



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #36

Draft Agenda

Date: July 26, 2023(2023/24-02)

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

Location: Zoom Video Conference¹

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 #30
July 26, 2023
9:15 a.m. to 12:10 p.m.
DRAFT AGENDA

Sect/No.	Action		Item		Page	Responsible
0	Pre-Meeting Networking (8:45 am to 9:15 am)					
		Networking	Information networking for Council members (8:45-9:15am)			-- All
1	Call to Order and Welcome					
	1.01	Procedure	Call to Order			-- J. Sokoloski
	1.02	Discussion	Meeting Norms			4-6 J. Sokoloski
	1.03	Discussion	“High Five” – Process for identifying consensus			7 J. Sokoloski
2	Consent Agenda ¹					
	2.01	Approval	i.	Draft Minutes of May 31, 2023	8-14	J. Sokoloski
			ii.	Committee Reports	15-30	
			iii.	Information Items	31-78	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda			3 J. Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest			78-80 J. Sokoloski
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair			81 J. Sokoloski
	4.02	Acceptance	Report on Regulatory Operations			82-87 A Parr
	4.03	Acceptance	Annual Report on Operational Performance			88-134 A Parr
	4.04	Acceptance	Annual Statutory Committee Reports			135-147 J. Sokoloski
5	Council Governance Policy Confirmation					
	5.01	Discussion	Review/Issues Arising			-- J. Sokoloski
			i.	Ends Policies		
			ii.	Council-CEO Linkage Policies		
			iii.	Governance Process Policies		
	5.02	Discussion	Detailed Review Executive Limitations Policies (Part 1)			148-156
	5.03	Discussion	GP20 – Committee Terms of Reference Amendments			157
6	Regular Business					
	6.01	Approval	Audit Committee Report			158-159 B. Dyson
	6.02	Acceptance	Auditors Report and Audited Statements 2022-2023			160-177 T. Kriens
	6.03	Approval	Draft Amendments to the IVIT Exam Blueprint			178-185 S. Burns
7	Council Education					
	7.01	Discussion	Council and Committee Evaluations			-- S. Verrecchia
8	In-Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)					
	8.01	Discussion	Council and Committee Evaluations			-- J. Sokoloski
	8.02	Decision	CEO Performance Evaluation 2022-2023			-- J. Sokoloski
	8.03	Motion	To move out of the in-camera session			-- J. Sokoloski
9	Other Business					
	9.01	Decision				-- J. Sokoloski
10	Evaluation and Next Meeting					
	10.01	Discussion	Meeting Evaluation			On-line J. Sokoloski
	10.02	Discussion	Next Meeting – September 26 - 28, 2023 (In-Person)			-- J. Sokoloski
11	Adjournment					
	11.01	Decision	Motion to Adjourn			-- J. Sokoloski

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

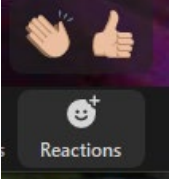
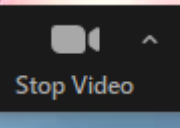
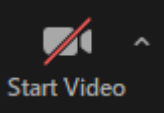
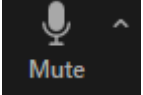
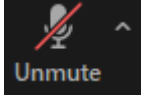
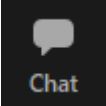
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer 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

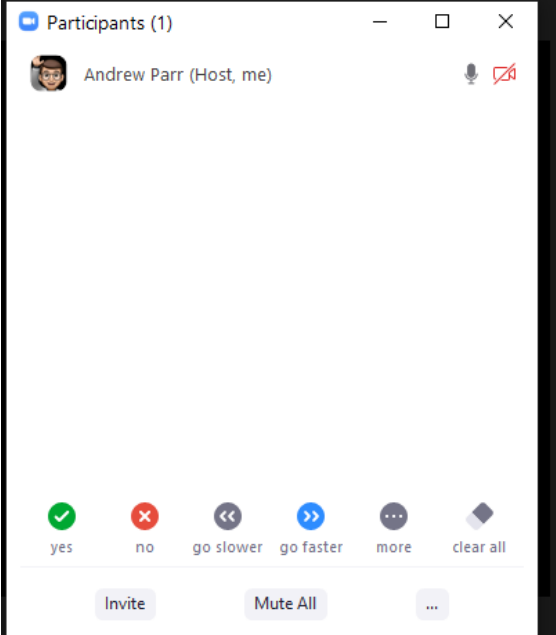
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

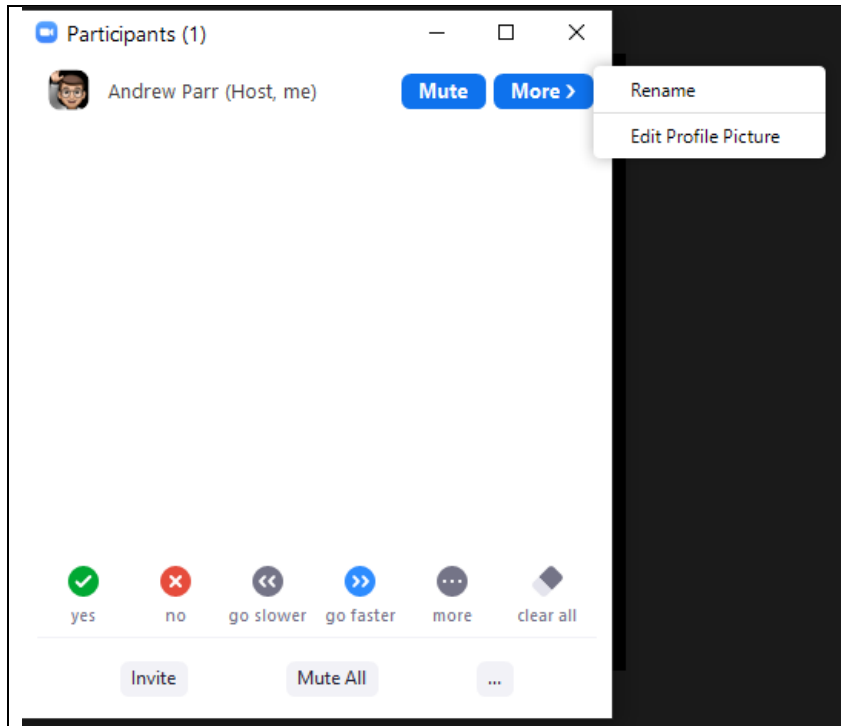
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting 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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The screenshot shows a Zoom application window titled "Participants (1)". Inside the window, there is a list of participants. The first participant is "Andrew Parr (Host, me)". To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there is a row of icons with labels: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three dots icon labeled "more", and a trash can icon labeled "clear all". At the bottom of the window, there are three buttons: "Invite", "Mute All", and a three dots icon.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
May 31, 2023**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Shelley Burns, ND (1:1)		Dr. Jonathan Beatty, ND (0:1)
Mr. Dean Catherwood (1:1)		Ms. Tiffany Lloyd (0:1)
Dr. Amy Dobbie, ND (1:1)		Mr. Paul Phillion (0:1)
Mr. Brook Dyson (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Anna Graczyk, ND (1:1)		
Ms. Sarah Griffiths-Savolaine (1:1)		
Dr. Denis Marier, ND (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Dilyara Madeira, Executive Liaison		
Ms. Natalia Vasilyeva, Manager, Professional Conduct		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:19 a.m. He welcomed everyone to the meeting and recognized newly elected Council member Dr. Amy Dobbie, ND, District 7.

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

2. Executive Committee Elections

2.01 Council Chair

Upon the submission deadline for nominations, only one nomination was received, Dr. Jordan Sokoloski, ND. Therefore, by acclamation he has been elected to the position of Council Chair.

2.02 Council Vice-Chair

Upon the submission deadline for nominations, only one nomination was received, Ms. Sarah Griffiths-Savolaine. Therefore, by acclamation she has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

Upon the submission deadline for nominations, only one nomination was received, Mr. Dean Catherwood. Therefore, by acclamation he has been elected to the position of Officer-at-Large Public member.

2.04 Officers-at-Large Professional members

Upon the submission deadline for nominations, only one nomination was received, Dr. Shelley Burns, ND. During the meeting, Dr. Denis Marier, ND, also nominated himself, this was seconded by Dr. Shelley Burns, ND. Therefore, by acclamation they have been elected to the positions of Officer-at-Large Professional members.

3. Consent Agenda

3.01 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:	Brook Dyson
SECOND:	Denis Marier
CARRIED.	

4. Main Agenda

4.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The 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:	Shelley Burns
SECOND:	Lisa Fenton

CARRIED.	
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4.02 Declarations of Conflicts of Interest

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

5. Monitoring Reports

5.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

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

The Report on Regulatory Operations from the CEO and corresponding Briefing Note were circulated in advance of the meeting. Mr. Andrew Parr, CEO, provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer
CARRIED.	

5.03 Variance Report and Unaudited Financial Statements for Q4

A Variance Report and the Unaudited Financial statements ending March 31, 2023 (Q4) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the fourth quarter as presented.
MOVED:	Lisa Fenton
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Council-CEO Linkage Policies

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

6.01(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.

6.01(iii) Executive Limitations Policies

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

6.01(iv) Ends Policies

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

6.02 Detailed Review (as per GP08) – Committee Terms of Reference

Council members were asked if there were any members who wished to discuss the Committee Terms of Reference. The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

6.03 Policy Review - Governance Policies GP18 and GP19

Council members were asked if there were any members who wished to discuss the Governance Policies GP18 and GP19. The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

7. Business

7.01 Committee Appointments

A briefing note and corresponding document providing the proposed 2023-2024 fiscal year Committee appointments were included in the materials circulated in advance of the meeting. Mr. Parr responded to any questions that arose.

MOTION:	To approve the Committee appointments as presented.
MOVED:	Jacob Scheer
SECOND:	Dean Catherwood
CARRIED.	

7.02 In-person Council Meeting – Date/Time

Mr. Parr informed the Council members that he advises the Council to hold an in-person meeting and training session at their September or November meeting. Upon a detailed discussion, a poll will be sent to each member to indicate their preference of either, September 26 and 27, September 27 and 28 or November 29 and 30. Once a date and time is determined, all Council members will be informed.

8. Council Education

8.01 Program Briefing – Discipline

A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

8.02 Program Briefing – ICRC

A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Ms. Natalia Vasilyeva, Manager, Professional Conduct, provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

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 Evaluation

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

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for July 26, 2023. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment**11.01 Motion to Adjourn**

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 10:57 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Anna Graczyk
SECOND:	Sarah Griffiths-Savolaine

Recorded by: Monika Zingaro
Administration Coordinator
May 31, 2023



The College of Naturopaths of Ontario

Action Items List
Council Meeting of May 31, 2023
Meeting No. 35

Item #	Item	Description	Status
34.01	Committee Terms of Reference	Update the corresponding policies as presented and upload to Smartsheet and to the College's website.	Complete
34.02	Governance Process Policies 18 & 19	Update the corresponding policies as presented and upload to Smartsheet and to the College's website.	Complete
34.03	Committee Appointments	Inform volunteers of their appointments.	Complete
34.04	Poll Council	Poll the Council for an in person training day combined with a Council meeting for September or November.	Complete



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 26, 2023

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Report

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

1. Committee Terms of Reference.

In keeping with the revised Council Annual Cycle, the May meeting of the Council includes a detailed review of the Committee Terms of Reference.

1. Audit Committee.
2. Examination Appeals Committee.
3. Executive Committee.
4. Inquiries, Complaints and Reports Committee.
5. Governance Committee.
6. Patient Relations Committee.
7. Quality Assurance Committee.
8. Registration Committee.
9. Discipline Committee.
10. Inspection Committee.
11. Governance Policy Review Committee.
12. Standards Committee.
13. Equity, Diversity and Inclusion 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 practice Committee Chair was not required to submit a report in order to preserve the independent nature of these Committees; however, the Chair has voluntarily provided a report for Council's information.



The College of Naturopaths of Ontario

AUDIT COMMITTEE CHAIR REPORT

May 1 2023 – June 30 2023

This serves as the chair report of the Audit Committee for the period May 1 2023 to June 30, 2021.

The Audit Committee met by teleconference on May 10 2023 to review and approve the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter in preparation for the College's upcoming audit.

The Committee's follow up meeting is tentatively scheduled for early-mid July 2023 to review the completed draft audit statements.

Dr. Elena Rossi, ND
Chair
June 27 2023



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

May 1 - June 30, 2023

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

The Exam Appeals Committee did not meet in May 1 through June 30 reporting period.

Thank you,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

June 22, 2023



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

July 2023

This serves as the Chair report of the Executive Committee for the period of May 1 to June 30, 2023.

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

10 July 2023



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

July 2023

Between May 1 and June 30, 2023, the Inquiries, Complaints and Reports Committee held two regular online meetings – May 4 and June 1.

May 4, 2023: 9 matters were reviewed, ICRC members drafted 2 reports for ongoing investigation, and approved 2 Decisions and Reasons.

June 1, 2023: 10 matters were reviewed. ICRC members drafted 3 reports for ongoing investigations and approved 3 Decisions and Reasons.

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

Dr. Erin Psota, ND
Chair
July 7th, 2023



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT
June 2023

The Governance Committee did not meet during the May 1, 2023 – June 30, 2023 reporting period.

As of the writing of this report, the Committee is scheduled to meet again on July 13, 2023.

Respectfully submitted,

Hanno Weinberger, Chair
June 2023



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE CHAIR REPORT

May 1, 2023 – June 30, 2023

During the reporting period of May 1, 2023 – June 30, 2023, the Patient Relations Committee met once on May 31, 2023. The Committee reviewed potential options for allowing for additional funding for therapy/counselling.

The Committee's next scheduled meeting update is August 16, 2023.

Thank you,

Dr. Gudrun Welder, ND
Chair
June 2023



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT July 2023

Meetings and Attendance

Since the date of our last report to Council in May, the Quality Assurance Committee has met on two occasions, via teleconference, on May 23rd and June 27th respectively. There were no concerns regarding quorum.

Activities Undertaken

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

In addition, at its **May** meeting, the Committee reviewed and discussed the information contained in the annual report on the Peer and Practice Assessment component of the QA Program for 2022/23, as presented by staff.

-It was noted that out of 100 Registrants who had been selected, only 8 did not proceed, with one Registrant going into Inactive status and the other seven being returned to the random selection pool upon making deferral requests.

-Of the 92 assessments that were completed, 83 Registrants had demonstrated the knowledge, skill and judgement to meet the standards (scored a 1 or 2 by the peer assessor in all areas), in the first instance. While the remaining 9 Registrants fell below the standards (scored a 3 or 4 by the peer assessor in at least one area), all demonstrated through their subsequent submissions to the Committee, that their deficiencies had been adequately addressed and that their knowledge, skill and judgement was satisfactory.

-It was further noted that the Registrants who had scored a rating of 3 were all deficient in the professional portfolio area of the assessment and that typically the issue was a lack of keeping older documents on file, specifically their self- assessment questionnaires and core competency reflections. Registrants who had ratings of 1 or 2 consistently did very well in the chart simulated recall and the standards of practice components. Minor deficiencies were mainly related to record keeping habits, specifically documenting ongoing informed consent discussions and including the route of administration for recommended supplements.

-It was also noted that Registrants had been invited to provide feedback on the process at the time of receiving their letter of completion. Nine Registrants responded, with comments being positive regarding the assessors and the process, saying that the assessors were professional, knowledgeable thorough, fair and had helped to reduce the stress and anxiety typically felt by Registrants when notified that they had been selected for a peer and practice assessment.

The Committee also reviewed and discussed a detailed summary report provided by staff on the operation of the Self Assessment component of the QA Program for 2022/23. It was noted that out of 1582 Registrants, 1256 or 79 % had completed the assessment by the 31st of March, an increase of 6% over the previous year.

The Committee also received an update from staff on action taken, as previously directed by the Committee, with respect to a Registrant who had consistently failed to meet the requirements of the CE Reporting component of the Quality Assurance Program.

Finally, the Committee discussed the matter of the currency review (practice hours) being conducted by the Registration Committee and its potential implications for the work of the Committee.

In addition, at its **June** meeting, the Committee first reviewed and ratified a motion regarding a CE application that had been voted on and passed electronically between meetings.

The Committee also reviewed and made decisions with respect to 4 Group III CE Reporting Extension requests, as well as 14 peer and Practice Extension requests.

Finally, the Committee completed its review of the Quality Assurance Program Policies, approving a number of amendments proposed by staff for the purpose of eliminating redundancies and bringing the policies up to date and in line with the by-laws.

Next Meeting Date

August 22, 2023.

Respectfully submitted by,

Barry Sullivan, Chair,
July 7, 2023



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (July 2023)

At the time of this report, the Registration Committee met on May 17th and June 21st.

Exam Remediation- Unsuccessful Exam Attempts

The Committee continued to set plans of remediation for candidates who had made two unsuccessful attempts of an examination. In this reporting period the Committee set plans of remediation related to the Ontario Clinical Sciences Exam (for entry to practise) and the Ontario Prescribing and Therapeutics examination (for meeting the post-registration Standard of Practise for Prescribing) and the IVIT Examination.

Application For Registration

The Committee reviewed applications for registration to determine eligibility for registration in Ontario under section 15(2)(a) of the Health Profession's Procedural Code (the Code). Grounds for referral included applicant good character (s.3(2) of the Registration Regulation) and an applicant's physical or mental condition or disorder (s. 3(4) of the Registration Regulation).

Currency Audit Remediation

The committee reviewed applications for refresher programs for registrants deemed to not satisfy the 750 hour currency requirements as set out in section 6(1) of the Registration Regulation.

Danielle O'Connor, ND
Chair
Registration Committee
June 21, 2023



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

July 2023

The Discipline Committee (DC) is independent of Council and is not obligated 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 May to 30 June 2023 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of 30 June 2023, there were three ongoing matters before the Committee (22-04, 22-05, 22-06).

Discipline Hearings

No hearings were held during the reporting period.

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
10 July 2023



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

May-June 2023

Committee Update

Since the last Council meeting the Inspection Committee has met twice by teleconference on May 25th and June 22nd, 2023.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record their observations during the inspections, and Inspector's Reports for 17 premises.

The outcomes were as follows:

- Part I
 - 2 passes with conditions, the outcomes for these 2 premises included a total of two conditions and 3 recommendations
- Part II
 - 5 passes with 18 recommendations
 - 4 passes with conditions, the outcomes for these 4 premises included a total of 8 conditions and 30 recommendations
- Existing 5 Year Inspections
 - one pass
 - 2 passes with 5 recommendations
 - 3 passes with conditions, the outcomes for these 3 premises included a total of 6 conditions and 20 recommendations
- Fail
 - 0

Inspection outcomes in response to submissions received:

- Submissions were received from 6 premises that had the 5-year inspection completed, the final outcome for all 6 premises was a pass.

Type 1 Occurrence Reports

- The Committee reviewed 4 Type 1 occurrence reports for the referral of a patient to emergency services within the five days following the performance of an IVIT procedure at the premises. No further action was required on the part of the reporting naturopaths.

Closing Remarks

Dr. McKenna, ND (Retired) discussed the Type 2 Occurrence summary with the Committee.



The College of Naturopaths of Ontario

The Committee reviewed and discussed the information provided in detail.

Dr. Mary-Ellen McKenna, ND (Retired) also discussed with the Committee additional changes made to the Inspection Program Policies from the previous review. She mentioned that the reasoning for these changes is so that they are more in line with the by-laws and other program's policies and to remove anything that is no longer relevant or duplicated. The Committee reviewed and discussed the information provided in detail and this information was submitted it to Council for approval.

I wish you all a healthy and entertaining summer!

Best regards,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
May 23, 2023



The College of Naturopaths of Ontario

**Governance Policy Review Committee (GPRC)
Bi-Monthly Report
July 2023**

Meetings and Attendance

The Governance Policy Review Committee met on one occasion (May 2, 2023) between May 1 and June 30, 2023, via video conference. Attendance was excellent with no concerns regarding quorum experienced.

Activities Undertaken

At its **May** meeting, as part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed the Committee Terms of Reference, namely CC01 to CC09 and SC01 to SC07. No direct Council member feedback was received, however members of the GPRC submitted their feedback, which was considered and discussed.

Additionally, the committee revisited GP18 and GP19 and discussed various recommended edits brought forward. GP20 and its proposed amendments was also discussed however the committee decided to review this policy at its July meeting, following some further amendments. The committee continued to work on rewriting Policy E02 (Ends Priorities), and draft amendments will be further reviewed and discussed at the July committee meeting.

A dialogue was initiated about amending the timeline for the detailed review of Council policies to possibly extending them over a 2- or 3-year timeline, instead of annually. This item will be discussed in more detail at the July meeting.

The proposed amendments suggested by the Committee were submitted to Council for review and approval at their May Council meeting.

Next Meeting Date

July 12, 2023

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)

Chair

July 4, 2023



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

May 1, 2023 – June 30, 2023

During the reporting period the Standards Committee met once on May 17, 2023. The Committee reviewed the next grouping of amendments to the Standards of Practice.

The Committee is next scheduled to meet in August 30, 2023 where it will continue its review of the proposed amendments to the Standards of Practice.

Respectfully submitted,
Dr. Elena Rossi, ND
Chair
June 2023



The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

May 1, 2023 – June 30, 2023

For the reporting period of May 1, 2023 to June 30, 2023 the Equity, Diversity and Inclusion Committee (EDIC) had one meeting scheduled for May 15, 2023. The Committee finalized amended the EDI Lens Tool training materials to be presented to College Committees and be used in the review of their policies and processes.

The Committee is scheduled to meet on August 21, 2023 to review the EDI Lens Tool feedback.

Dr. Jamuna Kai, ND
Co-Chair
June 2023

Dr. Shelley Burns, ND
Co-Chair
June 2023



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 26, 2023

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 a number of items for its information. Typically, these items are provided because they are relevant to the regulatory process or provide background to matters previously discussed by the Council.

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

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

No.	Name	Description
1.	Grey Areas (No. 280)	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 (May, June 2023)	This is an update provide by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda Package.
3.	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following:

No.	Name	Description
		<i>Understanding the Public Interest, Understanding the Rush Analysis Terminology and Understanding Transparency.</i>
4.	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from May 2023 Council meeting.
5.	Ontario Regulation 508/22 (Registration Requirements made under RHPA	Letter from Dr. Karim Velji, Chief of Nursing & Professional Practice and Assistant Deputy Minister to the Registrar and Executive Directors.
6.	Type 2 Occurrence Annual Report Summary	Graphs summarizing the information received in relation to Type 2 Occurrences.
7.	Ontario Regulation 508/22 (Registration Requirements made under RHPA	Graphs summarizing the responses of Council member's feedback from the May 2023 Council meeting.
8.	Notice from the Canadian Association of Naturopathic Doctors	An update from the Canadian Association of Naturopathic Doctors notifying members that their Executive Director, Shawn O'Reilly is stepping down.

Grey Areas

SML
Steinecke Maciura LeBlanc
Barristers & Solicitors

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

The Evolution of Screening Complaints

by Natasha Danson
July 2023 - No. 280

In the distant past, a complaints screening committee only decided whether a complaint warranted a discipline hearing. However, more than four decades ago, the courts urged regulators to use their screening committees to be more innovative to encourage registrants to enhance their performance: [Re Matheson and College of Nurses of Ontario](#), 1980 CanLII 1614 (ON CA). Remedial measures, such as advice or cautions and voluntary undertakings, quickly took root.

The next step in the evolution of screening committee powers was to make remedial measures mandatory. For example, many statutes now enable a screening committee to require a registrant to appear in person for a “caution” or to direct the registrant to complete remedial measures without the registrant’s consent. Courts have viewed these provisions as remedial and determined that registrants are owed a lower level of procedural fairness. For example, in [Greenwald v. Health Professions Appeal and Review Board](#), 2008 CanLII 63184 (ON SCDC), the Court said:

... a caution is one of the statutory powers given to the Complaints Committee. It is not punitive in nature; it is advisory or remedial in warning about border line conduct which is short of professional misconduct but which puts the physician and patients at risk. There is no finding of professional misconduct and the caution does not appear in any public record. We find that the caution administered here was not a reprimand.

In [Banner v. College of Physicians and Surgeons of Ontario](#), 2012 ONSC 5547 (CanLII), a registrant was required to complete educational measures, mentorship with a colleague, and be re-assessed. The

Court held that the direction was authorized by the legislation and was not a form of discipline:

The applicant has made much of the punitive nature of the Committee’s requirements and their significant impact on him in terms of the costs of the preceptor and practice assessment and the detrimental impact on his reputation. However, the Committee is not a fact finding body, and it has not made a finding of professional misconduct. The requirements for a caution and further education are not recorded in the registry of the College (although they will appear temporarily on a Certificate of Professional Conduct until the requirements are satisfied).

The College has an important duty to serve and protect the public interest (Code, s. 3(2)). While the applicant may see the requirements as punitive, the caution and the educational requirements were imposed in the public interest, in an effort to avoid possible problems in the applicant’s practice in the future.

A mandatory remedial direction does not require a higher standard of explanatory reasons by the screening committee: [Griffith v. Health Professions Appeal and Review Board](#), 2021 ONSC 5246 (CanLII).

