



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #48

Draft Agenda

July 30, 2025 (2025/26-02)

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

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #48

July 30, 2025

9:15 a.m. to 11:45 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		--	B Lessard-Rhead
	1.02	Procedure	Meeting Norms		4-6	
	1.03	Discussion	“High Five” – Process for identifying consensus		7	
2	Consent Agenda					
	2.01	Approval	i.	Draft Meeting Minutes of May 28, 2025	8-14	B Lessard-Rhead
			ii.	Ratification of Executive Committee Decisions	15	
			iii.	Committee Reports	16-31	
			iv.	Information Items	32-109	
			v.	Reference Materials	110-116	
3	Approval of Agenda and Conflicts of Interest					
	3.01	Adopts	Review of Main Agenda		3	B Lessard-Rhead
	3.02	Discussion	Declarations of Conflict of Interest		117-118	
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair		119	B Lessard-Rhead
	4.02	Acceptance	Report on Regulatory Operations at June 30, 2025		120-132	A Parr
	4.03	Acceptance	Annual Committee Reports		133-152	B Lessard-Rhead
	4.04	Acceptance	Annual Report on Operational Performance for 2024-25		153-195	A Parr
5	Council Governance Policy Confirmation					
	5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹		--	B Sullivan
	5.02	Review	Detailed Review – Executive Limitations 01-08		--	
6	Regular Business					
	6.01	Acceptance	Finance, Audit & Risk Committee Report		196-197	S Burns
	6.02	Acceptance	Auditor’s Report and Audited Financial Statements		198-216	T Kriens
	6.03	Adopts	Appointment of the Auditor for 2025-26		--	S Burns
	6.04	Appointment	Committee Appointment		--	B Lessard-Rhead
	6.05	Discussion	Discipline Processes for Recovery of Costs		217-227	A Parr
7	Council Education					
	7.01	Education	Council Evaluation Report		228-257	S Verrecchia
	7.02	Education	Naturopathic Doctors in Ontario		--	E Psota
8	In-Camera (Pursuant to paragraph (b) and (d) of section 7(2) of the HPPC)					
	8.01	Procedural	To move in to an in-camera session		--	B Lessard-Rhead
	8.02	Adopts	CEO Performance Evaluation 2024-2025		258-291	B Lessard-Rhead
	8.03	Adopts	Enterprise Risk Management Plan		292-324	S Burns
	8.04	Procedural	To move out of the in-camera session		--	B Lessard-Rhead
9	Other Business					
	9.01	TBD			--	
10	Evaluation and Next Meeting					
	10.01	Discussion	Meeting Evaluation		--	Chair
	10.02	Discussion	Next Meeting – September 24, 2025 (Video Conference)		--	
11	Adjournment					
	11.01	Decision	Motion to Adjourn		--	Chair

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

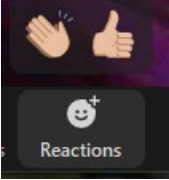
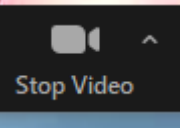
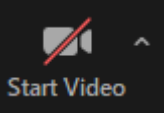
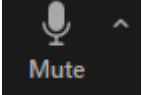
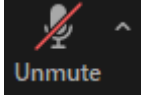
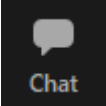
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

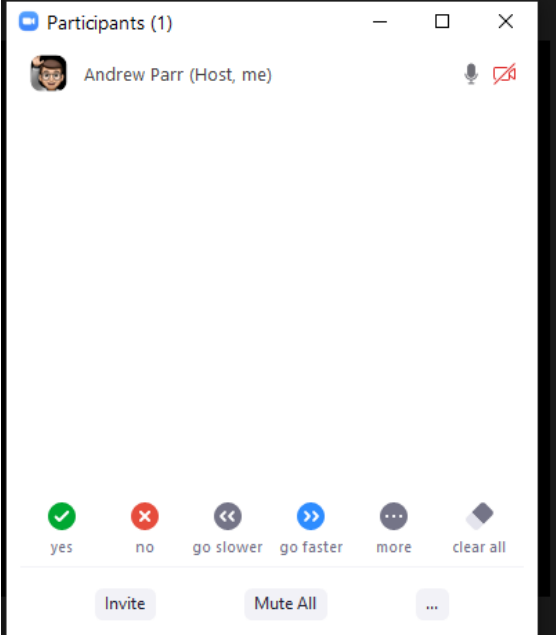
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

