional regulators in their decision-making processes.

The Court said that subordinate legislation must be reasonably authorized by its enabling provisions. While the Court provided reassurance that this new formulation of the criteria is unlikely to result in frequent findings of invalidity, it was indeed establishing a less deferential approach to review. The Court reiterated several propositions from [*Katz Group Canada Inc. v. Ontario \(Health and Long-Term Care\)*](#), 2013 SCC 64 (CanLII), [2013] 3 SCR 810, including the following:

... the principle that subordinate legislation "must be consistent both with specific provisions of the enabling statute and with its overriding purpose or object" continues to apply when conducting a vires review.... The principle that subordinate legislation benefits from a presumption of validity also continues to apply.... Further, the challenged subordinate legislation and the enabling statute should continue to be interpreted using a broad and purposive approach.... Finally, a vires review does not

involve assessing the policy merits of the subordinate legislation to determine whether it is “necessary, wise, or effective in practice”. Courts are to review only the legality or validity of subordinate legislation....
[citations removed]

To manage this slightly increased legal risk, regulators should ensure that any proposed changes to their regulations, by-laws, and rules are accompanied by a briefing note that explains the purpose and goals of the proposal, its relation to the objects of the enabling legislation, and the research and analysis behind the proposal. Ideally the briefing note would also explicitly reference the provisions in the enabling legislation that authorize the proposed change (such as a provision that allows by-laws to be made on certain topics, or that permits the regulator to issue standards of practice).

The *Auer* decision is the second time in as many years that the Supreme Court of Canada court has imposed a heightened burden of explanation upon regulators. In *Commission scolaire francophone des Territoires du Nord-Ouest v. Northwest Territories (Education, Culture and*

Employment), 2023 SCC 31 (CanLII), a case dealing with Francophone language rights, Canada’s highest court said that, even where the *Canadian Charter of Rights and Freedoms* is not breached, the state must consider *Charter* values when making discretionary decisions such as making policy. The regulator (as a quasi-state actor) must address and weigh the competing *Charter* values impacted by its decisions. While boards making policy decisions typically do not provide formal reasons for such decisions, a comprehensive briefing note would go a long way to meeting this duty. Of course, meeting minutes and communications when consulting on and implementing policy decisions would also be of assistance.

The importance of having thorough briefing notes for policy decisions made by regulatory boards - including a legal component setting out the applicable enabling provision - has never been more important.

This article was originally published by Law360 Canada, part of [LexisNexis Canada Inc.](#)

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From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 228, Resource Management and Safety Act, 2024 – (Government Bill – passed first reading)

Bill 228 will, among other things, amend the *Surveyors Act* to expand the categories of registration for surveyors, expand the scope of the by-laws, and eliminate the requirement for membership approval of by-laws.

Bill 227, Cutting Red Tape, Building Ontario Act, 2024 – (Government Bill – passed first reading)

Bill 227 amends the *Statutory Powers Procedure Act* to confer additional powers on a chair of a tribunal to substitute or replace panel members where a panel member is unable to continue or where the panel is not completing a hearing expeditiously. The Bill also makes minor modifications to the annual reporting requirements for architectural, legal, and professional engineering regulators.

Bill 226, Fixing Tribunals Ontario Backlogs Act, 2024 – (Private Members Bill – passed first reading)

Bill 226 would foster a merits-based approach to the appointment of several tribunals and the establishment of backlog reduction panels for other tribunals. None of the affected tribunals regulate professions.

Bill 194, Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024 -

(Government Bill – passed third reading and received Royal Assent) Bill 194 sets out a framework for regulating the use of artificial intelligence (AI) by the public sector. The details will depend on the regulations which are still to be developed. However, the rules will likely involve disclosure to the public of how AI is being used by the public sector organization (and its third-party suppliers), security measures, perhaps some limits on the use of AI for certain purposes, and the need for an actual individual to oversee the use of AI. While this Bill will not directly affect RHPA colleges because neither the *Freedom of Information and Protection of Privacy Act* nor the *Municipal Freedom of Information and Protection of Privacy Act* applies to them (and those are the “public institutions” impacted by the Bill), it may be a forerunner of future legislation that will.

Proclamations

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

There were no relevant proclamations.

Regulations

(<https://www.ontario.ca/laws> Source Law - Regulations as Filed)

Nursing Act – The registration regulation is amended primarily to provide greater flexibility in assessing the educational qualifications of applicants. ([O. Reg. 429/24](#))

Fixing Long-Term Care Act – The regulation describes when a facility can use personal support workers who are not registered with the new authority and developing back-up plans when dietitians are not able to be onsite. ([O. Reg. 471/24](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Dental Hygiene Act, 1991 – The College proposes to amend its registration regulation to permit greater flexibility in approving examinations and educational programs and make other minor changes. Comments are due by December 30, 2024.

Homeopathy Act, 2007 and Opticianry Act, 1991 – Both Colleges propose a regulation permitting a spousal exception to the sexual abuse provisions for their registrants. Comments are due by December 6, 2024.

Psychotherapy Act, 2007 – The College proposes a regulation extending the definition of patient, for the purpose of the sexual abuse provisions, to five years after cessation of care. Comments are due by December 6, 2024.

Respiratory Therapy Act, 1991 – The College proposes to amend its registration regulation, primarily relating to its currency requirements. Comments were due by November 3, 2024.

Ministry of Training, Colleges and Universities Act – “The Ministry of Colleges and Universities is proposing legislative amendments to the Ministry of Training, Colleges and Universities Act (MTCU Act) to require all publicly-assisted Ontario universities to reserve a minimum of 95 per cent of their annual medical school admissions for Ontario students and to reserve the remaining 5 per cent for Canadians, permanent residents, protected persons, or prescribed persons or classes or persons.” Comments were due by November 28, 2024.

Bonus Features

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

Criteria for Evaluating the Validity of Subordinate Legislation

Courts have shown considerable deference when evaluating whether regulations, by-laws, rules, and other forms of subordinate legislation are authorized by their enabling statute. In fact, in light of the earlier decision of [*Katz Group Canada Inc. v. Ontario \(Health and Long-Term Care\)*](#), 2013 SCC 64 (CanLII), most subordinate legislation has been deemed to be authorized.

The Supreme Court of Canada just pronounced on how its recent emphasis on the “rule of law” in administrative law would affect such challenges to the validity of subordinate law. While the issue in [*Auer v. Auer*](#), 2024 SCC 36 (CanLII), was unrelated to professional regulation (i.e., it related to child support guidelines), the Court was clearly providing general guidance.

The Court said that subordinate legislation must be reasonably authorized by its enabling provisions. The test for finding that subordinate legislation was unauthorized (i.e., was “ultra vires”) was no longer whether the subordinate legislation was “irrelevant”, “extraneous” or “completely unrelated” to the authorization sections in the enabling statute. However, the Court provided significant reassurance that this new formulation of the criteria is unlikely to result in frequent findings of invalidity. The Court reiterated several propositions from *Katz*, including the following:

... the principle that subordinate legislation “must be consistent both with specific provisions of the enabling statute and with its overriding purpose or object” continues to apply when conducting a vires review.... The principle that subordinate legislation benefits from a presumption of validity also continues to apply.... Further, the challenged subordinate legislation and the enabling statute should continue to be interpreted using a broad and purposive approach.... Finally, a vires review does not involve assessing the policy merits of the subordinate legislation to determine whether it is “necessary, wise, or effective in practice”. Courts are to review only the legality or validity of subordinate legislation.... [citations removed]

To manage this slightly increased legal risk, regulators should ensure that any proposed changes to their regulations, by-laws, and rules be accompanied by a briefing note that explains the purpose and goals of the proposal, its relation to the objects of the legislation, and the research and analysis behind the proposal. Ideally the briefing note would also explicitly reference the provisions in the enabling legislation that authorize the proposed change. The explanatory note to the profession and the public when consulting on and implementing the changes should also contain this information.

Doré Applied

Regulators are required to respond proportionately when their public protection mandate involves imposing consequences on a registrant's expression: [*Doré v. Barreau du Québec*](#), 2012 SCC 12 (CanLII), [2012] 1 SCR 395.

In [*Trozzi v. College of Physicians and Surgeons of Ontario*](#), 2024 ONSC 6096, Ontario's Divisional Court found that the tribunal's application of *Doré* was "impeccable and stands as a guide for future tribunals confronted with serious constitutional considerations." The physician had been found to be incompetent and to have engaged in professional misconduct for statements they made about COVID and vaccinations, issuing vaccination exemptions in an incompetent manner, and failing to cooperate with the regulator. The physician's registration was revoked.

The physician's statements were characterized as conspiracy theories in which the pandemic was, in essence, a hoax. He called the pandemic and the response a "criminal covid enterprise", a "global dictatorship" and "crimes against humanity". He said COVID vaccinations killed millions of people, and he accused Canadian health regulators of being part of the criminal conspiracy.

The Court commended the tribunal for balancing the physician's freedom of expression rights both at the finding stage and at the sanctions stage.

At the finding stage, the tribunal described how important it is that physicians, who have specialized knowledge and are highly trusted, not provide harmful or misleading information during a public health emergency. The Court accepted the significance of the regulator's objective of protecting the public interest and maintaining the integrity and reputation of the profession. The tribunal accepted the importance of the physician's right to freedom of expression and the chilling effect that a finding against him could create. However, the harm caused by the physician's statements outweighed his right to freedom of expression. In addition, the type of expression here was not high-valued political speech. It was far-fetched, unfounded, inflammatory, and reckless. The finding did not impair the physician's freedom more than was necessary to achieve the statutory objectives of the regulator; it was proportionate.

At the penalty stage, the tribunal also considered whether anything less than revocation could balance the physician's expression rights against the College's objectives, but given all the findings (including failing to cooperate with the investigation), the tribunal concluded that the physician was ungovernable. The physician had not proposed an alternative sanction that would protect the public and the tribunal itself could not identify one. Nothing else would address the physician's lack of insight or a willingness to accept the authority of the regulator.

The Court also held that:

- The tribunal made no error in accepting the expert opinion that the physician's statements constituted harmful misinformation about COVID and vaccines.

- The tribunal was correct not to treat published guidelines as binding on it, but as some evidence to guide it in determining standards of practice and professionalism. In addition, it was appropriate for the regulator to use such guidelines when forming reasonable and probable grounds for an investigation.
- “No law provides that a physician is excused from cooperating with the College on the basis that his lawyer says he has grounds to challenge the investigatory process.... The [lawyer] has no authority to excuse non-performance.”

This decision provides regulators with guidance on how to apply *Doré*.

Scrutinizing Sanctions

Discipline panels often must decide how to consider a registrant’s medical conditions or personal stress when imposing a sanction. Alberta’s highest court provided guidance on this issue in [*Beaver v Law Society of Alberta*](#), 2024 ABCA 354 (CanLII). A lawyer was found to have misappropriated about \$300,000 of funds held in trust. He tendered medical evidence indicating that he was suffering from depression (due to several personal stresses he was undergoing) and alcohol dependency. His registration was still revoked.

The Court noted that medical evidence can be considered both on the merits of the case and on the sanction. However, the medical evidence must be both compelling and determinative to prevent a finding of misconduct that would otherwise be established. As a practical matter, those cases are likely to be addressed as an incapacity, rather than a misconduct, issue.

There should be a two-step approach to considering sanction. First, does the medical evidence establish that the registrant’s condition caused or contributed to the misconduct? If so, then what weight should be given to the medical condition when deciding sanction? At the weighing stage, the medical condition can influence sanction in at least two ways. It could reduce the blameworthiness of the conduct, and it can also indicate that treatment has reduced the risk of the misconduct being repeated in the future.

Regarding the first stage of this case, the Court noted that the persuasiveness of the medical evidence was reduced because most of the medical experts were not involved with the lawyer at the time of the misconduct. Additionally, the experts based their opinions largely on information provided by the lawyer and that information minimized the nature of his behaviour.

Respecting the second stage, the conduct involved a complex, systematic series of severe dishonesty over a year that harmed vulnerable individuals. In addition, the medical evidence did not specifically state that the lawyer was unlikely to misappropriate trust funds in the future if stresses or the medical conditions recurred. The Court therefore gave little weight to the medical evidence.

The Court also addressed some other frequently recurrent sanctioning and costs issues:

- The panel can give less weight to partial admissions by the registrant (as compared to full admissions), especially where they were no significant concessions.
- The weight that would otherwise be accorded to a long and unblemished career can be reduced depending on the nature of the misconduct (e.g., severe dishonesty). In some ways, the seniority of the registrant makes the misconduct worse as the registrant should have known better and should have had the capacity to resist pressures.
- While the panel should consider alternative or less serious sanctioning options, in some cases, minimal analysis of them in its reasons is sufficient.
- A sanction can still be reasonable where the panel misapprehends the evidence on a peripheral point that did not appear to have a significant impact on the sanction decision.
- The Court upheld the costs order, which represented about 75% of the total costs. The Court found that the panel's decision could be reconciled with [*Jinnah v Alberta Dental Association and College*, 2022 ABCA 336 \(CanLII\)](#), because of the degree of dishonesty involved. The Court also deferred for another day the reconsideration of *Jinnah* itself (which says that regulators should usually bear their own costs).

This approach to medical evidence in misconduct hearings may provide guidance for other regulators.

The Residual Category

In discipline matters, abuse of process claims are generally premised on excessive delay and require prejudice to the registrant to result in a stay of proceedings: [*Law Society of Saskatchewan v. Abrametz*, 2022 SCC 29 \(CanLII\)](#). However, there is a residual category of abuse of process that applies where the regulator's conduct is so offensive to society's notions of fair play and decency that proceeding would be harmful to the integrity of the justice system. The concept of abuse of process is closely aligned with the principles of procedural fairness. Typically, in the residual category, the regulator's conduct involves more than just delay and the concept of prejudice is broader than just the interests of the registrant.

The residual category was illustrated in [*Morabito v. British Columbia \(Securities Commission\)*, 2024 BCCA 377 \(CanLII\)](#). The investigation related to concerns of insider trading by an airline executive. The executive asserted that the investigation amounted to an abuse of process. For example, there was an unannounced visit to the executive's home at a time when it was likely the executive would be absent resulting in the questioning of his spouse. The investigation was intrusive including a demand for documents from the executive's 80-year-old father and production of the family's personal email accounts, including that of his teenage daughter. In addition, the executive's assets were subject to a broad "freeze" order. The executive also expressed concern that during the investigation the regulator did not inform him that an important witness was terminally ill.

The Court found that the Panel created a flawed procedure for the hearing of the abuse of process motion. The process resulted in the regulator providing only one investigator witness who had not been involved in the investigation at the time. The Court found that the regulator was, in effect, shielding those involved in the impugned investigation. While parties generally have the choice of what witnesses to call, and while the burden of proving an abuse of process rested on the executive, in this case, sufficient concerns had been raised by the executive about the investigation that the evidentiary burden shifted to the regulator to explain the investigative choices through witnesses who were actually involved in the events.

The process also involved rulings that prevented the executive from asking questions about the investigative choices by the regulator that supported his abuse of process claim. The Panel's decision focussed on delay and prejudice to the executive and did not engage adequately with the residual category of abuse of process.

The Court said: "The procedure adopted by the Panel frustrated the [executive's] ability to advance their claims of abuse of process—to the extent that the appellants were denied a fair hearing." The Court also said: "... where there is a credible basis supporting allegations of state misconduct, as here, the Panel must proceed in a manner that allows for an airing of the allegations."

The Court returned the matter to a differently constituted panel to hear the abuse of process objections in a fair manner.

Judicial Advice on Writing Reasons

Two recent court decisions provide advice to adjudicators writing reasons. In [*Beaver v Law Society of Alberta*](#), 2024 ABCA 354, the Court said:

While there is no reviewable error in the use of the language, there is a tone to both sets of reasons which is troubling, including the use of the word "target" and the references to stealing from children. A lawyer facing serious disciplinary charges is already the focus of the attention of his profession and of the public. Considerable shame comes with the conduct. It must be kept in mind that a disbarred lawyer may apply to be reinstated as a member of the LSA. A panel of the Benchers will hear that application and will be influenced by the reasons of the hearing committee and the appeal panel, and therefore by the words chosen to describe the lawyer and his conduct. Finding the appropriate tone with which to write reasons is an art and something with which courts and tribunals struggle. All decision makers must take care to eliminate unnecessarily inflammatory language, including unnecessary superlatives, adjectives, and harsh language.