More recently, some regulators have the option, or even the statutory obligation, to post remedial directions on the public register. Courts have, again, held that this development does not alter the fundamental nature of the screening committee’s role. For example, in [Geris v. Ontario College of Pharmacists](#), 2020 ONSC 7437 (CanLII), the Court said:

It is true, as the applicant argues, that cautions and remedial orders regarding attendance at education programs are now placed on the

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Courts have also conceded that screening committees have a limited fact-finding role in determining whether a remedial disposition would serve the public interest and would help ensure that registrants avoid problems in the future. For example, in [*Hamilton v. Health Professions Appeal and Review Board*](#), 2022 ONSC 3221 (CanLII), the Court found that it was within the role and expertise of the screening committee to impose remediation even when the registrant filed an expert report indicating that they had done nothing inappropriate.

That is not to say that there is no impact to the expanding role of screening committees. Recently, in [*Young v. College of Nurses of Ontario*](#), 2022 ONSC 6996 (CanLII), remedial directions were sent back for reconsideration because the reasons for decision of the screening committee failed to address concerns about delay and abuse of process raised by the registrants.

More recently, in [*Law Society of Newfoundland and Labrador v Buckingham*](#), 2023 NLCA 17 (CanLII), the highest court in Newfoundland and Labrador questioned some of the assumptions now taken for granted in Ontario. In that case, a lawyer was cautioned for making a public statement about the death of his client in jail “at the hands of” correctional officers. The regulator was concerned that the lawyer

did not, at the time the statement was made, have a sufficient basis for making such a serious assertion.

The lower court set aside the caution on the basis that the screening committee did not assess, or give reasons in response to, the lawyer’s defences that he had a basis for making the statement, that the statement was in response to public assertions that the death was the client’s fault, and that the statement was in the context of calling for an inquiry as to the circumstances of the death.

The significance of the case was evident from the intervention on the appeal by eight health profession regulators.

The Court noted the significance of adequate reasons by screening committees issuing remedial directions:

First, by their nature, counsels and cautions require explanation so that lawyers may understand what they have done wrong and not repeat the behavior. Second, the CAC [Complaints Authorization Committee] investigates allegations and forms opinions as to whether there are reasonable grounds to conclude that misconduct has occurred. It would be impossible to judge the sufficiency of an investigation or the reasonableness of the opinion without some explanation. Third, counsels and cautions can have significant consequences for lawyers, including impacts on career advancement and with respect to how the Law Society deals with future allegations or complaints against them. Finally, given that lawyers are required to respond to allegations against them, they would legitimately expect the CAC to not reject their response without explanation.

The Court also observed that, while the decision was published in an anonymized fashion, it would be clear that many people would be able to deduce the

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

lawyer's identity. Also, there was no restriction on the complainant publishing the decision with the lawyer's name.

The Court did not accept that the screening committee was purely investigative in nature. It noted:

... I would not characterize the CAC's role as always investigative. Although its work is primarily investigative, sometimes the CAC makes a final decision to resolve a complaint, subject only to judicial review. Making a decision to resolve a disputed matter is more of an adjudicative function than an investigative one.

Nor did the Court view the disposition as entirely remedial in nature:

Although both counsel and caution are generally remedial in nature, they are not exclusively so. Counsel and caution can have adverse consequences for a lawyer, which do not advance remediation.

Ultimately the Court was concerned, like the lower court, that the screening committee had not addressed the lawyer's response to the complaint or the freedom of expression issues the case raised.

Also, the screening committee did not explain the standard to which the lawyer was being held and why the lawyer had not met that standard. On this point, the Court was concerned that the lawyer had not been advised as to which specific provision the lawyer was said to have breached. In fact, the lawyer had been referred to two other provisions rather than the one ultimately relied upon by the screening committee.

The *Buckingham* decision may have little impact in other provinces with well-established jurisprudence on the role of screening committees. In addition, there were specific provisions in the enabling legislation for this regulator requiring reasonable grounds to believe

that lawyers had engaged in conduct deserving of sanction before issuing the caution. Most regulators do not have such limiting wording. Finally, the profession in issue is also relevant. Because of the duty of lawyers to be fearless advocates on behalf of their clients, an honest belief, even if unfounded, in their position is a defence. For many other professions, there must be a reasonable basis to support a statement before the professional status of the registrant can be used to make it.

Despite this, regulators should not assume that they can take any less care in issuing remedial directions based on the enhanced scope of screening committees.

From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 98, *Better Schools and Student Outcomes Act, 2023* - (Government Bill, ordered for third reading) Bill 98 has received significant media attention related to its proposed authority for the government to direct school boards on certain matters. However, the Bill will also amend various provisions related to the College of Early Childhood Education and the Ontario College of Teachers. For example, the complaints screening committees will be able to direct registrants to attend for a caution or to complete mandatory remediation. Funding for students who have been sexually abused is expanded to circumstances where the abuser did not supervise the student. Education for registration, including in mathematics, can be required of candidates for registration.

Bill 91, *Less Red Tape, Stronger Economy Act, 2023* - (Government Bill, passed third reading) Schedule 29 of Bill 91 removes the word “Private” from the name of private career colleges, provides for a review of the legislation every five years, and facilitates enforcement of administrative financial penalties (e.g., for illegal operation).

Bill 79, *Working for Workers Act, 2023* - (Government Bill, ordered for third reading) Bill 79 will, among other things, expand the mandate of non-health regulators to consult with the government to ensure that “the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals”.

Bill 60, *Your Health Act, 2023* – (Government Bill, passed third reading and received royal assent) Bill 60 will replace the *Independent Health Facilities Act* with a new regulatory regime, complete with standard setting, inspections, and complaints mechanisms, for the provision of health services (likely mostly diagnostic and procedures). The Bill will also make several statutory amendments to enable the creation, by regulation, of the As of Right proposal. The details are not included in the Bill. However, the Bill does pave the way for individuals to practise the following professions without registering with the relevant Ontario College: medical laboratory technologists, physicians, nurses, and respiratory therapists. Presumably the *Regulated Health Professions Act* already authorizes regulations to be passed exempting those individuals from performing controlled acts. The Bill will also expand the scope of practice of pharmacists “to include the assessment of conditions for the purposes of providing medication therapies.”

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

Regulated Health Professions Act, Nursing Act, Pharmacy Act, Naturopathy Act, Chiropractic Act – Various changes are made relating to registrants performing controlled acts, primarily related to drugs (Ontario Regulations 93/23, 94/23, 95/23/, 96/23, 97/23).

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Various Profession Specific Acts under the RHPA – Several consultations are ongoing related to emergency classes of registration. This includes amendments to the controlled acts regulation under the *Regulated Health Professions Act* to permit emergency class holders to perform a tracheostomy tube change. The consultations have various comment due dates.

Veterinarians Act – The proposal would modernize the regulation of veterinary services including, by better defining them, updating the complaints and discipline system, adding veterinary technicians within the regulatory regime, and developing a formal quality assurance program. Comments were due May 30, 2023.

Personal Health Information Protection Act – “The proposed regulation would amend the General Regulation under PHIPA to:

- Set the maximum for an administrative penalty at \$50,000 for individuals and \$500,000 for organizations.
- Enable the IPC to increase a penalty by an amount equal to the economic benefit derived from a contravention.
- Outline the criteria the IPC must consider in determining a penalty amount, as well as enable the IPC to consider any other relevant criteria.”

Comments are due by May 26, 2023.

Bonus Features

These include some of the items that appear in our blog:

(www.sml-law.com/blog-regulation-pro/)

Respond to the Arguments

Courts give deference to the credibility findings of discipline panels and will only interfere where there is palpable and overriding error. One form of palpable and overriding error is failing to mention, in the reasons for decision, significant issues with respect to the credibility of the key witnesses relied upon.

In [Aslam v Ontario College of Pharmacists](#), 2023 ONSC 2549 (CanLII), the registrant (a pharmacist) was found to have engaged in sexual harassment, including attempted sexual touching, of an employee. The Court said:

The Committee stated correctly the legal principles involved in assessing the credibility of witnesses. The Committee was entitled to believe all, part or none of the complainant's evidence. It was not obliged to mention every item of evidence in its reasons. But the Committee made no reference to several important aspects of the evidence that had the potential to weigh heavily on the overall credibility and reliability of the complainant.

In particular, the Court was troubled that the hearing panel had not addressed several concerns about the complainant's evidence.

Viewed as a whole the complainant's evidence was self-contradictory and arguably bizarre at times. It was also contradicted by another employee whose evidence was accepted and by video surveillance evidence. She alleged that the [pharmacist] had sexually assaulted another employee, an allegation that the other employee denied occurred. She had a history of making serious allegations against fellow employees, allegations that were never substantiated. Rather than deal with these issues, it appears that the Committee compartmentalized the evidence charge by charge and omitted to consider it as a whole when determining the reliability of the complainant on the charges on which it found misconduct. That was an error. The concerns about the complainant's reliability were concerns that went to her reliability as a whole, not just to her reliability when it came to one particular incident.

Interestingly, the Court sent the matter back to a differently constituted panel for a rehearing. This disposition indicates that the evidence was not necessarily inconsistent with a finding. Rather, the concern was that the reasons for decision did not adequately address the serious concerns about the credibility of the key witness.

On a separate point, the Court made short shrift of the appeal against the finding of failing to report the related criminal charges.

The appellant testified that he did not report the criminal proceedings because he did not know that he had to do so within 30 days of their institution. He thought that he had until his next annual filing, at which time he did report them. The Committee did not believe him. In any event, his explanation did not amount to a defence. It was his duty to know the rule. His omission amounts to professional misconduct.

However, the global sanction needed to be reconsidered in light of the reversal of the other findings.

The Precedential Effect of Emergency Exemptions

During the pandemic, many regulators enacted emergency exemptions from certain registration requirements driven by the need to ensure that services could continue to be provided. One example was an exemption from the requirement to successfully complete the registration examination (which examinations were often not available during the pandemic). The concern, of course, is that once such exemptions are seen as acceptable, applicants will want them to apply even after the emergency has passed. A recent decision of the Health Professions Appeal and Review Board (HPARB) indicates that such exemptions need not be offered in perpetuity: [*Trivedi v College of Physiotherapists of Ontario*](#), 2023 CanLII 35742 (ON HPARB).

In that case, an applicant had successfully completed all the registration requirements except the registration examination. The applicant had tried and failed the examination twice. The applicant did not make a third attempt before 2019 when the examination became unavailable because of the pandemic. The regulator had created an exemption policy that excused completion of the examination for many applicants. However, this applicant did not qualify under the policy because he had failed the examination twice.

The applicant sought a review to HPARB of the refusal for registration. The applicant submitted, among other things, that the frequent exemption of other applicants indicated that the examination was not an essential determinant of competence. The applicant submitted several alternative pieces of evidence of competency including years of experience under supervision, self-study, letters of reference, and the absence of complaints made against him. The applicant also argued that the examination process, particularly during the pandemic, was unfair and even discriminatory.

HPARB upheld the refusal of registration. It relied on several pre-pandemic cases about the importance of the examination requirement to demonstrating objective evidence of competence for which practice experience was an inadequate substitute. It noted that the applicant was not eligible for exemption under the pandemic exemption policy. It also accepted the regulator's concerns about the length of time the applicant had not been practising (only some of which was attributable to the pandemic) and the limitations of the reference letters. HPARB also noted that the exemption policy was on the verge of being rescinded now that an examination was available.

Emergency exemptions do not necessarily mean that the requirement at issue has been irredeemably discounted.

Investigative Powers of Regulators

A recent case further illustrates the trend by courts to give a generous scope to the investigative powers of regulators. In [*Fagbemiqun v College of Physicians and Surgeons of Ontario*](#), 2023 ONSC 2642 (CanLII), a physician's registration was revoked for systematic and extensive false billings, including to the public health care system.

In that case, the regulator appointed an investigator into the registrant's billing. The appointment of investigator was based on information from a private insurer that raised concerns that the registrant billed for services that were either not rendered or were not medically necessary and had falsified records to support the billings. The investigators conducted an unannounced visit and copied records, including imaging all of the computers in the clinic and one in the registrant's private office. The investigators also obtained records from the public health funder for services and procedures billed.

At the hearing, there was expert testimony that the medical records did not support the medical necessity of the billings. In addition, there was evidence that the registrant did not order sufficient medical supplies that would have been necessary for the number of procedures and tests billed for. There was also significant statistical evidence that the procedures and tests were unusually frequent for the registrant's type of practice. The discipline panel also relied upon several admissions by the registrant during the investigation including that the registrant received payments for referrals of patients for testing or procedures.

The registrant raised arguments related to the investigators and said that the regulator relied on the evidence obtained through "warrantless searches". In response to these arguments, the Court made the following points:

- There is "an established line of authority providing that statutory investigative powers given to regulated health colleges must be interpreted in a broad and purposive manner, consistent with their obligation to regulate professions in the public interest".
 - Without determining upon whom the onus rests to justify whether there were reasonable and probable grounds to appoint an investigator, there was ample evidence to support the appointment in this case.
 - Where the scope of the investigation is not clearly defined in the appointment itself, recourse can be had to the information supporting the appointment. In this case, the scope of the investigation included whether the services billed were medically necessary. That issue would encompass the investigation of kickbacks for referrals of patients to third parties for testing and procedures. The Court did not express concern about the investigation of billing to the public health funder when the initial complaint was about billing to a private health insurer.
 - The discipline panel was correct to exclude evidence obtained from the registrant's computer containing personal correspondence and personal financial information.
 - Even if the "seized" non-personal records had been excluded, the subsequent admissions by the registrant, including about paying for patient referrals, could be reasonably viewed as not being causally connected to the seizure.
 - Even if the "seized" non-personal records had been obtained in breach of the *Canadian Charter of Rights and Freedoms*, their admission would not bring the administration of justice into disrepute.
- The Court said:

... even if there was a breach in this case, it was not serious. Further, the impact on the Appellant was minimal. As a regulated health professional, he does not enjoy a high expectation of privacy in his business records. Finally, there is strong public interest in the adjudication of a hearing on its merits in the regulatory context, where the purpose is

protection of the public. The Tribunal's findings are owed deference and should not be interfered with in this case.

The Court also supported the finding that the regulator's expert had sufficient expertise to testify about procedures she did not typically use because she researched them and regularly dealt with the conditions for which they were ordered. It was also appropriate for the expert to review the charts selected because they related to the procedures in issue and were not obtained completely at random.

The Court was also unconcerned about the amount of assistance offered to the registrant at the discipline hearing, where he was self-represented. In particular, there was no concern in all of the circumstances about the hearing panel failing to suggest that the registrant summons a witness whose hearsay evidence was later discounted.

The Court ultimately found that revocation of the registrant's registration was an "unquestionably fit" sanction.

How Close Is the Interest?

One of the most difficult fiduciary duties for board members is the obligation to avoid conflicts of interest. This is particularly challenging for board members who are also registrants, as they have some sort of interest in almost every decision made by the regulator. A recent case involving board of education trustees provides useful guidance: [*London District Catholic School Board, Application*](#), 2023 ONSC 1693 (CanLII).

Under municipal legislation, board of education trustees are required to declare any direct or indirect pecuniary interest. If a declaration of an interest is made, they cannot participate in any way in the decision. The challenge for this school board was that seven of the eight trustees (who are all elected to their positions) had immediate family members working for the board. After a seminar on conflict of interest, all seven of those trustees declared a conflict in respect of two upcoming decisions: approving the budget for the board and ratifying a province-wide collective bargaining agreement negotiated with the union representing some of the board's employees (including a child of one of the trustees). An application was made to the Court to determine if one of the exceptions to the prohibition against conflict of interest applied. That exception would apply where the conflict is "so remote or insignificant in its nature that it cannot reasonably be regarded as likely to influence the member".

The Court noted that most people who run for election to the board have a significant interest in educational matters. "It therefore comes as no surprise that so many of the Trustees have family members that [sic] are educators." The Court also noted the challenges in achieving board quorum in the circumstances. The Court further observed that the municipal legislation definition of "immediate family members" did not include siblings, so the trustee whose sibling was employed by the board was not conflicted. However, even with two board members entitled to vote, the situation was untenable: "Put simply, eight heads is [sic] better than two."

The Court went on to find that the indirect pecuniary interests in the decisions to ratify the collective agreement and approve the budget were too remote to reasonably constitute a conflict of interest. The details in the documents were determined by others and the board's role was simply to approve (or not) the high-level approach proposed.

The Court, however, issued several caveats, suggesting that there should be public disclosure of the relationships to ensure transparency, even though there was no actual conflict for these two decisions. The Court also said that its ruling only applied to those specific decisions in the circumstances set out in the evidence. A blanket ruling would remove the duty of "self-policing" expected of board trustees and prevent important means of accountability, such as a formal complaint by the public in future cases.

While this decision relates to specific legislation, the general approach of the Court can guide regulatory board members. It is recognized that board members who are registrants of the profession will have, in the broadest of terms, an interest in many board decisions. However, such interests can be too remote to constitute a conflict of interest if they affect the board member no more than any other member of the profession. Yet, where there are circumstances which indicate that an individual board member has a more specific interest in the decision, there may well be a conflict. In any event, full public disclosure of even potential conflicts of interest is prudent. The trend towards maintaining conflict of interest "registers" for board members is consistent with the Court's guidance.

Withholding Disclosure

In recent decades, procedural fairness generally requires disclosure to the parties of the information that is before the decision maker. Otherwise, it is challenging for the parties to make meaningful submissions. Exceptions are few and far between. The case of [*Schuur v Sas*](#), 2023 ONSC 2852 (CanLII), illustrates when exceptions may be desirable.

In that case two parents were involved "in contentious family law litigation concerning decision making, parenting and child support for the couple's two daughters." The registrant, a psychologist, conducted an assessment and recommended that it was in the best interests of the children for the father to have full custody of them. The complainant challenged the opinion seeking a copy of the entire registrant's files, including video and audio materials. The family court Judge permitted the complainant to have access only in their lawyer's office. That litigation was ongoing.

The parent complained to the registrant's regulator about some of the actions of the registrant. The complaints screening committee dismissed the complaint. Both the screening committee and the appeal tribunal withheld much (96%) of the registrant's file from the complainant. The complainant sought judicial review, including requesting a copy of the entire file so as to be able to participate fully in the complaints process.

The Court found that there was no lack of procedural fairness. The Court said that the disclosure obligations to complainants was less than that for registrants. Complainants have less to lose in the process. The tribunal had statutory discretion to limit disclosure. The tribunal was able to consider the interests of persons who were not parties to the complaint in making disclosure decisions. The tribunal

could also consider that the complainant previously had access to much of the materials in their lawyer's office in the family court litigation.

The Court also noted that it was reasonable for the tribunal to be concerned that the complainant would use the disclosure to undermine the integrity of the complaints and review process, that the disclosure included personal information that should not be disclosed, and that the disclosure would prejudice the family proceedings. In fact, the complaint could be viewed as a collateral attack on (or an attempt to circumvent) the order by the family court.

Disclosure of the materials before a tribunal can be limited in appropriate circumstances.

Enforcing Cooperation with Investigations

Regulators often enforce their registrants' duty to assist with investigations by disciplining them for non-cooperation. However, regulators with a provision in their enabling legislation authorizing compliance orders, can use that provision, as well.

In [*Kilian v College of Physicians and Surgeons of Ontario*](#), 2023 ONSC 2689 (CanLII), the regulator sought an order compelling the subject of the investigation to cooperate with its investigation. The investigation related to various COVID-19 concerns, including issuing questionable exemption certificates and the making of various public statements. The Court issued an order requiring full cooperation. In doing so, it made the following points.

- The Court declined to reconsider previous decisions in the many related proceedings determining that the investigative powers provisions of the regulator were constitutional.
- The Court also declined to reconsider previous decisions that the privacy of the patient records did not provide a basis for the registrant to refuse to provide the records to the regulator.
- The Court also declined to reconsider previous decisions that it was premature for the registrant to challenge whether there were reasonable and probable grounds for the appointment of the investigator. That issue should first be taken up with the discipline tribunal.
- To succeed in the application, the regulator need only establish that the registrant is the subject of an investigation and that the registrant was not cooperating with it. In this case, the requested information was proper given the scope of the investigation.
- The Court was somewhat concerned that some of the requests for information related to the registrant's possible prescriptions, including Ivermectin and Hydroxychloroquine, as these drugs were not mentioned in the original complaints. However, the Court indicated that this concern should be raised first with the discipline tribunal. The Court noted that the wording of the scope of the investigation was broad enough to cover this request.
- The Court did not accept the argument that the order should not be issued because the registrant had a home office. The Court said: "I do not accept that full compliance with s. 76 can be avoided by practicing out of one's home." In any event, it appeared that the registrant had electronic records and the Court was confident that cooperation could be achieved without "any unreasonable search of a defunct home office".

The order to cooperate was made more than one-and-a-half years after the application was initiated. However, there were an unusual number of legal steps initiated by the registrant in this case. And, once issued, such an order is enforceable through contempt proceedings. Thus, on balance, this option for enforcement may be more efficient in obtaining the information than prosecuting the registrant for non-cooperation.

It should be noted that some legislation may provide for administrative enforcement of cooperation obligations, including through administrative suspensions or monetary penalties. See, for example, the [*Health Professions and Occupations Act*](#) of British Columbia.

Use of Illegally Obtained Information by Regulators

What should a regulator do when provided, illegally, with unsolicited information of registrant misconduct? A recurring example for regulators relates to information obtained during the discovery process in a civil lawsuit. Such information is protected by an implied undertaking that prevents it from being used or disclosed for any other purpose without the prior permission of the court. British Columbia's highest court provided guidance in the case of [*Association of Professional Engineers and Geoscientists of the Province of British Columbia v. Engineer X*](#), 2023 BCCA 211 (CanLII).

That case related to the collapse of a fire escape that led to a serious injury. There was a civil lawsuit against several entities, including a professional engineer who had examined the structure before its collapse. The injured person retained an expert, also a professional engineer, who had been given extensive documents obtained during the discovery process. Once the civil case settled, the expert made a complaint against the professional engineer who examined the structure (and others). The complaint included the documents obtained during discovery. The regulator sought a court order permitting it to use the discovery documents.

The Court upheld the lower court's refusal to grant permission. The Court commended the regulator for seeking permission and not just attempting to use the protected information. The Court noted that the civil discovery process compelled disclosure of otherwise private information. To ensure a fair litigation process and to encourage candour by the parties, it was important to not allow the discovered information to be used for other or collateral purposes. Courts would only permit the use of the protected information where the public interest in doing so outweighed the harm the disclosure would cause to the privacy interests of the parties and the integrity of the justice system.

The Court indicated that there certainly were instances where the protection of the public by regulators would warrant permitting them to use discovery information. However, there needed to be a case-by-case analysis of the competing interests. In this case, no complaint would have been made but for the discovery obligations in the civil action. The Court concluded that, in all of the circumstances, the complaint itself did not raise concerns of ongoing risk of harm. In doing so, the Court noted the limited involvement of the professional engineers, the length of time between their involvement and when the collapse occurred, and the lack of other complaints. The statutory role of the regulator to protect the public interest did not, by itself, mean that permission should be granted in every case.

The Court also did not accept the regulator's submission that its statutory role required it to use the information to protect the public despite the fact that the regulator received it through a breach of the law by others.

The Court did not comment on the possibility of the regulator using the complaint itself to form reasonable and probable grounds to investigate the matter on its own.

The Court suggested that the regulator could use its remedial processes, such as education of the profession, to address any ongoing concerns.

While providing some guidance, the issue of how regulators should approach information in its possession that was illegally obtained is far from resolved.

Accessing Client Information

The rules for a health practitioner accessing a patient's personal health information can be complex. In Ontario, those rules are mostly codified in the [Personal Health Information Protection Act \(PHIPA\)](#). The attention to the topic reflects the importance of maintaining privacy of personal health information. However, this complexity can create challenges, not only for practitioners, but also for regulators.

In [Martin \(Estate\) v Health Professions Appeal and Review Board](#), 2023 ONSC 2993 (CanLII), a patient sued an emergency room physician for a missed diagnosis. The physician only saw the patient once. The patient later discovered that the physician had accessed the patient's chart several times over a four-year period. The patient complained to the regulator about the unauthorized access. The physician stated one instance was to complete his record of care and that the remaining instances related to preparing his defence to the civil suit. The regulator (and the independent review Board) took no action on the basis that preparation for litigation was an acceptable reason to access the chart.

On appeal, the Court held that the regulator had misread the legislation. In a detailed analysis of *PHIPA*, the Court found that it was the hospital, not the physician, that was the custodian of the chart. The physician was the agent of the custodian. The rules are different for custodians and agents. While the physician could access the chart to complete his own record of treatment, the physician was not entitled to unilaterally access the chart for litigation purposes. The physician was required to request access from the custodian who would then exercise discretion as to whether to grant the request and whether to impose any restrictions. In fact, guidance published to registrants by the regulator reinforced the distinction between access by custodians and agents of custodians. By unilaterally accessing the chart, the physician was undermining the custodian's responsibility to protect the privacy of the records.

The physician could have had access to the chart from his lawyers through the litigation process. However, rather than viewing this as a mitigating circumstance, the Court viewed this as another reason why the unilateral access to the chart was contrary to *PHIPA*.

The Court returned the matter to the review Board for two reasons: first, to consider whether the regulator should have obtained information from the custodian as to its policies and procedures in these

circumstances; second, to issue a decision that took into account a proper understanding of the distinction between custodians and agents under *PHIPA*.

When it comes to accessing personal health information, regulators need to appreciate the complexities of the law.