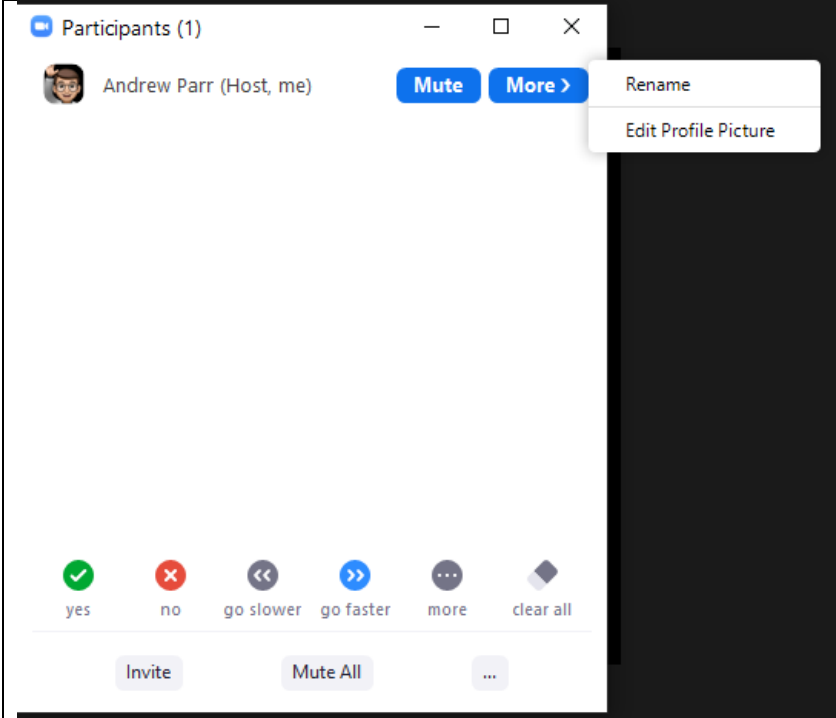
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom 'Participants (1)' window. At the top, it says 'Participants (1)' with window control buttons. Below this, a participant card for 'Andrew Parr (Host, me)' is visible. To the right of the name are 'Mute' and 'More >' buttons. A dropdown menu is open from the 'More >' button, showing two options: 'Rename' and 'Edit Profile Picture'. At the bottom of the window, there is a toolbar with icons for 'yes' (green checkmark), 'no' (red X), 'go slower' (two left arrows), 'go faster' (two right arrows), 'more' (three dots), and 'clear all' (eraser). Below the toolbar are buttons for 'Invite', 'Mute All', and a three-dot menu.

- 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 28, 2025**

**In Person Meeting
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (1:1)		Ms. Sarah Griffiths-Savolaine (0:1)
Dr. Amy Armstrong, ND (1:1)		Ms. Marjia Pajdakovska (0:1)
Mr. Dean Catherwood (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (1:1)		
Dr. Denis Marier, ND (1:1)		
Mr. Paul Phillion (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Dr. Erin Walsh (Psota), ND (1:1)*		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Dr. Jennifer DelBelBelluz, ND, Governance Policy Review Committee, Acting Chair		
Observers		
Asna Ali, Senior Policy Analyst, Ministry of Health		

*Arrived at 9:19 a.m.

Audrey Ralison, AA Communications, CoNO
Ms. Jennifer Joseph, CEO, OAND
Mr. Kevin Draper, Manager, Government Relations, OAND
Dr. Daniella Remy, ND, OAND Board member

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:06 a.m. He welcomed everyone to the meeting and noted that the meeting was not being live streamed via YouTube to the College's website due to the meeting being held in-person and open to the public. He also recognized all the guests and observers in attendance.

2. Executive Committee Elections

The Chair invited Andrew Parr, Chief Executive Officer of the College to assume the role of meeting chair for the purposes of administering the elections. Mr. Parr noted for the Council the election timing and proceeded with the election of each position.

2.01 Council Chair

It was noted that at the submission deadline for nominations, only one nomination was received, and that was for Dr. Brenda Lessard-Rhead, ND (Inactive). Therefore, by acclamation she has been elected to the position of Council Chair.

2.02 Council Vice-Chair

Mr. Parr again noted that at the submission deadline for nominations, only one nomination was received, and that was for Mr. Dean Catherwood. Therefore, by acclamation he has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

It was noted that at the submission deadline for nominations, only one nomination was received, which was for Ms. Lisa Fenton. Therefore, by acclamation she has been elected to the position of Officer-at-Large Public member.