In [*Marketology Media Inc. v. DGA North American Inc.*](#), 2024 ONCA 799, the Court said:

The reasons fail to chart a logical path from premise to conclusion. There are inconsistent findings. Because it is not clear how the trial judge arrived at certain conclusions, the reasons do not permit meaningful appellate review. They are legally insufficient.

It is trite to observe that reasons for judgment setting out a logical path to the judge's conclusion are integral to the proper administration of justice. Reasons serve various purposes. They explain the decision to the parties, they foster public accountability, and they permit effective appellate review.... They lead to "better decision making by ensuring that issues and reasoning are well articulated and, therefore, more carefully thought out....

Reasons need not, and should not, chronicle the entire deliberative process. They are not to be an exercise in "watch me think". They must, however, chart a path from the evidence to the factual findings to the legal conclusions.... They must explain not only what the decision is, but why. Reasons need not be of any particular length – the issue is quality, not quantity. Nor should they be subject to an abstract or unrealistic standard of review. The Supreme Court of Canada has discouraged appellate courts from engaging in a technical search for error, or artificially parsing language used to convey a point.... What is necessary is an examination as to whether the reasons, considered in the context of the entire record, show that the trial judge has "seized the substance of the matter".

We accept that restraint is appropriate when evaluating the sufficiency of reasons. We have applied that measure in this case but are compelled to conclude that we must intervene. The reasons are not sufficient to achieve the purposes they are designed to serve.

The Benefits of Remote Hearings Explained

The CPSO discipline Tribunal affirmed the use of a remote hearing format despite the registrant's detailed request for an in-person hearing. The Tribunal identified multiple benefits in a remote hearing for parties and witnesses, including less travel, disruption, and stress. Measures to reduce witness collusion and interference are in place. The Tribunal also said that advantages to the process, including constituting panels and scheduling hearings quicker, are substantial. Reductions in technical issues due to third party administration were noted. The Tribunal refused to conduct an in-person hearing simply because there are significant credibility issues at stake. The Tribunal also declined to offer accommodation for asserted medical conditions without medical evidence in support of them.

See: [*College of Physicians and Surgeons of Ontario v. Khulbe*](#), 2024 ONPSDT 25 (CanLII).

Read the Fine Print

Courts are increasingly interpreting regulatory legislation with its public interest purpose and intent in mind. However, the language of the provisions still matters, as was demonstrated in [*Nova Scotia \(Embalmers and Funeral Directors\) v. Curry*](#), 2024 NSCA 93 (CanLII).

In that case, an establishment cremated the wrong body based on a mistaken identification by a morgue. The regulator disciplined the responsible funeral director for failing to adequately ensure the identification of the body. A lower court set aside the finding on the basis that the funeral director had acted reasonably by relying on the morgue's identification of the body in a sealed container. The Nova Scotia Court of Appeal upheld the lower court's decision. In doing so, the following points of interest were made:

- The provision relied upon by the regulator did not explicitly impose a duty to verify the identity of the body if it was clearly identified at the point of pick up.
- In any event, if there was a duty to confirm the identity of the body, the provision placed that obligation on the funeral home, not the funeral director. Funeral homes are regulated separately from funeral directors. The Court said:

The Board's reliance on s. 32C(1) as a means of anchoring a finding that Mr. Curry had breached his statutory obligations as a funeral director, was misplaced. The intent of that section is to articulate the obligations of funeral homes. It has no application to holders of funeral director licences. The Board erred in law in finding Mr. Curry breached a provision that did not apply to him.

This analysis of the Court is particularly relevant for regulators who regulate both facilities and individuals.

- The published guideline by the regulator was consistent with the distinction between facilities and individuals. In any event, the guideline does not “serve as an independent source of such a duty”.

Regulators need to review the actual language of the provisions they rely upon when determining their application.

Careful How You Word Your Reconsideration Rules

Finality of disciplinary adjudicative decisions is important for the regulator, hearing participants, and the public. The significance of that principle is illustrated in [*Tan v. Ontario Physicians and Surgeons Discipline Tribunal*](#), 2024 ONSC 6609 (CanLII).

Dr. Tan was found to have sexually abused a patient. After the hearing was concluded, but before a decision was rendered, the physician tried to reopen the hearing to tender new evidence given by the patient at a preliminary inquiry into criminal charges against the physician. The request to reopen the hearing was refused by the discipline panel. The physician unsuccessfully appealed

both the sexual abuse finding and the refusal to reopen the hearing. Afterwards, Dr. Tan was acquitted of the criminal charges and he again attempted to reopen the discipline hearing, asserting that there were inconsistencies in the patient's testimony at the discipline hearing compared to that in the criminal proceedings. The Chair of the discipline committee found there was no jurisdiction to reopen the hearing and the Court found that refusal to be reasonable.

Both the Discipline Chair and the Court noted that finality of adjudication was an important principle and, without it, litigants would not have a reliable basis for determining when to appeal a decision and move on with their lives.

The real issue for the Court was whether one of the limited exceptions to the finality principle applied. A common exception (which obviously did not apply here) is to correct minor errors in the tribunal decision. However, the *Statutory Powers Procedure Act* does enable tribunals to make rules permitting a review or reconsideration of adjudicative decisions for a brief period. In addition, an earlier court decision indicated that where there is an ongoing restriction on a registrant's practice, the tribunal should have a mechanism to alter the restriction where it was no longer appropriate. As a result, the discipline committee had made a rule permitting it to "vary, suspend or cancel a Tribunal order that continues in effect".

Both the Discipline Chair and the Court noted that this rule did not use language related to reviewing or reconsidering the original decision. In fact, the language appeared to limit itself to addressing restrictions that were no longer appropriate. It would not be fair to characterize the physician's revocation as an ongoing restriction; that was a one-time event which, under the statute, could only be altered (by way of a reinstatement application) no earlier than five years after its imposition. The Discipline Chair's decision that there was no jurisdiction to reopen the original finding was a reasonable interpretation of the rule.

This decision reinforces the importance of carefully wording any rule that permits revisiting a discipline decision so as to impact the finality principle only as much as intended.



The College of Naturopaths of Ontario

Council Meeting Evaluation
November 2024
6 Evaluations Received

Topic	Question	Scoring	Rating
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not at all essential to 5 - Very Essential.	4@5 2@4	4.7
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	6@5	5.0
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	6@5	5.0
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	5@5 1@4	4.8
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	6@5	5.0
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	5@4 1@3	4.4
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	1@5 4@4 1@3	3.8
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	6@5	5.0
What worked well?	From the following list, please select the elements of today's meeting that worked well.		
	Meeting agenda		6/6
	Council member attendance		6/6
	Council member participation		5/6

	Facilitation (removal of barriers)	6/6
	Ability to have meaningful discussions	6/6
	Deliberations reflect the public interest	5/6
	Decisions reflect the public interest	6/6
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.	
	Meeting agenda	0/6
	Council member attendance	0/6
	Council member participation	1/6
	Facilitation (removal of barriers)	0/6
	Ability to have meaningful discussions	0/6
	Deliberations reflect the public interest	1/6
	Decisions reflect the public interest	0/6
Things we should do	I observed another College Council meeting where this evaluation was completed before the close of the meeting, then the Chair presented the results, followed by a discussion. I wonder if that would be possible for us. If the College is still experiencing delays in Council members submitting their expense claims, maybe the link for submitting could also be provided in the chat before the close of the meeting - to both remind people and to make it easier.	
Final Feedback	The presentation from Ms. Durcan was well presented and very informative.	
	Rebecca's presentation was very helpful (I always enjoy her presentations). It was difficult to evaluate several other Council member's preparedness, due to their lack of participation. Jordan's effectiveness as Chair is outstanding. We are very fortunate to have both him and Andrew at the helm. Perhaps that contributes to the lack of necessity for Council members to contribute - Jordan and Andrew are doing too good of a job! Regardless, thank you to both of you.	
	This meeting was well organized. Important questions were addressed and speakers were well prepared.	
	I really appreciated Rebecca Durcan's very informative presentation on the RHPA. I would even recommend that her slide presentation be included in any in-coming council members training packages.	

Comparison of Evaluations by Meeting 2024-2025

Topic	2023/24 Overall	2024-2025						
		May 2024	July 2024	Sept 2024	Nov 2024	Jan 2025	Mar 2025	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	4.6	4.2	4.4	4.4	4.7			4.3
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.8	5	5	4.9	5			5
Time Management 1 - Not at all managed to 5 - Very well managed.	4.5	4.2	4.6	4.8	5			4.7

Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.8	4.7	5	5	4.8			4.9
Right People 1 - None of the right people to 5 - All of the right people.	4.8	4.8	4.8	4.6	5			4.8
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.5	4.2	4	4.4	4.4			4.3
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.3	4.5	3.8	4.5	3.8			4.2
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.7	4.5	5	4.8	5			4.8
Number of Evaluations	7.3	10	5	8	6			7.3

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX05.05
	Examination Appeals Policy	Page No. 1

Intent/Purpose	To establish a policy governing the handling of examination appeals filed with the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time.
	Biomedical Examination	Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions, and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practice naturopathy in the province of Ontario.
	Clinical Sciences Examination	Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Environmental Irregularity	Means an unexpected adverse occurrence or condition in the environment in which the assessment was completed. Means a substantial irregularity in the testing environment in which the examination was completed which has a material adverse impact on a candidate's examination performance.

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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Examination Appeals Committee Means the non-statutory committee of the Council of the College responsible for receiving, reviewing and disposing of candidate appeals of the Biomedical Examination, Clinical Sciences Examination, Clinical (Practical) Examinations, Intravenous Infusion Therapy Examination or Ontario Prescribing and Therapeutics Examination due to (an) unsuccessful exam attempt(s).

Examination Violation Means a contravention of the College's Examination Rules of Conduct.

Incident Reporting Form Means a form used to collect relevant information about a procedural irregularity, environmental irregularity, perception of undue bias or examination violation having occurred during an examination.

Intravenous Infusion Therapy (IVIT) Examination Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Registrant's competencies to perform IVIT safely, competently and ethically.

Prescribing and Therapeutics Examination Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.

Procedural Irregularity ~~Means a deviation from the established rules, granted accommodations or procedures governing the assessment process. Means a substantial irregularity in the administration of the examination which has a material adverse impact on a candidate's examination performance.~~

Registrant Means a person registered with the College as defined in section 1(1) of the Code.

Registration Regulation Means Ontario Regulation 84/14 ~~as amended from time to time~~ under the *Naturopathy Act, 2007*.

RHPA Means the *Regulated Health Professions Act, 1991*, ~~S.O. 1991, c. 18, as amended from time to time.~~

Supporting Documentation Means documentation upon which the appeal intends to rely to demonstrate that a procedural or environmental irregularity or incident of undue bias occurred during the administration of an examination. This includes, but is not limited to, overview documents which present relevant information and facts regarding the irregularity or experienced bias, and eye-witness testimonies.

Undue Bias Means an unfair judgement or opinion of a candidate based on, but not limited to, gender, creed, ethnicity or disability by a College

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	Examination Appeals Policy	Page No. 3

representative, ~~which has a material adverse impact on a candidate's examination performance.~~

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the Ontario Human Rights Code and the College's Examinations Policy and Examination Rules of Conduct.
	Grounds for an Exam Appeal	Exam appeals are limited solely to questions concerning procedural irregularities, environmental irregularities or undue bias which could have affected a candidate's examination performance or the integrity of the examination process.
Exam Appeal	Incident Reporting	Candidates who feel that a procedural or environmental irregularity, or incident related to undue bias occurred and may have affected the results of their examination(s) must fill out <u>and submit an Incident Reporting Form to the College with a College representative</u>, within 48 hours following the completion of the examination sitting. Examiners/invisgators and/or exam staff must also complete an Incident Reporting Form if they are witness to or feel that a procedural or environmental irregularity, or incident related to undue bias, occurred during the examination administration. Incident Reporting forms will be kept on file by the College for reference in case of an appeal.
	Exam Appeal Request	Appeal requests must be made in writing and must: • <u>Outline</u> the procedural or environmental irregularities, or perceived undue bias at issue. • <u>note</u> Note the fact that an Incident Reporting Form was completed, signed and submitted to the <u>a</u> College representative within 48 hours of the exam, and. • <u>Provide</u> facts which demonstrate that the procedural or environmental irregularities and/or undue bias noted had an adverse impact on the candidate's examination performance.
	Timeframes for Submissions	Exam appeals must be received within 30- calendar days following the release of exam results. The 30-day period runs from the date noted on the results notice. Appeals received after this period cannot be considered.
	Supporting Documentation	Any supporting documentation the candidate wishes to have reviewed must be submitted at the time of submission of the exam appeal request.
	Appeal Fee	A candidate seeking to appeal an examination shall be charged the examination appeal <u>for review of the appeal by the Exam Appeals</u>

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Committee fee as set out in the by-laws for review of the appeal in accordance with Schedule 2 of the College by-laws.

Exam Appeal Review Process

Initial Review

Exam appeal requests which, at face value, meet the exam appeal criteria (grounds and supporting documentation) will be referred by the CEO or their designate to the Examination Appeals Committee for review. Exam appeal requests which do not meet the College's grounds for an exam appeal, and/or do not follow the procedures and/or requirements of this policy will not be referred to the Examination Appeals Committee for consideration.

Notification of Appeal Review

Within 14 business days of the College's receipt of an exam appeal request, the CEO or their designate will notify the candidate in writing with respect to the status of their request.

If the exam appeal request is not referred by the CEO, the candidate will be notified that the appeal will not be considered by the Examination Appeals Committee and will set out one of the following reasons for not referring the appeal request:

- the procedures and/or requirements outlined in this policy were not followed,
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal, or
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the exam appeal request is referred by the CEO to the Examination Appeals Committee, the candidate will be notified of:

- the referral of their exam appeal request to the Examination Appeals Committee,
- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events on the day of the completion of the examination in question and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reporting Form(s) on file with the College,
- the procedures to be followed at the meeting of the Examination Appeals Committee,
- the timeframe in which a decision will be rendered.

Committee Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam appeal request:

- the Incident Reporting Form(s),
- the candidate's exam appeal letter,
- statements from the College concerning the examination process relevant to each case and candidate data.

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- reports from examiners, invigilators and/or exam staff,
- any other material, documentation or information which the Committee determines necessary, relevant and appropriate.

Exam Violation Decision Appeals	General	Exam violation determinations are made by the CEO, following the process set out in the Examinations Policy. Candidates who are determined by the CEO to have committed an exam violation and who have therefore had a failing grade issued for the exam session of note, may seek to appeal this decision.
	Grounds for an Exam Violation Decision Appeal	Exam violation decision appeals are limited solely to questions concerning a procedural irregularity, or undue bias which occurred during the review and disposal of an exam violation allegation which the candidate believes adversely impacted the decision rendered.
Exam Violation Decision Appeal Review Process	Exam Violation Decision Appeal Request	Appeal requests must be made in writing and must: • outline the procedures that were not followed, or the perceived bias at issue within the exam violation allegation review, and • provide facts to support a procedural irregularity or bias having occurred.
	Appeal Fee	A candidate seeking to appeal an examination violation decision shall be charged the examination appeal fee as set out in the by-laws for review of the appeal.
	Timeframe for Submission	Exam violation decision appeals must be received within 30 calendar days following the date the candidate was issued the CEO's Notice of Exam Violation Allegation Decision letter. Appeals received after this period cannot be considered.
	Notification of Appeal Review	Within 14 business days of the College's receipt of an exam violation decision appeal request, the CEO or their designate will notify the candidate in writing with respect to the status of their request. If the exam violation appeal request is not referred by the CEO, the candidate will be notified that the appeal will not be considered by the Examination Appeals Committee and will set out one of the following reasons for not referring the appeal request: • the procedures and/or requirements outlined in this policy were not followed, • the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal, or • the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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If the exam violation decision appeal request is referred by the CEO to the Examination Appeals Committee, the candidate will be notified of:

- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events in question, and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reporting Form(s) on file with the College.
- the procedures to be followed at the meeting of the Examination Appeals Committee, and the timeframe in which a decision will be rendered.

Committee Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam violation decision appeal request:

- the Exam Incident report and evidence in relation to the exam violation allegation.
- the Notice of Exam Violation Allegation and investigative findings, including the candidate's formal response to the allegation.
- the candidate's appeal letter and supporting documentation.
- statements from the College concerning the examination allegation review and decision process that was followed, and
- any other material, documentation, or information which the Committee determines necessary, relevant, and appropriate.