Deliberative Secrecy for Tribunals Reinforced

Since the decision of [*Agnew v Ontario Assn. of Architects*](#) (Div. Ct.), 1987 CanLII 4030 (ON SC), the principle of deliberative secrecy has been applied to tribunals. Recently, the Ontario Divisional Court has again held that the secrecy of the deliberations of tribunals should be safeguarded in almost all circumstances.

The facts in [*Grogan v Ontario College of Teachers*](#), 2023 ONSC 2980 (CanLII), are both surprising and somewhat complex. A teacher's certificate was revoked seven years ago for leveling serious, but groundless, accusations against a colleague. Appeal avenues were exhausted. The former teacher now sought to reopen the case on the basis of fresh evidence. On the application, the former teacher filed an affidavit from a former member of the discipline hearing panel, who had sat on the case (but who had ultimately not participated in the decision), suggesting that the other members of the panel might have been unduly influenced by regulatory staff in making their decision and for exhibiting possible bias. In fact, the former panel member had resigned from the panel shortly before the hearing concluded and had not actually participated in the deliberations and decision-making. The former teacher sought access to the former panel member's notes (kept separately in the regulator's files) to obtain details to support the former panel member's concerns.

The Court concluded that it did not have jurisdiction to make the order sought. However, it also held that even if it had jurisdiction, it would have dismissed the application, articulated in a detailed analysis of an alternative ground, namely that the notes were protected by deliberative secrecy.

The Court noted that deliberative secrecy is a core component of adjudicative independence. "The doctrine of deliberative secrecy promotes collegial debate and the finality of decisions. Under the doctrine, a judge cannot be compelled to testify about deliberations, the substance of the decision-making process, or how or why a particular decision was reached"

The Court reiterated that deliberative secrecy applies to administrative tribunals as well as to courts. Rare exceptions can be made where there is a valid reason for believing that there was a denial of procedural fairness. However, to succeed in applying the exception, a party must "meet the standard of a clearly articulated and objectively reasonable concern that a relevant legal right may have been infringed". The Court said:

In my view, Ms. Grogan [the former teacher] has not provided a sufficient basis to lift deliberative secrecy for natural justice concerns. Other than conjecture, the affidavit does not explain why [Ms. F.] [the former panel member] believes that the College directed the Discipline Committee to find Ms. Grogan guilty of professional misconduct or that the College, and not the adjudicators, drafted the decision. The fact that the decision might have differed from what [Ms. F.] expected, on its

own, is insufficient to support a conclusion that a College employee drafted the decision. [Ms. F.] was not present for closing submissions, deliberations after the hearing ended, and the drafting of the decision.

The Court found that the former panel member's affidavit was "vague and speculative" and failed to state the basis of their belief. Years had passed since the events in issue. The absence of particulars meant that the allegations in the affidavit amounted to "conjecture".

Of course, this requirement for specific evidence of procedural unfairness is difficult to meet in most circumstances.

The Court also rejected the submission that, since the former panel member was not present for the final deliberations, "the notes would not reflect the final decision-making process because [Ms. F.] was no longer on the panel by that time, [in an] attempt to minimize the extent to which production would intrude into deliberative secrecy." The Court noted: "However, it is likely that if those notes were ordered to be produced, they would lead to further questions for both [Ms. F.] and the other adjudicators, requiring further intrusion into the deliberative process."

The Court distinguished another case in which some access to deliberations were provided: [Payne v Ontario Human Rights Commission](#), [2000] O.A.C. 357 (C.A.). In that case, a staff member who was present during the deliberations was permitted to be examined about what materials the staff member provided to the adjudicator. However, in the present case, the information sought was from a member of the panel.

The Court also rejected the argument that the former panel member herself could waive the deliberative privilege:

Finally, while the Applicant argues that [Ms. F.] has waived the privilege, it is not her privilege to waive. Moreover, deliberative secrecy is in place not only to protect decision-makers, but rather to protect the integrity of the judicial system as a whole and the finality of decisions. To permit a panel member to voluntarily testify would "defeat the whole concept of judicial immunity." ...

Interestingly, the Court did not comment on whether the existing affidavit by the former panel member breached the deliberative secrecy obligation.

This decision affirms the strong protections afforded to deliberative secrecy of tribunals.

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Categorizing Misconduct

The concept that the definition of misconduct is important in discipline matters is illustrated by [May v. Law Society of British Columbia](#), 2023 BCCA 218 (CanLII).

In that case, the registrant (a lawyer) had been found to engage in professional misconduct by being less than candid with the courts. In particular, the registrant had made statements about the location of the opposing party, inconsistent with the information known to him. There was also a finding of a lack of candour about the validity of a document that the registrant submitted to court after it was modified by his client. However, allegations that the registrant thereby failed to act honourably and with integrity, and had failed to cooperate with the regulator when investigating the matter, were dismissed. Both sides appealed.

The Court concluded that it was possible for the discipline panel to find that the registrant's representations in court did not meet the dishonourable / lack of integrity definitions while still constituting professional misconduct because of the lack of candour. The former definitions "carry a taint of dishonesty, deception or immorality". The latter does not require that level of intent and can involve failing to be sufficiently careful and complete when providing information to a court:

"In other words, the set of cases of a lack of candour is not a subset of the set of cases of dishonourable conduct or lack of integrity, although the sets may overlap. I conclude it was open to the Panel to distinguish between the fault of failing to act honourably and with integrity, and the fault of a lack of candour to the court."

However, in a detailed and technical analysis, the Court did return two of the findings for reconsideration because the discipline panel may have confused certain civil court concepts – relating to when a court decision can be revisited because of inaccurate or incomplete information – with the definition of professional misconduct.

With respect to the allegation of failing to cooperate, the Court upheld the discipline panel's conclusion that most of the information was not deliberately withheld, and the one item that was deliberately withheld was produced when the regulator made a follow-up request. The Court said:

"... the omission of this email string represented an error in judgment that, in context, did not rise to the level of a breach of the *Rules* or professional misconduct is a conclusion of mixed fact and law, and engages the discretion of the Panel. While the appellant's conduct here certainly was an error in judgment in light of his significant obligation to cooperate in the investigation, his decision to shelter the email string from scrutiny was corrected in his following production of documents."

The Court exhibited a high degree of deference to the discipline panel's characterization of the registrant's conduct.

Ten Month Suspension Upheld

The Divisional Court found that a ten-month suspension was not unfit for a nurse who had a sexual relationship with a former patient while at the same time continuing to treat the spouse of the former patient. (The conduct occurred before the one-year cooling off period was enacted.). There were also boundary crossings before the termination of the professional relationship with the former patient.

The nurse argued that the suspension was excessive given the mitigating factors including the difficult personal circumstances of the nurse, the abuse inflicted by the former patient after the relationship ended, and expert evidence that the nurse was undergoing therapy and was unlikely to re-offend.

The Court said that the hearing panel had taken those considerations into account and that it was appropriate for it to balance the harm to the spouse of the former patient and deterrent factors. See: [Cabot v College of Nurses of Ontario](#), 2023 ONSC 2977 (CanLII).

From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 121, Improving Dementia Care in Ontario Act, 2023 – (Private Member’s Bill, first reading)

Bill 121 says that “The Minister of Health must develop a provincial framework designed to support improved access to dementia care. The Minister must table a report setting out the provincial framework in the Legislative Assembly and, afterwards, must prepare and table a report on the state of dementia care in Ontario. Each report must be published on a Government of Ontario website. The Ministry of Colleges and Universities must review its ‘Personal Support Worker Standard’ to determine if certain changes should be made, including whether to require in-depth learning about person-centred dementia care.”

Bill 98, Better Schools and Student Outcomes Act, 2023 – (Government Bill, passed third reading and received Royal Assent)

Bill 98 has received significant media attention related to its proposed authority for the government to direct school boards on certain matters. However, the Bill will also amend various provisions related to the College of Early Childhood Education and the Ontario College of Teachers. For example, the complaints screening committees will be able to direct registrants to attend for a caution or to complete mandatory remediation. Funding for students who have been sexually abused is expanded to circumstances where the abuser did not supervise the student. Education for registration, including in mathematics, can be required of candidates for registration.

Bill 91, Less Red Tape, Stronger Economy Act, 2023 – (Government Bill, passed third reading and received Royal Assent)

Schedule 29 of Bill 91 removes the word “Private” from the name of private career colleges, provides for a review of the legislation every five years, and facilitates enforcement of administrative financial penalties (e.g., for illegal operation).

Proclamations

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

Emergency Management and Civil Protection Act – July 1, 2023, is the date in which the expanded hazard and risk assessment and infrastructure identification obligations on government take effect. Regulators may be consulted by their oversight Ministries on these risk management processes.

Regulations

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

Pharmacy Act – The General regulation is amended to expand the drugs that pharmacists can prescribe for minor ailments. The regulation takes effect on October 1, 2023. (O. Reg. 179/23).

Regulated Health Professions Act – The controlled acts regulation is amended to permit pharmacists to prescribe until March 31, 2024 (the previous expiry date was June 30, 2023) for certain patients with COVID symptoms. (O. Reg. 178/23)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Medicine Act – The proposal is to make regulations relating to the registration, performance of controlled acts, quality assurance and discipline of physician assistants. Comments are due by August 11, 2023.

Personal Health Information Protection Act – The proposal is to make a regulation authorizing and guiding the imposition by the Information and Privacy Commissioner of administrative penalties of up to \$50,000 for individuals and \$500,000 for organizations for contraventions of the Act. Comments are due by July 25, 2023.

Integrated Community Health Services Centres Act, 2023 – The proposal would make regulations under this Act to replace the *Independent Health Facilities Act*. “The proposed regulation under the ICHSCA would carry over the regulatory requirements that currently exist under the *IHFA* (O.Reg 353/13, O.Reg 57/92, R.R.O. 1990, Reg 650 and R.R.O, 1990, Reg 649), with additional requirements including:

- Adding a requirement for licensees to post a list of prices for all uninsured services that a patient may choose to purchase (i.e., for additional devices, treatments or services)
- Adding a requirement for licensees to post the phone number for the ministry's Protecting Access to Public Healthcare program
- Providing that claims for facility costs will not be paid unless submitted to the Minister within three months of the service date
- Adding specific requirements that licensees must include in their patient complaint process, and a requirement to post their process for receiving and responding to patient complaints

- Prescribing the College of Physicians and Surgeons of Ontario and the College of Midwives of Ontario as inspecting bodies for ICHSCs (currently quality assessors under the IHFA)”

Comments are due by July 9, 2023.

Various Acts Allowing Out-of-Province Regulated Health Professionals to Practice – The proposal is summarized, in part, as follows:

Regulations under the *Medical Laboratory Technology Act, 1991, Medicine Act, 1991, Nursing Act, 1991, and Respiratory Therapy Act, 1991*, to permit out-of-province regulated health professionals (OPRHPs) to use the protected titles and hold themselves out to be competent to practise their respective professions, subject to conditions, which include:

1. The person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds in that jurisdiction the equivalent of a certificate of registration authorizing independent practice in Ontario.
2. A regulatory authority in a Canadian jurisdiction has not refused to grant the person a certificate of registration in the profession within the last two years.
3. A finding of professional misconduct, incompetence or incapacity has not been made against the person as a result of a proceeding.
4. The person must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding.
5. In Ontario, the person only provides services in public hospital or long-term care home.
6. The person has submitted to the college an application for a certificate of registration prior to providing professional services.

OPRHPs would lose the exemption under select circumstances, including:

1. The person has not been issued a certificate of registration by the college within 6 months after the person first began to provide professional services in Ontario.

Regulatory amendments to Ontario Regulation 246/22 under the *Fixing the Long-Term Care Act* to enable out-of-province (OOP) physicians, registered nurses, nurse practitioners (NPs), registered practical nurses, and respiratory therapists to provide services in long-term care homes.

Comments are due by July 9, 2023.

Bonus Features

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

Disciplining Indigenous Practitioners

In criminal law, courts are required to apply the [Gladue](#) principles to defendants who identify as Indigenous. This duty requires courts to consider the impact of colonization and discrimination on Indigenous peoples. Courts also need to consider alternatives to jail. In part these principles recognize that the percentage of Indigenous people in Canadian jails is vastly disproportionate to that of non-Indigenous people. The movement to translate *Gladue* principles to disciplinary proceedings has been slow but may be gaining momentum. A thoughtful article by Andrew Flavelle Martin in the [Lakehead Law Journal](#) advances the discussion considerably.

The article focusses on the legal profession with particular emphasis on one case: [Law Society of Ontario v. McCullough](#), 2022 ONLSTH 63 (CanLII). In that case a lawyer had misappropriated over \$100,000 to pay for shortfalls in her firm's operating expenses. The funds were reimbursed, typically within days or weeks. The conduct was discovered during a spot audit by the regulator. The lawyer admitted the conduct, corrected her books, and expressed remorse. The presumptive penalty for such a misappropriation is revocation, which is imposed in almost every case. Applying the *Gladue* principles the hearing panel imposed an eight-month suspension plus certain conditions.

Martin makes the following observations:

- The circumstances of the lawyer were “unique” and “truly extraordinary and compelling”. She had experienced “hardship, disadvantage, and violence” flowing from her Indigenous identity. She had adopted four nieces and nephews who would otherwise have gone into child protection. She was stressed in her support of family members. She had a largely Indigenous clientele, many of whom were served through legal aid that paid significantly less to lawyers than most privately paying clients.

- The regulator had issued an institutional commitment to reconciliation for Indigenous peoples. The hearing panel felt compelled to apply that commitment to the case.
- A formal *Gladue* report was filed with the hearing panel. Such reports are common in criminal cases. A *Gladue* report contains information about the individual and their own, their family's and their community's history. It also contains information about how the Indigenous community views the conduct and the remedies they would typically impose for it (e.g., restorative justice).
- The *Gladue* principles can (but will not necessarily) rebut the powerful presumptive penalty of revocation for this type of conduct.
- In addition to the lower suspension, a unique term and condition was imposed. The lawyer was required to meet with an Elder or Traditional Knowledge Holder. There would be very limited monitoring of the nature and content of the meeting(s) by the regulator.
- The hearing panel emphasized the cooperation, remorse, and restitution by the lawyer as being critical considerations in this case.
- The outcome would likely not be the same but for the exceptional circumstances of the individual lawyer. Revocation might easily apply to other lawyers identifying as Indigenous who engage in similar conduct.

It is unclear how persuasive this tribunal-level decision will be for other professions. However, Bill 36 in British Columbia, enacting the [Health Professions and Occupations Act](#), contains several provisions that are consistent with the approach described in the Martin article.

Reverse Engineering Not Allowed

The Ontario Divisional Court continues to apply strict limits to any departure from a joint submission in discipline cases. A discipline panel may only reject a joint submission where it would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. The panel cannot depart from a joint submission simply because it is of the view that the proposed sanction is unfit. This limited role for the discipline panel is based upon the importance of a high degree of certainty in such resolutions, which serves a valuable public interest purpose on its own.

In [Ontario College of Teachers v. Merolle](#), 2023 ONSC 3453, a school principal admitted to making inappropriate comments to a colleague, who held a subordinate position. The joint submission included, among other things, a three-month suspension. A majority of the panel declined to impose the three-month suspension on the basis that it would be unduly harsh in the circumstances. One panel member dissented in support of the joint submission.

In restoring the joint submission, the Court noted the high threshold for departing from it, namely only where a reasonable person would view the outcome as a breakdown in the proper

functioning of the justice system. The Court noted that while the majority of the panel used “contrary to the public interest” language in its reasons, in fact they applied general sentencing principles, such as weighing the seriousness of the conduct and considering the range of prior decisions. The Court said that the panel had reverse engineered its rejection of the joint submission.

The Court reimposed the joint submission as it would have been accepted by the dissenting member of the panel, finding that he applied the correct legal test.

Disqualifying a Board Member

As the “culture wars” become more frequent in Canada, regulatory Boards (sometimes called Councils) will not be immune from challenges to its authority. Difficult decisions will have to be made as to where diversity of viewpoints transition to opinions that are incompatible with the values of the regulator. The dental regulator in Manitoba recently faced such a situation.

In [*Agnew v. The Manitoba Dental Association*](#), 2023 MBKB 98 (CanLII), a Board member of the MDA expressed opinions in an email (sent primarily to those within the regulator’s circle), suggesting that Indigenous peoples were using “hate hoaxes” to financially benefit from their experience in Canada. The email contained a link to a video by a purported white supremacist that “minimizes the atrocities of the cultural genocide of Indigenous peoples in Canada and denies the existence of graves of students at the Kamloops Residential school.” The Board of the regulator was concerned. The content in the email was contrary to the values of inclusiveness and reconciliation held by the organization, was contrary to its initiatives to participate in the Truth and Reconciliation process and could bring reputational harm to the regulator.

The Board member refused to resign, and the regulator had no means to remove him. The regulator amended its by-laws (which required membership approval) to include a process for removing Board members who either did not comply with its Code of Conduct, or refused to “respect, read and sign the Code at the commencement of their term on the Board and following any amendment.” The Board member refused to sign the Code arguing, among other things, that he was elected to his position before the changes were enacted. The Board then disqualified him from serving on the Board solely on the basis that he had not signed the Code.

The Court upheld the Board member’s removal. The Court rejected several technical arguments (e.g., that the by-law changes were not amendments, but constituted a new Code of Conduct). The Court held that the reasons for making the changes were appropriate, including enhancing “the confidence of the public and members that [the regulator’s] Board is aligned with current societal values.” A fair procedure was followed in that the Board member was given notice and an opportunity to make submissions before being removed. The Court also said:

The requirement that Board members sign the Code was to ensure that members acknowledge the expectations of those who serve the interests of the MDA and its commitments to the public and profession.

The Court also found that the changes to the by-laws were not passed for an improper purpose or in bad faith, even though they were made in response to the conduct of the Board member. The Court was of the view that the Board member had the onus to establish that the majority of the voting members acted inappropriately, but that onus had not been met. Addressing a governance gap discovered when the member refused to resign was appropriate. The Court was “satisfied that the amendment to the Bylaw was to enable the Board to carry out its ‘duty to govern, determine, control and administer’ the MDA’s affairs.” At that point no decision had been made to remove the Board member. Also, a fair process was used throughout.

Regulators should ensure that their provisions address the removal of Board members who do not comply with their Code of Conduct. It is prudent for the provisions to also require Board members to sign an acknowledgement that they understand and agree to comply with the Code of Conduct.

The Other Side of Lauzon

Most of the attention in media and legal circles about the Ontario Court of Appeal’s decision in the *Lauzon* case will focus on the concept of judicial independence and the freedom of adjudicators to express opinions in public. For most regulators, however, the significance of the decision relates to the Court’s comments about determining sanction (or “disposition” as the Court called it).

In [*Lauzon v. Ontario \(Justices of the Peace Review Council\)*](#), 2023 ONCA 425 (CanLII), a Justice of the Peace (the JP) wrote an article for a national newspaper that was “sharply critical of the operation of bail courts and the conduct of some Crown prosecutors in her court”. Complaints were made to the Justices of Peace Review Council by several senior Crown Attorneys. The hearing panel found that the tone and language used in the article was inappropriate for a judicial officer. The Court upheld that finding. However, the majority of the hearing panel then went on to recommend the removal of the JP from office. The dissenting hearing panel member would have imposed a reprimand and a 30-day suspension without pay. The Court directed that the dissenting member’s disposition should be imposed.

The Court found that the majority of the hearing panel made a number of errors in its sanctioning decision. For example, in an extended discussion of the concept of judicial independence, the Court expressed concern that inadequate consideration was given to the fact that the complaints

came from the executive branch of government (i.e., Crown law officers who were dissatisfied with this JP's comments). An excessive sanction could compromise the independence of judicial officers generally.

On a similar note, the Court was concerned that the finding by the majority of the hearing panel, that the JP was irremediably biased against Crown Attorneys, was an unsupported amplification of its main finding. The conclusion on bias was inconsistent with the evidence and was based on an incorrectly subjective view of bias (that Crown Attorneys might feel that this JP is biased against them is irrelevant). As a result, the majority took an exaggerated role of the seriousness of the conduct.

The Court emphasized the need for the hearing panel to engage with the precedents when determining the appropriate sanction. The Court found that previous cases resulting in a recommendation for removal were of a much more serious nature. In fact, many of the cases in which removal was not imposed were more serious than this case. This JP's conduct did not fall into any of the categories of misconduct that ordinarily resulted in serious sanction.

The Court also discussed the need for sanctioning decisions to take into account constitutional rights, particularly freedom of expression. It was not sufficient to only consider constitutional values when deciding whether the conduct amounted to misconduct. A proportionality analysis must also be done when considering sanction. The hearing panel needed to balance three considerations:

1. The degree to which the proposed sanction would affect the freedom of expression, both of this JP and others (e.g., the chilling effect on other JPs or to the bail system as a whole);
2. The degree to which the sanction would advance the regulatory goal being served (e.g., maintaining confidence in judicial officers); and
3. Whether the proposed sanction is proportional to the above competing interests. The Court discussed a "laddering" approach. Starting with the least significant sanction, only where it would not meet the necessary goals would the panel consider the next most serious sanction.

The Court also disagreed with the majority's approach to mitigating and aggravating factors. The majority failed to recognize that the conduct of concern was an isolated incident that did not demonstrate a pattern of behaviour. Indeed, the fact that there were no similar comments in the years since the discipline process began, was seen as important by the Court. The factor of whether the JP had taken measures to modify her behaviour was seen as being of little importance where there was an isolated incident that had not been repeated.

The Court was particularly concerned that the majority had emphasized the JP’s unwillingness to accept the finding of misconduct (with which she still disagreed). The majority of the panel commented on her “failure to express remorse, show insight, acknowledge and apologize for publishing the article, and seek the Panel’s forgiveness during the disposition phase, which could all have served as mitigating factors”. It was an error of law to turn the JP’s adamant defence into an aggravating factor. It can only be seen as the absence of that mitigating factor, not an aggravating factor on its own.

The Court cited several professional misconduct cases as relevant to the issues. Discipline panels will be wise to consider how they characterize the seriousness of misconduct findings, to engage with precedents to suitably assess and weigh their application to a pending case, to using a proportional analysis when determining what sanction is necessary to achieve the regulatory goals, and to appropriately analyze mitigating and aggravating factors.

This article was originally published by Law360 Canada, part of LexisNexis Canada Inc, at Law360 Canada.

Reasons for Decision Save the Day

Disciplinary tribunals are often hesitant to give extensive reasons, especially for credibility findings. Reasons are difficult to write at the best of times, especially for tribunal members who are not legally trained. Tribunal members may worry that an errant phrase could create a ground of appeal. However, brief reasons often heighten scrutiny by appellate courts. Also, detailed reasons, even though they offer more to criticize, can reassure a reviewing court that deference ought to be extended to the tribunal. [Aboujamra v College of Physicians and Surgeons of Ontario](#), 2023 ONSC 3344 (CanLII), is such a case.

In that case, a patient complained that the registrant, a physician, had made sexual comments and engaged in inappropriate sexual touching over a three-year period. The registrant denied the conduct, with one less serious exception (calling the patient “pretty” or “beautiful” in the waiting area). The registrant challenged the findings against him on many grounds including that: the patient had made incremental disclosure, the tribunal rejected his explanation using speculative reasoning, the tribunal characterized his written response to the regulator as a sexist personal attack on the patient, the tribunal misapprehended certain evidence, and the tribunal applied uneven scrutiny to the evidence of the registrant as compared to its review of the evidence of the patient.

The Court began by reviewing and summarizing the reasons of the disciplinary tribunal. It noted that the reasons were detailed, addressed concerns about the patient’s evidence (e.g., inconsistencies, incremental disclosure) and the arguments raised by the registrant (e.g., the

patient not going to another physician, the patient's allegedly aggressive demeanour during visits). The Court also noted that the disciplinary tribunal gave detailed reasons why it found the patient to be credible on the core allegations and gave nine reasons why it did not find the registrant to be credible.

In particular, the Court found:

- The reasons explained why the registrant's explanations (e.g., chaperone being present for some procedures, medical indications for touching the patient's breasts and genitals) were not accepted.
- The reasons explained in detail why the patient's incremental disclosure and inconsistencies, while of concern, did not fundamentally undermine her credibility.
- The reasons did not mischaracterize the registrant's response to the regulator as calculated to predispose the regulator against the patient.
- The Court said: "... this is not a case where the Tribunal gave generic reasons without any explanation for their credibility assessment in the face of a defendant's blanket denial of allegations. The Tribunal carefully and specifically considered the evidence of the Patient and the Appellant, including any inconsistencies or other evidence that it considered material. It is not a fair portrayal of the Tribunal's credibility assessment of the Appellant to say that it was focused on the Appellant's comments about the Patient's general behaviour at his office."
- In terms of uneven scrutiny of the evidence of the patient compared to the registrant, the Court found that this argument ignored the detailed and nuanced credibility findings made by the disciplinary tribunal. The Court accepted that uneven scrutiny is "notoriously difficult to prove". The Court also said: "To demonstrate uneven scrutiny, an appellant must identify something clear in the reasons or the record indicating that a different standard was applied, as well as something sufficiently significant, such as rejecting the appellant's testimony, for speculative reasons, to displace the deference due to the trier's credibility assessments. There is no palpable or overriding error. The Tribunal expressly adverted to the correct legal principles and there is nothing in the record that suggests it did not correctly apply those principles."

The outcome might well have been different if the disciplinary tribunal had given only brief and generic reasons for its findings.