2.04 Officers-at-Large Professional members

Mr. Parr noted that there are two Officer-at-Large positions for Professional members of the Council and that at the submission deadline for nominations, only two nominations were received, those being Dr. Amy Armstrong, ND, and Dr. Denis Marier, ND. Therefore, by acclamation they have both been elected to the positions of Officer-at-Large Professional members.

Mr. Parr congratulated the elected officers, thanked the Council and turned the meeting back to Dr. Sokoloski, ND as Chair. Dr. Sokoloski, ND congratulated Dr. Brenda Lessard-Rhead, ND (Inactive) and formally turned the role of chair over to her.

3. Consent Agenda

3.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The newly elected Council 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:	Paul Phillion
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 changes to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	Amy Armstrong
CARRIED.	

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 Outgoing Council Chair

The Report of the outgoing Council Chair was circulated in advance of the meeting. The Chair invited Dr. Jordan Sokoloski, ND, outgoing Chair, to review his final report with the Council. He acknowledged everyone for their hard work and accomplishments throughout his time as Chair and thanked everyone for the continued support of the Council. He welcomed and responded to questions from the Council.

The Chair recognized Dr. Sokoloski, ND, for his contributions made to the Council and highlighted some of his achievements and thanked him for his on-going support and dedication.

MOTION:	To accept the report of the outgoing Council Chair as presented.
MOVED:	Lisa Fenton
SECOND:	Paul Phillion
CARRIED.	

5.02 Report on Regulatory Operations for April 1, 2024 – March 31, 2025, from the Chief Executive Officer (CEO)

The Report on Regulatory Operations from April 1, 2024 - March 31, 2025, from the CEO was 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 at March 31, 2025, from the CEO.
MOVED:	Jacob Scheer
SECOND:	Amy Armstrong
CARRIED.	

5.03 Report on Regulatory Operations at April 2025 from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at April 30, 2025, 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 reports on Regulatory Operations at April 30, 2025, from the CEO.
MOVED:	Felicia Assenza
SECOND:	Erin Psota
CARRIED.	

5.04 Variance Report and Unaudited Financial Statements for Q4

A Variance Report and the Unaudited Financial statements ending March 31, 2025 (Q4) were included in the materials circulated in advance of the meeting. Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters on behalf of Ms. Agnes Kupny, Director, Operations. 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 at March 31, 2025, as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Executive Limitations Policies

The Chair invited Dr. Sokoloski, ND to review this item for the Council. 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(ii) 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(iii) Ends Policies

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

6.01(iv) Governance Processes Policies

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

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

The Chair invited Dr. Jennifer DelBelBelluz, ND, Governance Policy Review Committee (GPRC), Acting Chair, to review the survey responses and comments submitted by Council members in relation to the Committee Terms of Reference. Dr. DelBelBelluz, ND highlighted the purpose of committee Terms of Reference, the differences between the types of committees, i.e. Statutory vs. Non-Statutory, who is eligible to sit on committees, and responded to any questions that arose throughout the presentation.

7. Business

7.01 Committee Appointments

A Briefing Note and updated corresponding documents providing the proposed 2025-2026 fiscal year slate of Committee appointments were circulated in advance of the meeting. Amended materials were handed out by Mr. Parr who advised the Council that due to privacy reasons the names of the individuals seeking appointment have been redacted, and if Council wishes to hold a discussion they would have to go in-camera.

Mr. Parr noted one further amendment to the appointments which was to add Dr. Denis Marier, ND to the Governance Committee at his requests.

MOTION:	To appoint the individuals as set out in the proposed 2025-2026 fiscal year slate of Committee appointments as amended.
MOVED:	Lisa Fenton
SECOND:	Paul Phillion
CARRIED.	

7.02 Proposed Amendment to the General Regulation

A Briefing Note and corresponding documentation providing the proposed amendment to the General Regulation to include Oral Micronized Progesterone (OMP) to Table 3 were included in the materials circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, Regulation, provided a detailed overview of the proposed changes and responded to any questions that arose.

MOTION:	To approve in principle the proposed amendment to Table 3 of the General Regulation as presented and to initiate a 60-day consultation period.
MOVED:	Denis Marier
SECOND:	Erin Psota
CARRIED.	

7.03 Human Rights Tribunal of Ontario (HRT) – Matter Update

A Briefing Note highlighting the final resolution on the matter before the HRT was included in the materials circulated in advance of the meeting. Mr. Parr provided a detailed overview of the findings and responded to any questions that arose throughout the discussion.