Exam & Exam Violation Decision Appeal Outcomes	General	In no instance will a candidate who has failed an examination be deemed to have passed the examination.
	Notification of Outcome	Decision outcomes made by the Examination Appeals Committee will be sent to the candidate by email within 60 business days of receipt of the appeal request.
	Appeal Granted	If the Examination Appeals Committee's decision is to grant the appeal, the Committee has the authority to make the following decisions: - to allow the candidate to re-sit the examination without the appealed attempt being counted as one of three permitted attempts, and/or - to allow the candidate to re-sit the examination at an adjusted fee.
	Appeal Denied	If the Examination Appeals Committee's decision is to deny the appeal, no further action will be taken by the Committee on the matter and the candidate will be notified.

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 The College of Naturopaths of Ontario	Policy Type REGISTRATION	PROGRAM POLICIES
	Title PLAR Appeals Policy	Policy No. R07.0203
		Page No. 1

Intent/Purpose	To establish a policy governing the handling of Prior Learning Assessment & Recognition (PLAR) program appeals filed with the College of Naturopaths of Ontario (the College).	
Definitions	<u>Act</u>	<u>Means the Naturopathy Act, 2007.</u>
Definitions	Administrative Reconsideration	Means the re-assessment of a PLAR Applicant's Stage 1, paper-based assessment file, by a different assessor than the one who conducted the initial assessment.
	<u>By-Laws</u>	<u>Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.</u>
	Chief Executive Officer	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the <u>Naturopathy Act, 2007Act</u> and the regulations made thereunder.
	<u>Code</u>	<u>Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.</u>
	College	Means the College of Naturopaths of Ontario as established under the <u>Naturopathy Act, 2007Act</u> and governed by the <u>Regulated Health Professions Act, 1991RHPA</u> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario .
	Environmental Irregularity	Means <u>a substantial irregularity</u> <u>an unexpected adverse occurrence or condition</u> in the assessment environment in which the assessment was completed which has a material adverse impact on a PLAR applicant's assessment result.
	PLAR Appeals Panel	Means a panel of the PLAR Committee who are responsible for receiving, reviewing, and disposing of PLAR appeals.

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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PLAR Applicant Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.

PLAR Committee Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR process

Prior Learning Assessment and Recognition (PLAR) program Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program in naturopathy.

Procedural Irregularity Means a deviation from the established rules, granted accommodations or procedures governing the assessment process, substantial irregularity in the conducting or administration of an assessment which has a material adverse impact on a PLAR applicant's assessment result.

RHPA Means the Regulated Health Professions Act, 1991.

Undue Bias Means an unfair judgement or opinion of a PLAR applicant based on, but not limited to, gender, creed, ethnicity or disability by a College representative.

General

Guiding Legislation All aspects of this policy will be managed in accordance with the Regulated Health Professions Act, 1991 RHPA, the Naturopathy Act, 2007, the Registration Regulation, the Ontario Human Rights Code and the PLAR Program Policy.

Appeals of a PLAR examination (Stages 2 and 3 of the PLAR program, as outlined in the PLAR Program Policy) will be handled in accordance with the College's Examination Appeals Policy.

Grounds for an Appeal PLAR appeals are limited solely to questions concerning procedural irregularities, environmental irregularities or undue bias which could have affected a PLAR applicant's ability to be successful.

PLAR Appeal Submission

Incident Reporting – Demonstration-based Assessments

PLAR applicants who feel that a procedural or environmental irregularity, or incident related to undue bias occurred and may have affected the results of their assessment, must fill out and submit an Incident Reporting form with a College representative to the College, within 48 hours following the completion of the demonstration-based assessment.

Prior to leaving the assessment site, PLAR applicants who feel that a procedural or environmental irregularity, or incident related to

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~~undue bias could have affected the results of their assessment must fill out an Incident Reporting Form with a College representative.~~

Assessors and/or College staff must also complete an Incident Reporting form if they are witness to or feel that a procedural or environmental irregularity, or incident related to undue bias occurred during the assessment.

Incident Reporting forms will be kept on file by the College for reference in case of an appeal.

PLAR Appeal Request

An appeal letter must be submitted to the College and must:

- Outline the procedural or environmental irregularities, or perceived undue bias at issue.
- ~~In the case of demonstration-based assessments, note the fact that an Incident Reporting form was completed, signed, and submitted to a the College within 48 hours of the assessment representative.~~
- Provide facts which demonstrate that the cited procedural or environmental irregularities and/or undue bias ~~noted~~ had an adverse impact on the ~~PLAR applicant's~~ assessment result.

Timeframes for Submissions

PLAR appeals must be received within ~~60~~30 ~~calendar~~ days following the ~~formal receipt release~~ of assessment results of the assessment. The 30-day period runs from the date noted on the results notice. Appeals received after this period cannot be considered.

Supporting Documentation

Any supporting documentation ~~the a~~ PLAR applicant wishes to have reviewed must be submitted at the time of submission of the PLAR appeal request.

Appeal Fee

A PLAR applicant seeking to appeal an assessment result shall be charged an appeal fee for review of the appeal by the PLAR Appeals Panel in accordance with Schedule 2 of the College Byby-laws.

PLAR Appeal Review Program

Initial Review

PLAR appeal requests which, at face value, meet the appeal criteria (grounds and supporting documentation) will be submitted by the CEO or their delegate to the PLAR Appeals Panel for review. PLAR appeal requests which do not meet the College's grounds for an appeal, and/or do not follow the procedures and/or requirements of this policy will not be considered by the PLAR Appeals Panel.

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Notification of Appeal Review

Within fourteen business days of the College's receipt of a PLAR appeal request, the CEO or their delegate will notify the PLAR applicant in writing with respect to the status of their appeal request.

If the appeal request is refused by the CEO or their delegate, the PLAR applicant will be notified that the appeal will not be considered by the PLAR Appeals Panel for one of the following reasons:

- the procedures and/or requirements outlined in this policy were not followed;
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal; or
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds

If the appeal request is referred by the CEO or their delegate to the PLAR Appeals Panel, the PLAR applicant will be notified of:

- The referral date of their appeal request to the PLAR Appeals Panel.
- The fact that the PLAR Appeals Panel possesses the authority to invite other persons to provide, to the Panel, relevant information concerning the circumstantial events and any other relevant information, including but not limited to submissions provided by the PLAR Applicant and any Incident Reports on file with the College.
- The procedures to be followed at the meeting of the PLAR Appeals Panel.
- The timeframe in which a decision will be rendered.

Panel Deliberation

The PLAR Appeals Panel will review the following documentation, where available/applicable, in deliberating a PLAR appeal request:

- The PLAR applicant's appeal letter.
- Statements from the College concerning the assessment process in question.
- Reports from assessors.
- Any other material, documentation, or information which the Panel determines necessary, relevant, and appropriate.
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Appeal Outcomes General

In no instance will a PLAR applicant, who has failed a PLAR assessment component, be deemed to have passed.

Notification of Outcome

Decision outcomes made by the PLAR Appeals Panel will be sent to the PLAR applicant within 60 business days of receipt of the PLAR appeal request.

Appeal Granted

If the PLAR Appeals Panel decision is to grant the PLAR appeal, the Panel has the authority to make the following decisions:

Stage 1 Appeals – Paper-based assessment:

- To grant an administrative reconsideration.
- To grant an administrative reconsideration at an adjusted fee.

Stages 4 & 5 Appeals – Demonstration – based assessments:

- to allow the PLAR applicant to re-attempt a failed assessment component, such as in instances where the PLAR applicant's assessment outcome does not grant a re-attempt option under the PLAR Program Policy; and/or,
- to allow the PLAR applicant to re-take an assessment component at an adjusted fee.

Appeal Denied

If the PLAR Appeals Panel's decision is to deny the appeal, no further action will be taken by the Panel on the matter and the PLAR applicant will be notified.

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Intent/Purpose To establish a comprehensive policy governing the Prior Learning Assessment and Recognition (PLAR) program of the College of Naturopaths of Ontario (the College).

Definitions	<u>Act</u>	<u>Means the <i>Naturopathy Act, 2007</i>.</u>
	<u>By-laws</u>	<u>Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.</u>
	<u>CANRA</u>	<u>Means the Canadian Alliance of Naturopathic Regulatory Authorities.</u>
	<u>Certificate of Registration</u>	<u>Means a document issued by the College, in the General class, emergency class or Inactive class, which demonstrates to the public the holder is a registrant of the College, registered in the class set out on the certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the certificate.</u>
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code <u>which is Schedule II of the Regulated Health Professions Act, 1991 (RHPA)</u> and who performs the duties assigned to the position of Registrar under the Act <u>the RHPA, the Code, the Naturopathy Act, 2007 Act</u> and the regulations made thereunder.
	College	Means the College of Naturopaths of Ontario as established under the Naturopathy Act, 2007 Act and governed by the Regulated Health Professions Act, 1991 (RHPA) .
	<u>Code</u>	<u>Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.</u>
	<u>Council</u>	<u>Means the Council of the College as establishes pursuant to section 6 of the Act.</u>

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CNME	Means the Council on Naturopathic Medical Education, T the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
Good Character	Means personal characteristics of an applicant or Registrant, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
Good Standing	Means the status assigned to a Registrant when they are current on dues and payments and is current with filing of required reports as required based on their Certificate of Registration.
HPARB	Means the Health Professions Appeal and Review Board, as established under the Regulated Health Professions Act, 1991 <u>RHPA</u> .
<u>In Good Standing</u>	<u>Means the registrant's status with the College is a positive one reflecting that all of their registration fees are paid and information due to be provided to the College is complete, no other outstanding fees are on record and the individual's certificate of registration is not suspended or revoked.</u>
Internationally Educated Applicants	Means Applicants for Pre-Registration having who have been educated in an educational obtained education program outside of North America.
<u>Language Proficiency</u>	<u>Means the ability to communicate and comprehend effectively, both orally and in writing.</u>
Language Skills	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.
Language Test	Means a test, as set out in the College's Language Proficiency Policy that can be relied upon to test the language proficiency of a PLAR applicant.
Non-CNME Educated	Means Applicants for Pre-Registration who have been educated in North America, but from a program that has not been accredited by the CNME.
PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.
PLAR Appeals Panel	Means a panel of the PLAR Committee who are responsible for receiving, reviewing, and disposing of PLAR appeals.

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PLAR Committee	Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR program.
Pre- Registration registration	Means the process whereby an individual who intends to seek registration provides the College with information to establish themselves before formally applying for registration.
Prior Learning Assessment and Recognition (PLAR) program	Means a process used to determine the competency of individuals Applicants who do not have formal education from a CNME- accredited program in naturopathy.
Registrant	Means an individual, as defined in section 1(1) of the Health Professions Procedural Code .
Registration	Means the process whereby an individual applies to the College for a Certificate certificate of Registration registration to practice the profession of naturopathy in Ontario.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code. Means the statutory committee of the College responsible for all Registration matters referred to it by the Chief Executive Officer, and the imposition of terms, conditions or limitations on certificates of registration as deemed necessary in accordance with the Health Professions Procedural Code.
Registration Regulation	Means Ontario Regulation 84/14 made under the Naturopathy Act, 2007, as amended from time to time. , as amended from time to time.
RHPA	Means the Regulated Health Professions Act, 1991.
<u>Supporting Documentation</u>	<u>Means official records provided by a court, tribunal, educational institution, licensing or regulating body, other government sanctioned organization, religious leader, or Regulated Health Professional qualified to make an assessment or diagnosis, which provides details surrounding the outcome of an event or the need for accommodation.</u>

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Term, Condition or Limitation (TCL)

Means a term, condition, or limitation placed upon a certificate of registration which limits or restricts a registrant's activities within the practice of the profession.

General Policy	Overarching Principles	The College of Naturopaths of Ontario conducts the PLAR program in accordance with the following overarching principles: • All PLAR applicants will be assessed by the same objective criteria regardless of where they received their naturopathic education. • Judgements regarding the equivalence of education and experience will be based upon criteria that are relevant to the practice of naturopathy in Ontario, and that protect the public's safety. • The <u>College's CANRA National Entry to Practice Competency Profile core-competencies</u> as well as <u>the accreditation standards set by CNME</u> will be used as the basis for the rubric to evaluate the naturopathic skills and education knowledge of PLAR applicants from non-accredited institutions in naturopathy. • In Ontario, Naturopathic Doctors are self-regulating health professionals, who work in independent practice, without requiring a medical referral, and they must be able to conduct patient assessments, make diagnoses and prescribe naturopathic treatment. • The education and experience of Naturopathic Doctors who are registered in Ontario prepares them for independent patient assessment, evaluation, and treatment. • The College supports the principles set out by the Office of the Fairness Commissioner (www.fairnesscommissioner.ca/) and conducts its assessments of <u>Applicants-applicants</u> from non-accredited institutions in naturopathic medicine accordingly. • PLAR applicants are not required to meet different or higher standards than those required of naturopaths who have graduated from a CNME-accredited educational program.
	Philosophy of PLAR	The PLAR program set out below is designed to best approximate the evolution, learning, development, and assessment mechanisms used in CNME-accredited programs. To this end, the general philosophy applied is that an individual first must demonstrate fundamental academic understanding of the profession and then be able to apply that understanding in practice. To properly assess required competencies, the College applies several types of assessment to allow PLAR applicants to demonstrate their level of competence in these different contexts. As such,
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the PLAR program is divided into two major components:
Component I: Assessment of Naturopathic Knowledge (Stages 1, 2 and 3), Component II: Assessment of Professional Competency (Stages 4 & 5).

Assessment Standards

Two major assessment tools will be used to assess PLAR applicants seeking registration through the PLAR program, an evaluation schema, and a competency-based marking rubric:

- The evaluation schema, which is based on the list of CNME accreditation standards¹ for naturopathy programs, will be used to ensure that PLAR applicants possess education, and qualifications that are substantially equivalent to those acquired from a CNME accredited program.
- The competency-based marking rubrics, based on the [College's CANRA National core competencies Entry to Practise Competency Profile](#)², will be used to assess the demonstration-based PLAR components where PLAR applicants are expected to apply their skills in simulated practice ~~environments and contexts~~ [cases](#).

Translation of Documents

All materials provided to the College to support PLAR assessments must be in either English or French. PLAR applicants are required to provide certified translations of all materials not written in either official language, at their own expense.

To ensure that translations have not been modified in any way, translations must be sent directly from the certified translator to the College.

Translations must be performed by [qualified professionals](#) ~~certified translators~~ who ~~are have obtained~~ [certified certification](#) by a government organization, such as the Association of Translators and Interpreters of Ontario ([ATIO](#)) or a translator who has been certified by a Member organization of the International Federation of Translators (<http://www.fit-ift.org/>).

Staged Approach

The PLAR program uses a staged approach as follows:

- Stage 1: Paper-based assessment.
- Stage 2: PLAR Examination 1 (Biomedical Exam).
- Stage 3: PLAR Examination 2 (Clinical Sciences Exam).

¹ Council on Naturopathic Medical Education, "Accreditation Standards for Naturopathic Medicine Programs", "Handbook of Accreditation for Naturopathic Medicine Programs (January 2024) Accreditation Standards (Adopted 2009) – CNME website <http://www.cnme.org/resources/09-accreditation-standards.pdf> <https://cnme.org/wp-content/uploads/2024/01/CNME-Handbook-of-Accreditation-January-2024-edition.pdf>

² College of Naturopaths of Ontario/CANRA, "Core Competencies National Entry to Practice Competency Profile" (April 2024) <https://www.collegeofnaturopaths.on.ca/resource-library/etp-competency-profile/>.

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• Stage 4: Demonstration-based assessment -
Structured Interview

• Stage 5: Demonstration-based assessment -
Simulated Patient Case Review and Interactions

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PLAR Decisions

Assessment findings and reports of a PLAR applicant's education, experience, knowledge, and skill are evaluated by the PLAR Committee.

At the conclusion of each stage, the Committee will receive evaluation information and, make decisions with respect to a PLAR applicant's eligibility to move forward in the PLAR program, and in the case of the final stage, whether the applicant has successfully completed the PLAR and is eligible to proceed with registration examinations.

PLAR Exams

Examinations administered as part of the PLAR process will be managed in accordance with the College's Examinations Policy, the Clinical Sciences and Biomedical Exams Policy, and the Examinations Rules of Conduct.

PLAR Appeals

PLAR assessment appeals are handled in accordance with the PLAR Appeals Policy. PLAR exam appeals are handled in accordance with the College's Exam Appeals Policy.

PLAR Fees

Fees relating to the PLAR program are noted in Schedule 3 of the College By-laws. To ensure PLAR applicants are not incurring unnecessary costs, PLAR fees are broken out by assessment component and will only be billed once the applicant is eligible and has elected to initiate the process.