Confirmation of Concepts

Those working in a specialized area often become secure in the notion that certain concepts apply to their field. Sometimes it is helpful to get reassurance that those concepts are still valid. [*Rowe v College of Nurses of Ontario*](#), 2023 ONSC 3735 (CanLII), provides that kind of assurance to those working in the complaints and investigations process, especially for health regulators in Ontario.

In that case, an employer reported to the regulator concerns about the practice of the registrant, a registered nurse. After an investigation, the screening committee directed that the registrant attend before it to receive a caution in person. The registrant attended the caution, but also brought an application for judicial review to Court.

The application to Court was initiated months after the deadline for doing so had passed. The Court refused to grant an extension of time for bringing the application. The Court made the following points:

- The reviewable decision was made when the screening committee directed the registrant to attend the caution. The time for seeking judicial review did not stretch to the date when the caution was actually administered.
- To obtain an extension, the registrant needed to explain the delay, supported by evidence. Submissions to the court that the registrant’s lawyer did not explain the option of judicial review will not be accepted without evidence. Similarly, accommodation for mental health issues requires evidence of how the disability prevented timely commencement of the proceedings.
- It is permissible for a regulator to make informal inquiries without appointing a formal investigator. Those inquiries can form the foundation for reasonable and probable grounds to appoint a formal investigator. A difference between informal inquiries and a formal investigation is that the former gathers information voluntarily; the latter has an array of compulsory powers they can use.
- Investigators need not possess a particular qualification (such as being a member of the profession): “Investigators’ tasks are primarily driven by an information-gathering function, including collecting documents, materials, and other information about possible misconduct....”
- Members of the screening committee do not need to be “peers” of the registrant or to practise in their field of interest: “The expertise required to screen a complaint does not require expertise in the area of practice....”
- Screening committees do “not make findings of fact or assessments of credibility. This is consistent with the ICRC’s [the screening committee] role as a “screening committee” with no authority to make findings of professional misconduct It would have been inappropriate for the ICRC to resolve any inconsistencies in the written record.” However, the screening committee may make a remedial order based on concerns about the registrant’s practice based on the overall information in the record before them.
- In determining whether a 25-month delay in the investigation is inordinate, one must look at all of the contextual factors. “In my view, the merits of this argument are weak, particularly having regard to the College’s case load and the prioritization of high-risk cases.”
- Having said that, the public interest in timeliness and finality creates a presumption of prejudice where the registrant seeks an extension of time to commence an application for

judicial review well after the 30-day period prescribed in the legislation has elapsed. This is particularly the case where only a caution was directed, which is consistent with the regulator's mandate of public protection.

- On an even more technical matter, a Registrar's investigation based on a mandatory report is not a complaint. As such, notice is given to the registrant at the end of the investigation, not when the mandatory report arrives. In addition, there is no review before the Health Professions Appeal and Review Board.

As you were. Regulators can proceed to continue processing complaints and investigations.

Incarceration for Unauthorized Practice and Holding Out

Jail is an option for unregistered persons who persist in practising a profession without authority or who mislead the public as to their unregistered status. However, courts are reluctant to use that option. An example of that hesitancy can be found in [*Law Society of Ontario v Mr. Sutharsan*](#), 2023 ONSC 3708 (CanLII).

In that case an unregistered individual persisted in practising law and holding themselves out as a lawyer. Initially, the individual gave an undertaking to cease doing so. After being caught again, the individual consented to an injunction. After being caught yet again, the individual conceded they were in contempt of court. The regulator sought a 30-day period of incarceration. The Court declined to order jail, imposing 100 hours of community service instead. In doing so, the Court noted the following:

- The purpose of a penalty for civil contempt "is to enforce compliance with a court order and to ensure societal respect for courts." Specific and general deterrence are the most important objectives. As such, custodial sentences are rare.
- The individual was not conducting an ongoing business. The instances were situations in which he was reluctantly drawn in to help clients. He received insignificant remuneration. As such, the breach of the injunction order was not flagrant compared to other cases in which incarceration was ordered. The Court said: "In my view, the imposition of incarceration on the facts before me would represent a significant departure from the principle of like sentence for like conduct."
- The Court accepted that the individual was remorseful and was committing to ceasing to provide legal services. The Court said that "while the breach was serious and engaged serious issues, incarceration is not proportional to the nature of the breach."

The Court did not impose a fine given the individual's modest means. In addition to the 100 hours of community service, the Court ordered the individual to pay \$6,000 in costs at a rate of \$300 per month.



The College of Naturopaths of Ontario

Understanding the Public Interest

In carrying out its objects, the College has a duty to serve and protect the public interest (section 3(3) of the Regulated Health Professions Act, 1991 (RHPA).

The term “public interest” is not defined in any legislation or regulation. What is the public interest?

- It is first and foremost a concept.
- It is contextual, the circumstances of decision-making help determine what it is.
- It is an unbiased concern for society.
- Places the benefit to the whole ahead of the benefit to a group, a few, or any one person.

Serving the public interest means ensuring the following.

- The public has access to professions of choice.
- Individuals are treated with sensitivity and respect.
- There are appropriate standards for the profession.
- There are ethical, safe, competent professionals and services.
- The patient interest is placed over professional interest.
- The principle-driven governance and operations are fair, objective, transparent and accountable.

The public interest is also about public protection and safety. Protecting the public from:

- Harm (physical, psychological, financial).
- Dishonesty and disrespect.
- Poor quality care.
- Sexual abuse.
- Breach of laws.
- Ineffective or unnecessary care.

In its deliberations, Council and Committees should consider the following factors.

- Is the decision fair to all parties?
- Is the decision objective, e.g. evidence-based?
- Is the decision impartial, e.g. made without bias?
- Is the decision transparent, e.g. are all of the relevant considerations clearly articulated and in the public domain?

Considerations/Questions to ask oneself during deliberations include:

- Does the matter relate to the College’s statutory objects (section 3(1) of the Code)?
- Does the decision further one of the College’s four regulatory activities?
- Is the decision being done transparently?
- Who is the primary beneficiary of the initiative?
- Would this better fit into another’s mandate (e.g. the educators, the associations)?
- Who would be unhappy with the initiative and why?

- How would it look on the front page of (any local or national newspaper) or on the evening newscast?
- How would our accountability bodies (e.g. the Government of Ontario, Office of the Fairness Commissioner, Health Professions Appeal Review Board) respond?
- Is our decision consistent with the mandate of the College (e.g. to ensure that Ontarians who wish to receive naturopathic services have access to individuals who have the knowledge, skill and judgment to practice safely, ethically and competently) and with other recent similar decisions.

What the public interest is NOT!

- Advancing the profession's self-interest (e.g. increasing fees charged by or earnings of the profession by limiting the number of members through creating barriers to access to the profession, or by expanding the scope of practice of the profession).
- Advancing personal interests of Council members (e.g. getting good PR in the profession in a re-election year).
- Advancing the interests of a small group of patients who feel that the general health care system is not serving them sufficiently (e.g. patients advocating for expanded scope for illness-specific purposes).

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

The risk analysis provided to Council as part of its briefing process is becoming more sophisticated. New terminology will begin to be introduced that may be unfamiliar to many Council members and stakeholders. The table below provides information to allow a reader to interpret the information being provided.

RISK CATEGORY	Risk Type	Type Description	Indicators
HAZARD	People	Loss of key people.	Sudden and unforeseen loss of CEO or senior staff due to resignation, retirement, death or illness.
	Property	Damage or destruction.	Property damage due to fire, weather event, earthquake etc.
	Liability	Claims, and cost of defense claims.	Cost of defending a liability claim or awards paid due to a liability claim.
	Net Income Loss	Net Income loss from hazards.	Loss of Net Income (after expenses) from any of the above noted hazard risks.
OPERATIONAL	People	Risks from people selected to run an organization.	Education, professional experience, staffing levels, employee surveys, customer surveys, compensation and experience benchmarking, incentives, authority levels, and management experience.
	Process	Procedures and practices of an organization.	Quality scorecards, analysis of errors, areas of increased activity or volume, review of outcomes, internal and external review, identification of high-risk areas, and quality of internal audit procedures.
	Systems	Technology or equipment owned by an organization.	Benchmark against industry standards, internal and external review, and analysis to determine stress points and weaknesses.
	External Events	Failure of others external to an organization.	Suppliers unable to provide or deliver supplies, or consultants unable to complete projects on time or on budget.

FINANCIAL	Market risk	Currency price, interest rates, commodity price, equity price, and liquidity risk.	Interest rates, savings, and return on investments.
	Credit risk	Risk of people in an organization lent money to defaulting.	If the College were to lend money or credit to Registrants, the risk of defaulting.
	Price risk	Risk of prices of an organization's products or services, price of assets bought or sold by an organization.	Price increases of supplies, consultants, and personnel.
STRATEGIC (external to an organization)	Economic environment	GDP changes, inflation, financial crises, and international trade.	GDP, CPI, and Interest rates.
	Demographics	Changing landscape of people, i.e., aging.	Aging population, lower birth rates.
	Political	Changes in the politics where an organization operates.	Changes in government or government policy, locally, regionally, or nationally.
	Reputation	Damage to the reputation of the organization based on decisions taken or perils encountered.	Confidence and trust of stakeholders, the public, and Registrants.

Risk Treatment or Mitigation Techniques

Technique		Description	General Usage?
Avoidance		Stop or never do an activity to avoid any loss exposure	All risk categories
Modify			
	Separation	Isolate the loss exposures from one another to minimize impact of one loss. Relates to correlation of risks.	Financial risk
	Duplication	Use of back up or spares to keep in reserve to offset exposures.	Operational risk
	Diversify	Spread loss exposure over numerous projects, products, or markets.	Financial risk
Transfer		Transfer risk to another organization, typically an insurer.	Hazard risks
Retain		Assume the risk of loss within the organization, typically done when severity and frequency are both low and sometimes when frequency is high, but severity is always low.	Hazard, Operational
Exploit		Use the risk to your advantage	Strategic

To Treat or Not to Treat	Techniques
Do Not Treat	If potential impact is low and likelihood of occurring is low, do not need to treat the risk. May also choose not to treat a risk that has low potential impact and high likelihood in some circumstances.
Treat the risk	Treat a risk that has a high potential impact and high likelihood of occurring. Also treat a risk that has a high potential impact and low likelihood. Treatment methods 1. Avoidance 2. Change the likelihood or impact 3. Finance risk – transfer (insurance or hedging for market risk) or retain

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

To help protect the public, the College and its Council are committed to transparency. This means providing Ontarians with the tools to make informed decisions, and ensuring that our own decision-making processes are easily understood.

The College and its Council have adopted the Transparency Principles developed by the Advisory Group for Regulatory Excellence (AGRE), a working group of health regulators, as the framework for its decisions.

The following table summarizes the transparency principles adopted by the Council.

Principle	Description
Information to foster trust.	The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
Improved patient choice and accountability.	Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.
Relevant, credible, and accurate information.	Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible, and accurate.
Timely, accessible and contextual.	In order for information to be helpful to the public, it must be; a) timely, easy to find, understandable and, b) include context and explanation.
Confidentiality when it leads to better outcomes.	Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
Balance.	Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
Greater risk, greater transparency.	The greater the potential risk to the public, the more important transparency becomes.
Consistent approaches.	Information available from Colleges about Registrants and processes should be similar.



The College of Naturopaths of Ontario

Council Meeting Evaluation
May 31, 2023
8 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 5 @ 5	4.6
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.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 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.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 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.	0 @ 1 0 @ 2 0 @ 3 1 @ 4 7 @ 5	4.9
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.	0 @ 1 0 @ 2 0 @ 3 2 @ 4 6 @ 5	4.7
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.	0 @ 1 0 @ 2 1 @ 3 2 @ 4 5 @ 5	4.5
Group Preparedness	Please rate how you feel the level of preparedness of your Council	0 @ 1 0 @ 2 0 @ 3	4.7

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	colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	2 @ 4 6 @ 5			
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.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 5	5.0		
What Worked Well	From the following list, please select the elements of today's meeting that worked well.				
	• Meeting agenda		8/8		
	• Council member attendance		7/8		
	• Council member participation		8/8		
	• Facilitation (removal of barriers)		8/8		
	• Ability to have meaningful discussions		8/8		
	• Deliberations reflect the public interest		8/8		
	• Decisions reflect the public interest		8/8		
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.				
	• Meeting agenda		0/8		
	• Council member attendance		1/8		
	• Council member participation		0/8		
	• Facilitation (removal of barriers)		0/8		
	• Ability to have meaningful discussions		0/8		
	• Deliberations reflect the public interest		0/8		
	• Decisions reflect the public interest		0/8		
Things we should do	Are there things that you feel that the Council should be doing at its meetings that it is not presently doing?	Can you possibly start using the calendar in basecamp?			
Final Feedback					

Comparison of Evaluations by Meeting 2023-2024

	2022/23 Overall	2023-2024						
Topic		May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	4.7	4.6						
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.9	5.0						
Time Management 1 - Not at all managed to 5 - Very well managed.	4.8	5.0						
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.9	4.9						
Right People 1 - None of the right people to 5 - All of the right people.	4.7	4.7						
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.6	4.5						
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.5	4.7						
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.7	5.0						
Number of Evaluations	7.7	8						

Ministry of Health

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June 1, 2023

MEMORANDUM TO: Registrars and Executive Directors

FROM: Dr. Karima Velji, Chief of Nursing & Professional Practice and Assistant Deputy Minister

RE: Ontario Regulation 508/22 (Registration Requirements) made under the *Regulated Health Professions Act, 1991* (RHPA)

As a follow up to my December 14, 2022, memo, I want to thank the Colleges for submitting your Emergency Class regulation proposals to the Ministry. I know this required great effort to quickly draft regulations, launch consultations and, in some cases, schedule special Council meetings. Your efforts will help Ontario's health system facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies.

A number of Colleges have taken the opportunity to make additional amendments to their registration practices and to remove additional registration barriers. In order to meet the August 31, 2023 deadline for the Emergency Class regulations, the Ministry will only be proceeding with the Emergency Class provisions at this time.

The remaining proposals will be brought forward beginning this Fall. I would ask for your patience as these will take some time to work through, given the complexity of some of the proposed changes. However, you have my commitment that we will process these other proposals as expeditiously as possible.

Thank you for your continued involvement and cooperation during this process. You may contact Allison Henry and her team should you have any questions.

Sincerely,

Dr. Karima Velji

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Nursing and Professional Practice Division, Ministry of Health



The College of Naturopaths of Ontario

MEMORANDUM

DATE: June 28, 2023
TO: Council
FROM: Mary-Ellen McKenna
RE: Type 2 Occurrence Annual Report Summary

The following information is being provided to Council for information purposes.

Type 2 Occurrence Annual Reports Summary

The designated Registrants for all applicable premises (178) submitted the Type 2 Occurrence Annual Report for the reporting period of March 2, 2022 to March 1, 2023.

The General Regulation defines Type 2 occurrences as:

1. Any infection occurring in a patient in the premises after an IVIT procedure was performed at the premises.
2. An unscheduled treatment of a patient by a Member occurring within five days after an IVIT procedure was performed at the premises.
3. Any adverse drug reaction occurring in a patient after an IVIT procedure was performed at the premises.

An adverse drug reaction is defined as 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.

For the Council's consideration and discussion, below is the summary of reports received for the past two reporting periods.

Number of Premises Reporting		Number of Premises Reporting a Type 2 Occurrence	
2022	2023	2022	2023
175	178	32 (18%)	34 (19%)

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Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2022	2023	2022	2023	2022	2023	2022	2023
161	162	138	123	18	39	5	0

Infections	
2022	2023
1	1*
Unscheduled Treatments	
2022	2023
5	4

*Once case of influenza was reported.

Unscheduled Treatments

The *General Regulation* states that Type 2 occurrences include unscheduled treatments of a patient by a Registrant occurring within five days after a procedure was performed at the premises. The reporting form instructs the designated Registrant to report any unscheduled naturopathic treatments regardless of whether or not they were clearly a direct result of receiving IVIT.

Unscheduled Treatments	Condition	Total	Delegation Yes	Delegation No
Reassurance, increased water intake	Anxiety	1	✓	
Hydration, rest	Headache	1		✓
Apply heat to area	Pain at insertion site	1	✓	
Benadryl	Peri-orbital edema, erythema	1		✓

Adverse Drug Reactions

An adverse drug reaction is defined as 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.

Adverse Drug Reactions	Total	Severity	Delegation	
			Yes	No
Anxiety	4	Mild	1	3
Chills	8	Moderate		8
Dizziness	2	Mild	2	
Headache	11	Mild	6	5
Headache	8	Moderate	2	6
Hypertension	1	Mild		1
Hypertension	7	Moderate	7	
Hypoglycemia	3	Mild		3
Hypoglycemia	1	Moderate		1
Infusion site extravasation	50	Mild	4	46
Infusion site extravasation	2	Moderate	1	1
Maculo-papular rash	1	Mild	1	
Maculo-papular rash	1	Moderate		1
Nausea	12	Mild	11	1
Nausea	4	Moderate	4	
Pain at insertion site	2	Mild	1	1
Phlebitis	6	Mild		6
Pre-syncope	9	Mild	2	7
Pre-syncope	2	Moderate	1	1
Pruritis	1	Mild		1
Rash	2	Mild	1	1
Shortness of breath	2	Moderate	1	1
Swelling	1	Moderate		1
Syncope	2	Mild	1	1
Syncope	1	Moderate		1
Urticaria	8	Mild	2	6
Urticaria	2	Moderate	1	1
Vomiting	7	Mild	4	3
Wheezing, asthmatic reaction	2	Mild		2

Summary of adverse drug reactions regarding severity and delegation

Mild - Delegation: No = 87, Yes = 36

Moderate - Delegation: No = 22, Yes = 17

A total of 53 adverse drug reactions occurred when the IVIT was delivered through a delegation compared to 109 that occurred when there was no delegation in place.

Summary of iv bags compounded and administered

This is the second reporting period for which the designated Registrants were asked to report an estimate of the number of iv bags they compounded at the premises and the number of iv bags that were administered.

A total of 167 Type 2 occurrences were reported to have happened during 90,153 iv administrations. This is a 0.18% rate of Type 2 occurrences during the past reporting period.

iv bags compounded	
2022	2023
79,068	90,522
iv bags administered	
2022	2023
77,213	90,153



Notice to CAND Members Regarding our Executive Director

The CAND Board would like to advise our members that after 21 years our Executive Director, Shawn O'Reilly, will be stepping down from her position September 1, 2023.

Shawn has been an invaluable supporter and advocate for the naturopathic profession and Naturopathic Doctors since she started with the CAND in July 2002. She has been instrumental in elevating the CAND to becoming the preeminent national association it is today. We can't thank her enough for this transformation. Over the past 21 years Shawn has worked with many Naturopathic Doctors on the CAND board and with Naturopathic Doctors and stakeholders across Canada, the United States and internationally advancing the naturopathic profession and in Canada, ensuring effective advocacy with the federal government.

Under her guidance and expertise the CAND has supported the profession with many achievements including working with Naturopathic Doctors on a number of federal government initiatives: NNHPD regulations, GST/HST exemption on naturopathic services, Lyme disease, the opioid crisis, Veterans Affairs Canada, Indigenous Services, Canada's new Food Guide, and PHAC COVID 19 meetings; the National Awareness campaign and Better Health Together campaign; aiding in moving the CAND Journal online as an indexed, peer reviewed publication; supporting provincial and territorial associations; working with insurance companies to ensure adequate coverage for naturopathic medicine, and many more. Through this work Shawn has established the CAND as a strong voice for the naturopathic profession and a key stakeholder with the federal government.

On behalf of all our members, thank you Shawn for all that you have done for our profession and we wish you the very best in your future endeavours.

To our members, the CAND board is currently interviewing several executive search firms and we will keep you updated on this important process.

Dr. Mark Fontes, ND – Chair
 Dr. Jatish Kaler, ND – Vice Chair
 Dr. Mitchell Zeifman, ND – Treasurer
 Dr. Robyn Stanley, ND – Secretary
 Dr. Chris Ford, ND
 Dr. Ann Grimwood, ND
 Dr. Tara Lantz, ND
 Dr. Valerie Penton, ND
 Dr. Renée Purdy, ND

Members are welcome to reach out to Shawn to express their best wishes via email to soreilly@cand.ca.



The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2023-2024

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, 2023 to March 31, 2024.

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
	None	

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 2023-25 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. Jonathan Beatty, ND	May 31, 2023	May 29, 2023	None
Dr. Shelley Burns, ND	May 31, 2023	May 24, 2023	None
Dean Catherwood	May 31, 2023	May 26, 2023	None
Dr. Amy Dobbie, ND	May 31, 2023	May 25, 2023	Yes
Brook Dyson	May 31, 2023	May 30, 2023	None
Lisa Fenton	May 31, 2023	May 30, 2023	None
Dr. Anna Graczyk, ND	May 31, 2023	May 30, 2023	None
Tiffany Lloyd	May 31, 2023	June 9, 2023	None
Dr. Denis Marier	May 31, 2023	May 29, 2023	None
Sarah Griffiths-Savolaine	May 31, 2023	May 29, 2023	None
Paul Phillion	May 31, 2023	May 24, 2023	None
Dr. Jacob Scheer, ND	May 31, 2023	May 29, 2023	None
Dr. Jordan Sokoloski, ND	May 31, 2023	May 24, 2023	None

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

Updated: June 13, 2023

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

July 2023

This is the first Chair's Report of six for the current Council cycle and provides information for the period from May 1, 2022 to June 30, 2023.

I wanted to take a moment to thank the Council for supporting me as Council Chair over the last year and for the coming year. It has been a priority for me to facilitate our meetings in a way that promotes cohesiveness, engagement, and the ability to have meaningful and open discussions so that our decision-making reflects the public interest. This continues to be a priority. I am encouraged by the feedback received after our meetings and I am always open to hear suggestions for ways I can do this more effectively. In moving forward with our new strategic objectives, it is incredibly important to me that we remain committed and engaged as we oversee their operationalization. If you have questions about anything related to Council, your role (especially for newer members), or if you wish to discuss or have concerns about any matter before us, please don't hesitate to reach out – I am always happy to meet with you and I want to ensure that all members feel heard.

There are a couple of upcoming stakeholder meetings scheduled – Andrew and I will be meeting with the senior leadership at CCNM this month and with the OAND in September.

I am looking forward to working with all of you this year, and to seeing you in person in September!

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
10 July 2023



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

The following are the highlights of the Regulatory Operations Report presented for the period between May – June 2023. It is important to note that this is the first report of the new reporting cycle.

Registration

As of June 30, 2023, the College had 1633 Registrants in good standing who held a general class certificate of registration and 170 who held an Inactive class certificate of registration. There are also 24 Life Registrants. Although there were a number of suspensions, this is in keeping with the normal annual cycle following the completion of renewals where a 30-day notice period is required. The same applies for revocations which occur 2 years after the initial suspension.

Examinations

The College examinations are operating as anticipated. In May-June, both a Therapeutic Prescribing and IVIT session were offered with 45 and 22 exam candidates respectively.

Quality Assurance

No Peer & Practice Assessment have been completed between May – June 2023. There was 1 QAC referral to the ICRC.

Inspection Program

Of importance within this program are inspections of new premises, which occur in two parts, as well as the second set of inspections now that we have passed the five-year mark when the regulation to effect. A total of 11 second inspections have been completed thus far.

Under this program, the College also receives occurrence reports when patients have adverse reactions to the administration of IVIT. A total of 3 type 1 occurrence reports have been received and reviewed by the Inspection Committee, 2 of which were due a patient being referred to emergency services within five days of the administration of IVIT.

Complaints and Reports

Typically, each year the College will receive approximately 20 complaints and initiate another 20 of its own investigations. Between May – June, the College received 3 complaints. Most common concerns relate to ineffective treatment and fees & billing.

Hearings

One pre-hearing conference was completed during this reporting period bringing the year-to-date number to one. It is important to note that in situations where a matter is not being contested, there are not always pre-hearing conferences held.

Between May – June there were no hearings held.