7.04 Review of Regulatory Framework – Approach to Outcomes

A Briefing Note highlighting the various approaches to receiving outcomes in relation to the review of the regulatory framework was included in the materials circulated in advance of the meeting. Mr. Parr gave a detailed explanation for each approach and responded to any questions that arose throughout the discussion. The Council agreed it would be beneficial to be provided compiled information as it is received to ensure a better understanding of the information and offers the opportunity to engage in discussions and follow-up prior to making one final decision.

8. Council Education

8.01 Program Briefing – ICRC

A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Mr. Quesnelle was in attendance of the meeting and responded to any questions asked by Council.

8.02 Program Briefing – Discipline

A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Quesnelle was in attendance of the meeting and responded to any questions asked by Council.

8.03 Policy Model Briefing – Council Governance Processes

A Briefing Note highlighting the policy governance model was circulated in advance of the meeting. Dr. Jordan Sokoloski, ND, responded to any questions asked by Council.

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 the meeting evaluation would be completed verbally as the meeting was in-person. The Chair posed questions and received responses from Council members.

In addition, all Council members provided positive feedback on the training received on the previous day and noted they thoroughly enjoyed getting to know each other and connecting with one another, making them feel closer.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for July 30, 2025, and that this meeting will be held virtually via video conference.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:07 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Amy Armstrong
SECOND:	Denis Marier

Recorded by: Monika Zingaro
Human Resources Coordinator
May 28, 2025

Executive Committee
Decisions to be Ratified

1. The Executive Committee approved an arrangement whereby a registrant might be seen to derive an indirect benefit from the practice of the profession while they are suspended. The circumstances are such that the transfer of clinic expenses and clients to another registrant reduce the registrant's costs. Pursuant to paragraph 40 of section 1 of the Professional Misconduct Regulation, such arrangements require prior approval of the Executive Committee. Approved via email on July 3, 2025.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 23, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit, Finance & Risk Committee
2. Discipline Committee
3. Equity, Diversity, Inclusion & Belonging Committee (prior to merging with Governance Committee on May 28, 2025)
4. Examination Appeals Committee
5. Executive Committee
6. Governance Committee
7. Governance Policy Review Committee (prior to merging with Governance Committee on May 28, 2025)
8. Inquiries, Complaints and Reports Committee
9. Inspection Committee
10. Patient Relations Committee
11. Quality Assurance Committee
12. Registration Committee
13. Standards Committee

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



The College of Naturopaths of Ontario

AUDIT, FINANCE & RISK COMMITTEE REPORT

Period of May 1, 2025, to June 30, 2025

This serves as the Chair report of the Audit, Finance & Risk Committee for the period May 1, 2025, to June 30, 2025.

During this reporting period, prior to the amalgamation of the Audit and Risk Committee, each committee met once by teleconference.

The Audit Committee met on May 22, 2025, and reviewed and approved the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter in preparation for the College's upcoming audit.

The Risk Committee met on May 26, 2025, and reviewed and approved the Proposed Risk Appetite and Risk Tolerance Statements, as well as accepted the Enterprise Risk Management Report.

At both meetings each of the committees reviewed the New Committee Structure and related Terms of Reference, the updated Committee Planning Calendar, and the proposed meeting dates for the 2025-2026 year.

The committee's next meeting is scheduled for July 15, 2025, to review the completed draft audit statements.

Respectfully submitted,

Dr. Shelley Burns, ND
Chair
July 9, 2025



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT Period of May 1, 2025, to June 30, 2025

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

This report is for the period from 1 May to 30 June 2025 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of June 30, 2025, there was one ongoing discipline matter before the Committee (DC25-01).

Discipline Hearings

Discipline matter DC22-04 involving Michael Prytula

On June 3, 2025, the Panel issued its Decision and Reasons with respect to penalty, costs and Mr. Prytula's motions.

The Panel directed Mr. Prytula to pay the College's hearing costs in the amount of \$262,953.29 and appear before the Panel to receive a reprimand. The Panel further directed the CEO of the College to revoke Mr. Prytula's certificate of registration, effective immediately.

Discipline matter DC22-05 involving Michael Um

On May 1, 2025, the Panel issued its Decision and Reasons with respect to penalty, costs and Mr. Um's motions.