PLAR Accommodations

Timeframe for Request to the College

To ensure PLAR applicants are provided fair and equal opportunity to complete the PLAR program, accommodation requests received from any PLAR applicant will be considered within the framework set out by the Ontario Human Rights Commission.

Requests for accommodations may be submitted at any point in the PLAR program, except for accommodations being requested for a demonstration-based assessment, which must be received a minimum of 30 days prior to the date of the scheduled assessment.

Form of Accommodation Request to the College

Requests for accommodation must be completed completed in the form set and approved by the CEO submitted in the form of a signed letter to the College which provides specific details of the accommodation required, the reason for the request and the PLAR

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applicant's written authorization for the College to contact the provider of any supporting documentation.

The CEO or their designate may request further documentation as deemed necessary.

Supporting
Documentation General
Requirements of the
College

Supporting documentation submitted must:

- Be dated within six (6) months of initiating PLAR or no more than six (6) months of a scheduled assessment.
- Outline the reason for the accommodation and the specific accommodations required.
- Contain the contact information of anyone providing supporting documentation on the PLAR applicant's behalf.

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Disability
Accommodation –
Additional
Documentation
Requirements of the
College

In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a disability must:

- Be provided by a Regulated Health Professional who has or has had a practitioner/patient relationship with the candidate and who is qualified to make an assessment or diagnosis of the condition.
- Be provided on the Health Professional Recommendation form which provides the title and professional credentials of the Regulated Health Professional who has made the assessment or diagnosis and provides specific information regarding how the requested accommodation relates to the disability.
- In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a disability must:
 - Be provided by a regulated health professional, or other relevant regulated professional, qualified to make an assessment or diagnosis of the condition.
 - Contain the title and professional credentials of the regulated professional who has made the assessment or diagnosis; and
 - Provide information regarding how the requested accommodation relates to the disability.

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Religious
Accommodation –
Additional
Documentation
Requirements of the
College

– In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to religious requirements must:

- Be provided by the PLAR applicant's religious leader.
- Provide information regarding how the requested accommodation relates to the PLAR applicant's religious requirements; and
- Provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.

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Pregnancy Related
Accommodation –
Additional
Documentation
Requirements of the
College

In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a pregnancy-related condition or issue must:

- Be provided by a regulated health professional qualified to make an assessment or diagnosis of the pregnancy related condition or issue.
- Be provided on the Health Professional Recommendation form which provides the title and professional credentials of the Regulated Health Professional who has made the assessment or diagnosis and provides specific information regarding how the requested accommodation relates to the pregnancy-related condition or issue. Contain the title and professional credentials of the Regulated Health Professional.
- Provide information regarding how the requested accommodation relates to the PLAR applicant's pregnancy related condition or issue.

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Breastfeeding
Accommodations
– Documentation
Requirements

Requests for scheduling accommodations to permit a PLAR applicant to breastfeed in between assessment components will be considered in the context of the overall assessment schedule, feasibility of the request in comparison to the time constraints of each assessment component and any health and safety measures in place at the time. Requests must:

- provide information which speaks to the frequency and duration of feedings, and
- acknowledge and understand that any individual named by the PLAR applicant to provide onsite childcare during the assessment will be restricted to a designated area and must undergo any and all

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screening requirements mandated by the facility where the assessment is being conducted and the College for entry on the day of the assessment.

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Review of Requests to the College Accommodation Requests

The CEO and/or their delegate will review requests for accommodation on an individual basis and will make a final determination.

In their review, the CEO and/or their delegate will consider whether the requested accommodation appropriately addresses the needs of the PLAR applicant and will not cause undue hardship to the College. e.g.:

- Will provide an unfair advantage to the PLAR applicant, or
- Will affect the integrity of the PLAR program.

The PLAR applicant will be advised of the request for accommodation decision within ten ~~(10)~~ business days of the submission date unless the CEO and/or their delegate does not have all necessary information to effectively evaluate the accommodation request. In such instances the PLAR applicant will be notified of the additional time needed for a decision to be rendered.

The CEO and/or their delegate cannot guarantee that the particular form of accommodation will be granted and may, in some circumstances, contact the PLAR applicant to discuss alternative forms of accommodation.

Use of Accommodation-Related Information by the College

The CEO and/or the Registration Committee may use information disclosed for the purposes of seeking an accommodation, in considering applications for initial registration with the College.

Pre-Registration and PLAR Eligibility

Pre-Registration

The PLAR applicant initiates the PLAR program by:

- Completing the Pre-Registration Application form.
- Providing the College with proof of identity in accordance with the Proof of Identity Policy.
- Providing the College with proof of language proficiency in accordance with the Language Proficiency policy.
- Providing the College with proof of formal education that is a Canadian bachelor's undergraduate degree or higher, in a healthcare discipline reasonably related to naturopathy, or an education deemed by a third-party assessment agency to be equivalent to a Canadian bachelor's undergraduate degree or higher, in a healthcare discipline reasonably related to naturopathy, based on their assessment.

PLAR Eligibility

To be eligible to initiate PLAR, the PLAR applicant must have:

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- Satisfied the requirement for proof of identity as required under the College's policy.
- Satisfied the formal education requirement, having provided the College with an original or certified copy of their degree, diploma, or transcript, or if internationally educated, having arranged to have a third-party assessment report of their academic credentials submitted directly to the College.
- Satisfied the requirement for language proficiency, as required under the College's Language Proficiency policy.

Third Party Assessment of Academic Credentials

Internationally educated PLAR applicants must provide a third-party assessment report of their academic credentials as part of initiating PLAR. This assessment report must be completed by an accepted third-party assessment agency and be sent directly from the agency to the College. Reports received directly from PLAR applicants, or those which are irregular, altered, or fraudulent will not be accepted.

Assessment Report

The third-party assessment report must explicitly include statements related to the following:

- Authentication of the documents provided (i.e. diplomas and transcripts);
- Verification of the program, year of study, field of study, and issuing institution;
- List of courses and their grades;
- A statement on the equivalency/comparability of the education completed as compared to the Canadian system of education.

Accepted Third Party Assessment Agencies

Assessments may be commissioned from any organization that is a ~~Member~~ member of the Alliance of Credential Evaluation Services of Canada (ACES) (<http://www.canalliance.org/>).

Currently these include:

- Comparative Education Service (CES).
- International Credential Assessment Service of Canada (ICASC).
- International Credential Evaluation Service (ICES).
- International Qualifications Assessment Service (IQAS).
- Ministère de l'Immigration et des Communautés culturelles (MIFI);
- World Education Services (WES).

All ~~Members~~ members of the Alliance of Credential Evaluation Services of Canada adhere to a quality assurance framework (<http://www.canalliance.org/assurance.en.stm>), which aims

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to “promote high quality and portable assessments across Canada”.

Outcomes	Eligible to Initiate PLAR	PLAR applicants who have met the eligibility criteria may move onto Stage 1 of the PLAR program.
	Ineligible to Initiate PLAR	PLAR applicants who are deemed not to have met the education or language eligibility criteria to initiate the PLAR program may reapply following completion of additional language testing and/or with the provision of additional evidence of formal education. In the case of internationally educated PLAR applicants, a new assessment report may be sought out through an alternate third-party assessment agency.
Stage 1: Paper-Based Assessment	Documentation of Education and Experience (DEE)	The paper-based evaluation assesses the PLAR applicant's education and experience to determine whether that knowledge and experience is equivalent to that of a graduate of a CNME-accredited program in naturopathy. A PLAR applicant must complete and submit to the College the Documentation of Education and Experience (DEE), along with the required supporting documents. The DEE form is available upon request from the Applications Department and will be e-mailed to all PLAR applicants deemed eligible for the PLAR program.
	Required Supporting Documents	The following documentation is required in support of the PLAR applicant's DEE: • Original or certified copies of relevant diplomas/degrees; • Original or certified copies of relevant academic transcripts (including marks/grades). • Course syllabi, descriptions and/or course calendars. • Information related to supervised/clinical placements. • Other documentation in support of acquiring relevant learning and/or practice.
	DEE Assessment	There are 52 knowledge areas that have been deemed essential in the provision of safe and competent practice. Evidence related to both formal education and experience, within a naturopathic context, will be considered however some content areas will restrict type of evidence accepted based on factors such as breadth of subject matter and whether learning could feasibly be obtained through experience alone.
	Mandatory Content Areas	To ensure that the PLAR applicant possesses critical knowledge related to the practice of naturopathy, evidence for naturopathic or similar related training for all four of the

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following content categories, and their supporting 25 content areas is required:

- **Body systems and their interactions**
 - Biochemistry
 - Anatomy
 - Gross Anatomy
 - Microbiology
 - Pathology
 - Physiology
 - Embryology
 - Histology
 - Genetics
- **Patient assessment**
 - Diagnostic Assessment
 - Differential Diagnosis
 - Patient Charting & Record Keeping
 - Physical Exam
 - Psychological Assessment
- **Treatment**
 - Acupuncture & principles of traditional Chinese medicine
 - Botanicals (Western)
 - Clinical Nutrition
 - Counselling
 - Classical Homeopathy
 - Naturopathic Principles & Theory
 - Physical therapies including naturopathic manipulation
- **Prognosis and management**
 - Disease Prevention
 - Health Education & Promotion
 - Inter-professional Collaboration
 - Therapeutic - emergency

PLAR applicants who do not have sufficient evidence to prove that they have the requisite naturopathic knowledge in these areas will not be eligible to move to Stage 2 of the PLAR program.

General Medical Subject Matter Areas

In addition to the mandatory naturopathic content areas, the PLAR applicant must also meet a threshold related to a set of general medical subject matter areas. These include:

- Cardiology
- Dermatology
- EENT
- Endocrinology
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology

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- Neurology
- Obstetrics
- Oncology
- Orthopedics
- Pediatrics
- Pharmacology
- Proctology
- Psychology
- Pulmonology
- Rheumatology
- Urology.
- Immunology

Required General Medical Subject Matter

A minimum of 14 of the 20 general medical subject matter areas must be met to achieve the passing threshold and must include Cardiology, Endocrinology, Gastroenterology, Gynecology, Hematology, Neurology, Pediatrics, Pharmacology, Psychology, and Immunology. These content areas are deemed critical for the provision of safe and effective naturopathic care.

Clinic Hours

As part of the paper-based assessment, PLAR applicants will also be required to provide evidence of having obtained a minimum of 960 clinic hours either through courses (e.g., imbedded clinical components), placements, or work experience. This is based on 80% of the 1200 clinic hours required of a CNME-accredited program graduate.

Supplementary Evidence

Where insufficient information exists to perform an assessment, the PLAR applicant may be asked to provide supplementary evidence of learning/experience after an initial scan of submitted documentation is completed.

Passing Threshold

To be deemed to have successfully completed Stage 1, there must be evidence found to support that the PLAR applicant has:

- the requisite naturopathic knowledge in the four mandatory content categories, comprised of 25 content areas.
- the requisite general medical knowledge in at least 14 of the 20 general medical subject matter areas, inclusive of the ten required.
- evidence of having obtained a minimum of 960 clinic hours.

Outcomes

There are three possible outcomes from Stage 1 of the PLAR program:

1. Approved [i.e., all four of the mandatory naturopathic content categories and at least 14 of the 20 general medical subject matter areas], including the 10 required, in

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which case the PLAR applicant will be informed, following review by the PLAR Committee, to that they can proceed to Stage 2 of ~~the~~ PLAR.

2. Partially approved [i.e., all four mandatory content categories and 11-12 general medical subject matter areas, including the 10 required], in which case the PLAR applicant will be informed by the PLAR Committee of identified gaps which must be remediated through recognized, formal, approved courses in the identified gap areas, prior to being eligible to proceed to stage 2.,
3. Deemed to be substantially non-equivalent [i.e., either missing any of the four mandatory content categories or having only ten or fewer of the general medical subject matter areas] and be informed that their education is significantly different than that of a graduate of an accredited program in naturopathy. PLAR applicants deemed substantially non-equivalent by the PLAR Committee will be directed to complete an accredited full-time program in naturopathy and/or to Health Force Ontario to seek an alternative career option.

Remediation

PLAR applicants deemed "partially approved" can remediate gaps identified in the general medical content areas through the submission of a "learning plan" outlining the courses they intend to take to obtain sufficient training/education in these gap areas. PLAR applicants must complete their leaning plan courses within two years of their approval by the PLAR Committee. On approval of the learning plan and subsequent completion of designated courses, the PLAR applicant will be allowed to proceed to Stage 2 of the PLAR program.

Supplemental Review

PLAR applicants who are informed that their education and experience is substantially non-equivalent may request within 30 days to provide supplemental information, not previously provided, to further substantiate evidence of education and/or experience to be assessed by the same assessor. Should the PLAR applicant decline this additional submission, the Assessor's report will be forwarded to the PLAR Committee for review and decision.

Appeals

PLAR applicants who disagree with the outcome of Stage 1 may appeal in accordance with the PLAR Appeals Policy.

Administrative Reconsideration

If an appeal is approved, the PLAR Appeals Panel may grant the PLAR applicant the ability to undergo an administrative reconsideration. In this case, this file is reassessed independently by a different assessor.

If the result of the administrative reconsideration is the same as the initial assessment, no further mechanism is available

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for appeal within the PLAR program. PLAR applicants who wish to have the matter reviewed further may seek to make an application for registration and appeal the decision to refuse registration to HPARB.

Stage 2: PLAR Examination 1	Biomedical Examination	PLAR applicants who have successfully completed Stage 1 may move onto Stage 2, the PLAR Examination 1, Biomedical Examination. This examination is a three-hour multiple-choice exam which assesses a PLAR applicant's knowledge of body systems and their interactions and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.
	Timing & Attempts	PLAR applicants must attempt the Biomedical Examination within one year of receiving notification of successful completion of Stage 1 of the PLAR program. Two scheduled sittings of the Biomedical examination are offered each year; administered via a College approved 3rd party test administration company. PLAR applicants must successfully complete the Biomedical examination within three attempts, and no more than two years of their initial attempt of the examination.
	Passing Threshold	To be deemed to have successfully completed Stage 2, PLAR applicants must achieve a minimum scaled score of 550, the same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Biomedical Exam.
	Outcomes	There are two possible outcomes from Stage 2 of the PLAR program: 1. The PLAR applicant has met or surpassed the passing threshold, in which case they may proceed to Stage 3 of the PLAR program. 2. The PLAR applicant has not met the passing threshold, in which case they may: a. Re-write the examination two more times to attempt to meet the passing threshold. b. Appeal the result of an examination attempt, as per the College's Exam Appeals Policy. c. (After 3 attempts) be deemed by the College that their education and experience is substantially non-equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.
Stage 3:	Clinical Sciences Examination	PLAR applicants who have successfully completed Stage 2 may move onto Stage 3, the PLAR Examination 2, Clinical

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PLAR
Examination 2

Sciences Examination. This examination is a four-hour multiple-choice exam which assesses a PLAR applicant's knowledge of necessary naturopathic competencies for the assessment and treatment of patients and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.

Timing

PLAR applicants must attempt the Clinical Sciences exam within one (1) year of receiving notification of successful completion of Stage 2 of the PLAR program.

Two scheduled sittings of the Clinical Sciences examination are offered each year; administered via a College approved 3rd party test administration company.

PLAR applicants must successfully complete the Clinical Sciences exam within three attempts, and two years of their initial attempt of the examination.

Outcomes

To be deemed to have successfully completed Stage 3, PLAR applicants must achieve a minimum scaled score of 550, the same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Clinical Sciences Exam.

There are two possible outcomes from this examination. The PLAR applicant has either:

1. Met or surpassed the passing threshold, in which case they may proceed to Stage 4 of the PLAR program; or
2. Not met the passing threshold, in which case they may:
 - a. Re-write the examination two more times to attempt to meet the passing threshold.
 - b. Appeal the result of an examination attempt, as per the College's Exam Appeals Policy.
 - c. (After 3 attempts) be deemed by the College that their education and experience is not substantially equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.

Demonstration-
Based
Assessments

Philosophy

There are certain activities and core competencies that cannot be assessed solely via a paper-based assessment or paper-based knowledge test. In these cases, it is essential that the PLAR applicant be assessed while performing a number of tasks to ensure they are competent and safe to practice.

A structured interview will evaluate core competencies that

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Stage 4:
Demonstration-
Based
Assessment

Structured Interview

are not adequately covered by the paper-based assessment nor the PLAR examinations, namely the ability to analyze, synthesize and articulate theoretical situations.