Regulatory Guidance

The data for May – June indicates a steady number of inquiries by phone calls and e-mails for regulatory guidance and support. Once again, determining what is within the scope of practice, patient visits, lab testing, consent and privacy, injections, prescribing, delegation and referrals, conflict of interest, record keeping and telepractice remain the top areas of questioning.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
July 12, 2023



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1859
General Class							1653
In Good Standing	1633						1633
Suspended	20						20
Inactive Class							182
In Good Standing	170						170
Suspended	12						12
Life Members	24						24
Changes in Registration Status							
Suspensions	8						8
Resignations	2						2
Revocations	5						5
Reinstatements	1						1
Class Changes							
GC to IN	5						5
IN to GC (< 2 years)	1						1
IN to GC (> 2 years)	0						0
Life Membership Applications							
Approved	0						0
Not Approved	0						0
Professional Corporations (Total)							
New applications approved	2						2
Renewed	20						20
Revoked	0						0
Resigned/Dissolved	0						0
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	9						9
On-going applications	26						26
Certificates issued	22						22
Referred to RC	3						3
Approved	3						3
Approved – TCLs	0						0
Approved – Exams required	0						0
Approved – Education required	0						0
Denied	0						0
Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued							
PLAR Applications							0
New	0						0
On-going	1						1
1.3 Regulatory Activity: Examinations							
CSE							
Scheduled	0						0
Held	0						0
Candidates	N/A						N/A
BME							
Scheduled	0						0
Held	0						0
Candidates	N/A						N/A
Clinical Practical Exam							
Scheduled	0						0
Held	0						0
Candidates	N/A						N/A
Therapeutic Prescribing							
Scheduled	1						1
Held	1						1

	Candidates	45						45
	IVIT							
	Scheduled	1						1
	Held	1						1
	Candidates	22						22
	Exam Appeals							
	CSE							
	*** Granted	0						0
	*** Denied	0						0
	BME							
	*** Granted	0						0
	*** Denied	0						0
	Clinical Practical							
	*** Granted	0						0
	*** Denied	0						0
	Therapeutic prescribing							
	*** Granted	0						0
	*** Denied	0						0
	IVIT							
	*** Granted	0						0
	*** Denied	0						0
	Exam Question Development							
	*** CSE questions developed	0						0
	*** BME questions developed	0						0
	Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.4 Regulatory Activity: Patient Relations								
	Funding applications							
	New applications	0						0
	Funding application approved	0						0
	Funding application declined	0						0
	Number of Active Files	5						0
	Funding Provided	\$691						\$691
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	0						0
	Completed	0						0
	CE Reporting							
	Number in group	0						0
	Number received	0						0
	P&P Assessment required	0						0
	QAC Reviews							
	Accepted	0						0
	Work Required	0						0
	QAC Referrals to ICRC	1						1
1.6 Regulatory Activity: Inspection Program								
	New premises registered	0						0
	New Premise Inspection							
	Part I Scheduled	3						3
	Part I Completed	3						3
	Part II Scheduled	6						6
	Part II Completed	6						6
	New premises-outcomes							
	Passed	6						6
	Pass with conditions	5						5
	Failed	0						0
	Secondary Inspections							
	Scheduled	8						8
	Completed	8						8
	Second inspections							
	Passed	8						8
	Pass with conditions	3						3
	Failed	0						0

Type 1 Occurrence Reports							
Patient referred to emergency	2						2
Patient died	0						0
Emergency drug administered	1						1
Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports							
New complaints/reports							
Complaints	3						3
CEO Initiated	0						0
ICRC Outcomes							
Letter of Counsel	0						0
SCERP	0						0
Oral Caution	0						0
SCERP & Caution	3						3
No action needed	1						1
Referred to DC	0						0
Summary of concerns							
Advertising	0						0
Failure to comply	0						0
Ineffective treatment	3						3
Out of scope	0						0
Record keeping	0						0
Fees & billing	2						2
Lab testing	0						0
Delegation	0						0
Harassment	0						0
QA Program comply	0						0
C&D compliance	0						0
Failure to cooperate	0						0
Boundary issues	0						0
Practising while suspend.	0						0
Unprofessional, unbecoming conduct	0						0
1.8 Regulatory Activity: Cease & Desist							
C&D Issued	2						2
C&D Signed	1						1
Injunctions							
Sought	0						0
Approved	0						0
Denied	0						0
1.9 Regulatory Activity: Hearings							
Pre-hearing conferences							
Scheduled	1						1
Completed	0						0
Discipline hearings							
Contested	0						0
Uncontested	0						0
Contested Outcomes							
Findings made	0						0
No findings made	0						0
FTP Hearings	0						0
Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.10 Regulatory Activity: Regulatory Guidance							
Inquiries							
E-mail	65						65
Telephone	38						38
Top inquiries							
COVID-19	0						0
Scope of practice	9						9
Conflict of interest	4						4
Tele-practice	11						11
Inspection program	0						0
Patient visits	7						7

	Advertising	0					0
	Lab testing	6					6
	Notifying patients when moving	0					0
	Fees & billing	0					0
	Record keeping	9					9
	Consent and Privacy	5					5
	Grads Practising with Registrant	0					0
	Injections	7					7
	Discharging a patient	0					0
	Registration & CPR	0					0
	Prescribing	4					4
	Delegation and Referrals	6					6
1.11 Regulatory Activity: HPARB Appeals							
	RC Appeals						
	Filed	0					0
	Upheld	0					0
	Returned	0					0
	Pending	0					0
	ICRC Appeals						
	Filed	0					0
	Upheld	0					0
	Returned	2					2
	Overtured	0					0
	Pending	0					0
1.12 Regulatory Activity: HRTD Matters							
	In progress	1					1
	Decided						
	In favour of applicant	0					0
	In favour of College	0					0

Report on Operations – Year-End Report

APRIL 1, 2022 TO MARCH 31, 2023

Activity	Key Performance Indicators
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THE OPERATIONAL PLAN FOR 2022-2025

In March of 2022, the Council of the College was presented an Operational Plan for the following three years. This plan is updated annually and accepted by the Council. With the launch of the College Performance Measure Framework by the Ministry of Health, the Council amended the reporting structure such that it would receive a Report on Regulatory Operations at each meeting and a Report on all Operations twice per year.

This report is the year-end report under the new structure and represents all operational activities for the period April 1, 2022 to March 31, 2023. It provides the Council with an update as to how operations performed at year-end.

This Operational Plan and this Report are set out in four major sections as follows.

Part 1: Regulate the Profession.

This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature that must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and the key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting.

Part 2: Governance

This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff work to move the College forward.

Part 3: Corporate Activities

This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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Part 4: Program Development

This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year as well as the priority projects identified by the Directors and Managers within the College.

For each area of work, the activities have been set out either as ones that will be undertaken every year of the three-year plan or set out as work that will be developed over the three-year period.

New for this year, the College has provided an estimated cost of each activity. Estimates have been created by combining budgeted committee costs, budgeted program costs and staff salaries. To arrive at staff salaries, each staff person's time has been broken out into the various duties they perform as a percentage of total time and an assignment of salary dollars calculated. Since many staff work on aspects of a single program, the salary dollars are not reflective of one person. By combining all costs into a single estimated cost, further protections against privacy breaches for staff salaries have been achieved.

1. Regulate the Profession	Estimated annual costs: \$2,182,500
In each of the three years of the operating plan, the College will perform the following operational activities.	
1.01. Registration	Estimated annual costs: \$150,000
All 3 Planning Years	
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.	- A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all Registrants to update their information with the College and pay their annual registration fees. - Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decision and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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				The public registers will be maintained in accordance with the Code, regulations, and by-laws					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									
The College will operate a program that allows Registrants to obtain Certificates of Authorisations for professional corporations that they wish to establish.				- A process for Registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. - Applications will be reviewed, and decisions provided to Registrants. - New corporations will be added to the Corporations register of the College. - A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorised.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1)..							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

1.02. Entry to Practise	Estimated annual costs: \$140,000
All 3 Planning Years	
The College will operate an Entry-to-Practise program that enables new graduates and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	- A process that enables both recent graduates and individuals from other jurisdictions to apply for registration with the College will be maintained. - All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators						
		- Applicants that meet the requirements will be provided a Certificate of Registration. - Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and Registrants as soon as they are approved by the Committee. - Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.						
Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.		- A process for evaluating individuals under the Council’s PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. - Current information about the PLAR process will be made publicly available by the College. - PLAR Assessors will be recruited and provided training and related tools related to the assessment process. - Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program.						

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

1.03. Examinations				Estimated annual costs: \$450,000					
All 3 Planning Years									
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from CNME-accredited programs and PLAR candidates seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.				• The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

All College examinations will be maintained through an examination question development and retirement program.				- A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE 25% of the questions and cases used in the Clinical Practical exam will be reviewed annually.			
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Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

1.04. Patient Relations Program				Estimated annual costs: \$25,000					
All 3 Planning Years									
The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i> . Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.				• A Patient relations program will be maintained. • Current information (handbooks) for Registrants and Patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

1.05. Quality Assurance Program	Estimated annual costs: \$175,000
All 3 Planning Years	
The College will operate a Quality Assurance (QA) Program as set out in the <i>Regulated Health Professions Act, 1991</i> and the Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i> .	• Annual registrant self-assessment ○ Review renewals to ensure all Registrants have completed self-assessment, follow up with those who do not. • Continuing Education (CE) Reporting, in three groups, one group each year

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators						
		○ The reporting group will be tracked, and CE reports analyzed. ○ Follow up with those not received. ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up. ● Peer & Practise Assessment program ○ QAC determines number of assessments to be completed. ○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised. ● CE course approval program ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on website.						
Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

1.06. Inspection Program	Estimated annual costs: \$150,000
All 3 Planning Years	
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College.

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators					
		- The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. - Fees for new premises registered and inspections will be levied and collected. - A pool of qualified and trained inspectors will be maintained. - Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. - Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to designated Registrant as soon as they are approved by the Committee. - The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. - Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. - Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).					
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐ To be deferred

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Activity	Key Performance Indicators
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Commentary:	
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1.07. Complaints and Reports	Estimated annual costs: \$495,000
All 3 Planning Years	
The College will operate a Complaints and Reports program to receive information and complaints about Registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the <i>Regulated Health Professions Act, 1991</i> through the Inquiries, Complaints and Reports Committee (ICRC).	- Complaints received by the College will be processed in accordance with the Code. As such, - Where approved by the ICRC, or warranted under the RHPA, investigators will be appointed and clarifying documents provided, along with any necessary support. - Matters will be processed in a manner that ensures fairness and due process for all parties involved, including opportunities for responding and commenting on submissions provided to the process - Complaints will be resolved within 150 days and if not resolved, parties involved and HPARB will be notified. - Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. - Complaint and report files will be presented for the consideration and screening by the ICRC. As such, - Panel appointments are drafted for Chair's approval upon receipt of a new matter. Database of appointments is maintained. Conflicts are tracked and recorded in meeting minutes. - Training is conducted for any new ICRC members appointed. - Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Registrants' prior history with the College/BDDT-N is maintained.

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Activity		Key Performance Indicators						
		○ Materials for matters being brought before the ICRC will be presented to the Committee. ○ Decision and Reasons are drafted by ICRC staff, reviewed by legal counsel, reviewed and approved by the Panel. ● Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. ● The status and summary of active and closed complaint and reports are regularly updated and maintained on the College’s website. ● Program information will be maintained on the College’s website.						
Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

1.08 Cease & Desist	Estimated annual costs: Incorporated with complaints and reports.	
All 3 Planning Years		
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to Registrants who are breaching the standards of practice in a manner that presents a risk of public harm.	• C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College’s website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorized practitioners who failed to sign a confirmation is provided to the Deputy CEO.	

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Activity				Key Performance Indicators					
				Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

1.09 Alternate Dispute Resolution Program	Estimated annual costs: \$5,000
All 3 Planning Years	
The College will operate an Alternate Dispute Resolution Program to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies	- Complaints received by the College will be reviewed by College staff for ADR eligibility. As such, - Where eligible the complainant will be provided information about ADR and an opportunity to decide whether they wish to proceed with ADR. - Where eligible and the complainant agrees, the Registrant will be provided information about ADR and an opportunity to decide whether they wish to proceed with ADR. - Where eligible and both parties agree, the matter is provided to the CEO to confirm eligibility and if approved, to refer the matter to ADR. - An independent College approved Mediator is appointed for each ADR matter. - A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral.

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Activity	Key Performance Indicators
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Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

1.10. Hearings	Estimated annual costs: \$500,000
All 3 Planning Years	
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearing of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC.

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Activity				Key Performance Indicators					
				• Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.				• ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee. • Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

1.11. Regulatory Guidance	Estimated annual costs: \$40,000	
All 3 Planning Years		
The College will operate a Regulatory Guidance program that will respond to Registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.	- E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist. - Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.	

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Activity	Key Performance Indicators
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Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

1.12. HPARB Appeals				Estimated annual costs: \$5,000					
All 3 Planning Years									
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the RC and for appeals of decisions of the Inquiries, Complaints and Reports Committee.				- College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving alert of an appeal. - Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. - Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions. - HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

1.13. HRTO Matters	Estimated annual costs: \$2,500
All 3 Planning Years	
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).	• All notices received by the HRTO will be provided to Legal Counsel of the College. • College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted.

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Activity				Key Performance Indicators					
				- College senior staff will participate in all conferences and hearings of the HRTO. - All outcomes of the HRTO will be reported to the Council and any impacted Committees.					
Year-to-date outcomes:		Please see the Report on Regulatory Operations at May 31, 2023 for year-to-date outcomes (please see Appendix 1).							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

1.14 Standards	Estimated annual costs: \$25,000	
All 3 Planning Years		
The College will operate a program to develop and maintain the Standards of Practice of the profession and any related policies and guideline. Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	• College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. • Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. As such, staff will ○ Prepare consultation materials and release them publicly. ○ Receive and respond to any inquiries about the consultations. ○ Assemble and summarize consultation submissions for the Committee and present these to the Committee for review. • Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. • Staff will also maintain a program of alerting Registrants of any changes to the standards.	

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Activity	Key Performance Indicators
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Year-to-date outcomes:	The Standards Committee has undertaken reviewed of 10 of the 28 Standards of Practice of the profession in preparation for consultation in the coming fiscal year.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

1.15 Scheduled Substance Review Program	Estimated annual costs: \$5,000
All 3 Planning Years	
The College will operate a program for review of drugs, substances and laboratory testing authorized to the profession through the General Regulation and Regulations made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA).	- The College will support the Scheduled Substances Review Committee (SSRC) as it regularly reviews the drugs and substances authorized to the profession in the General Regulation and the list of laboratory tests authorized to the profession in the LSCCLA to ensure appropriateness and to identify any gaps. - Meetings of the SSRC will be held at the call of the Committee Chair and information related to matters to be presented to the Committee will be prepared and assembled by staff. - Staff will support the SSRC as it undertakes a review of the Scope of Practice of the profession and any consultation of stakeholders relating to existing or new substances, drugs or lab tests. As such, staff will - Prepare consultation materials and release them publicly. - Receive and respond to any inquiries about the consultations. - Assemble and summarize consultation submissions for the SSRC and present these to the Committee for review. - Where the SSRC makes recommendations for amendments to Council, staff will support the Council evaluation process and, if approved, prepare any Regulation amendments for approval of Council and submission to the Ministry of Health.
Year-to-date outcomes:	The Scheduled Substance Review Committee (SSRC) drafted an initial list of Disease, Disorders & Dysfunctions and initiated consultations on this. It has also drafted expanded scope of practice statement and initiated a Gap

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Activity	Key Performance Indicators
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	Analysis for the purposes of future. Ongoing meetings were held with representatives of the Ministry of Health to review the drug submission made by the Council in 2019 as well as answered questions and provided additional information as requested by the Ministry regarding the Council’s amendments to the schedules of the <i>General Regulation</i> made under the <i>Naturopathy Act, 2007</i> . A finalized draft regulation was received from the Ministry and presented to the Council for review and approval.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

2. Governance & Accountability of the College	Estimated annual costs: \$200,000
The College will ensure that it is properly governed by a Council and an Executive Committee as required under the <i>Regulated Health Professions Act, 1991</i> and that these governing bodies fulfill their roles and responsibilities under the Act and are properly constituted as set out in the <i>Naturopathy Act, 2007</i> and the College by-laws. The College will also ensure that it remains accountable to the Minister of Health on behalf of the people of Ontario, as well as any other oversight bodies established by the Government of Ontario. As such, the following operational activities will be undertaken.	
2.01. Proper Constitution & Composition	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will operate a program to ensure that the College Council, and its committees are always properly constituted and therefore able to fulfill their governance obligations.	• Council elections will be delivered annually in accordance with the by-laws. As such, ○ Calls for Nominations will be issued, and an election handbook will be provided to guide interested Registrants through the election process. ○ Nominations and candidacy materials will be provided to the Governance Committee for review in accordance with the Qualifying Program approved by the Council. ○ Where nominations are received, elections will be completed by the first week of April and where none are received, in accordance with the Supplemental Election process set out in the by-laws.

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Activity		Key Performance Indicators			
		- Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. As such, - Election information will be provided to all existing and incoming Council members about the Executive Committee positions and elections. - Elections will be held annually at the May meeting and supplemental elections when determined by the Council. - Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.			
Year-to-date outcomes:	Council elections were initiated in Districts 7 and 8 in accordance with the schedule in the by-laws. One nomination was received for District 8; however, no nominations were received for District 8 resulting in a supplemental election. The supplemental election resulted in one nomination coming forward. The Ministry of Health was alerted to the resignation that was received from Public member Asifa Baig resulting in a single vacancy. No new Public members were appointed.				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Commentary:					
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.		- The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. - Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. - Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.			

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Activity			Key Performance Indicators					
Year-to-date outcomes:	A call for current volunteers to submit their interests for the coming fiscal year. Based on those submissions, gaps between committee needs and potential appointments were identified, and volunteers were successfully found to fill those gaps. The Council appointed the volunteers to the various committees at its May 2023 meeting.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

2.02. Competency-based Appointments				Estimated annual costs: Not broken out					
All 3 Planning Years									
The College will fully implement and manage the Council’s Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.				• A minimum of two orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College’s volunteer program. • The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.					
Year-to-date outcomes:		A process for recruitment of new volunteers is underway for both committees and program areas. A Virtual Volunteer Open House was held in September. All volunteers complete the competency-based assessment, under go a thorough review by senior staff, Committee Chairs and the Governance Committee. One orientation session was held this year.							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:		Volunteer recruitment is an ongoing activity for both committees and program areas.							

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Activity				Key Performance Indicators					
2.03. Volunteer Training Program				Estimated annual costs: Not broken out					
All 3 Planning Years									
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training and fulfill their duties.				- A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. - All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. - All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.					
Year-to-date outcomes:		One training session was held this year to onboard a new Council member. Training for new and existing Council members on bias, equity and diversity will be scheduled in 2023-2024.							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									
2.04. Effective Assessment Processes				Estimated annual costs: Not broken out					
All 3 Planning Years									
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.				- The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. - The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, - A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting.					

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Activity			Key Performance Indicators					
			○ A year-end report based on the work set out in the Operational Plan including Part 1) will be presented to the Council at its July meeting.					
Year-to-date outcomes:	The year-end annual report on Operations is this report being presented to Council at its July meeting.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.			• Council will undertake a performance review of the CEO on an annual basis in accordance with its policies. A such, ○ The Council will be provided necessary materials to undertake the review, which is based on the goals and development plan set by the CEO and approved by the Council, as part of the July Council meeting.					
Year-to-date outcomes:	The CEO Performance Review process is well integrated into Council planning and activities. The Review Panel is supported by the Director of Operations. The report for the prior fiscal year will be presented to Council at its July 2023 meeting for approval. The CEO’s development plan and priority projects have been approved at the March 2023 meeting for the current fiscal year.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								
The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individuals Council and Committee members.			• The Council will undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. The review will be initiated not later than April and completed by the end of July.					
Year-to-date outcomes:	The annual Council and Committee evaluation process has been underway for some time. Council will receive its report for 2023 at the July 2023 meeting and Committees in the weeks following. Work is continuing on the individual work plans.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

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Activity	Key Performance Indicators
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The College will operate a program that identifies and mitigates risks to the Council and the College.	• The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. • The College will update the organization-wide risk assessment, including but not limited to: ○ Identifying potential bias in assessment methods or procedures, ○ Evaluating and prioritizing areas identified as high risk, ○ Developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers, and ○ Establishing a means to ensure corrective actions are implemented in a timely manner, ○ Monitoring of mitigated risks.
Year-to-date outcomes:	Insurance policies are in place. A more comprehensive Risk management program is under development.
Year-to-date rating:	☐ Not started ☒ In progress ☐ Completed ☐ To be deferred
Commentary:	

2.05. Effective Quality Decision-making	Estimated annual costs: Not broken out
All 3 Planning Years	

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Activity		Key Performance Indicators						
The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.		• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency and public interest considerations of the decisions being considered.						
Year-to-date outcomes:	Council briefings are provided for each Council meeting on all issues impacting the College. Topics included between April 2022 and March 2023 included Pandemic and Emergency Preparedness Regulations, Exam Appeals Policy, a Volunteer Code, Examinations and Clinical Examinations Policies, relocation of the College head office, Strategic planning, language proficiency policies, the Registration policy, the Prescribing and Therapeutics Program & Exam Policy, the IVIT Program & Exam Policy and draft amendments to the Registration Regulation related to Emergency class certificates of registration.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

2.06. Transparency		
All 3 Planning Years		
The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.	• A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor’s report will be presented to the Council at its July meeting and included in the Annual Report. • Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the	

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Activity		Key Performance Indicators						
		staff and reviewed by Committee Chairs and presented to the Council in July. • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, ○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.						
Year-to-date outcomes:	The Annual Report for 2022-2023 is being finalized for release in early fall. All Council meeting materials are posted to the website a minimum of one week prior to the meeting. The Executive Committee has not met.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

Regulatory processes and matters of the public interest will be routinely disclosed.		• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.						
Year-to-date outcomes:	Complaints and complaint outcomes, as well as scheduled hearings and notices of hearings have been posted to the website as soon as possible. All supporting materials for hearings, including exhibits, Agreed Statements of Facts and Joint Submissions on Penalty and Costs are also posted as are all Decisions and Reasons.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

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Activity		Key Performance Indicators			
2.07. Accountability		Estimated annual costs: Not broken out			
All 3 Planning Years					
The College will provide Health Force Ontario (HFO) the annual reporting data as required under the Code.		- Applications for registration and registration renewal forms will be refined to support the collection and annual reporting of HFO data. - The annual Health Force Ontario submission will be made by May 30 and any corrections submitted by September 30.			
Year-to-date outcomes:	All HFO data is being collected on the application for registration. The College’s reporting submission of HFO data for the period Jan 1, 2022 – December 31, 2022 was made on May 3, 2023, prior to the May 31, 2023 submission deadline				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Commentary:					
The College will support the work of the Office of the Fairness Commissioner (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.		- The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. - The College will engage the OFC in support of its registration practices assessment conducted approximately every three years.			
Year-to-date outcomes:	The College’s Fair Registration Practices Report was submitted by the OFC’s December 14, 2022 deadline.				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Commentary:					
The College will support the work of the Ministry of Health in its oversight capacity through the College Performance Measure Framework .		- The College will assemble the necessary quantitate and qualitative data for the CPMF between January and March annually. - The College’s draft submission will be presented to the Council in March annually. - Once approved, the report will be submitted to the Ministry.			