The Panel directed Mr. Um to pay the College's hearing costs in the amount of \$189,993.49 and appear before the Panel to receive a reprimand. The Panel further directed the CEO of the College to suspend Mr. Um's certificate of registration for eighteen months and impose specified terms, conditions and limitations on his certificate of registration.

New Referrals

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



The College of Naturopaths of Ontario

Committee Meetings and Training

There were no Committee meetings held during the reporting period. Planning has begun for the next Committee meeting and training which will likely occur in the fall.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair

16 July 2025



The College of Naturopaths of Ontario

EQUITY DIVERSITY INCLUSION & BELONGING COMMITTEE REPORT

Period of May 1, 2025 to June 30, 2025

During the reporting period the EDIB Committee amalgamated to form the new governance Committee. The Governance Committee met on June 16, 2025 and as part of the EDIB agenda items reviewed and discussed the draft Land Acknowledgment.

The draft Land Acknowledgment is to be updated and will be discussed at the subsequent Governance Committee meeting, the date of which is to be finalized.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
July 2025

Dr. Shelley Burns, ND
Co-Chair
July 2025



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

May 1 - June 30, 2025

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 during this reporting period.

Respectfully submitted,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

July 16, 2025



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of May 1, 2025 to June 30, 2025

This serves as the Chair report of the Executive Committee for the period of May 1 to June 30, 2025.

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

Respectfully submitted,

Dr. Brenda Lessard-Rhead, ND (inactive)
Council Chair
July, 8 2025



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of May 1, 2025, to June 30, 2025

During this last reporting period the Governance Committee met once, on June 16, 2025, and held an In Conversation With – Volunteer Program on May 15, 2025.

At the meeting, the committee dealt with the following business:

1. Reviewed and discussed a draft of the Land Acknowledgement statement;
2. Received a review and update of the In Conversation With (ICW) session (highlighting the Volunteer Program) at which one of the Committee's members had presented; and,
3. Reviewed the Executive Limitations Policies Part 1 (EL01-EL08) in preparation for the July Council Survey/Presentation.

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

Respectfully submitted,

Hanno Weinberger
Chair
July 2025



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period May 1, 2025 to June 30, 2025

Meetings and Attendance

During this review period, the Governance Policy Review Committee met on one occasion, via videoconference on May 6, 2025. There were no concerns regarding quorum.

Activities Undertaken

At this **May** meeting, the Committee first discussed and finalized the process for assisting Council with its in-depth review of the various Governance Policies- Committee Terms of Reference (TORS), including the development of a Council member survey consisting of the same 3 questions to be posed for each of the TORS, as well as a corresponding presentation to be made to Council, at its upcoming meeting on May 28, 2025.

The Committee also completed its regular ongoing review of the TORS and found no concerns or changes to be recommended to Council at that time.

Finally, the Committee discussed the pending merger of the GPRC with the Governance Committee and possible steps that could be taken to facilitate same.

*In addition to this meeting, the Committee continued to provide leadership of Council's regular Governance Policy Confirmation sessions; on this occasion at the May 28th Council meeting.

Next Meeting Date:

Tentatively set for July 8, 2025.

Respectfully submitted:

Barry Sullivan
Acting Chair
July 11, 2025.



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of May 1 and June 30, 2025

Between May 1 and June 30, 2025, the Inquiries, Complaints and Reports Committee held two regular online meetings – March 6 and April 3.

May 8, 2025: 10 matters were reviewed, ICRC members drafted 2 reports for ongoing matters and approved 5 Decisions and Reasons. Committee members also delivered 2 oral cautions to registrants.

June 5, 2025: 8 matters were reviewed, ICRC members approved 4 Decisions and Reasons.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
July 13th, 2025



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT
Period of May 1, 2025 to June 30, 2025

Committee Update

The Inspection Committee has met twice by teleconference between May 1 to June 30, 2025.

Inspection Outcomes

Part I inspections –

Pass with recommendations - 1

Part II inspections –

Pass – 1

Pass with recommendations - 3

5-year inspections –

Pass with recommendations - 1

Pass with conditions/recommendations - 1

Inspection Outcomes to Submissions –

Four submissions were received in response to the outcomes delivered with a condition. All four submissions were accepted, and a final outcome of a pass was delivered to the premises.

Type 1 Occurrence

Two type 1 occurrence reports were received and were reviewed for referral to emergency and administration of an emergency drug. No further action was required by the committee.

Respectfully submitted,

Dr Sean Armstrong ND

Chair

July 18, 2025



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of May 1, 2025 to June 30, 2025

During the reporting period the Committee did not meet. The Committee received an electronic update on the patient funding program on May 14, 2025.