In the Structured Interview, PLAR applicants will have one hour to review and make notes on a peer reviewed article along with a list of questions. Following this review, PLAR applicants will participate in a 90-minute structured interview.

The interview is conducted by a panel of three registered NDs trained to assess PLAR applicants who use assessment rubrics that include entry to practise performance indicators to support an objective interview process.

Timing

PLAR applicants must attempt the Structured Interview within six months of receiving notification of successful completion of Stage 3 of the PLAR program.

Outcomes

Each competency is marked as Adequate Response (100%), Partially Adequate Response (50%), or Inadequate Response (0%).

This stage may result in three (3) possible outcomes for PLAR applicants:

1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to Stage 5 [following review by the PLAR Committee](#).
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt.
3. A failing grade of below 50%, in which case they are [permitted one re-attempt. A subsequent failing grade results in a determination determined of being to be](#) substantially non-equivalent and referred to a CNME-accredited program and/or HealthForce Ontario to seek an alternative career option.

Re-attempt

PLAR applicants who achieved a non-passing grade on their initial attempt, and who wish to re-attempt Stage 4 must notify the College within 30 days of receiving results notification.

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Deemed Withdrawal

Applicants who do not notify the College that they wish to re-attempt Stage 4 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

Appeal

PLAR applicants may appeal their Stage 4 result in accordance with the PLAR Appeals policy.

Stage 5:
Demonstration-
Based
Assessment

Simulated Patient Case
Review and
Interactions
Interaction
with a Standardised
Patient

The Simulated Patient Case Review and Interactions allows PLAR applicants to demonstrate to assessors their clinical competencies and apply their naturopathic skills and knowledge. The Interaction with a Standardised Patient allows PLAR applicants to demonstrate to assessors their clinical competencies and apply their naturopathic skills and knowledge.

PLAR applicants will complete three simulated patient cases. Each case will require PLAR applicants to read through a concise statement of the patient's presenting complaint, perform relevant physical exams and practical techniques ("interactions") on live and simulated models, perform patient charting or "SOAP" notes and respond to questions posed by assessors around differential and working diagnoses, treatment plans, concerns and referral indicators. PLAR applicants will complete three interactions, or "stations", each standardised patient presenting with a unique chief complaint. Each station will require PLAR applicants to read through a concise statement of the patient's presenting complaint, along with instructions for the station, perform an assessment of the standardised patient including obtaining relevant information from the patient, perform patient charting or "SOAP" notes, complete activities related to the standardised patient's case, such as demonstrating a practical technique, and answer any questions from the standardised patient before concluding the station.

Standardised patients are individuals who are trained to portray the personal history, physical symptoms, and everyday concerns of an actual patient.

Interactions with a Standardised Patient are marked using global rating scale rubrics. Performance feedback is collected not only from the assessors but also from the standardized patients. The final score is an averaged mark obtained from the performance of all three stations.

Timing

PLAR applicants must attempt the Interaction with a Standardised Patient Simulated Patient Case Reviews and Interactions within six months of receiving notification of successful completion of Stage 4 of the PLAR program.

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Outcomes

Simulated Patient Case Review and Interactions are marked using rubrics which use both objective and subjective means to measure performance. The final score is an averaged mark obtained from the performance of all three cases

This stage may result in three possible outcomes for PLAR applicants:

1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to completing registration examinations [following review by the PLAR Committee](#).
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt.
3. A failing grade of below 50%, in which case they are [permitted one re-attempt. A subsequent failing grade results in a determined determination to be of being](#) substantially non-equivalent and referred to a CNME-accredited program and/or Health Force Ontario to seek an alternative career option.

Re-attempt

PLAR applicants who achieved a non-passing grade on their initial attempt, and who wish to re-attempt Stage 5 must notify the College within 30 days of receiving results notification

Deemed Withdrawal

PLAR aApplicants, who do not notify the College that they wish to re-attempt Stage 5 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

Appeal

PLAR applicants who are not successful in Stage 5 are advised that their education and experience is not substantially equivalent to the training and education of a CNME-accredited program graduate, and that they are ineligible for registration with the College, having not successfully completed the PLAR program.

If the PLAR applicant fails Stage 5 of the PLAR program they may appeal in accordance with PLAR Appeals Policy or seek to have the final determination of being substantially non-equivalent and ineligible for registration with the College reviewed by making an application for registration and appealing the decision to refuse registration to HPARB.

Overall Timing

Concurrent Processes
Wherever Possible

Wherever possible, to streamline the PLAR program, a PLAR applicant may complete certain components concurrently.

PLAR Assessors

General

Assessors are **Registrants-registrants** of the College in good standing, who meet the criteria established by this policy.

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General Assessor Criteria

A ~~r~~Registrant is eligible for selection as an assessor if, on the date of application and throughout each applicable assessment for which they are selected to participate, the ~~Registrant~~registrant:

- Holds a General ~~class c~~Certificate of ~~r~~Registration with the College with no ~~terms, conditions, or limitations~~TCLs on their ~~Certificate of Registration~~certificate which restricts their practising the profession.
- Has actively practiced naturopathy for at least three ~~(3)~~ years.
- Understands and is committed to conducting assessments in accordance with principles set out by the Office of the Fairness Commissioner.
- Is not in default of payment of any fees prescribed by ~~the~~ Bylaw-laws or any fine or order for costs to the College imposed by a College committee or court of law.
- Is not in default of completing and returning any form required by the College.
- Is not the subject of any disciplinary or incapacity proceeding.
- Has not had a finding of professional misconduct, incompetence, or incapacity against ~~him/her~~them in the preceding ~~five-three~~ (5) years.
- Is not a Council or Committee ~~Member~~member.
- Is not employed by the College.
- Is not employed as an administrative faculty ~~Member-member~~ or instructor at a naturopathic academic institution relating to naturopathy.

Assessor Application

A ~~Registrant~~registrant may apply to the College for consideration as an assessor by submitting their resume and a cover letter outlining the reason(s) they are interested and any applicable assessment experience.

Assessor Considerations

When appointing assessors, the College will consider:

- Whether the ~~Registrant~~registrant has met the criteria as outlined in this policy.
- The need for assessors with expert knowledge in a particular component of PLAR.
- Additional professional qualifications and expertise.
- Experience.
- Languages spoken.
- Whether the ~~Registrant~~registrant has completed mandatory training on unconscious bias.
- Ability to be objective, impartial, consistent and fair.
- Additional qualifications and characteristics that complement the College's mandate of public protection; and
- Possible conflicts of interest the ~~Registrant~~registrant may have which may hinder their ability to be objective and impartial.

Appointments

Assessors will be appointed by the CEO ~~and~~/or their delegate for a maximum of three (3) years and may be re-appointed at the

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discretion of the CEO [and](#)/or their delegate.

Conflicts of Interest For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the [Byby](#)-laws of the College. Without limiting the definition, a real or perceived conflict of interest between an assessor and a PLAR applicant exists when a prior personal or professional relationship exists between the assessor and PLAR applicant.

As part of assigning an assessor, assessors will be asked to review the name of the PLAR applicant and shall declare any conflict of interest.

The CEO [and](#)/or their delegate may perceive a conflict of interest between an assessor and a PLAR applicant, due to professional or personal affiliation, or a prior assessment, to ensure a fair and impartial process.

The CEO [and](#)/or their delegate shall subsequently adjust assessor assignments or panel compositions to resolve any conflicts.

Assessor Disqualification A ~~Registrant~~[registrant](#) will be discharged as an assessor if they:

- Breach one of the qualifications required to become an assessor as outlined in this policy.
- Breach confidentiality of any information learned through participation in the PLAR program.
- Fail to properly declare a real or perceived conflict of interest.
- Fail to attend an in-person assessment, for which they are scheduled, without providing sufficient notice.
- [Arels](#) advised as such by the CEO.

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The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2024-2025

Each year, the Council members are required to complete an annual Conflict of Interest Declaration that identify where real or perceived conflicts of interest may arise.

As set out in the College by-laws, a conflict of interest is:

16.01 Definition

For the purposes of this article, a conflict of interest exists where a reasonable person would conclude that a Council or Committee member's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, and direct or indirect.

Using an Annual Declaration Form, the College canvasses Council members about the potential for conflict in four areas:

Based on positions to which they are elected or appointed;
Based on interests or entities that they own or possess;
Based on interests from which they receive financial compensation or benefit;
Based on any existing relationships that could compromise their judgement or decision-making.

The following potential conflicts have been declared by the Council members for the period April 1, 2024 to March 31, 2025.

Elected or Appointed Positions

Council Member	Interest	Explanation
Dr. Amy Dobbie, ND	City Councilor (Family Member)	Father is an elected city councilor for the City of Quinte West. Does not believe it is a conflict – made a note of it in case.

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (inactive)	Partner of BRB CE Group	I am a partner of the business BRB CE Group, which provides continuing education courses for Naturopathic Doctors, through live conferences as well as online recorded webinars and audio recordings.

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
None		

Existing Relationships

Council Member	Interest	Explanation
None		

Council Members

The following is a list of Council members for the 2024-25 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 29, 2024	July 9, 2024	None
Dean Catherwood	May 29, 2024	July 8, 2024	None
Dr. Amy Dobbie, ND	May 29, 2024	July 5, 2024	Yes
Lisa Fenton	May 29, 2024	July 5, 2024	None
Sarah Griffiths-Savolaine	May 29, 2024	Sept 24, 2024	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 29, 2024	July 5, 2024	Yes
Dr. Denis Marier	May 29, 2024	July 5, 2024	None
Marija Pajdakovska	Nov 28, 2024	Dec 6, 2024	None
Paul Phillion	May 29, 2024	July 5, 2024	None
Dr. Jacob Scheer, ND	May 29, 2024	July 5, 2024	None
Dr. Jordan Sokoloski, ND	May 29, 2024	July 8, 2024	None
Dr. Erin Walsh (Psota), ND	May 29, 2024	July 5, 2024	None

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

Updated: December 10, 2024

¹ Each year, the Council begins anew in May at its first Council meeting. This date will typically be the date of the first Council meeting in the cycle unless the individual was elected or appointed.



The College of Naturopaths of Ontario

Report from the Council Chair
Period of November 1, 2024 to December 31, 2024

This is the fourth Chair's Report of six for the current Council cycle and provides information for the period from November 1, 2024 to December 31, 2024.

In November, I had a regularly scheduled meeting with Dr. Audrey Sasson, ND, the OAND Board Chair. These meetings continue to be productive and helpful for both organizations. Our next meeting will be in February.

Andrew and I continue to meet on a monthly basis. We each spent some time over the last few weeks meeting and orienting our newest Public Member on Council, Marija Pajdakovska. Once again, welcome to the Council Marija!

Wishing you all the best for 2025 – I look forward to continuing to work with you all and am proud of what we have accomplished in 2024. Please don't hesitate to reach out if you have any questions related to our work.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 January 2025



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

The Regulatory Operations Report provides data for April 1, 2024, to December 31, 2024, inclusive, emphasizing data changes that occurred since the last reporting period (i.e., data for November and December 2024). Please note that not every section of the full report is discussed below but only those areas which are believed to be of importance to highlight for the Council.

1.1 Registration

Through November and December, 31 registrants in the General class of registration were added. This coincides with the ETP data.

1.2 Entry-to-Practice

In November and December, 31 new certificates were issued while 24 new applications were received. There are currently 11 on-going applications in process. No applications were referred to the Registration Committee for review.

1.3 Examinations

One examination for IVIT was held in December with 13 candidates sitting the examination.

One exam appeal was considered by the Examination Appeals Committee. In that case, they granted the appeal which related to the Biomedical Examination. There are no outstanding appeals.

1.5 Quality Assurance

During November and December, 35 Peer & Practise Assessments were completed by our Assessors. Five assessments were reviewed by the Quality Assurance Committee, all deemed satisfactory outcomes.

1.6 Inspection Program

During November and December, four new premises were registered and two were de-registered. The new premises and 5-year Anniversary Inspections were completed, as necessary. None of the inspections resulted in a failure.

Four new Type 1 Occurrence Report were received in November and December. All of these were reviewed by the Committee and no concerns were identified.

1.7 Complaints and Reports

Complaint and Reports Data

In November and December, five new complaints were received, and no new reports were initiated. Three earlier complaints and one on-going report were completed by the ICRC, none of which resulted in referrals to the Discipline or Fitness to Practice Committees. There are 33 ongoing matters present before the ICRC.

Interim Orders

The ICRC did not impose any interim orders in November and December 2024; however, two such orders remain in place from the prior years.

1.9 Hearings

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year. In November, both panels issued their Decision & Reasons on the allegations as set out in the Notice of Hearing for both matters. In both cases, the panels independently determined that the challenges that the College infringed on the rights of the Registrants as set out in the Charter of Rights and Freedoms had no merit. Both panels independently found that the Registrants had committed acts of professional misconduct as set out in the Notices of Hearing.

The penalty and costs portions of these two matters are scheduled for the next several months.

1.10 Regulatory Guidance and Education

Regulatory Guidance

In November and December, regulatory guidance inquiries remained on par with prior months. For the year, the top three inquiries continued to relate to scope of practice, telepractice and fees and billing although there were significant increases in inquiries relating to record keeping, laboratory testing and prescribing.

Regulatory Education

There was one Regulatory Education Program session held in November which was presented in conjunction with the Office of the Information and Privacy Commissioner of Ontario. 165 registrants attended this session.

The number of registrations for the recorded versions of the REP remained high.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
January 2025



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.1 Regulatory Activity: Registration														
Registrants (Total)														1916
General Class (Total)														1710
	<i>In Good Standing</i>	8	15	0	-7	0	-1	0	19	12				1698
	<i>Suspended</i>	-1	-2	0	0	0	0	1	0	-1				12
Inactive Class (Total)														178
	<i>In Good Standing</i>	-1	-7	1	6	1	4	0	-1	1				168
	<i>Suspended</i>	1	2	0	0	0	0	-1	0	0				10
Emergency Class (Total)														0
	<i>In Good Standing</i>	0	0	0	0	0	0	0	0	0				0
	<i>Suspended</i>	0	0	0	0	0	0	0	0	0				0
Life Registrants														28
	<i>In Good Standing</i>	0	0	0	0	0	0	0	0	0				28
	<i>Suspended</i>	0	0	0	0	0	0	0	0	0				0
Changes in Registration Status Processed (Total)														83
	Suspensions	21	7	1	1	0	0	2	0	0				32
	Resignations	1	0	1	2	0	0	0	0	0				4
	Revocations	0	6	0	0	0	0	1	0	1				8
	Reinstatements	19	1	1	1	0	0	0	0	0				22
Class Changes (Total)														17
	General Class to Inactive Class	0	0	1	6	1	4	0	0	3				15
	Inactive Class to General Class	0	0	0	0	0	1	0	1	0				2
	Any Class to Life Registrant Status	0	0	0	0	0	0	0	0	0				0
	Emergency Class to General Class	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Professional Corporations (Total)														137
	New applications approved	1	1	2	2	0	2	1	1	1				11
	Resigned/Desolved	0	0	0	1	0	0	0	0	0				1
	Revoked	0	0	0	0	0	0	0	0	0				0
	PC Renewals in 2024-25													
	Not Yet Renewed in this period													38
	Renewed	7	8	11	9	8	10	7	11	15				86
	Revoked	0	0	0	0	0	0	0	0	0				0
	Resigned/Dissolved	0	1	0	1	0	0	0	0	0				2