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Activity				Key Performance Indicators					
				The Ministry’s summary of all College reports will be reviewed to identify best practices which this College may adopt in the future.					
Year-to-date outcomes:		The College Performance Measure Framework report of the College was submitted on March 31 2023.							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

2.08. Strategic Planning		Estimated annual costs: \$30,000						
Using a qualified and skilled external consultant, the Council will undertake a planning process to define a clear Strategic Plan to communicate your priorities to stakeholders, respond to the College’s Performance Measurement Framework and support decision-making in the years ahead.		2022-2023						
		• An environmental scan will be undertaken to ensure there is a clear understanding of the existing context in which the College operates. • Meetings with stakeholders will be held to ensure our understanding of key issues and to challenge, validate or refine early themes emerging from the environmental scan. • Registrants will be consulted through an on-line survey to ensure a broad understanding of their perspectives and priorities. • A series of half-day workshops will be held by the Council to explore developed themes, opportunities for change and options. • A formal strategic plan as well as revised Ends Statements and Ends Priorities will be drafted and validated with the Council.						
Year-to-date outcomes:	Environmental scans (SWOT and PESTLE analyses) have been completed. Stakeholder meetings have been held and a summary was provided to the Council in November. Three half-day strategic planning meetings took place between November and December. The 2023-2027 Strategic Plan was presented and approved by Council at January 2023 meeting.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
3. Corporate Activities	Estimated annual costs: \$510,000
3.1. Human Resources	Estimated annual costs: \$55,000
The College recognizes that its human resources are a key asset. It also recognizes that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as, in the delivery of operational programs.	
All 3 Planning Years	
The College will manage its human resources in such a way as to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	• The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. As such, ○ Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions. ○ Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes. ○ New positions and vacant positions will be advertised on the College's own website, as well as in one or more forums for job postings. • College staff will be compensated in a manner that reflects the current market value of the positions. As such, ○ A salary range for each position shall be maintained and updated annually using the Consumer Price Index for November Ontario All-Items published in December. ○ Compensation for new hires will be based on the salary ranges.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	• New staff will be provided with the information and tools necessary to the performance of their duties with the College. As such, ○ A policy governing the on-boarding of new staff will be maintained and implemented. ○ New staff will be oriented to the College, its role and how it meets its obligations. ○ Initial training of new staff shall be provided by the College to enable quick integration into the work force. ○ An evaluation of performance will be conducted at the conclusion of the 3-month probationary period. • Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. As such, ○ Performance reviews will be conducted on all staff annually and will be completed by the end of July. ○ A program for appropriate compensation changes will be maintained that is based on pay-for-performance using salary increases or bonuses. • Staff who are leaving the College will be treated with respect and dignity. As such, ○ Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed. ○ Staff who resign their position will be asked to complete an exit interview that provides feedback to the College.
Year-to-date outcomes:	Any new vacancies are shared with staff for consideration, salary ranges for current fiscal year have been updated, annual performance appraisals for eligible staff have been completed, College has a comprehensive onboarding program for new staff and as applicable exit interviews are conducted with departing staff, total of

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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	three have been completed this reporting period. A new HR plan was developed and accepted by Council to compliment the organization’s Operational Plan.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

College management and staff will work collectively to continue to build and enhance the College “team” as a unified work force and to ensure that the College’s workplace environment is conducive to the team approach.				• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse and discrimination, including annual reviews of the College’s relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences. As such, ○ On at least a semi-annual basis, the College will provide formal social opportunities for the staff. ○ Informal social opportunities to develop the staff rapport and team will also be provided. ○ On a quarterly basis, the CEO shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow as well as the opportunity to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.					
Year-to-date outcomes:		Team building event was held in April 2022 and December 2022, regular staff meetings are being held, Senior Leadership Team is having at minimum a weekly check-in call with their departmental staff, MS Teams is actively used by all staff on a regular basis to communicate.							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators						
The College will provide staff within on-going training to enhance individual and program performance.		• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.						
Year-to-date outcomes:	Training provided to all staff by CEO on Basecamp-new platform for communication with volunteers. Staff and managers work collaboratively to identify opportunities for training. Self identified training opportunities by staff have also been incorporated to the annual Performance Appraisal process. College human resource plan includes plan for career growth of existing staff.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

3.2. Financial Management	Estimated annual costs: \$110,000
All 3 Planning Years	

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators			
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements. CEO, through the Director of Operations, will develop a budget		- Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. - Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08). - The annual external audit of the College’s financial status will be supported by the staff. As such, - Staff will provide all necessary information and support requested by the auditor. - The Audit Committee will meet at least twice to review the Auditor’s findings. - The Auditor’s report and audited financial statements will be presented to the Council in July and released publicly once approved. - Any concerns identified by the Auditor with respect to financial management practices will be addressed by the CEO within thirty (30) days of the report being accepted by the Council.			
Year-to-date outcomes:	Annual audit for fiscal year 2021-2022 was presented and accepted by Council at its July 2022 meeting and Q1 unaudited financials were presented and accepted by Council at September meeting, Q2 at the November meeting, and Q3 at the March meeting				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Commentary:					

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators						
3.3. French Language Services		Estimated annual costs: Not broken out						
All 3 Planning Years								
The College will continue to support and expand French language services through maintaining sufficient bilingual staff and translating materials for College programs into French.		- The College will continue to ensure that bilingual staff are available to provide service to the public and Registrants. - The Annual Report, Discipline Decisions & Reasons, Standards and Practise Guidelines will be made available in French. - The College’s website will be fully translated and available in French. - Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French.						
Year-to-date outcomes:	The College’s website has been fully translated as have many on-line forms for exams and Registrant processes. Translation for the various registries associated with the website has been completed and installation by our provider is pending. The final phase will require translation of all downloads from the website.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								
The College will ensure that its regulatory processes, including but not limited to complaints/reports, discipline and fitness-to-practise are equipped to conduct hearings in French.		The College will work with the Ministry of Health and the Public Appointments Secretariat to seek public appointments who are fully bilingual for appointment to the Discipline and Fitness to Practise Committees.						
Year-to-date outcomes:	The College has confirmed that at least one of its Public members is bilingual and the College has access to simultaneous translation in the event that a hearing is required in French as well as French translation of any correspondence and complaint process materials.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators	
3.4. Regulations, Policies & Procedures		Estimated annual costs: Not broken out	
The College has developed and implemented many program and operating policies and procedures since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating.			
All 3 Planning Years			
A review cycle will be undertaken of existing Regulations, program policies, operating policies and related procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.		• Working with Committee Chairs, the College will ensure that all regulations and program policies are accurate and appropriate for the College’s work. As such, ○ Regulations will be reviewed with the Committees on a bi-annual basis and any recommendations for amendments brought before the Council. ○ Program Policies that are approved by the Council will be reviewed on an on-going basis with approximately 5% being completed each year. • All Operating policies and procedures will be accurate to the manner in which the College functions and will be appropriate for the role of the College. As such, ○ 20% of all existing policies and procedures will be reviewed on an annual basis. ○ All policies will be posted for the use of College staff in the performance of their duties. ○ New policies and procedures will be developed as needed.	
Year-to-date outcomes:	QAC & ICRC Program Policies reviewed. New Operating Policy Created: Payment of Fees and Expenses for College Consultants, Reinstating Certificate of Registration, Processing PLAR Stage 1, Applicant Access to Records, Accommodations for Applicants Processing Applications for Registration, Accounts Receivable Reconciliation. Existing operating policies that were updated: Corporate Credit Card, Personnel Policy, Evacuation Policy, Holiday Closure, Accounts Payable and Professional Liability Insurance policies.		

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
Commentary:				

3.5. Records Management and Retention				Estimated annual costs: Not broken out					
All 3 Planning Years									
The College will conduct on-going and regular audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies.				• Re-training will be provided to staff surrounding the nature of which records are retained and those that are disposed of (transitory records). • The Records Management and Retention Policies will be reviewed with each department to ensure that they file and retain records according to the policy and correct any records filing deficiencies.					
Year-to-date outcomes:		All College records have been digitalized of all program areas with the exception of Registration and Finance.							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									

3.6. Corporate Communications	Estimated annual costs: \$345,000
All 3 Planning Years	
The College will maintain a program of outbound communications and messaging to the Registrants, public and stakeholders through defined program elements.	- Registrants and stakeholders of the College will be informed of the College's on-going work and new developments. As such, - Ten editions of iNformed will be produced and delivered electronically. - The Blog and News sections of the College's website will be updated regularly. - The College's overall website will be accurate, up-to-date and a valued tool for users. - The College's social media channels will be updated regularly.

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Activity		Key Performance Indicators						
		○ The College will offer a minimum of two installments of its “In Conversation with...” series for registrants, the public and stakeholders.						
Year-to-date outcomes:	Registrants and stakeholders have been informed of the College’s on-going work and new developments as follows: • 12 editions of iNformedD were produced and delivered electronically between April 1, 2022 and March 30, 2023; one for each month delivered midway through the month. • The Blog and News sections of the College website were updated monthly if not more frequently between April 1, 2022 and March 30, 2023. • A total of 22 English language and 9 French language articles were published to the News section, and a total of 14 English language and 4 French language blog posts were published to the Blog section. • The College’s English and French website has been updated 1544 times between April 1, 2022 and March 30, 2023; including adding information to existing pages, creating and deploying new pages, news articles, blog posts, etc. • All static website pages including Level 1, 2, 3, and 4 pages have been translated into French and mirrored on the website. • The College’s website was accordingly visited 299,368 times in the above period with a total user count of 58,151, primarily focusing on consistently updated pages under the Applicants and Registration sections of the site. • The College’s social media channels were updated 28 times each, with posts mirrored in French and English on Facebook and LinkedIn. • The College’s LinkedIn channel achieved a total of 408 followers over the April 1, 2022 to March 30, 2023 time period, and 1296 unique impressions including clicks on posts and links. • The College delivered five In Conversation With sessions for Registrants, the public and stakeholders.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
The College will operate a program of engagement that provides opportunities for Registrants, the public and stakeholders to communicate back to the College.	• The College will engage the Ontario Government in on-going dialogue. As such, ○ The CEO will liaise with the Ministry of Health on an on-going basis and respond to inquiries on a timely basis. ○ The Council Chair and CEO will meet with Assistant Deputy Minister for regulatory matters in the Ontario Ministry of Health on an as-needed basis. • The College will engage naturopathic stakeholders in on-going dialogue. As such, ○ The College Council Chair and CEO will meet with the President and the CEO of the OAND, the President and the Board Chair of CCNM on a regular schedule. • The College will engage in on-going dialogue with other regulatory authorities within the profession, within health professions and the broader regulatory community. As such, ○ The CEO will participate as a Director on the Board of Directors of Health Profession Regulators Ontario, subject to any limitations placed upon that role by Council. ○ The CEO or their delegate(s) will participate in working groups and Committees of HPRO as necessary, as well as in the Ontario Regulators for Access Consortium (ORAC). ○ The College will continue to support the other Canadian naturopathic regulators by maintaining individual relationships at the senior level as well as by participating in the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). • The College will engage Ontarians on regulatory matters. As such,

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Activity		Key Performance Indicators			
		○ The College will participate in the Citizens Advisory Group (CAG) as a mechanism for public engagement on key consultations undertaken by the College. ○ The College will continue to invite citizens to participate in the College through its social media channels, newsletter and CEO blog as well as supporting the College as Public Representatives. ● The College will engage naturopathic educational students on regulatory and profession-specific matters. As such, ○ The Director of Registration and Examinations will meet with CCNM students about the registration process and entry-to-practise exam(s). ○ The College will provide information that is relevant to the student body through a variety of means.			
Year-to-date outcomes:	The CEO has maintained close communications with the Ministry of Health on a variety of issues and responded to several consultations initiated by the Ministry. Leadership meetings have been held with CCNM and the CEO met with the Interim CEO of the OAND as well as the newly appointed CEO. The College has continued its participation in the Citizen’s Advisory Group. Engagement with the profession and the public has been the focus of the Colleges social media activities (Facebook, LinkedIn) and through the In Conversation with series of which five sessions were held in this year.				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Commentary:					

4. Program Development	Estimated annual costs: \$262,500
4.01. COVID-19 Support	Estimated annual costs: \$7,500
All 3 Planning Years	

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity				Key Performance Indicators					
In 2020 the novel coronavirus impacted Canada and Ontario unlike any pandemic in the past. The health care system was essentially shut down requiring the College to provide regular information, guidance and support to Registrants. In addition, the ongoing enforcement of the rules for those attempting to circumvent government and College Directives. A program of providing on-going support and guidance will be maintained by the College as long as the pandemic is active in this Province.				• Updates to the profession will be provided at times when it is important and relevant. • In concert with the Standards Committee, current Standards and Guidelines will be updated as necessary in response to pandemic. • Reopening guidelines will be issued to the profession and updated as needed to guide and assist them. • The College will attend COVID teleconferences organized by the Ministry Emergency Operations Centre (MEOC). • Department functions will be amended to facilitate the continuation of key regulatory processes. • Ongoing monitoring of changes and updates by the CMOH and the MOH.					
Year-to-date outcomes:		Updates regarding the lifting of Mask Mandates and the expiry of the College’s Covid Reopening Guideline were issued. The MEOC ceased regular COVID updated teleconferences.							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

4.02. Risk-based Regulation	Estimated annual costs: \$25,000
The Council's Governance Report approved in July 2020 included the mandate that the College moved towards a risk-based regulation approach. The work started on this program in 2020-2021 will be continued and the program that is developed will be presented to the Council for approval and, if approved, implemented.	2022-2023 • The development of the Risk-based Regulation approach initiated in the prior fiscal year will continue with the development of a program overview that provides all relevant details. • The College will engage stakeholders to consider the proposed model and determine the most effective means of assessing data that is collected to identify risks and potential mitigation activities. • Preliminary policies that articulate the approach to be used will be developed.

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Activity		Key Performance Indicators						
Year-to-date outcomes:	An initial draft of a Risk-based regulation program has been created and discussions held with experts in the area. The College has also undertaken a comprehensive literature review to identify and verify variables that may be seen to be identifiers of risk.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

4.03. Volunteer Program Development and Implementation	Estimated annual costs: \$25,000
The College Council has stated among its values that its human resources are a key asset. The College’s human resources go well beyond the traditional use of that term in the context of staff. The College’s human resources, and therefore key assets, includes the many volunteers who work with the College on Council and Operating Committees and who perform key roles within the regulatory framework. As such, the College will develop an overarching and comprehensive volunteer program that covers recruitment, competency assessment, training and recognition.	
The College will develop a comprehensive approach to the recruitment and retention of volunteers.	2022-2023

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators				
		• A new approach to the on-going recruitment of volunteers from both the profession and the public will be developed in concert with the Governance Committee of the Council. • A retention program that will be developed that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. • In concert with the Governance Committee, a mentoring program will be developed and implemented as a means of providing support to volunteers and adding value for both new and existing volunteers. • A recognition program for volunteers will be developed as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.				
Year-to-date outcomes:	The mentoring program has been developed and implemented and the first in a series of Mentoring Education events have been held. Recruitment activities have focused on volunteers assisting in recruitment (a handout developed and delivered to volunteers) and the Virtual Volunteer Open House held in September 2022. A recognition program is under development.					
Year-to-date rating:	☐	Not started	☒	In progress	☐ Completed	☐ To be deferred
Commentary:						

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Activity				Key Performance Indicators					
4.04. Fair Registration Practices & Currency Requirements				Estimated annual costs: \$25,000					
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in it's report of 2018, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.				2022-2023 - A review of registration requirements will be undertaken: - In concert with the Registration Committee, entry to practice and registration requirements will be reviewed for relevancy and currency. - Tools to assess currency of knowledge, skill and judgment at entry to practise will be amended to reflect updates to core competencies and/or the competency profile of the profession. - Audits of Registrant practise hours in the new database management system will be operationalized - An audit of applicant files will be undertaken in conjunction with the overall audit of the College's filing system.					
Year-to-date outcomes:		Preliminary review of the Registration Regulation was undertaken by the Registration Committee (section 3 'good character' provisions), with an additional review in January 2023 to approve draft amendments to the Regulation around implementation of an Emergency class certificate of registration. Entry-to-practise self-assessment forms were amended to reflect updates to core competencies and standards of practice of the profession. An audit of Registrant practise hours was initiated following close of renewal in April 2023 (completed May 2023). Applicant file audits were not conducted.							
Year-to-date rating:		☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:									
4.05. PLAR Program – Demonstration-based Assessment				Estimated annual costs: \$25,000					
As a result of COVID-19, beta testing and operationalization of cases associated with the final demonstration-based, OSCE-type component ("Interaction with a Simulated Patient") of the PLAR program had to be delayed.				2023-2024 The "Interaction with a Simulated Patient" (ISP) component of the PLAR program will be operationalized:					

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Activity				Key Performance Indicators					
				○ Three cases will be beta tested and finalized for use as part of the PLAR process. ○ Associated staff and recruited demonstration-based assessors will be trained on the administration of the ISP.					
Year-to-date outcomes:		Activity deferred to 2023.							
Year-to-date rating:		☒	Not started	☐	In progress	☐	Completed	☐	To be deferred
Commentary:									

4.06. Review of College Finances and Fees				Estimated annual costs: DEFERRED					
In 2018, the Executive Committee committed the College to undertake a review of the College’s financial status and registration fees levied to the profession to ensure that the fees were at the appropriate level to ensure the long-terms sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment. In January 2022 the Council deferred this item until the College can complete a fifth accounting cycle under normal operations.				2022-2023					
				No additional development activities required.					
Year-to-date outcomes:		Activity deferred to 2024. The College is currently working with restrictions and will need to evaluate if 2023-2024 fiscal year will be completed under normal circumstances.							
Year-to-date rating:		☐	Not started	☐	In progress	☐	Completed	☒	To be deferred
Commentary:									

4.07 Property Search		Estimated annual costs: \$20,000					
		2022-2023					

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Activity		Key Performance Indicators						
The College will engage in an open and transparent process to seek appropriate space for the head office of the College that meets the current and future needs of the College.		- Using the needs assessment developed in the prior year, the College will work with its broker of record to issue a request for proposals from various office buildings to allow for an open bidding process from buildings that can meet or exceed College needs. - The College will negotiate a lease agreement with the building management of the selected location, including any leasehold changes needed for the location. - The College will issue a request for quotes from companies that are needed to support a move should one be required. As such, requests for quotes or proposals will be issued to, - Companies that specialize in office move, if a move is required. - Companies that specialize in office design, if a move to a new location is required. - Companies that specialize in office construction, if a move is required and construction is needed. - Preparations will be made to any new office space in anticipation of occupancy by the end of February 2023						
Year-to-date outcomes:	New office premises has been selected and Lease Agreement has been reviewed by legal counsel and signed by the College. The College has re-located to new office at the end of February 2023.							
Year-to-date rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:								
4.08 Enterprise Risk Management		Estimated annual costs: \$30,000						
		2022-2023						

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity		Key Performance Indicators							
The College will develop and implement an enterprise risk management (ERM) designed to identify, monitor and mitigate risks faced by the College.		- Working with the Risk Committee and the Governance Policy Review Committee, existing Executive Limitations policies will be reviewed and proposed changes developed to incorporate the new ERM framework. - All risks will be assessed and prioritized. - Mitigation strategies will be developed. - A risk report will be presented to the Council for review and acceptance. - The Council will be asked to identify the College’s true level of risk tolerance and the nature and timing of risk monitoring reports.							
		Year-to-date outcomes: No activities have been undertaken to-date.							
		☒	Not started	☐	In progress	☐	Completed	☐	To be deferred
		Commentary:							

4.09 Equity, Diversity, and Inclusion	Estimated annual costs: \$135,000				
The College will develop and implement an equity, diversity and inclusion initiative.	2022-2023				
	- A general statement for the Council on EDI will be developed in concert with the EDI Committee and presented to the Council for consideration. - A Governance Process and Executive Limitation policy relating to EDI will be developed in concert with the EDI Committee and the Governance Policy Review Committee for the consideration of the Council. - Recruitment of new volunteers and staff will be one that is based on equity, diversity and inclusion. - Committee Terms of Reference will include EDI language. - Existing job profiles will be updated to include EDI language.				

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Activity		Key Performance Indicators						
		Existing Regulations and program policies will be reviewed by the EDI Committee and recommendations offered that ensure they are free of bias, discriminatory and racist elements.						
Year-to-date outcomes:	A Council EDI Statement was approved by Council on November 30, 2022 and posted to the College website in December 2022. EDIB Policy and updates to the College’s workplace Harassment policies were approved by Council on November 30, 2022. New EDI statement was approved and is posted on the College’s website in the recruitment section. A new EDI Tool/Lens was created and reviewed/amended by the EDI Committee in November 2022, March 2023, and May 2023. Approval of the Tool/Lens by the EDI Committee and roll-out of Committee trainings on use of the Tool/Lens is anticipated for 2023.							
Year-to-date rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Commentary:								

4.10 Data Migration	Estimated annual costs: \$20,000
The College's existing server is reaching end of life. College data will be migrated off the server and into the cloud.	2022-2023 - The College will be developing a project plan in collaboration with the I.T company. - The College's data will be migrated with identical security features including VPN. - The College will make the necessary provisions should it be required to support cloud operations in new office space, including installation of equipment. - Transitioning the server to the cloud will reduce the College's need for larger space to support existing server and will decrease carbon footprint. - Pre-migration testing will be conducted to minimize operational disruptions.

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity				Key Performance Indicators					
				- At the end of 2022 College data will be fully migrated to the cloud. - All of the College’s data will be stored in Canada, including current Alinity (cloud application).					
Year-to-date outcomes:		Data migration to the cloud was completed in December 2022.							
Year-to-date rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Commentary:									

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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The College of Naturopaths of Ontario

Statutory Committee Annual Reports **2022-2023**

- Discipline Committee.
- Executive Committee.
- Fitness to Practice Committee.
- Inquiries, Complaints and Reports Committee.
- Patient Relations Committee.
- Quality Assurance Committee.
- Registration Committee.



The College of Naturopaths of Ontario

Discipline Committee Annual Report April 1, 2022 – March 31, 2023

As per section 11 (1) of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, please find below a report of the activities of the Discipline Committee for the period April 1, 2022 to March 31, 2023.

The Discipline Committee as a whole met once during the reporting period, on July 18, 2022, for its annual Committee training.

Hearings Completed

A panel of the Discipline Committee completed five uncontested and two contested hearings in the reporting period.

1. CoNO & Natasha Turner (uncontested)

Hearing date: May 2, 2022

Decision and Reasons issued on June 27, 2022

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$32,629

The Panel did not order the Registrant to pay the College's costs based on the undertaking to resign the Registrant's certificate of registration.

2. CoNO & Allan Bortnick (uncontested)

Hearing date: May 16, 2022

Decision and Reasons issued on August 3, 2022

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$68,459

The Panel did not order the Registrant to pay the College's costs based on the undertaking to resign the Registrant's certificate of registration.

3. CoNO & Kurt Stauffert (uncontested)

Hearing date: October 11, 2022

Decision and Reasons issued on December 12, 2022

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$59,742

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$7,500, which amounted to 13% of the College's costs.

4. CoNO & Helen Cohen (contested)

Hearing date: November 4, 2022

Decision and Reasons issued on December 14, 2022

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$13,510

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$8,000, which amounted to 59% of the College's costs.

5. CoNO & Karim Dhanani (two separate hearings, both uncontested)

DC21-01

Hearing date: November 8, 2022

Decision and Reasons issued on January 31, 2023

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$52,714

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$11,000, which amounted to 21% of the College's costs.

DC22-02

Hearing date: November 8, 2022

Decision and Reasons issued on February 13, 2023

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$25,795

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$6,000, which amounted to 23% of the College's costs.

6. CoNO & Richard Dodd (contested)

Hearing dates: December 5, 20, 2022; February 14, 2023

Decision and Reasons issued on May 2, 2023

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$110,256

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$77,283.04, which amounted to 70% of the College's costs.

In accordance with s. 23 (2) 10 of the Health Professions Procedural Code Decisions and Reasons of the Discipline Committee are publicly available on the College's website.

New Referrals from the Inquiries, Complaints and Reports Committee

Specified allegations against the following Registrants were referred to the Discipline Committee by the ICRC during the reporting period:

- Karim Dhanani (hearing completed)
- Helen Cohen (hearing completed)
- Michael Prytula
- Michael Um
- Colbran Marjerrison

Statistics for the Reporting Period:

Number of uncontested Hearing Days: 5

Number of contested Hearing Days: 4

Reinstatement Hearings: 0
Divisional Court Reviews: 0

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair, Discipline Committee
10 July 2023



The College of Naturopaths of Ontario

**Executive Committee Annual Report
April 1, 2022 - March 31, 2023**

As per section 11 (1) of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, this serves as the annual report of the Executive Committee (PRC) for the period April 1, 2022 to March 31, 2023.

During the reporting period the Executive Committee met once, on January 16th, 2023. This meeting was to discuss a time sensitive matter, namely to approve an amendment to the accommodation section of the Examination Policy. The amendment ensures that a physical disability preventing a candidate from completing a component of the clinical practical examination does not prevent them from being issued a certificate of registration, provided they are willing to accept an acknowledgement and undertaking that restricts their practice in the relevant areas.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
10 July 2023



The College of Naturopaths of Ontario

**Fitness to Practise Committee Annual Report
April 1, 2022 – March 31, 2023**

As per section 11 (1) of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991* please find below a report of the activities of the Fitness to Practise Committee for the period April 1, 2022 to March 31, 2023.

There were no referrals to or hearings held of the Fitness to Practise Committee in the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair, Discipline Committee



The College of Naturopaths of Ontario

Inquiries, Complaints and Reports Committee Annual Report April 1, 2022 – March 31, 2023

As per section 11 (1) of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991* please find below a report of the activities of the Inquiries, Complaints and Reports Committee (ICRC) for the period April 1, 2022 to March 31, 2023.

During the reporting period the ICRC held 13 meetings via video conference.

Closed matters

The Committee closed 42 matters with the number of dispositions as follows:

- No Further Action: 10
- Letter of Counsel: 10
- Oral Caution: 2
- Specified Continuing Education and Remediation Program (SCERP): 3
- SCERP & Oral Caution: 4
- SCERP & Letter of Counsel: 2
- Acknowledgement & Undertaking: 1
- Referral to Fitness to Practice: 0
- Referral to Discipline Committee: 9
- Frivolous and vexatious: 0
- Withdrawn - No further Action: 1

There were 2 health inquiries during this reporting period.

There were 2 decisions of the ICRC that were appealed to the HPARB in this reporting period and returned to the ICRC for further investigation.

Interim Orders

There were no Interim Orders made by the ICRC during this reporting period.

However, the ICRC agreed to accept an Acknowledgement and Undertaking signed by 1 Registrant in lieu of directing the CEO to make an interim order to impose terms, conditions and limitations on the Registrant's certificate of registration. The Acknowledgement and Undertaking is no longer in effect.

New investigations

7 investigations under s. 75.1.a of the HPPC were initiated in the reporting period based on the information received from the following sources:

- Public inquiries: 4
- Matters reported by Registrants: 0
- Matters reported by other College departments: 2
- Referral from ICRC to CEO: 1
- Referral from QAC to ICRC: 0
- Referral from another regulator: 0

In addition, the ICRC received 17 formal complaints about Registrants of the College.

Complaints and Reports filed with the ICRC included one or more of the following concerns:

- Advertising: 6
- Inappropriate billing: 5
- Inappropriate patient care: 8
- Practising outside of Scope: 8
- Failure to comply with IVIT/Inspections: 0
- Sexual abuse/Boundaries: 1
- Failure to comply with an order of the ICRC: 1
- Practising while inactive/suspended: 2
- Record keeping: 3
- Lab testing: 0
- Delegation: 1
- Harassment: 1
- Failure to comply with QA Program: 1
- Failure to cooperate with an investigator: 1
- Unprofessional conduct: 6

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 195 days, with the shortest investigation completed in 55 days and the longest in 373 days.

Financial data: Complaints/ Reports Investigation

The cost of an investigation includes the College's legal expenses, investigators' fees (where formal investigator appointments are required), experts' fees, the ICRC per diems, and mailing costs. The average amount spent on a matter in the reporting period was \$2,866. The lowest cost of the investigation was \$150 and the highest was \$9,598.

Respectfully submitted,

Dr. Erin Psota, ND
 Chair, Inquiries, Complaints and Reports Committee
 July 7th, 2023



The College of Naturopaths of Ontario

Patient Relations Committee

Annual Report 2022-2023

As per section 11 (1) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, this serves as the annual report of the Patient Relations Committee (PRC) for the period April 1, 2022 to March 31, 2023.

During the reporting period the PRC held 2 virtual meetings and received 2 updates.

The PRC received did not receive any new applications for Funding for Therapy/Counselling during the reporting period.