The Committee is next scheduled to meet on August 13, 2025 where it intends to begin the development of a new work plan.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
July 2025



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period May 1, 2025 to June 30, 2025

Meetings and Attendance

Since the date of our last report to Council in May, the Quality Assurance Committee has met on two occasions, via videoconference on May 20th and June 24th, 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 2024/25, as presented by staff.

The Committee also dealt with one CE reporting amendment request.

In addition at its **June** meeting, the Committee reviewed and made decisions with respect to 11 Peer and Practice Assessment date- extension requests.

Staff also provided members with a brief orientation to the work of the Inspections Committee, as outlined in one of their regular meeting agendas..

Next Meeting Date

August 19, 2025.

Respectfully submitted by,

Barry Sullivan, Chair,
July 11, 2025.



The College of Naturopaths of Ontario

RC COMMITTEE REPORT

Period of May 1, 2025 to June 30, 2025

At the time of this report, the Registration Committee met twice on May 20 and June 17, 2025.

Orientation

An orientation session on registration applications was held to help orient new members and refresh returning members of the Registration Committee.

Applications For Registration

The Committee reviewed one application for registration to determine eligibility for registration with the College: under subsections 5(2) and 5(4)(a) of the Registration Regulation.

Class Change Applications - Inactive to General Class (over two years)

The Committee reviewed one class change application for a registrant seeking to return to the General class under subsection 10(6)(i) of the Registration Regulation, having been Inactive for over two years.

Exam Remediation – Ontario Biomedical Examination

The Committee reviewed and set plans of exam remediation for one candidate who had made two unsuccessful attempts at the Ontario Biomedical Examination under subsection 5(4)(b)(ii) of the Registration Regulation.

Exam Remediation – Ontario Clinical Science Examination

The Committee reviewed and set plans of exam remediation for 3 candidates who had made two unsuccessful attempts at the Ontario Clinical Science Examination under subsection 5(4)(b)(ii) of the Registration Regulation.

Exam Remediation – Ontario Clinical (Practical) Examination

The Committee reviewed and set plans of exam remediation for one candidate who had made two unsuccessful attempts at the Ontario Clinical (Practical) Examination under subsection 5(4)(b)(ii) of the Registration Regulation.

Exam Remediation – Ontario Prescribing & Therapeutics Examination

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

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Exam Remediation – Ontario Intravenous Infusion Therapy Examination

The Committee reviewed and set plans of exam remediation for one candidate who had made two unsuccessful attempts at the Ontario Intravenous Infusion Therapy (IVIT) Examination, in accordance with the Ontario IVIT Program & Examination Policy,

Program Policy Review

The Committee reviewed and approved amendments to the Ontario Clinical (Practical) Blueprint and the PLAR Program Policy. The Committee also reviewed and approved amendments to the Examination Accommodations Policy to help streamline the accommodation request and review process.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. O'Connor', with a long horizontal flourish extending to the right.

Danielle O'Connor ND

Chair

July 15, 2025



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of May 1, 2025 to June 30, 2025

During the reporting period the Committee met on May 7, 2025 where it finalized the the review of 19 Standards of Practice. College staff are in the process of finalizing the formatting (including links, layout, and references) of the standards of practice to be made publicly available.

The Committee is next scheduled to meet on September 3, 2025 where it intends to begin its next review of standards and guidelines.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
July 2025



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 23, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Grey Areas (No. 303 & 304)	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 2025)	This is an update provide by Julie Maciura to the members of the Health Profession Regulators of Ontario (HPRO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government.
3.	HPRO Announcement	The Health Profession Regulators of Ontario, of which the College is a member, announced its newly elected Management Committee and a summary of outcomes from the past year.

No.	Name	Description
4.	Consultation on Specialization	In May 2025, the College released a preliminary consultation on the classes of registration as a fact-finding exercise. The consultation White Paper as well as the feedback received is provided to the Council.
5.	Type 2 Occurrence Reports	Details of the Type 2 Occurrence Reports is provided to the Council. These reports are filed annually by the Designated Registrants in registered premises.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Book Review: “The Licensing Racket” – Part 2

Erica Richler

June 2025 - No. 303

As noted in part 1 of this article, Rebecca Allensworth of Vanderbilt Law School has published a thought-provoking book on professional regulation (licensing) in the United States.