1.2 Regulatory Activity: Entry-to-Practise														
Total ETP Applications On-Going														11
	New applications received	15	1	3	1	2	1	16	18	7				64
	Certificates issued	8	16	2	1	2	2	2	18	13				64
Applications Currently before the Registration Committee														0
	New referrals	0	0	1	1	0	1	0	0	0				3
	Decisions Issued	0	0	1	1	0	1	0	0	0				3
Registration Committee Outcomes														3
	Approved	0	0	1	1	0	0	0	0	0				2
	Approved – TCLs	0	0	0	0	0	0	0	0	0				0
	Approved – Exams required	0	0	0	0	0	0	0	0	0				0
	Approved – Education required	0	0	0	0	0	1	0	0	0				1
	Denied	0	0	0	0	0	0	0	0	0				0
Prior Learning and Recognition Program Activities in Process														1
	New applications received	0	0	0	0	0	0	0	0	0				0
	Decisions rendered on applications	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
	Exam sittings scheduled	0	0	0	0	1	0	0	0	0				1
	Exam sittings held	0	0	0	0	1	0	0	0	0				1
	Number of candidates sitting exam	0	0	0	0	87	0	0	0	0				87
Ontario Biomedical Examination														
	Exam sittings scheduled	0	0	0	0	0	1	0	0	0				1
	Exam sittings held	0	0	0	0	0	1	0	0	0				1
	Number of candidates sitting exam	0	0	0	0	0	87	0	0	0				87
Ontario Clinical Practical Examination														
	Exam sittings scheduled	0	0	0	1	0	0	1	0	0				2
	Exam sittings held	0	0	0	1	0	0	1	0	0				2
	Number of candidates sitting exam	0	0	0	69	0	0	35	0	0				104
Ontario Therapeutic Prescribing Examination														
	Exam sittings scheduled	1	0	0	0	0	1	0	0	0				2
	Exam sittings held	1	0	0	0	0	1	0	0	0				2
	Number of candidates sitting exam	47	0	0	0	0	48	0	0	0				95
Ontario Intravenous Infusion Examination														
	Exam sittings scheduled	0	1	0	0	0	0	0	0	1				2
	Exam sittings held	0	1	0	0	0	0	0	0	1				2
	Number of candidates sitting exam	0	19	0	0	0	0	0	0	13				32
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)														0
	Appeals Granted	0	0	0	0	0	0	0	0	0				0
	Appeals Denied	0	0	0	0	0	0	0	0	0				0
Ontario Biomedical Examination Appeals (Total)														2
	Appeals Granted	0	0	1	0	0	0	0	0	1				2
	Appeals Denied	0	0	0	0	0	0	0	0	0				0
Ontario Clinical Practical Examination Appeals (Total)														0
	Appeals Granted	0	0	0	0	0	0	0	0	0				0
	Appeals Denied	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Ontario Therapeutic Prescribing Examination														0
	Appeals Granted	0	0	0	0	0	0	0	0	0				0
	Appeals Denied	0	0	0	0	0	0	0	0	0				0
Ontario Intravenous Infusion Examination Appeals (Total)														0
	Appeals Granted	0	0	0	0	0	0	0	0	0				0
	Appeals Denied	0	0	0	0	0	0	0	0	0				0

Exam Questions Developed (Total)														178
CSE questions developed		0	104	0	0	0	0	0	0	0				104
BME questions developed		0	0	0	74	0	0	0	0	0				74

1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received														0
	Funding application approved	0	0	0	0	0	0	0	0	0				0
	Funding applilcation declined	0	0	0	0	0	0	0	0	0				0
Number of Active Files														
Funding Provided		\$0	\$1560	400	\$710	\$461	\$0	\$560	\$0	\$0				\$3,691

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)														23
	Pool selected by QAC													150
	Deferred, moved to inactive or retired (removed from	0	-3	-4	0	-1	0	0	0	0				-8
	Assessments ordered by QAC, i.e. outside of random	1	0	0	7	6	5	1	0	0				20
Total Number of Assessment for the Year.														162
	Completed (Y-T-D)	1	0	0	1	16	30	56	29	6				139

Quality Assurance Committee Reviews														
Assessments reviewed by Committee		0	0	0	0	1	0	2	0	5				11
	Satisfactory Outcome	1	0	0	0	0	0	2	0	5				8
	Ordered Outcome (SCERP, TCL, etc.)	2	0	0	0	1	0	0	0	0				3

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
CE Reporting														
	Number in group	0	0	0	0	0	530	0	0	0				530
	Number received	0	0	0	0	0	519	11	0	0				530
	Number of CE Reports with deficiencies	0	0	0	0	0	0	73	15	0				88

QAC Referrals to ICRC	0	0	1	0	0	0	0	0	0	0				1
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1.6 Regulatory Activity: Inspection Program

Registered Premises (Total Current)														164
	Total Registered from prior year (as of May 1)													158
	Newly registered	5	0	2	0	3	2	0	4	0				16
	De-registered	3	3	0	0	1	0	1	1	1				10

Inspections of Premises														
	New Premises													
	Part I Completed	4	1	2	2	1	3	0	3	0				16
	Part II Completed	1	2	2	0	0	0	3	2	1				11
	5-year Anniversary Inspections													
	Premises requiring 5-year inspection													17
	Completed	0	0	1	1	1	1	2	3	1				10

Inspection Outcomes														
	New premises-outcomes (Parts I & II)													
	Passed	3	4	3	0	4	5	0	7	0				26
	Pass with conditions	4	1	3	0	2	0	0	0	0				10
	Failed	0	0	0	0	0	0	0	0	0				0
	5-year Anniversary Inspection Outcomes													
	Passed	2	0	0	0	0	1	0	1	0				4
	Pass with conditions	1	1	0	0	2	2	0	2	0				8
	Failed	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Type 1 Occurrence Reports (Total Reported)														15
	Patient referred to emergency	0	1	1	1	1	2	2	1	2				11
	Patient died	0	0	0	0	0	0	0	0	1				1
	Emergency drug administered	0	1	1	0	0	0	0	1	0				3
Type 2 Occurrence Reports (Outstanding)														0
	Total Reports Required to be filed.	0												168
	Reports Received	149	19	0	0	0	0	0	0	0				168
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)														33
	Complaints carried forward from prior period(s)													13
	Reports carried forward from prior period(s)													5
	New Complaints	2	4	0	3	1	0	1	3	2				16
	New Reports	0	2	0	1	1	0	0	0	0				4
	Matters returned by HPARB	0	0	0	0	0	0	0	0	0				0
	Complaints completed	3	1	0	2	1	1	0	2	1				11
	Reports completed	1	0	1	1	0	1	0	0	1				5
Files in Alternate Dispute Resolution (In process)														0
	ADR Files from Prior Period													1
	New files referred to ADR	0	0	0	0	0	0	0	0	0				0
	Files resolved at ADR	1	0	0	0	0	0	0	0	0				1
ICRC Outcomes (files may have multiple outcomes)														
	Take no further action	0	0	0	0	1	0	0	1	0				2
	Letter of Counsel	0	1	0	1	0	0	0	0	1				3
	Oral Caution	0	0	0	3	0	0	0	0	1				4
	Specified Continuing Education and Remediation	3	0	0	0	0	0	0	1	0				4
	Letter of Counsel & SCERP	0	0	0	0	0	1	0	0	0				1
	Oral Caution & SCERP	0	0	1	0	0	1	0	0	0				2
	Acknowledgement & Undertaking	0	0	0	2	0	0	0	0	0				2
	Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0				0
	Referral to Discipline Committee	0	0	0	0	0	0	0	0	0				0
	Frivolous & Vexatious	0	0	0	0	0	0	0	0	0				0
	Resolved through ADR	1	0	0	0	0	0	0	0	0				1
	Withdrawn by Complainant	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Interim Orders (Currently In Place)														2
	Orders issued in prior period													2
	New Interim Orders - TCLs Applied	0	0	0	0	0	0	0	0	0				0
	New Interim Orders - Suspended	0	0	0	0	0	0	0	0	0				0
	Interim Orders Removed	0	0	0	0	0	0	0	0	0				0
Summary of concerns (files may have multiple concerns)														
	Advertising/Social Media	0	1	0	1	1	0	0	2	0				5
	Billing and Fees	1	0	0	0	0	0	1	1	1				4
	Communication	0	0	0	1	0	0	1	0	0				2
	Competence/Patient Care	2	2	0	3	1	0	0	1	1				10
	Fraud	0	0	0	0	0	0	0	0	0				0
	Professional Conduct & behaviour	0	1	0	1	0	0	0	2	0				4
	Record Keeping	0	0	0	0	0	0	0	0	0				0
	Sexual Abuse/Harassment/Professional Boundaries	0	0	0	1	0	0	0	0	0				1
	Delegation	0	0	0	0	0	0	0	0	0				0
	Unauthorized Practice/Scope of Practice	0	3	0	0	1	0	0	0	0				4
	Failure to comply with an Order	0	0	0	0	0	0	0	0	0				0
	Inappropriate/ineffective treatment	0	0	0	0	0	0	0	1	0				1
	Conflict of Interest	0	0	0	0	0	0	0	0	0				0
	Lab Testing	0	0	0	0	0	0	0	0	0				0
	QA Program Compliance	0	0	0	0	1	0	0	0	0				1
	Cease & Desist Compliance	0	0	0	0	0	0	0	0	0				0
	Failure to Cooperate	0	0	0	0	0	0	0	0	0				0
	Practising while Suspended	0	0	0	0	0	0	0	0	0				0
	Unprofessional/Unbecoming Conduct	0	0	0	0	0	0	0	0	0				0
	Breach of Privacy	0	0	0	0	0	0	0	2	0				2
1.8 Regulatory Activity: Unauthorized Practitioners														
Cease and Desist Letters (Unsigned/Outstanding)														6
	Letters Outstanding from Prior Period													3
	Letters Issued	2	2	1	0	1	1	0	3	0				10
	Letters signed back by practitioner	1	1	1	0	0	0	0	1	3				7

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Injunctions from Court														
	Injunctions in place from prior year													2
	Applications Outstanding from prior year	-1												0
	New Applications Filed	0	0	0	0	0	0	0	0	0				0
	Applications approved by the Court	1	0	0	0	0	0	0	0	0				1
	Applications denied by the Court	0	0	0	0	0	0	0	0	0				0
1.9 Regulatory Activity: Hearings														
Matters Referred by ICRC														
	Referrals to the Discipline Committee (Total)													2
	Referrals from prior period													2
	New referrals	0	0	0	0	0	0	0	0	0				0
	Matters concluded	0	0	0	0	0	0	0	0	0				0
	Referrals to the Fitness to Practise Committee (Total)													0
	Referrals from prior period													0
	New referrals	0	0	0	0	0	0	0	0	0				0
	Matters concluded	0	0	0	0	0	0	0	0	0				0
Disciplinary Matters														
Pre-hearing conferences														
	Outstanding from prior year													0
	Scheduled	0	0	0	0	0	0	0	0	0				0
	Completed	0	0	0	0	0	0	0	0	0				0
Discipline hearings														
	Ongoing from Prior Year													2
	Contested hearing completed	0	0	0	0	0	0	0	0	0				0
	Uncontested hearings completed	0	0	0	0	0	0	0	0	0				0
Outcomes of Contested Matters														
	Findings made	0	0	0	0	0	0	0	2	0				2
	No findings made	0	0	0	0	0	0	0	0	0				0
FTP Hearings														
	Finding of incapacitated	0	0	0	0	0	0	0	0	0				0
	No finding made	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)														446
	E-mail	33	39	26	38	24	28	30	25	13				256
	Telephone	16	41	31	21	14	22	22	19	4				190
Most Common Topics of Inquiries														
	Telepractice	3	11	4	5	4	3	2	2	0				34
	Record Keeping	1	7	5	6	3	3	3	8	1				37
	Scope of Practice	4	11	8	5	3	5	1	1	0				38
	Injections	1	3	3	2	2	0	2	1	0				14
	Patient Visits	0	1	0	4	1	3	1	0	0				10
	Delegations and Referrals	5	6	4	4	2	2	1	0	0				24
	Laboratory Testing	4	3	1	3	3	3	4	4	3				28
	Consent and Privacy	5	3	1	2	1	1	3	1	1				18
	Conflict of Interest	1	1	2	2	1	1	3	1	2				14
	Prescribing	1	0	2	5	2	2	4	3	3				22
	Fees and Billing	1	4	9	5	6	6	4	3	1				39
	Inspection Program	4	2	3	1	0	3	1	1	0				15
	Endorsements	0	1	0	1	0	2	1	1	0				6
	Graduates working for NDs	3	3	0	0	0	1	0	0	1				8
	Continuing Education	1	2	0	0	3	3	2	0	0				11
	Advertising	1	6	7	0	0	1	1	2	1				19
	Notifying Patients when Moving	3	1	0	1	0	1	0	6	0				12
	Completing Forms and Letters for Patients	1	1	0	2	1	0	2	1	0				8
	Registration and CPR	0	4	0	1	1	3	1	1	1				12

Regulatory Education Program														
Live Sessions														
	Session Delivered	1	1	1	1	1	0	0	1	0				6
	Registrations	252	302	236	321	309	0	0	185	0				1605
	Attendees	164	202	161	206	195	0	0	165	0				1093
Recorded Sessions														
	Registrations	16	14	41	150	146	202	16	157	156				898

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.11 Regulatory Activity: HPARB Appeals														
Registration Committee Decisions before HPARB														0
	Appeals carried forward from prior period													0
	New appeals filed with HPARB	0	0	0	0	0	0	0	0	0				0
	Files where HPARB rendered decision	0	0	0	0	0	0	0	0	0				0
HPARB Decisions on RC Matters														
	Upheld	0	0	0	0	0	0	0	0	0				0
	Returned	0	0	0	0	0	0	0	0	0				0
	Overtured	0	0	0	0	0	0	0	0	0				0
ICRC Decisions before HPARB (Total current)														5
	Appeals carried forward from prior period													3
	New appeals filed with HPARB	2	0	0	0	0	0	0	0	0				2
	Files where HPARB rendered decision	0	0	0	0	0	0	0	0	0				0
HPARB Decisions on ICRC Matters														
	Upheld	0	0	0	0	0	0	0	0	0				0
	Returned	0	0	0	0	0	0	0	0	0				0
	Overtured	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.12 Regulatory Activity: HRTTO Matters														
Matters filed against the College														
	Matters in progress from prior period(s)													1
	New matters	0	0	0	0	0	0	0	0	0				0
	Matters where HRTTO rendered a decision	0	0	0	0	0	0	0	0	0				0
HRTTO Decisions on Matters														
	In favour of applicant	0	0	0	0	0	0	0	0	0				0
	In favour of College	0	0	0	0	0	0	0	0	0				0



The College of Naturopaths of Ontario

BRIEFING NOTE

Inspection Program Policy Amendments

PURPOSE: Council is asked to review and approve amendments to the Inspection Program Policies.

OUTCOME Decision

NATURE OF DECISION ☐ Strategic ☒ Regulatory Processes & Actions ☐ Other

PROCESS:

Activity:	Presentation and discussion.		
Results:	Decision on amendments.		
Overall Timing:	10 minutes		
Steps/Timing:	1.	Dr. Sean Armstrong, ND will present the briefing	5 minutes
	2.	Council questions and discussion.	5 minutes
	3.	Motion	

BACKGROUND:

The Inspection Committee periodically reviews the Inspection Program Policies as part of its responsibilities. The Inspection Committee Terms of Reference states that the Committee shall “advise on and recommend to the Council the requirements for, and policies and procedures relating to, the Inspection Program of the College, ensuring that the policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council’s commitment to equity, diversity, inclusion and belonging.”

The proposed amendments to the Inspection Program Policies (attached) are intended to add clarity and ensure they align with current by-laws, College policies, and practices.

DISCUSSION POINTS:

Minor amendments such as the addition of relevant definitions, deletion of redundancies and changes to ensure current processes are reflected in the policies are included in the attached Inspection Program Policies. The following table outlines the more substantive amendments (~~deletions~~, additions) to the Inspection Program Policies as proposed by the Inspection Committee.