The PRC continues to oversee the funding of 5 approved applications. The College's funding program managed by the PRC provided \$9,205 to applicants during the reporting period and \$31, 536.80 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed and updated its program policies to ensure they align with the program deliverables and finalized a number of Boundary Scenarios to be used by the College in communications to the profession. The PRC also began the process of researching the legal and policy implications of extending funding beyond the regulatory maximums.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair



The College of Naturopaths of Ontario

Quality Assurance Committee Annual Report for 2022/2023

In accordance with section 11 (1) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, the Quality Assurance Committee is pleased to provide the following report on its activities for the period April 1, 2022 to March 31, 2023.

The Quality Assurance Committee held 8 meetings during the reporting period.

Self-Assessments

For the 2022/23 registration year, Registrants were required to complete a total of three (3) self-assessment questionnaires. This included one (1) mandatory Record Keeping Self-Assessment and two (2) additional self-assessments of their choosing.

Registrants required to complete the Self-Assessment by March 31, 2023: 1582

Registrants who completed the Self-Assessment by March 31, 2023: 1256

% of Registrants who submitted by the deadline: 79.4%

Continuing Education

Due to the impact of the COVID-19 pandemic, the Quality Assurance Committee reduced the number of required CE credits while ensuring that Registrants remain compliant with the QA Program. During this reporting period, Registrants only needed to submit two-thirds of the required number of credits for their cycle.

CE course/credit applications received: 373

CE course/credit applications approved: 343

% of CE course/credit applications approved: 92%

Number of approved applications requesting Jurisprudence, Pharmacology, or IVIT credits:

IVIT: 15

Pharmacology: 61

Jurisprudence: 9

Live/in-person course applications: 100 (29%)

Online/webinar course applications: 243 (71%)

Group II Registrants required to submit CE logs by the Sept. 30th deadline: 484

Group II Registrants who submitted by the deadline: 479

% of Group I Registrants who submitted by the deadline: 97.6%

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CE Logs submitted with discrepancies requiring correction: 76
% CE Logs submitted with discrepancies requiring correction: 16%

CE deferral/extension requests received: 9
CE deferral/extension requests approved: 1

Peer & Practice Assessments

For the reporting year all Peer and Practice assessments were conducted virtually. The assessment included a review of specific aspects of the Registrant's premises, record keeping practices, certain College standards and guidelines, their professional portfolio and an in-depth clinical discussion of one patient chart.

Registrants randomly selected for a Peer & Practice Assessment: 100
Deferral requests received: 7
Deferral requests approved and returned to the random selection pool: 7
Registrants who went inactive or resigned prior to completing their Peer & Practice Assessment: 1
QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 1-
Not completed as Registrant reclassified to Inactive
Total number of Peer & Practice Assessments completed: 92

Non-Compliance

In accordance with the Regulated Health Professions Act, the Quality Assurance Regulation and the Program Policies, where a Registrant fails to participate in the Quality Assurance Program and is deemed to be non-compliant, the Quality Assurance Committee may refer the matter to a panel of the Inquiries, Complaints and Reports Committee for investigation.

Registrants referred to the ICRC for non-compliance with the QA Program: 1

Respectfully submitted,
Barry Sullivan, Chair

July 7, 2023



The College of Naturopaths of Ontario

Registration Committee Annual Report April 1, 2022 – March 31, 2023

During the reporting period noted, the Registration Committee met 10 times to review referred applications for registration, class change applications (over two-years), program policies related to Registration and Examinations, and life registration applications, and set remediation plans for exam candidates who had made two unsuccessful attempts of a College examination.

Entry-to-Practise

108 applications for registration were received between April 1, 2022, and March 31, 2023. Of these, four applications for registration were referred to the Registration Committee for review; of these, three were to address concerns regarding a physical or mental condition or disorder [under subsection 3(4) of the Registration Regulation], and one was for currency [under subsections 5(4)(a) and 5(2)(b) of the Registration Regulation]. Of those referred, three certificates of registration were granted, and one was granted after the completion of additional training or examinations as set out by a Panel of the Registration Committee. No assessments were conducted to determine substantial equivalency via the College's Prior Learning Assessment and Recognition (PLAR) program.

Applications for Life Registration

The Committee reviewed two applications for life registration under section 23(1) of the College by-laws.

Registration

During this reporting period, the Registration Committee reviewed four applications for class change from Inactive to General (over two-years) (under section 10(1)(6) of the Registration Regulation)

Examinations

The Committee continued to set exam plans of remediation, for candidates who have made two unsuccessful attempts of a College examination. 14 plans of exam remediation were set during this period for candidates who had made two unsuccessful attempts of a College examination.

Policy Updates

The Committee reviewed and approved draft amendments to the Registration policy including requirements for electronic criminal record checks, removal of the guarantor requirement for public register photo submissions, and currency requirements.

The Committee also approved draft amendments to the Language Proficiency Policy, the Examinations policy including those related to accommodation requests, the IVIT Program & Examination Policy, the Prescribing and Therapeutics Program & Examination Policy, and the Clinical Examinations policy.

Committee Evaluation Review



The College of Naturopaths of Ontario

Sandi Verrecchia with Satori Consulting Inc. presented a review of scores from the Registration Committee's self-evaluation.

IVIT Course Changes Review

The Committee reviewed and approved minor updates to a College-approved IVIT training course.

Emergency Class Certificate of Registration

The Committee reviewed and approved draft amendments to the Registration Regulation for the addition of an emergency class certificate of registration as per directives from the Ministry of Health, including requirements for issuance of a certificate in the Emergency class, Terms, Conditions, and Limitations on Emergency class certificates of registration, and requirements for transferring from the Emergency Class to the General class.

Respectfully submitted,

Danielle O'Connor, ND (Chair)



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 26, 2023

TO: Council members

FROM: Dr. Brenda Lessard-Rhead, ND (Inactive)
Chair, Governance Policy Review Committee

RE: Review of the Executive Limitations Policies (Part 1)

The Governance Policy Review Committee ("GPRC") met on July 12, 2023, to review the Executive Limitations Policies EL01-EL09 (Part 1) policy suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Executive Limitations Policies.

In keeping with the revised Council Annual Cycle, the July meeting of the Council includes a detailed review of the Executive Limitations Policies EL01-EL09 (Part 1):

- EL01.02 – Governance Commitment
- EL02.02 – Governing Style
- EL03.02 – Council Code of Conduct
- EL04.02 – Council Job Description
- EL05.03 – Role of the Council Chair
- EL06.04 – Committee Principles
- EL07.01 – Cost of Governance
- EL08.04 – Annual Planning Cycle
- EL09.04 – Council Communication

The staff circulated information to Council members in advance of the Committee meeting. No feedback was provided by Council members with respect to any of the Executive Limitations Policies EL01-EL09 (Part 1); however, the Committee has reviewed the policies in detail and has several recommendations for consideration of Council.

EL04.02 – Council Job Description

The Committee reviewed this policy and is of the view to amend the existing paragraph on page 1 to:

The Chief Executive Officer (CEO) shall ensure that the values of the Council, which are stated in its

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strategic plan, are reflected, upheld and evident with respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers of the College.

EL05.03 – Role of the Council Chair

The Committee reviewed this policy and made two grammatical amendments to the policy.

Recommendation – The word “quarterly” be replaced with “bi-monthly” in bullet point #11.
Recommendation – In bullet point #15, third point, the word “alternations” be replaced with “alterations”.

EL07.01 – Cost of Governance

The Committee reviewed this policy and made two grammatical amendments to the policy.

Recommendation – In bullet point #2, remove the remainder of the sentence after the word “bank”.

Recommendation – Amend bullet point #5 to read “Fail to maintain a petty cash account exceeding \$500 or properly account for the petty cash of the College.”

EL09.04 – Council Communication

The Committee reviewed this policy and is of the view to remove the existing paragraph on page 2 of the policy.

2. GP20.00 – Commitment to Strategic Planning

The Committee reviewed this policy and made 5 grammatical amendments to the policy.

Recommendation – Amend bullet point #3 to read “Once the feedback is compiled, the final step in the strategic planning process will be to review the Ends policies and make any required adjustments.”

The Committee also discussed the possibility of extending the timeframe when each policy is reviewed. Instead of policies being reviewed annually, they would be reviewed over a 2-year period. A schedule will be set of when each policy would be reviewed by the Committee and Council. The new schedule would be set to start in January 2024.

3. E02 – End Priorities

The Committee is still working on amending the Ends Priorities with the goal of having it ready for Council’s September meeting.

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.02
	Title Treatment of Staff	Policy No. EL04.023
		Page No. 1

~~With respect to employment, compensation, and benefits to employees, consultants, contract workers and volunteers, the Chief Executive Officer (CEO) shall ensure that the values of the Council as reflected in its strategic plan, are upheld and evident not cause or allow jeopardy to the fiscal integrity or public image of the College.~~

The Chief Executive Officer (CEO) shall ensure that the values of the Council, which are stated in its strategic plan, are reflected, upheld and evident with respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers of the College.

Accordingly, the CEO shall not fail to do any of the following.

- 1 Treat employees in a fair, respectful and ethical manner and in keeping with the values articulated by the Council in GP02 (Governing Style).
- 2 Comply with employment standards as set by the Governments of Ontario and Canada.
- 3 Establish personnel policies, acceptable to the Council, that govern employees and their working conditions.
- 4 Protect from discrimination any staff member who expresses an ethical dissent.
- 5 Allow staff to present concerns to the Council Chair, provided that the staff person has exhausted internal resolution procedures and the employee alleges that either Council policy has been violated or Council policy does not protect human rights.
- 6 Acquaint staff with the characteristics of their job responsibilities and obligations to the College, including but not necessarily limited to position descriptions, reporting relationship, security and confidentiality.
- 7 Take adequate measures to prevent sexual harassment or workplace violence and investigate any internal complaints promptly.
- 8 Objectively evaluate staff annually on their performance based on their job responsibilities and agreed upon performance measures.
- 9 Take reasonable measures to minimize overtime or temporary assistance.
- 10 Employ expert professional help when required.
- 11 Provide appropriate professional development opportunities for all staff in order that they may operate effectively.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATIONS	Item 5.02
	Title	Policy No.
	Treatment of Staff	EL04.023
		Page No.
		2

- 12 Refrain from changing the compensation (including all benefits) the CEO receives without prior Council approval except where so authorized by the agreement governing his or her employment or by Council policies.
- 13 Establish compensation and benefits packages for staff, which are representative of the market value for skills employed.
- 14 Provide the same basic level of benefit to all full-time employees although differential benefits to encourage longevity on the job for key employees are not prohibited.
- 15 Inform staff of the compensation and benefits provided to them by their employment with the College.
- 16 Review with staff any possible changes to compensation and benefits on an annual or shorter timeframe.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES <i>Item 5.02</i>
	Title	Policy No. EL05.034
	Financial Condition and Activity	Page No. 1

With respect to the actual, ongoing financial conditions and activities, the Chief Executive Officer (CEO) may not cause or allow fiscal jeopardy or deviation of actual expenditures from Council priorities.

Definitions	Expenses	Means the purchasing or leasing of goods or the acquisition of services.
	Payment instruments	Means cheques, drafts, notes or orders for payment of money and all notes and acceptances and bills of exchange.
	Tax payments	Means payments, and related corporate filing of documents, to the Government of Canada and Ontario, including but not necessarily limited to harmonized sales tax (HST), payroll withholdings, payroll taxes paid by the College, income tax.

Accordingly, the CEO shall not undertake any of the following.

- 1 Cause the College debt in an amount greater than the debt limit established by Council and that can be covered by the currently approved line of credit without prior approval of the Council.
- 2 Use any restricted reserve funds established under EL17 (Restricted Reserve Funds) without the approval of Council, except as authorized within that Governance Process policy.
- 3 Fail to settle payroll and debts in a timely manner.
- 4 Allow tax payments or other government ordered payments or filings to be overdue or intentionally inaccurately filed.
- 5 Fail to authorize expenses that are valued at \$25,000 or less and that have been previously accepted as an item in the College budget (s.4.08(i) of the By-laws)
- 6 Authorize expenses that are valued in excess of \$25,000 and that have previously been approved as an item in the College budget without first obtaining the agreement of the Council Chair or Council Vice-Chair (s4.08(ii) of the budget)
- 7 Fail to report to the Council, as soon as practicable, expenses that they have approved at a value of \$5,000 or less that were not previously accepted as a line item in the College budget that they believed were necessary for the operations of the College (s 4.08(iii) of the By-laws).
- 8 Authorize expenses that are in excess of \$5,000 and that were not previously accepted as a line item in the College budget unless the expense is approved by the Council or, if the matter requires urgent action, is approved by the Executive Committee on behalf of the Council or, if the expense applies to an activity which the College is legally

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES <i>Item 5.02</i>
	Title	Policy No. EL05.034
	Financial Condition and Activity	Page No. 2

obligated to perform, in which case the CEO will inform the Council as soon as practicable thereafter.

- 9 Fail to sign all payment instruments in an amount less than \$5,000 in a prompt and timely manner (s 4.03 of the by-laws).
- 10 Fail to obtain the signature of the Council Chair or Council Vice-Chair on payment instruments in an amount greater than \$5,000 (s. 4.04 of the by-laws) and in any amount where the instrument is in a payment to the CEO (best practice).
- 11 Fail to regularly monitor and report on the financial condition of the College to the Council on a ~~quarterly~~ bi-monthly basis.
- 12 Fail to aggressively pursue receivables, such as registration fees etc., within a reasonable grace period.
- 13 Exceed budgeted amounts in any one line item by more than 25% without informing the Council as soon as practicable thereafter.
- 14 Fail to record as an asset on the balance sheet any of the following items, provided, they have a useful life of more than one year:
 - Computer or technological equipment valued at \$750 or more at the time of purchase;
 - Any furniture or equipment valued at \$500 or more at the time of purchase;
 - Any construction or alterations to the physical office space during the term of the lease valued at \$25,000 or more at the time of construction.
- 15 Fail to depreciate assets on the balance sheet in accordance with the following schedules:
 - Computer or technological equipment on a three-year straight-line schedule starting in the fiscal year following the purchase;
 - Furniture or other equipment on a five-year straight-line schedule starting in the fiscal year following the purchase;
 - ~~Alterations~~ Alterations to the physical space on a five-year straight-line schedule or on a straight-line for the remaining duration of the lease, whichever is shorter.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES <i>Item 5.02</i>
	Title Financial Transactions	Policy No. EL07.042
		Page No. 1

With respect to the actual financial transactions of the College, the Chief Executive Officer (CEO) shall not undertake any of the following.

- 1 For any purpose whatsoever deduct any amount from money received by the College or fail to deposit such money received in the bank in the name of the College.
- 2 Fail to endorse any negotiable instrument for collection on account of the College or for the deposit to the credit of the College with the bank., ~~and the College stamps shall be used for such endorsement.~~
- 3 Fail to obtain a record of transaction for any payments made on behalf of the College by any means.
- 4 Fail to write cheques or have them endorsed in accordance with Article 4 of the By-laws of the College.
- 5 ~~Maintain a petty cash account exceeding \$500 and shall not fail to properly account for the petty cash of the College.~~ Fail to maintain a petty cash account exceeding \$500 or properly account for the petty cash of the College.
- 6 Fail to maintain the accounting of the College, including but not necessarily limited to the general journal, accounts receivable, and accounts payable.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 27, 2021

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES <i>Item 5.02</i>
	Title Workplace Violence Policy	Policy No. EL09.045
		Page No. 1

Violent behaviour in the workplace from any person is unacceptable. The College of Naturopaths of Ontario is committed to the prevention of workplace violence and the Council, through the Chief Executive Officer (CEO), is responsible for the protection of employees from workplace violence from all sources.

Accordingly, the CEO shall not fail to undertake any of the following duties and responsibilities.

- 1 Take whatever steps are reasonable to protect workers from workplace violence from all sources. Workplace violence includes but is not limited to:
 - a) the exercise of, or an attempt to exercise, physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
 - b) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker;
 - c) Unwanted physical acts against another person (e.g. hitting, shoving, pushing, kicking, sexual assault);
 - d) Any threat, behavior or action which is interpreted to carry the potential to harm or endanger the safety or others, result in an act of aggression, or destroy or damage property; and
 - e) Disruptive behavior, in the workplace, that is not appropriate to the work environment (e.g. yelling, swearing).
- 2 Ensure that all workers are educated about and uphold this policy.
- 3 Ensure that all workers collaborate to prevent workplace violence.
- 4 Undertake a risk assessment of the physical environment initially and at a minimum of every two years thereafter or at any time of altering the physical premises or moving the office location.
- 5 Develop and maintain a Workplace Violence Prevention Program, acceptable to the Council, which implements this policy including but not limited to measures and procedures to protect employees from workplace violence, a means of summoning immediate assistance and a process for employees to report incidents, or raise concerns.
- 6 Ensure that this policy and the supporting program are implemented and maintained and that all workers have the appropriate information and instruction to protect them from violence in the workplace.
- 7 Ensure that every worker is in compliance with this policy and the supporting program and are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats.
- 8 Investigate and deal with all incidents and complaints of workplace violence in a timely and fair manner, respecting the privacy of all concerned to the extent it is

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATIONS	Item 5.02
	Title	Policy No. EL09.045
	Workplace Violence Policy	Page No. 2

possible.

~~This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. Nothing in this policy prevents or discourages a worker from filing an application with the Human Rights Tribunal of Ontario (or any successor agency) on a matter related to Ontario's Human Rights Code within one year of the last alleged incident. A worker also retains the right to exercise any other legal avenues that may be available.~~

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCES	Item 5.03
	Title	Policy No. GP20.00
	Commitment to Strategic Planning	Page No. 1

Council recognizes its legal and moral responsibility for the governance of the College of Naturopaths of Ontario and for seeing to it that the mission of the College is carried out while evolving the strategic direction it takes.

Accordingly,

1. At least every three years, Council will dedicate a portion of its resources to focus on the long-term goals of the College.
2. All members of Council and the senior management team will participate in a strategic planning process agreed to by Council.
3. ~~The strategic planning process will lead to a review/update of the Ends policies.~~
Once the feedback is compiled, the final step in the strategic planning process will be to review the Ends policies and make any required adjustments.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT FOR THE FISCAL YEAR 2022-2023

The Audit Committee consists of the following individuals:

Brook Dyson (Chair), Council Member
 Dr. Jamuna Kailash (Kai), ND
 Paul Phillion, Council Member
 Dr. Amber Vance, ND
 Shawn Bausch

The audit for fiscal year April 1, 2022 – March 31, 2022, was completed remotely by Kriens-Larose, LLP. The Auditor's Report, Draft Financial Statements and adjusting entries were reviewed by the Committee at its video conference meeting held on July 12, 2023. This meeting included the attendance of the College's third-party accounting firm Kriens-LaRose, Thomas Kriens, Auditor, who presented the report to the Committee along with the Draft Financial statements. Agnes Kupny, Director of Operations, Thusha Pirabakaran, Finance Coordinator and Monika Zingaro, Administration Coordinator, were also in attendance.

The following items were discussed during the review of the audit materials:

- The auditor did not find any major issues or serious difficulties through the process of the audit and confirmed that the financial statements year over year have remained consistent.
- The auditor stated that there was no unusual activity and that the audit process was smooth between the Auditor, staff and management.
- The audit process uses 2% materiality, which for the College is equivalent to \$69,000 based on revenues, if there is a discrepancy larger than this amount it is reported. There were no issues of materiality.
- With the College ending the year in larger deficit during COVID-19, the Unrestricted Net Assets remain in a negative, however the overall balance of assets is \$1,896,352.
- There were three accounts that had significant changes from the previous year, this includes the College investments which ended the year in a negative the previous year due to the economy and a profit of \$47,039 this year.
- The other two accounts were on the expense side-Discipline fees incurred were almost double from previous year, increased by \$99,200 and Translation fees were increased by almost 60% by \$25,721. When compared against the budget, these allocations were noted.
- This year there was one restricted reserve fund of Patient Relations which incurred costs of \$9,615.
- Page 8 of the Draft Financial Statements highlights Cash Flow-this is an illustration of where money is coming from and where it is being allocated.
- This year the Auditor also made special mention of Measures Against Fraud and Scams as cyber security is becoming more and more sophisticated, along with recommendations to mitigate some of the risks identified.

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- The Director of Operations confirmed with the Committee that for any electronic payment or transfer of monies, there are only three staff members at the College that have a special security key with the bank that is updated every 30 seconds. The data from this security key must be entered for any direct electronic transaction.
- Another insert has been included in the Financial Report (page 5) that shows additional information regarding the changes made to the Net Assets.
- There were a total of 11 adjusting journal entries, which is two less than previous years.
- The College has ended the year with a small deficit of \$9,054.
- Lastly, the College has completed this fiscal year in its second full year with a new software, the additional controls that were put in place by the College have resulted in no discrepancy of unallocated monies.

The Audit Committee recommends that Council accept the Draft Audited Financial Statements, including the Independent Auditor's Report, as presented.

Respectfully submitted,
Brook Dyson
Chair
July 12, 2023

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2023

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2023

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INDEPENDENT AUDITOR'S REPORT

To the Members of
The College of Naturopaths of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The College of Naturopaths of Ontario, which comprise the statement of financial position as at March 31, 2023, and the statements of changes in net assets, operations, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The College of Naturopaths of Ontario as at March 31, 2023, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of The College of Naturopaths of Ontario in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



INDEPENDENT AUDITOR'S REPORT (continued)

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.



INDEPENDENT AUDITOR'S REPORT (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KRIENS~LAROSE, LLP

**Chartered Professional Accountants
Licensed Public Accountants**

Toronto, Ontario
July xx, 2023

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
 AS AT MARCH 31, 2023

	2023 \$	2022 \$
ASSETS		
CURRENT		
Cash and cash equivalent (Note 2)	3,948,678	4,047,922
Accounts receivable	1,390,840	1,053,444
Prepaid expenses	131,369	111,343
	5,470,887	5,212,709
EQUIPMENT (Note 3)	40,506	33,307
	5,511,393	5,246,016
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	314,630	297,921
Deferred revenue (Note 4)	2,985,053	2,753,297
HST payable	315,358	289,392
	3,615,041	3,340,610
NET ASSETS (NOTE 5)		
Unrestricted net assets	(332,156)	(332,717)
Patient Relations	90,385	100,000
Business Continuity	1,083,877	1,083,877
Investigations & Hearings	1,004,246	1,004,246
Succession Planning	50,000	50,000
	1,896,352	1,905,406
	5,511,393	5,246,016

APPROVED ON BEHALF OF THE COUNCIL:

_____, Director _____, Director

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
 FOR THE YEAR ENDED MARCH 31, 2023

	Unrestricted net assets 2023 \$	Patient relations 2023 \$	Business continuity 2023 \$	Investigations & hearings 2023 \$	Succession planning 2023 \$	Total 2023 \$	Total 2022 \$
Balance, beginning of year	(332,717)	100,000	1,083,877	1,004,246	50,000	1,905,406	1,820,484
Excess (deficiency) of revenues over expenses for the year	561	(9,615)	-	-	-	(9,054)	84,922
Interfund transfers	-	-	-	-	-	-	-
Balance, end of year	(332,156)	90,385	1,083,877	1,004,246	50,000	1,896,352	1,905,406

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2023

Item 6.02

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	2023	2022
	\$	\$
REVENUES		
Registration and member renewal fees	2,879,081	2,715,625
Examination fees	307,726	258,030
Inspection and hearing fees	221,883	84,900
Investment Income	47,039	(1,390)
Incorporation fees	30,900	32,312
Misc Income	1,363	-
Government assistance (Note 6)	-	129,081
TOTAL REVENUES	3,487,992	3,218,558
TOTAL EXPENSES	3,497,046	3,133,636
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	(9,054)	84,922

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2023

Item 6.02

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	2023	2022
	\$	\$
EXPENSES		
Salaries and benefits	1,880,527	1,707,383
Rent and utilities	262,952	285,550
Exam fees and expenses	250,552	201,284
Consulting fees		
Consultants - Complaints and inquiries	105,719	136,686
Consultants - General	96,460	58,038
Consultants - Assessors/inspectors	45,312	27,839
Legal fees		
Legal fees - Discipline	190,650	91,450
Legal fees - Complaints	73,955	58,444
Legal fees - General	15,683	24,646
Council fees and expenses	152,814	143,089
Office and general	90,116	114,103
Public education	64,952	54,270
License	53,657	53,923
Equipment maintenance	49,793	50,568
Translation	42,260	16,539
Insurance	32,682	28,480
Amortization	21,425	15,256
Audit fees	16,394	15,871
Discipline & FTP Committee	13,779	21,439
Patient relations fund expenses allocation	9,615	10,806
Travel accommodation & meals	8,484	5,334
Education and training	7,775	9,247
Loss on disposal of furniture	4,216	-
Website	3,565	511
Printing and postage	2,680	1,896
Patient relations Committee	1,029	984
TOTAL EXPENSES	3,497,046	3,133,636

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED MARCH 31, 2023

Item 6.02

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	2023 \$	2022 \$
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	2,792,166	2,691,887
Cash receipts from inspection fees	221,883	84,900
Cash receipts from examination fees	289,001	259,255
Cash receipts from incorporation fees	30,900	32,312
Interest and other income	48,402	(1,390)
Cash receipts from government assistance	-	181,622
Cash paid to suppliers and employees	(3,452,972)	(3,017,994)
	(70,620)	230,592
CASH FROM INVESTING ACTIVITIES		
(Purchase) of equipment	(28,624)	(7,284)
Change in cash	(99,244)	223,308
Cash, beginning of year	4,047,922	3,824,614
Cash, end of year	3,948,678	4,047,922
Cash consists of:		
Cash in bank account	1,825,927	1,965,852
Manulife Money Market Fund & Cashable GIC	2,122,751	2,082,070
Cash, end of year	3,948,678	4,047,922

See accompanying notes to the financial statements

PURPOSE OF THE ORGANIZATION

The College of Naturopaths of Ontario is incorporated under the Regulated Health Professions Act, 1991 and the Naturopathy Act, 2007.