In part 1 we looked at the first major theme of the book: that licensing creates barriers (often unnecessary), to entering the profession and those barriers protect the resulting monopoly. In part 2 we begin by looking at the second major theme of the book: that licensing creates systemic challenges for regulatory boards to adequately protect the public.

Systemic Challenges to Protecting the Public

Allensworth describes the theory of licensure as follows:

The arrangement between society and the professions is often described as the “grand bargain”. For its part, society agreed to leave the professions alone from governmental

interference and to confer a high degree of trust and esteem on their members. In exchange, the professions agreed to regulate themselves in the public’s interest, to police their own, and keep us safe. ... Every day, we hold up our end of the bargain by giving state licensing boards nearly unfettered autonomy over their professions.

Allensworth argues that licensing boards all too frequently do not uphold their side of the bargain. She does not fault the individuals involved and says: “the failures of our professional licensing system are utterly banal.” She adds: “I also learned that the typical board member is well-meaning and of high integrity; I did not meet a single board member who did not take seriously his or her obligation to the people of the state of Tennessee” (the state that was the focus of her research). The problem is the system.

Returning to an earlier point, Allensworth says that the lack of board member expertise also applies to the discipline process where these board members must adjudicate at

formal, legalistic, hearings. This, and relying primarily on consumer complaints to initiate the process, having insufficient funding for the process, and the existence of extensive delays caused, in part, by board-member availability all contribute to inadequate protection of the public from harmful licensees. Several disturbing examples of “too little, too light” discipline are provided to illustrate this concern.

In Chapter 7 the author provides a poignant discussion of patently inadequate disciplinary sanctions. Using several examples related to opioid dispensing and sexual abuse, particularly by physicians, she postulates two systemic causes of this outcome. The first is the emotional identification by professional board members with their colleagues facing discipline: “None of us are perfect.” Using the “4D” model, licensees are viewed as engaging in misconduct because they are “dated, duped, disabled, or dishonest.” However, due to their professional culture, background, and lack of training, professional board members are extremely reluctant to conclude that the licensee was dishonest. Allensworth argues that “the real workhorse of the 4D model is “disabled”, meaning that regulators apply an “illness model” to discipline (especially for health profession regulators, who are already inclined towards the “recovering and repairing” mindset).

The second systemic cause is the role of professional associations and other groups that advocate for the profession’s interests. Allensworth is critical of regulators’ dependence on private professional health programs (i.e., programs that facilitate or provide treatment for professionals with mental health and addiction issues) that are often closely aligned with professional groups and which have little oversight. She also reiterates that advocacy groups have significant influence on regulatory standards making and policy development.

Allensworth also suggests that those with a disciplinary history are all too often not removed from the profession. She reports that licensees who have been disciplined are thirty times more likely to be disciplined again than licensees who have a clean record (p. 109). Disciplined licensees tend to practice with the most vulnerable of populations, such as: in privately run or underfunded institutions; in programs serving rural, low-income people; as court-appointed public defenders; with incarcerated populations; and in cash-based solo practice. She also suggests that there is a “professional caste system” in which regulators may permit unethical or less competent licensees to continue to practice in underserved communities (i.e., questionable care is better than no care at all).

Chapter 9 of the book describes the interplay between professional licensing and the criminal justice system. In some cases, criminal proceedings were initiated by authorities who recognized the limitations of the licensing system for such things as unjustifiable drug dispensing and sexual assault. However, criminal courts are generally not equipped to handle concerns about the quality of practice. In addition, the involvement of the criminal process often dissuades regulators from taking early action (to ensure a fair trial for the practitioner but also to obtain a “free ride” with respect to investigating and proving the allegations). Allensworth concludes that having two accountability systems is often worse than having just one.

The differences between the US and Canadian complaints and discipline system are subtle but may mitigate some of the concerns in the US noted by Allensworth:

- Most Canadian regulators have separate discipline committees. Boards rarely conduct the hearings themselves. There is also a movement in Canada to increase the independence of discipline tribunals

from the board and ensure enhanced public and legal representation on them. Where there is not a lawyer on the panel, most discipline tribunals retain experienced independent legal counsel to advise them.

- Many Canadian jurisdictions have mandatory revocation laws for health care practitioners who commit sexual abuse of patients.
- Canada's public health system, together with its social service structure may reduce (but certainly does not eliminate) the possibility of "fallen" practitioners to continue harming the public without regulatory oversight.
- Many regulators in Canada do not rely solely on client complaints to identify concerns. Inspection regimes, quality assurance programs, and mandatory reporting requirements are more prevalent for Canadian regulators than the US licensing boards described by Allensworth.
- While not universal, there appears to be a higher degree of transparency required of Canadian regulators than required in the US. Increasingly, Canadian regulators publicly post inspection results and significant complaints outcomes, as well as disciplinary findings.