Proposed amendment	Rationale
Inspection Committee – Responsibilities As outlined in Part IV of the General Regulation and the Terms of Reference, the IC may do only one or more of the following: advise on and recommend to Council the requirements for, and policies and procedures relating to the Inspection Program of the College	The Terms of Reference outline the Committee’s responsibilities so there is no need to also include them in

• annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments, ensure appropriate individuals are appointed and trained to perform inspections; • bi-annually review relevant regulations made under the <i>Naturopathy Act, 2007</i>, including but not necessarily limited to Part IV of the <i>General Regulation</i>; • ensure adequate inspections are undertaken and completed in a timely way using appropriate tools and mechanisms; • determine, after reviewing inspection reports and other material referred to in Part IV of the <i>General Regulation</i>: • whether the outcome for a premises is a pass, pass with conditions, or fail; • specify the conditions that shall be attached to each “pass with conditions”; • deliver written reports as required; • direct the CEO to refer a Registrant to the Quality Assurance Committee, if the result of an inspection report made by the Committee finds that a Registrant’s knowledge, skill or judgment is unsatisfactory; • direct the CEO to refer a Registrant to the Inquiries, Complaints and Reports Committee, if the result of an inspection report made by the College finds that a Registrant may have committed an act of professional misconduct or may be incompetent or incapacitated. The Committee will carry out its responsibilities as outlined in Part IV of the <i>General Regulation</i> and the terms of reference. The Committee will also: - review all Type 1 occurrence reports and determine if further action is required, - review a summary of the Type 2 occurrence reports, and - review and decide upon requests made to defer an inspection.	the policies. Only those responsibilities not included in the Terms of Reference are included in the Policies.
Designated Registrant Responsibilities The Designated Registrant is the main contact person for a premises, and is responsible for communicating with the College and the payment of fees regarding the premises and any inspections thereof. The Designated Registrant ensures that the premises and all staff who perform procedures there meet the responsibilities and requirements outlined in the College’s Inspection Program documents and Part IV of the <i>General Regulation</i>. The designated Registrant is the contact person for a premises and is responsible for: - communicating with the College regarding the Inspection Program, - the payment of fees regarding the premises and any inspections thereof, - informing the College immediately when a different Registrant is taking on the role of the designated Registrant for the premises, - informing the College within 30 days of any changes regarding: - Registrants who perform procedures, - new procedures being performed at the premises, - procedures no longer being performed at the premises, - submitting the Type 2 occurrence annual report, - receiving the Inspection Committee report with the inspection outcome, - providing copies of the Inspection Committee report to Registrants who perform or may perform procedures at the premises when the outcome is a pass with conditions or a fail, - making a submission in response to an outcome of a fail or pass with conditions, and - ensuring that all staff who perform procedures at the premises meet the responsibilities and requirements outlined in the College’s	Ensures that all the responsibilities of the Designated Registrant are outlined in detail in the Policies. The responsibilities of the Designated Registrant remain the same, they are now listed in one section in the Policies.

Inspection Program Requirements, the Inspection Program Handbook, and Part IV of the <i>General Regulation</i>.	
Frequency and Timelines of Inspections – Ordered inspections - Pursuant to Section 32 of the <i>General Regulation</i> the College may inspect a premises if it is of the opinion that it is necessary or advisable to do so.	The ability to order an inspection was not previously included in the Policies. The addition also refers to the <i>General Regulation</i> which authorized the College to order an inspection.
Timelines for new premises – Part I New premises in which Registrants are intending to perform procedures will undergo Part I of the new premises inspection within 180 days of the College receiving the Registering an IVIT Premises form. written notification from the Designated Registrant. The designated Registrant will be required to withdraw their request to register a new IVIT premises if they are unable to schedule an inspection prior to the 180 day deadline.	Adds the practice of requiring a premises to withdraw the registration of a new premises when the Designated Registrant is not able to schedule the inspection prior to the 180 day timeframe required in the <i>General Regulation</i>.
Refunds/Waived fees – The premises registration fee will not be refunded to a premises that withdraws its registration as a new premises. Inspection fees that have been invoiced and/or paid will not be waived or refunded to a premises that withdraws from submits a Cease to Perform IVIT form after the Inspection Program even if the premises has not undergone an inspection. The inspection fee will be waived for a premises that submits a Cease to Perform IVIT form more than 7 days prior to the inspection being conducted. If a premises has paid the inspection fee and then submits a Cease to Perform IVIT form prior to the inspection being conducted, the inspection fee will be refunded.	Clarifies when inspection fees will be refunded or waived.
Inspector Qualifications—Inspectors will be one of the following: A naturopath who is registered with the College of Naturopaths of Ontario and has met the standards of practice for Intravenous Infusion Therapy and Prescribing; OR A member of another regulated health profession who is in good standing with their regulatory body and who is authorized, under the applicable legislation, to perform the controlled acts of compounding and administering a substance by intravenous injection.	This section is not necessary as it is captured in the Inspector Criteria section.
Inspector Criteria Eligibility – NDs A Registrant will be eligible for appointment as an inspector if the individual: • is registered in the General class OR in the Inactive class for less than two years, • has met the standards of practice for IVIT and Prescribing, • has actively performed IVIT and compounding for IVIT within the last two years, • is not in default of payment of any fees prescribed by the by-laws or any fine or order for costs to the College imposed by a College committee or court of law,	Ensures that the criteria are more complete and align with criteria for peer assessors as outlined in the Quality Assurance Program Policies.

• is not in default in completing and returning any form required by the College, • is not the subject of any disciplinary or incapacity proceeding, • has not had a finding of professional misconduct, incompetence or incapacity against them in the preceding five years, • has not been disqualified from Council or a committee of the College in the previous three years, • is not currently nor has been a member of the College's staff at any time within the preceding one year, and • is not currently nor has been a member of the College's Council or Inspection Committee of the College within the preceding one year.	
Inspector Appointment The term of an inspector is approximately three years from the date they are appointed. An inspector may request a deferral of their appointment or a leave of absence for up to one year, as long as they provide the IC with satisfactory reasons for the request. When the inspector's three-year appointment nears its completion, the inspector may apply for re-appointment. An individual who has served as an inspector for three consecutive terms is ineligible for re-appointment until a full year has passed since they last served as an inspector.	Inspectors are annually contacted, as part of the current practices for all College volunteers, to indicate if they intend to continue as an inspector. For those who intend to continue and meet all the qualifying criteria, no re-appointment is required. The three-year term no longer applies so these criteria no longer apply. There is no need to restrict the length of time an inspector can remain in the role; the more experience an inspector has the more they contribute to the success of the Inspection Program.
Completion of Appointment An inspector will be considered to have completed their appointment and thanked for their services if they, having made arrangements with the College for the completion of any outstanding inspections, do any of the following: • fails to continue to meet the eligibility criteria, • resigns in writing, or • completes their term of service and is not re-appointed, or • is relieved of their services as an inspector. • completes three consecutive terms.	This is consistent with the absence of a three-year term and the removal of the restriction to only remain in the role for nine years. Ensures that an inspector will be considered to have completed their time in the role if they no longer meet the eligibility criteria or if the College determines that their services are no longer needed.

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Information Items of the Consent Agenda. Only those risks that have been identified will be addressed.

- Operational risk:
 - Process: Process risk comes from the Committee, in their review, ensuring that all the necessary practices and procedures for update have been identified and properly amended.
- Strategic risk:
 - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, and up to date.

Privacy Considerations – There are no privacy considerations.

Transparency – The transparency assessment is based on the document *Understanding the College's Commitment to Transparency*, a copy of which is included in the Information Items of the Consent Agenda. Only those transparency principles that are relevant have been identified and addressed.

- Relevant, credible, and accurate information: Proposed policy amendments ensure that the information imparted in the Inspection Program Policies fully reflects all processes and procedures and can be relied on as an accurate reflection of current practice.

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

Public Interest – The public interest assessment is based on the document the *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed.

- The Inspection Program continues to be implemented to ensure the safe and competent practice of Intravenous Infusion Therapy (IVIT).

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

- Whether the proposed policy unduly favours a particular group (socio-economic or other) and has the potential to create inequity between Registrants.

RECOMMENDATION:

The Inspection Committee recommends that the Council approve the proposed amendments to the Inspection Program Policies.

Dr. Sean Armstrong, ND
Chair of the Inspection Committee

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Intent/Purpose To provide policies governing the Inspection Program of the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time.
	Adverse Drug Reaction	Means a harmful and unintended response by a patient to a drug or substance or combination of drugs or substances that occurs at doses normally used or tested in humans for the diagnosis, treatment or prevention of a disease or the modifications of organic function. ¹
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	Certificate of Registration	Means a document issued by the College, in the General class, emergency class or Inactive class, which demonstrates to the public that the holder is a registrant of the College, registered in the class set out on the certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the <i>Health Professions Procedural Code</i> , which is Schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act.
	Conflict of Interest	Means an instance where a reasonable person would conclude that a Committee member's or inspector's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, and direct or indirect.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.

¹ Adapted from C.01.001 (1) of the Food and Drug Regulations (C.R.C., c.870) made under the Food and Drugs Act (Canada).

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Designated Registrant	Means a registrant ² who is designated to deliver and accept information on behalf of a specified premises as per section 30 of the <i>General Regulation</i> .
Existing Premises	Means a premises that was performing procedures prior to March 2, 2017 and registered as a premises between March 2, 2017 and May 1, 2017.
General Regulation	Means <i>Ontario Regulation 168/15</i> made under the Act, as amended from time to time.
Inspector	Means a person appointed by the CEO or their delegate, to carry out an inspection under the <i>General Regulation</i> on behalf of the College.
Inspection Committee (IC)	Means the non-statutory committee of the College established pursuant to section 12.02 of the by-laws and GP06 – Committee Principles of the Council's governing policies.
New premises	Means a premises that was not performing procedures prior to March 2, 2017 and did not register as an existing premises between March 2, 2017 and May 1, 2017.
Premises	Means any clinic where a registrant performs or may perform a procedure.
Procedure	Means, i. Any procedure by which any two or more drugs or substances listed in Table 2 or Table 5, in any combination, are mixed, reconstituted, or by any other means made into a customized therapeutic product by a registrant for the purpose of administration by intravenous injection to a patient, and includes the labeling of such a customized therapeutic product, or ii. the administration of a customized therapeutic product described in (i) by intravenous injection to a patient by a registrant. ³
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , as amended from time to time.

² The Council of the College of Naturopaths of Ontario has directed that the College refer to individuals registered with the College as "registrants". "registrant", as it is used in this policy has the same meaning as "member" as defined in section 1(1) of the *Health Professions Procedural Code*.

³ Procedure is defined in section 23(1) of the *General Regulation* made under the Act.

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General	Guiding Legislation	All aspects of the Inspection Program will be managed in accordance with the RHPA, the Act, the Code, the <i>General Regulation</i> , and the College by-laws.
	Confidentiality	Committee members and inspectors have a general statutory duty of confidentiality, as set out in section 36 of the RHPA, which provides that all representatives of the College shall keep confidential all information that comes to their knowledge in the course of their duties, and shall not communicate any information to any person except to the extent the information is available to the public under the RHPA, in connection with the administration of the Act, or in certain other narrow, specified circumstances.
	Participation	All premises where a procedure is or may be performed by a registrant in connection with their practice are subject to an inspection by the College. ⁴
Inspection Committee	Composition	The Committee will be composed in accordance with the College by-laws and the terms of reference.
	Quorum	Quorum will be determined in accordance with section 12.06 of the by-laws of the College and the Inspection Committee terms of reference.
	Per diems and expenses	Committee members who are not Public members appointed by the Lieutenant Governor in Council are entitled to a per diem and reimbursement of authorized expenses as outlined in the Council's governance policy GP18 – Per Diems and Expenses.
	Responsibilities	The Committee will carry out its responsibilities as outlined in Part IV of the General Regulation and the terms of reference. The Committee will also: • review all Type 1 occurrence reports and determine if further action is required, • review a summary of the Type 2 occurrence reports, • review and decide upon requests made to defer an inspection.
	Qualifications	All premises in which procedures are performed must have a Designated Registrant assigned at all times.

⁴ Pursuant to section 26(1) of the General Regulation made under the Act.

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Designated Registrant

The Designated Registrant must be a registrant who has met the standard of practice for Intravenous Infusion Therapy and holds a General certificate of registration.

Responsibilities

The Designated Registrant is the contact person for a premises and is responsible for:

- communicating with the College regarding the Inspection Program,
- the payment of fees regarding the premises and any inspections thereof,
- informing the College immediately when a different registrant is taking on the role of the Designated Registrant for the premises,
- informing the College within 30 days of any changes regarding:
 - registrants who perform procedures,
 - new procedures being performed at the premises, and
 - procedures no longer being performed at the premises,
- submitting the Type 2 occurrence annual report,
- receiving the Inspection Committee report with the inspection outcome,
- providing copies of the Inspection Committee report to registrants who perform or may perform procedures at the premises when the outcome is a pass with conditions or a fail,
- making a submission in response to an outcome of a fail or pass with conditions, and
- ensuring that all staff who perform procedures at the premises meet the responsibilities and requirements outlined in the College's Inspection Program Requirements, the Inspection Program Handbook, and Part IV of the *General Regulation*.

Registering a New Premises

New Location

The Designated Registrant for a premises where registrants are intending to perform procedures must provide written notification to the College by completing the Registering an IVIT Premises form and paying the premises registration fee.

Moving

A premises that is authorized to perform procedures and moves to a new location must register as a new premises by completing the Registering an IVIT Premises form and paying the premises registration fee.

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	Resumption of Procedures at a Premises	A premises that was previously authorized to perform procedures and subsequently ceased to perform procedures, is considered to be a new premises if they intend to re-open or resume performing procedures and must register as a new premises by completing the Registering an IVIT Premises form and paying the premises registration fee.
Frequency and Timelines of Inspections	5-year Inspections	All premises where a registrant performs or may perform a procedure are subject to inspection by the College once every 5 years, following the initial inspection for an existing premises or Part II of a new premises.
	Ordered Inspections	Pursuant to section 32 of the <i>General Regulation</i> the College may inspect a premises if it is of the opinion that it is necessary or advisable to do so.
	New Premises – Part I	New premises in which registrants are intending to perform procedures will undergo Part I of the new premises inspection within 180 days of the College receiving the Registering an IVIT Premises form. The Designated Registrant will be required to withdraw their request to register a new IVIT premises if they are unable to schedule an inspection prior to the 180-day deadline. No premises shall perform procedures prior to a New Premises – Part I inspection is completed and receives an outcome of a pass or a pass with conditions.
	New Premises – Part II	New premises will undergo Part II of the new premises inspection approximately 6 months following the completion of the Part I inspection.
Inspection Fees	Payment of Fees	All premises that are subject to an inspection must pay the inspection fees to the College as per section 18.05 and Schedule 3 of the by-laws. The inspection fee will be invoiced to the Designated Registrant who is required to submit payment within 30 days of the date of the invoice. The premises registration fee stated in Schedule 3 of the by-laws is payable following receipt of the Registering an IVIT Premises form.
	Invoicing of fees	For all 5-year inspections, the inspection fee as stated in Schedule 3 of the by-laws will be invoiced upon notification to the Designated Registrant that the premise has been selected for an inspection. For a new premises, the inspection of a new premises

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fee as stated in Schedule 3 of the by-laws will be invoiced upon notification to the Designated Registrant of the assigned inspector for the Part I inspection.

Refunds/Waived fees

The premises registration fee will not be refunded to a premises that withdraws its registration as a new premises.

Inspection fees that have been invoiced and/or paid will not be waived or refunded to a premises that submits a Cease to Perform IVIT form after the premises has undergone the inspection.

The inspection fee will be waived for a premises that submits a Cease to Perform IVIT form more than 7 days prior to the scheduled date of the inspection.

If a premises has paid the inspection fee and then submits a Cease to Perform IVIT form more than 7 days prior to the schedule date of the inspection, the inspection fee will be refunded.

Non-payment of fees

If the fee is not paid within the required timeframe the administrative fee for notices as stated in Schedule 3 of by-laws may be applied.

As outlined in section 24 of the Code, if payment is not received, the Designated Registrant's registration may be suspended for failure to pay fees.

Type 1 and Type 2 Occurrences Reporting

Type 1 and Type 2 occurrences must be reported in accordance with sections 24 and 25 respectively, of the *General Regulation*. Reports shall be submitted to the College using the applicable form.

Type 1 Occurrence Report Requirements

A Type 1 Report must be made no later than 24 hours after the registrant learns of the occurrence.

All Type 1 occurrence reports must include the following information:

- i. which Type 1 occurrence happened,
- ii. the initials, age, and sex of the patient,
- iii. contact information of the registrant making the report,
- iv. names of all staff involved in providing care for the patient,
- v. the name(s) of any witness to the event (if applicable),
- vi. the time, date and location of the event,

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- vii. a description of the incident and any actions taken, or treatment provided,
- viii. the outcome of the event, and
- ix. any other information relevant to the incident.

Follow up on Occurrence Reports

Type 1 occurrences will be reviewed by the IC to determine what, if any, further action is required. Further action may include, but is not limited to:

- a request for additional information from the reporting registrant,
- ordering of an inspection of the premises,
- inform the Regulatory Affairs Department that it has grounds to believe a registrant may have committed an act of professional misconduct or may be incompetent or incapacitated.

Type 2 Occurrence Reporting

Type 2 occurrence reports are to be submitted, by the Designated Registrant, to the College no later than May 1 of each year and shall be for the reporting period of March 2 of the previous year to March 1 of the current year.

A summary of Type 2 occurrences will be provided to the IC and Council on an annual basis for statistical and planning purposes.

Pre-inspection

Notification of Selection

The Designated Registrant will receive written notification that the premises has been selected for an inspection. Notification will occur via email as well as fax or mail.

Notification of a 5-year inspection

The Designated Registrant will be notified of the 5-year inspection at least 4 months before the 5-year anniversary of the previous inspection.