The College received proclamation on July 1, 2015.

The College of Naturopaths of Ontario is responsible for developing the regulations, policies, by-laws and necessary business operations to govern the profession.

The College operations include:

- sets requirements for entering the profession;
- establishes standards for practicing;
- administers quality assurance programs; and
- holds its members accountable for their conduct and practice.

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies:

Financial Instruments

The College initially measures its financial assets and liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statement of operations.

Financial assets measured at cost or amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. Significant financial statement items that require the use of estimates includes useful lives of property and equipment, rates of amortization, and accrued liabilities. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

1. **SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Cash and Cash Equivalent

Cash and cash equivalents consist of cash on hand and fixed income investments with maturities of less than 90 days.

Prepaid Expenses

Prepaid expenses are recorded for goods and services to be received in the next fiscal year, which were paid for in the current year.

Equipment

Equipment is stated at acquisition cost. Amortization is provided on the following basis at the following annual rates:

Office equipment	5 years straight-line
Computer equipment	30% diminishing balance

Where equipment no longer has any long-term service potential to the College, the excess of their net carrying amount over any residual value is recognized as an expense in the statement of operations.

Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Registrations, members renewal fees, examination fees, inspection fees, hearing fees and incorporation fees are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Unrestricted investment income is recognized as revenue when earned.

Government Assistance

Government assistance is a restricted contribution and is accounted for using the deferral method based on the assistance provided:

Wage Subsidies

Wage subsidies are recognized as revenue in the year the related wages are incurred.

1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Donated Property and Services

During the year, voluntary services were provided. Because these services are not normally purchased by the College, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

2. CASH AND CASH EQUIVALENT

Cash and cash equivalent is summarized as follows:

	2023 \$	2022 \$
Cash	1,825,928	1,965,852
Manulife Money Market Fund	1,599,128	1,567,243
Cashable Guaranteed investment certificate, 2.45% maturing August 4, 2023	523,622	-
Cashable Guaranteed investment certificate, 0.35% maturing July 24, 2022	-	514,827
	3,948,678	4,047,922

Cashable Guaranteed investment certificates are cashable at any time, and interest is paid to the date it is cashed as long as the investment has been held for 30 days or more.

The College has a revolving line of credit facility with the Royal Bank of Canada of \$100,000. The credit is available at prime plus 3.5% and is secured by a general security agreement covering all assets of the College. The line of credit was not utilized as at March 31, 2023.

3. EQUIPMENT

	2023	2022		
	Cost	Accumulated	Cost	Accumulated
	\$	amortization	\$	amortization
	\$	\$	\$	\$
Office equipment	150,050	129,389	159,391	147,681
Computer equipment	89,110	69,265	76,931	55,334
	239,160	198,654	236,322	203,015
Net book value	40,506		33,307	

4. DEFERRED REVENUE

Deferred revenue represents examination fees and membership registrations received in advance of the period in which the service is to be provided.

	2023	2022
	\$	\$
Registration fees	2,969,603	2,719,122
Examination fees	15,450	34,175
Total	2,985,053	2,753,297

5. NET ASSETS

Patient Relations Fund

The College set aside \$100,000 for potential obligations under the *Regulated Health Professions Act, 1991* (the “Act”) with respect to cases where a patient alleges they were sexually abused by a Registrant and sought funding for counselling. Decisions on granting funding rest with the Patient Relations Committee as set out in the Act. The funds set aside are reviewed on an annual basis. In fiscal 2023, \$9,615 (2022: \$10,806) was spent from the patient relations fund and \$- was transferred into the fund.

Business Continuity Fund

In fiscal year 2021, the College established the restricted net asset to ensure the College will have adequate funds available to sustain day-to-day operations in the event of an unforeseen incident. The initial contribution was coming from strategic initiative fund for \$75,385 in addition to another \$1,000,000 set aside from unrestricted net assets. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of \$3,000,000 up to a maximum of \$4,000,000 as soon as it is practicable. In the 2023 fiscal year \$Nil (2022: \$Nil) was spent from fund and \$- was transferred into the fund.

Investigations and Hearings Fund

In fiscal year 2021, the College established the restricted net asset to ensure the College can cover any cost that exceeds the budgeted amounts in a given fiscal year related to legal costs for investigations and hearings, including appeals before any tribunal, conducting investigations, and conducting discipline and fitness to practice hearings. The initial contribution was coming from unrestricted net assets in the amount of \$1,000,000. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of \$1,000,000 up to a maximum of \$2,000,000 as soon as it is practicable. In the 2023 fiscal year \$Nil (2022: \$Nil) was spent from the fund and \$- was transferred into the fund.

Succession Planning Fund

In fiscal year 2021, the College established the restricted net asset to fund the process necessary to plan for the succession of the senior management positions. The initial contribution was coming from unrestricted net assets in the amount of \$50,000. As directed by the Council, the CEO is responsible to maintain the fund at \$50,000. In the 2023 fiscal year \$Nil (2022: \$Nil) was spent from the fund and \$- was transferred into the fund.

6. GOVERNMENT ASSISTANCE

During the 2022 fiscal year, the College received Government assistance in the form of Canada Emergency Wage Subsidy (CEWS). The CEWS served as financial relief for a portion of employee wages. The assistance received is not repayable albeit is subject to audit by the Canada Revenue Agency (CRA). The CEWS was temporary and was available from March 15, 2020 to October 23, 2021 to eligible employers.

7. COMMITMENTS

Premises Lease Commitment

The College is committed to total minimum rentals under a long-term lease for premises, which expires on February 28, 2028. Minimum rental commitments remaining under this lease approximate \$460,652 as follows:

2024	89,792
2025	89,792
2026	90,260
2027	95,404
2028	95,404
	460,652

In addition the College is required to pay common areas costs, which are estimated to be \$82,000 per year.

8. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The following presents the College's risk exposures and concentrations at March 31, 2023.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The College's credit risk would occur with their cash, investments and accounts receivable.

The College's bank accounts are held at one financial institution and funds on deposit exceed the maximum insured and, hence, there is a concentration of credit risk. Credit risk related to cash and investments is minimized by ensuring that these assets are held with and/or invested in credit-worthy parties.

Actual exposure to credit losses from account receivable has been moderate in prior years. The allowance for doubtful accounts is \$43,016 (2022: \$32,375).

Liquidity Risk

Liquidity risk is the risk the College will encounter difficulties in meeting obligations associated with financial liabilities. The College's exposure to liquidity risk mainly is in respect of its accounts payable. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations. There has been no change in the risk assessment from the prior period.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Currency Risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not exposed to foreign currency risk.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College does not have a significant interest rate risk.

8. FINANCIAL INSTRUMENTS (continued)

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is not exposed to other price risk.

Draft



The College of Naturopaths of Ontario

BRIEFING NOTE Examination Blueprint IVIT Amendments

PURPOSE: To review and approve the proposed draft amendments to the IVIT Examination Blueprint.

BACKGROUND:

In July 2016, the College launched the Ontario IVIT examination which consists of a multiple choice exam, a series of osmolarity calculations and a practical exam comprised of a vascular access (i.e., establishing IV venous access and administering an IV fluid) and a sterile compounding (i.e., compounding substances into an IV bag using aseptic technique under a laminar airflow hood) components.

In December 2022, the College was informed that the facility where the IVIT examination had been administered to date would no longer be available for use. As this facility is one of few, if not the only one, that has two aseptic compounding rooms with laminar airflow hoods in addition to being able to meet other requirements for hosting the exam, the College is required to make amendments to the structure of the sterile compounding portion of the exam to allow for the ongoing delivery of the IVIT examination at a different venue, while still assessing requisite competencies for the safe and competent administration of IVIT.

In consultation with an IVIT working group, comprised of registered NDs who have met the Standard of Practice for IVIT and volunteer with the College in the capacity of IVIT premises inspectors and IVIT examiners, draft amendments to the IVIT exam blueprint (attached) are being proposed by the Registration Committee.

DISCUSSION POINTS:

Changes to the Practical Exam Structure

- Use of mock laminar airflow hoods: Due to the general size and layout of most clinic sterile compounding rooms with a single laminar airflow hood, draft amendments will allow for the sterile compounding exam to be administered using mock laminar airflow hoods in the vascular access rooms. Candidates will be required to demonstrate aseptic technique within an indicated space, for both the preparation area and the flow hood area (e.g., a separate table with marked off square to represent the flow hood) and to demonstrate appropriate placement of materials to allow examiners to assess candidates' skill and knowledge of maintaining sterility throughout the compounding procedure.
- Combining the compounding and vascular access components: The compounding and vascular access practical components of the exam will be administered in sequential order rather than as separate stand-alone pieces punctuated by a candidate break, to better

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reflect IVIT therapy in practice, where compounding of the IV bag is followed by IV administration. Time granted to a candidate for completion of the sterile compounding component (20 minutes) and vascular access component (30 minutes) will not be affected by this change.

Sterile Compounding Assessment

While it is ideal in a practical exam setting for candidates to demonstrate skill required in practise, use of the laminar airflow hood in the exam setting was not deemed by the IVIT working group to be critical as the bag prepared in the exam is disposed of and not infused into any individual (candidate or patient model). Key assessment areas for determining a candidate's safety and competency, such as appropriate garbing, hand sanitation, supply disinfection and checks, and the correct drawing of infusates and their transfer into the IV bag will continue to be assessed in the practical component. Less critical assessment areas that do not require a practical demonstration and which may be challenged by use of a mock flow hood set-up, such as flow hood cleaning procedures, will be moved from the practical component to the multiple-choice exam.

Blueprint Study References

Specific policies, standards of practice, guidelines and legislation, which candidates are required to know when sitting the exam, have been removed from the separate list of study references and integrated into the blueprint competencies where applicable. Other non-College specific references that appear, such as the USP 797, which candidates are not actively assessed on but should be aware of, have been removed from the blueprint but will continue to appear in the Ontario IVIT Examination Handbook as an "other reference".

Blueprint Terminology & Wording

Terminology in the blueprint, e.g., "sterile" vs "aseptic" has been updated to align with IVIT specific policies, standards of practice and guidelines. Slight amendments have also been made to the description of each practical exam component to provide additional clarity to exam candidates as to how long they have for each, and what they will be required to do.

ANALYSIS:

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

- Strategic risk: With any changes to the structure of an examination, the College faces criticism from stakeholders and the profession who may be change adverse and/or who may question the robustness of the examination.
- Process risk: Not approving proposed amendment to the structure of the examination will impact the College's ability to administer the examination.
- External events: The number of IVIT capable facilities available with more than one laminar airflow hood is limited and none have expressed an ability to meet the College's requirements to allow the IVIT exam to continue to be administered in its current state.

Privacy Considerations – There are no privacy considerations. If approved, information provided in this briefing along with the draft amendments will be made publicly available in the Council package which is posted on the College website.

Transparency – The transparency assessment is based on the document Understanding the College's Commitment to Transparency, a copy of which is included in the Council package. Only

those risks that have been identified will be addressed.

- The information presented, which will be made publicly available on the College website as part of the Council package, seek to provide the public with timely, accessible and contextual information of the changes made ahead of the December 2023 exam session.
- Approval of the draft amendments is being sought following established protocol.

Financial Impact – Not approving proposed amendments to the structure of the examination will result in the College's need to potentially administer the practical and written components on different days, thereby incurring additional exam delivery costs.

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

- The continued robust assessment of IVIT competency ensures the safe and professional provision of this therapy to Ontarians.

EDIB – Proposed amendments to the examination will allow for sterile compounding to be assessed in a larger room that can accommodate differently abled individuals (e.g., those requiring use of an assistive mobility device), as most sterile compounding rooms are set-up to allow one individual to access the room at any given time, rather than set-up for accommodating multiple individuals (examiner and candidate) in an exam setting.

ACTION ITEMS:

- If approved, amendments to the blueprint will be noted in the Ontario IVIT Exam Handbook, posted on the College website, and exam communication material for apprising Registrants of changes to the structure of the examination will be drafted and disseminated. Additionally, the College will move forward in contract negotiations for securing a new IVIT exam venue for administration of the exam in December 2023 as scheduled.

Dr. Danielle O'Connor, ND
Registration Chair

Erica Laugalys
Director, Registration & Examinations

July 7, 2023

Examination Blueprint: Intravenous Infusion Therapy

Core Competencies in Intravenous Infusion Therapy (IVIT)

Candidates will be required to demonstrate current knowledge of:

- ☐ Clinical Rationale related to IVIT (e.g., knowledge of indications and contraindications related to the practice of IVIT, ability to assess when IVIT is/is not an appropriate treatment option).
- ☐ Patient Assessment (e.g., knowledge of necessary patient assessment questions regarding health history and allergies, knowledge of physical examination and informed consent requirements, ability to assess response to treatment).
- ☐ Infection Prevention and Control (e.g., knowledge of appropriate infection prevention and control practice requirements, knowledge of sterile/clean technique, knowledge of biohazard disposal requirements, knowledge of appropriate sterile compounding practices).
- ☐ IVIT Substances (e.g., knowledge of types of solutions and clinical applications, knowledge of potential allergy concerns and interactions for each substance, knowledge of potential adverse reactions and antidotes for each substance).
- ☐ IVIT Formulas (e.g., ability to calculate osmolarity and infusion rate, knowledge of determining factors for infusion rates, knowledge of factors affecting infusion rates).
- ☐ IVIT Complications & Emergencies (e.g., knowledge of how to assess and respond to common emergency situations and adverse reactions, knowledge of cautions and contraindications).
- ☐ IVIT Equipment & Devices (e.g., knowledge of safe and proper use of IVIT equipment, knowledge of cleaning, storage and disposal requirements for IVIT equipment, knowledge of how to use various types and gauges of needles, knowledge of how to respond to common equipment issues).
- ☐ Anatomy (e.g., knowledge of body fluid composition, knowledge of renal, cardiovascular, lymphatic, hepatic, nervous, musculoskeletal, and endocrine systems, knowledge of appropriate site selection based on patient anatomy).
- ☐ IVIT Technique (e.g., knowledge of proper set-up, administration and termination requirements for IV drips and pushes, knowledge of appropriate measures to mitigate and manage patient harm).
- ☐ Regulations, policies and guidelines related to the practise of IVIT.

IVIT Standard of Practice Exam Format: Written

Candidates have two hours to complete a written exam consisting of one hundred multiple choice questions relating to:

- ☐ emergency procedures.
- ☐ intravenous fluids (e.g., hypotonic, isotonic, hypertonic) and approved substances.
- ☐ vascular access and peripheral insertion procedures.
- ☐ charting requirements.
- ☐ determining flow and drip rates.
- ☐ sterile/clean technique.
- ☐ waste disposal requirements.
- ☐ patient assessment requirements.
- ☐ basic science related to the practice of IVIT.
- ☐ indications and contraindications related to IVIT.
- ☐ infection control requirements.
- ☐ cautions related to potential patient allergies.
- ☐ signs of contamination/degradation.
- ☐ sterile compounding including ~~CONO~~ the College's ~~Ssterile~~ Compounding of Injectables ~~Gguidelines, and CONO~~ Llaminar air ~~Air Fflow~~ Hhood ~~policyPolicy and cleaning process,~~ USP 797 guidelines for sterile compounding.
- ☐ the College's standards of practice on Intravenous Infusion Therapy, Consent, Emergency Preparedness, Record Keeping, Infection Control, and Delegation.
- ☐ the General Regulation (O. Reg. 168/15) as it applies to the practise of IVIT including Tables 2, 3 and 5.

Candidates will be required to demonstrate knowledge of the material as well as being able to apply it to case-based situations that evaluate knowledge synthesis through exam questioning.

IVIT Standard of Practice Exam Format: Osmolarity Calculations

Candidates have ~~twenty~~ 20 minutes to complete five ~~(5)~~ IV infusion formulations using a list of nutrients and their Osm/ml.

For each formulation candidates are expected to calculate:

- ☐ total volume.
- ☐ total osmolarity.

- ☐ final osmolarity.

In addition, candidates must be able to perform basic unit conversions (e.g., mg to gram, gram to mL).

IVIT Standard of Practice Exam Format: Practical (Sterile Compounding)

Candidates will be provided with an intravenous infusion formula consisting of at least 4-two admixture ingredients ~~prior to entering the compounding exam room~~ and will be provided with 20 minutes to explain procedures and compound the formula while being observed by an examiner.

Candidates will be expected to demonstrate their knowledge of and practical skill in appropriate ~~sterile-aseptic~~ technique, through a mixture of oral responses to examiner questions, and practical demonstration in the following areas by:

- ☐ ~~donning sterileappropriate~~ garbing for compounding under sterile conditions.
- ☐ selection and checking of materials.
- ☐ ~~preparing preparation of~~ vials for use ~~in the direct compounding area.~~
- ☐ ~~performing~~ proper hand and glove hygiene.
- ☐ ~~Using sterile technique within the laminar airflow hood space, demonstrating the compounding of substances into the IV bag using aseptic technique within the laminar airflow hood space using sterile technique under the laminar airflow hood for transferring substances into the infusion bag.~~
- ☐ ~~establishing and maintaining sterility throughout the compounding procedure maintaining sterility throughout the compounding procedure.~~
- ☐ checking the finished product and labeling of the IV bag ~~the bag appropriately for use on a patient.~~
- ☐ appropriate disposal of materials.

IVIT Standard of Practice Exam Format: Practical (Vascular Access)

Candidates will be paired together and will be provided with 30 minutes to complete the following while being observed by an examiner

~~Candidates are paired together, each having thirty minutes to:~~

- ☐ prepare for administering an IV infusion.
- ☐ insert an angiocatheter.
- ☐ establish a drip rate.
- ☐ terminate the IV infusion.

Candidates will be expected to demonstrate their knowledge of and practical skill in administering IVIT, through a mixture of oral responses to examiner questions, and practical demonstration in the following areas:

Each Candidate will be assessed on:

~~proper clean technique including hand washing/sanitation, and establishing and maintaining a clean field.~~

- ☐ proper cleaning technique, including hand washing/sanitation/gloving protocol and maintaining a clean field.
- ☐ appropriate collection and checks of injectable substances and equipment.
- ☐ administration prep including line attachment and flushing, and appropriate bag labeling.
- ☐ patient interaction and professionalism including obtaining consent, inquiries regarding allergies, anxieties, recent meals, and washroom use, providing a brief explanation of the procedure, monitoring patient during process with verbal and visual check-ins and attention to signs of patient distress or discomfort.
- ☐ IV patient preparation including knowledge of required pre-treatment vitals, proper arm positioning, appropriate gloving and infection control procedures.
- ☐ angiocatheter insertion including establishing a drip rate and securing the IV.
- ☐ termination of IV drip including angiocatheter removal, equipment check, IV site treatment, appropriate disposal of biohazard and sharps, and post-treatment patient protocol including knowledge of appropriate vitals and post-treatment patient instructions.

Practical Component Automatic Fails: Candidates will be scored according to a standardized rubric which accounts for all important steps in the sterile compounding and vascular access processes. Each step a candidate is expected to complete is weighted both for its clinical importance and impact on patient safety. Between these two processes there are several procedural steps which, if missed, would result in serious risk to a patient and therefore would result in an automatic fail.

Exam Results

A “pass”/“fail” result is issued to candidates.

Study References:

Infusion Nursing Standards of Practice (2011) (Infusion Nurses Society).

College Standard of Practice for IV Infusion Therapy.

Related Standards on: Consent, Emergency Preparedness, Record Keeping, Infection Control, and Delegation.

~~Practice Guideline on: Sterile Compounding of Injectables Guideline~~

~~Professional Policy on: Laminar Air Flow Hood~~

~~Regulations: General Regulation and Specimen Collection Centres Laboratories Regulations~~

~~USP 797 guidelines for sterile compounding~~



The College of Naturopaths of Ontario

**Council Meeting
July 26, 2023**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Shelley Burns, ND (2:2)		Dr. Jonathan Beatty, ND (0:2)
Mr. Dean Catherwood (2:2)		Mr. Brook Dyson (1:2)
Ms. Lisa Fenton (2:2)		
Dr. Anna Graczyk, ND (1:2)		
Ms. Sarah Griffiths-Savolaine (2:2)		
Ms. Tiffany Lloyd (1:2)		
Dr. Denis Marier, ND (2:2)		
Mr. Paul Phillion (1:2)		
Dr. Jacob Scheer, ND (2:2)		
Dr. Jordan Sokoloski, ND (2:2)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Thomas Kriens, Auditor		
Ms. Sandi Verrecchia, Satori Consulting		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:16 a.m. He welcomed everyone to the meeting.

The Chair also 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:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
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. Item 9.01 – Health Canada NHP Changes was added to the agenda. In addition, Items 6.01 and 6.02 were switched, Item 5.03 was reworded to GP20 – Commitment to Strategic Planning and Item 8.01 was reworded to read as 'To move into the in-camera session'.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Shelley Burns
SECOND:	Tiffany Lloyd
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

Dr. Denis Marier, ND, requested clarification about declaring a conflict, Ms. Rebecca Durcan, Legal Counsel, and Mr. Andrew Parr, CEO, provided a detailed explanation to all Council members.

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Lisa Fenton
SECOND:	Tiffany Lloyd
CARRIED.	

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

The Report on Regulatory Operations 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 from the CEO.
MOVED:	Jacob Scheer
SECOND:	Dean Catherwood
CARRIED.	

4.03 Report on Operations – Year End Report

The Report on Operations – Year End Report was included within the materials distributed in advance of the meeting. Mr. Parr provided a thorough review of the Report and explained the information contained within the Report, highlighting the key performance indicators and whether the strategic objectives were met. He responded to questions that arose during the discussion that followed.

MOTION:	To approve the Operating Report – Year End Report from the CEO.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Denis Marier
CARRIED.	

4.04 Annual Statutory Committee Reports

The annual Committee Reports submitted by each statutory Committee Chair were distributed in advance of the meeting. The Chair presented the Reports and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To accept the annual Committee Reports as presented.
MOVED:	Dean Catherwood

SECOND:	Paul Phillion
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Ends Policies Policies

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

5.01(ii) Council-CEO Linkage Policies

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

5.01(iii) Governance Process Policies

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

5.02 Detailed Review (as per GP08) – Executive Limitations Policies (Part 1)

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 1). The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Lisa Fenton
SECOND:	Tiffany Lloyd
CARRIED.	

5.03 GP20 – Commitment to Strategic Planning – Amendments

Council members were asked if there were any members who wished to discuss the proposed amendments to GP20 – Commitment to Strategic Planning. The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

After a detailed discussion, the Council requested to have this policy reviewed by the Governance Policy Review Committee again and brought back to the Council at the September 2023 meeting.

6. Business

6.01 Auditor's Report and Audited Statements – Fiscal Year 2022-2023

The Chair invited Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, to present the Auditor's Report and the Audited Financial Statements to Council. Mr. Kriens presented his report and responded to questions that were brought forward from Council members.

MOTION:	To accept the Auditor's Report and approve the Audited Financial Statements for the period April 1, 2022, to March 31, 2023, as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

The Chair thanked Mr. Kriens for presenting the reports to Council.

6.02 Audit Committee Report on the 2022-2023 Audit

A copy of the Audit Committee Report on the audit for the fiscal year April 1, 2022, to March 31, 2023, was circulated in advance of the meeting. Paul Phillion, Audit Committee member, reviewed the report with the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Audit Committee Report as presented.
MOVED:	Lisa Fenton
SECOND:	Ms. Sarah Griffiths-Savolaine
CARRIED.	

6.03 IVIT Examinations Blueprint – Proposed Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the IVIT Examinations Blueprint were circulated in advance of the meeting. Dr. Shelley Burns, ND, Registration Committee Vice Chair, on behalf of Dr. Danielle O'Connor, ND, Chair, Registration Committee, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the IVIT Examination Blueprint as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

7. Council Education

7.01 Council & Committee Evaluations – Update

Ms. Sandi Verrecchia, of Satori Consulting Inc., provided the Council with a detailed summary of the Council's evaluation and highlighted the changes from the previous year's results and responded to any questions that arose during the discussion.

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:44 a.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Denis Marier
SECOND:	Tiffany Lloyd
CARRIED.	

9. Other Business

9.01 Health Canada NHP Changes

Mr. Parr provided an overview of the various activities of the federal government relating to natural health products. He informed the Council member he has spoken with the CEOs of each of the OAND and CAND and that he was advised that currently this is not a regulatory matter and that they would reach out to the College should it be required. He responded to any questions during the discussion.

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for September 26 and 27, 2023. It was also noted that this two-day meeting would be in-person taking place downtown Toronto. Mr. Parr provided some detailed information in relation to the upcoming Council meeting.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:56 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Denis Marier
SECOND:	Paul Phillion

Recorded by: Monika Zingaro
Administration Coordinator
July 26, 2023

Approved: September 27, 2023