Notification of a New Premises Part I Inspection

The Designated Registrant will be notified of the Part I inspection as soon as is practicable after receiving the Registering an IVIT Premises form and the premises registration fee to ensure ample time is allowed to complete the inspection within 180 days of receipt of the form.

Deferral Requests

The Designated Registrant for a premises that is selected for an inspection and where they are the only ND who provides IVIT in the premises, may seek a deferral if they are on parental leave, are on a leave-of-absence, are seriously ill, or if there are other extenuating circumstances.

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The request may be accompanied by supporting documentation verifying the circumstances for the deferral request.

All deferral requests will be reviewed by the IC on a case by case basis. Deferrals are granted based on the validity and severity of the situation that may delay or prevent the Designated Registrant from submitting the necessary documents or attending the inspection.

Required Forms
Submitted by the
Designated
Registrant

When a premises is notified that it has been selected for an inspection, the College will provide the Designated Registrant with the Pre-inspection Information (Part II and 5-year inspections) and Registrant Declaration of a Conflict of Interest forms (all inspections) that must be completed and returned to the College within, at least 14 days.

Assignment of an
Inspector

The Chief Executive Officer, or their delegate, will assign an inspector based on the information provided in the Registering an IVIT Premises form, and the Declarations of a Conflict of Interest from the Designated Registrant and the inspectors.

No registrant of the College who, to the knowledge of the Chief Executive Officer, or their delegate has sat on a panel of the Discipline Committee and has heard allegations against a registrant at the selected premises will be assigned as an inspector for that premises.

No inspector who, to the knowledge of the Chief Executive Officer, or their delegate has a conflict of interest with a registrant, other health care practitioner or staff member who provide IVIT-related patient care at the premises will be assigned as an inspector for that premises.

Setting a date and
time

The inspector will contact the Designated Registrant within approximately 30 days after the Designated Registrant is notified of the assigned inspector, to arrange a date and time for the inspection. The inspector will notify the College of the inspection date for each of the premises they are responsible for inspecting.

For 5-year and Part II new premises inspections, the Designated Registrant shall make every effort to ensure that the inspection is conducted on a day when there are patients scheduled for IVIT treatments and compounding for IVIT will be performed. If a patient is not available, the Designated Registrant will arrange

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		for a mock patient to be used to demonstrate the administration of IVIT by performing all aspects of the procedure except the insertion of the needle.
Inspections	Inspection Authority	All inspections will be conducted in accordance with the authorities outlined in Part IV of the <i>General Regulation</i> .
	Components	All components of an inspection are contained in the Inspection Program Requirements for Part I and Part II new premises inspections, and 5-year inspections. Inspection requirements address the following: • the physical environment, • equipment and storage of drugs and substances used when compounding and administering by IVIT, • infection control, • emergency preparedness, • record keeping and charting, • observation of the administration of IVIT and/or compounding for IVIT, • reporting Type 1 and Type 2 occurrences, • delegation, • documented policies and procedures, and • quality management.
	Immediate Reporting of Unsafe Practices	If an inspector has reason to believe that there is a significant risk of harm to patients due to the current compounding and/or IVIT practices at the premises they shall report this to the College immediately. The Chair will call an emergency meeting of the IC to consider whether to order the premises to cease performing procedures.
Post Inspection	Inspector's Report	Following the inspection, the inspector will complete the Inspector's Report form to include their observations, comments and recommendations regarding the inspection and will provide it to the College within approximately 14 days of the completion of the inspection.
	Inspection Outcome	After an inspection of a premises the IC will determine whether the outcome of the inspection is a pass, a pass with conditions, or a fail. The IC will utilize the Inspection Outcome Decision Pathway when determining the outcome. The IC will also consider the inspection checklists provided by the inspector, the Inspector's Report, any information or submissions made by any registrant(s) practising at the

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premises and any other information that is directly relevant to the inspection.

Inspection
Committee Report

The Inspection Committee Report will include the outcome of the inspection as a pass, pass with conditions, or fail. Where a premises passed with conditions, the conditions will be stated. Where Inspection Program Requirements are partially met and do not warrant a condition being placed on the premises, the IC may make recommendations in the report.

Notice of Outcome

The College will provide the Designated Registrant with the Inspection Committee Report by email, within approximately 10 days following the IC meeting.

Registrant
Submissions

As outlined in section 33(9) of the *General Regulation* a registrant may make a submission to the College within 14 days of the date the Inspection Committee Report is received if the outcome is a pass with conditions or a fail.

Confirmation or
Change of Decision

As outlined in section 33(10) of the *General Regulation*, the IC may or may not elect to re-inspect the premises after receiving a written submission, but will do one of the following within 60 days of receiving a submission, regarding the inspection outcome:

- confirm its finding that the premises passed with conditions or failed,
- make a report and find that the premises passed with conditions,
- make a report and find that the premises passed the inspection.

Effective Date

As outlined in section 33(5) of the *General Regulation* a report that a premises has passed, passed with conditions or failed an inspection is effective on the date it was received in accordance with section 39 of the *Regulated Health Professions Act, 1991* by the Designated Registrant for the premises.

Restrictions on
Performing
Procedures

As outlined in section 33(7) of the *General Regulation* a registrant shall not perform a procedure on a patient in a premises that has failed an inspection until:

- the IC delivers a report indicating that following a subsequent inspection the premises passed or passed with conditions, or
- the IC substitutes a finding that the premises passed or passed with conditions after considering the written submission, if any.

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As outlined in section 33(8) of the *General Regulation* a registrant shall not perform a procedure on a patient in a premises that has passed with conditions except in accordance with the conditions set out in the report until:

- the IC delivers a report indicating that the premises passed a subsequent inspection, or
- the IC substitutes a finding that the premises passed the inspection, after considering the written submission, if any.

Follow-up /
Additional
Inspections

As outlined in section 33(11) of the *General Regulation*, a premises that fails an inspection or passes with conditions may be subject to one or more subsequent inspections within a reasonable time after the IC delivers its report. A subsequent inspection may occur at the request of a registrant or the Designated Registrant, or at any time at the discretion of the College, if it determines that it is necessary or advisable to do so.

The IC will determine if a subsequent inspection is necessary on a case by case basis. If a premises fails an inspection, or passes with conditions that limit the performance of procedures due to patient safety concerns, a subsequent inspection may be required in order to ensure the issues have been rectified prior to the premise being allowed to resume performing procedures.

A subsequent inspection may also be deemed to be necessary if the College has reasonable grounds to believe that a premises is not complying with the conditions set out in the Inspection Committee Report.

The cost of a subsequent inspection or an inspection ordered by the IC is charged to the Designated Registrant in accordance with Schedule 3 of the by-laws.

Inspection
Program
Feedback

Registrant
Feedback

The Designated Registrant has the opportunity to provide feedback regarding the inspection process by completing the Post-inspection Questionnaire.

Inspector Feedback

Inspectors will be asked to provide feedback about the inspection process by completing and submitting the Inspector's Feedback form. Feedback will be requested periodically or at the time an inspector completes their term of service.

Use of Feedback

The College will review all registrant and inspector feedback received and make any changes and

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		improvements to the program and inspector training that are indicated. Information received regarding the inspectors will be communicated to the individual inspector if advisable.
Inspectors	Inspector's Per Diem and Expenses	Inspectors are entitled to a per diem of \$300 for each inspection conducted, this includes the time spent in inspection preparation, conducting the inspection and drafting the Inspector's Report. Reimbursement for expenses will be in accordance with GP18 - Per Diems and Expenses.
	Inspector Training	All Inspectors will be fully trained by the College on the Inspection Program and the inspection process.
	Inspector Eligibility - NDs	A registrant will be eligible for appointment as an inspector if the individual: • is registered in the General class OR in the Inactive class for less than two years, • has met the standards of practice for IVIT and Prescribing, • has actively performed IVIT and compounding for IVIT within the last two years, • is not in default of payment of any fees prescribed by the by-laws or any fine or order for costs to the College imposed by a College committee or court of law, • is not in default in completing and returning any form required by the College, • is not the subject of any disciplinary or incapacity proceeding, • has not had a finding of professional misconduct, incompetence or incapacity against them in the preceding five years, • has not been disqualified from Council or a committee of the College in the previous three years, • is not currently nor has been a member of the College's staff at any time within the preceding one year, and • is not currently nor has been a member of the College's Council or Inspection Committee within the preceding one year.
	Inspector Eligibility - Other Regulated Health Care Professionals	A member of another regulated health profession will be eligible for appointment as an inspector if the member: • is registered in the equivalent of the General class OR the Inactive class for less than two years,

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- has the appropriate training in administering by intravenous injection and compounding,
- has actively performed intravenous injections and compounding for intravenous injection within the last two years,
- is not the subject of any disciplinary, or incapacity proceeding,
- has not had a finding of professional misconduct, incompetence, or incapacity against them in the preceding five years,
- is not currently nor has been a member of the College's staff at any time within the preceding one year,
- is not currently nor has been a member of the Inspection Committee of the College within the preceding one year.

Inspector Application

An individual may apply or re-apply to the College to become an inspector by completing the forms and submitting the documents as outlined in the Volunteer Program.

Considerations

When appointing inspectors, the College will consider the following:

- need for inspectors,
- the individual's geographical location,
- any relevant experience,
- additional professional qualifications, expertise and/or specialty,
- languages spoken, and
- communication skills.

Inspector Appointment

All inspectors will be appointed by the College's CEO or their delegate.

Inspector Disqualification

An inspector will be discharged if they:

- breach one of the qualifications required to become an inspector as outlined in this policy,
- breach confidentiality of any information learned through an inspection,
- fail to properly or honestly meet the duties and responsibilities of the position for which they have been appointed.

Completion of Appointment

An inspector will be considered to have completed their appointment and thanked for their services if they, having made arrangements with the College for the completion of any outstanding inspections, do any of the following:

- fail to continue to meet the eligibility criteria,

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- resign in writing, or
- is relieved of their services as an inspector.

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Pages 117-122 have been redacted pursuant to paragraphs (b) and (d) of section 7(2)(d) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991 as it pertains to personnel matters of the College.

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

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



The College of Naturopaths of Ontario

**Council Meeting
January 29, 2025**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (5:5)		Dr. Brenda Lessard-Rhead, ND (Inactive) (2:5)
Dr. Amy Armstrong, ND (5:5)		
Mr. Dean Catherwood (4:5)		
Ms. Lisa Fenton (5:5)		
Ms. Sarah Griffiths-Savolaine (5:5)		
Dr. Denis Marier, ND (5:5)		
Ms. Marjia Pajdakowska (1:1)		
Mr. Paul Phillion (5:5)		
Dr. Jacob Scheer, ND (3:5)		
Dr. Jordan Sokoloski, ND (5:5)		
Dr. Erin Walsh (Psota) ¹ , ND (4:5)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Dr. Sean Armstrong, ND, Co-Chair, Inspection Committee		

¹ Arrived at 9:24 a.m.

Dr. Jennifer DelBelBelluz, ND, Acting Chair, Governance Policy Review Committee		
Ms. Rebecca Durcan, Legal Counsel		
Dr. Mary-Ellen McKenna, ND (Retired) Manager, Inspections & Quality Assurance		
Mr. Barry Sullivan, Governance Policy Review Committee member		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:17 a.m. He welcomed everyone to the meeting and recognized newly appointed Public Member Ms. Marjia Pajdakovska to the Council.

The Chair noted that the meeting was being live streamed via YouTube to the College's website.

2. Consent Agenda

2.01 Review of Consent Agenda

The Consent Agenda was sent to Council members before the meeting. The Chair asked if there were any items to move to the main agenda for discussion. There were none.

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

The Main Agenda was sent to Council members before the meeting. The Chair asked if there were any items to be added to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded the Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members have been included in the Council package to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework Report (CPMF) launched by the Ministry of Health.

4. Monitoring Reports

4.01 Report of the Council Chair

The Council Chair Report was circulated before the meeting. The Chair reviewed the report with Council. He welcomed and responded to questions from the Council.

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

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at December 31, 2024, from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations at December 31, 2024, from the CEO.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation Policies

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

5.01(ii) Ends Policies

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

5.01(iii) Council-CEO Linkage Policies

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

5.02 In-dept Review of Governance Process Policies (Part 1 – GP01-GP17)

Dr. Jennifer DelBelBelluz, ND, Acting Chair, Governance Policy Review Committee (GPRC) and Mr. Barry Sullivan, GPRC member, gave a presentation about the GPRC's survey to Council members regarding GP01-GP17 and provided supporting information to clarify submitted questions in relation to a given policy. For example, providing a detailed response to how a Council or Committee member should manage situations where personal values conflict with collective decisions, as highlighted in GP03 – Code of Conduct.

The Chair thanked Dr. DelBelBelluz, ND, Acting Chair, GPRC and Mr. Sullivan, GPRC member for their presentation.

6. Business

6.01 Inspection Program Policies

A Briefing Note and corresponding program policies were circulated before the meeting. Dr. Sean Armstrong, ND, Co-Chair of the Inspection Committee and Dr. Mary-Ellen McKenna, ND (Retired), Manager of Inspections and Quality Assurance, presented proposed amendments to the Inspection Program Policies, intended to add clarity and ensure alignment with current by-laws, College policies, and practices, and responded to questions that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the Inspection Program Policies as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

7. In-camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC)

7.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:03 a.m.

MOTION:	That the Council moves to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code in order to discuss operational and personnel matters.
MOVED:	Amy Armstrong
SECOND:	Denis Marier
CARRIED.	

8. Council Education

8.01 Program Briefing – Registration Program

Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, gave a presentation on the Registration Program of College which highlighted key functions within the program for ensuring NDs practising the profession have and maintain the requisite knowledge, skills, and judgement to practise safely, competently, and ethically.

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Meeting Evaluation

The Chair advised the Council members that a new method to complete the meeting evaluation will take place in hopes of having a greater number of results, thus the evaluation will be conducted via the Zoom survey function. The Chair noted that the survey will appear on each Council member's screen and asked each Council member to take a few moments to complete

the survey. The Chair reviewed the results of the survey and there were no areas of concern raised.

10.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for Wednesday, March 26, 2025. This meeting will be held via video conference, as well as the succeeding meeting in May 2025 which will be held in-person over two days beginning on Tuesday, May 27th, 2025, for a full day and ending on shortly after noon on Wednesday, May 28th, 2025, with more information to follow shortly.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 10:53 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Sarah Griffiths-Savolaine

Recorded by: Monika Zingaro
Human Resources Coordinator
January 29, 2025

Approved: March 26, 2025



The College of Naturopaths of Ontario

Council Highlights January 29, 2025 (Meeting #45¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, January 29, 2025, from 9:17 a.m. to 10:53 a.m.; six of the seven elected professional members and five of the five public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Counsel, Rebecca Durcan of the law firm Steinecke Maciura LeBlanc, Dr. Sean Armstrong, ND, Co-Chair, Inspection Committee, Dr. Jennifer DelBelBelluz, ND, Acting Chair, Governance Policy Review Committee (GPRC) and Mr. Barry Sullivan, GPRC member. The agenda and supporting materials for the meeting were released via the [College's website](#) on January 22, 2025, and continue to be available there.

In addition to its regular routine business and receipt of reports from the Council Chair and the Chief Executive Officer (CEO), the Council considered several important matters which have been highlighted below.

Report on Regulatory Operations – The Council reviewed and accepted the Report on Regulatory Operations at December 31, 2024. This report provides the Council with the assurance that the regulatory activities of the College are being undertaken in compliance with the legislation.

Governance Process Policies (Part 1 – GP 01- GP17) – The GPRC presented Part 1 of the Governance policy review process. Several policies were highlighted for the Council based on the Council's survey results and questions that were completed and submitted in advance of the meeting.

Inspection Program Policies – The Council received a presentation by Dr. Sean Armstrong, ND, Co-Chair of the Inspection Committee, on proposed amendments to the Inspection Program policies. The rationale for the amendments was to ensure the policies align with the College's current by-laws and practices. The Council reviewed and accepted the proposed amendments to the Inspection Program Policies.

Council Education – As a part of the College and its Council's commitment to good governance, the Council received an educational program briefing by Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, about the Registration Program. Program briefings are provided for informational purposes to ensure the Council is aware of the complex programs operated by the regulatory body.

Readers who have questions are invited to contact the College by e-mail at general@collegeofnaturopaths.on.ca.

Andrew Parr, CAE
Chief Executive Officer
February 4, 2025

¹ This is the 45th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.