Proposed Solutions

In her conclusion, Allensworth makes some recommendations for less licensing and for more effective licensing where it remains necessary:

- Eliminate licensing requirements for occupations and professions except where the public protection rationale is compelling.
- Consider alternative models of regulation, such as codified regulation, like the inspection of

premises measured against objective requirements (not a vague code of ethics) administered directly by the government.

- Enable inter-state mobility of licensees.
- Ensure adequate resources for boards to fulfill their mandate.
- Move to competency-based selection of board members who are adequately compensated so that they can devote the necessary time to their work, with non-licensees constituting a majority.
- Increase transparency including live-streamed board meetings, accessible complaint making procedures, public access to outcomes during various stages of the complaints and discipline process, and discipline hearings conducted with trained panel members (including lawyers) with only one licensee on the panel.
- Consider having independent disciplinary tribunals.
- Increase training for board and discipline panel members.
- Introduce hearing procedure and sanctioning guidelines for discipline findings.
- Consider national licensure.

Allensworth uses the UK example of the General Medical Council as one regulator that has incorporated many of these reforms. A key component of the UK regulatory system not referenced in the book is the Professional Standards Authority, which provides scrutiny of, and the right to appeal, inadequate disciplinary outcomes (among other things).

We suggest that the various frameworks for professional regulation across Canadian jurisdictions and professions provide additional models for comparison for those interested in studying regulatory reform.

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 visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Regulators' Role in Professional Identity Formation

Anastasia-Maria Hountalas

July 2025 - No. 304

Like the proverbial elephant being described by four blindfolded people, no role-description of a regulator comprehensively captures the nature of its work. Some labels include:

- Public protector;
- Quality improvement facilitator;
- Standard setter;
- Professional gatekeeper;
- Compliance officer;
- Right-touch regulator; and
- Public confidence guarantor.

Each description can help regulators understand a part of their mission and guide them in performing their functions effectively.

A few years ago the Professional Standards Authority (PSA) of the UK did a [literature review](#), [research](#), [discussion](#), and [analysis](#) on PIF and proposed some implementation strategies related to professional identity. These resources, along with more recent [research](#) and [commentary](#), can provide a basis for conceptualizing how regulators can

use professional identity to advance their public protection goals.

What is a Professional Identity

Very briefly, professional identity is how registrants define themselves in their professional role. Two common core components of professional identity for most professions are:

- A commitment to help others; and
- Using a professional “stance” in their interactions with clients and others when acting in that role.

Professional identity is more than just knowledge of professional responsibility. It is the internalization of what it means to be a member of a particular profession as a part of one's identity. A member's professional identity can be beneficial and constructive, or unhelpful, to their practise.

A registrant's PIF is formed primarily during their training. Much of it occurs informally (rather than just through classroom instruction). Role models and mentors are

major contributors to PIF. The informal curriculum includes interactions with clients, colleagues, and mentors, especially in the experiential learning components of training. PIF is also influenced by the portrayal of the profession in the media and the views of wider society. Even titles and uniforms have an impact.

Typically, PIF contributes to the ethical and competent provision of services once the person enters the profession. A registrant with a beneficial professional identity tends to practice ethically, practically, with confidence, and without burning out. Indeed, registrants with a strong sense of their own professional identity may view the fact that they are regulated as largely irrelevant.

Of course, mentors and role models can also foster an unhelpful professional identity. For example, educators and experiential instructors who are abusive, less than diligent, or dismissive of client concerns can create a harmful professional identity.

So What?

A registrant with a strong and constructive professional identity has an “internal compass” that steers them towards doing the very thing that regulators want them to do. As such, regulators should do everything within their power to foster and maintain a beneficial professional identity in registrants as a [“tool to protect the public”](#). Regulators should be [“instigator\[s\] of professional identity”](#).

As such, regulators should use the PIF lens when approving or supporting the accreditation of training programs. Such approval and accreditation might require explicit PIF criteria. Regulators should want educational programs to ensure that instructors and mentors provide the appropriate kind of role modelling for students.

PIF also provides a unique perspective on how to approach an applicant who applies for registration with a “prior history”. Misconduct that occurs prior to the applicant entering their training programs (where their PIF is primarily formed) might be viewed as potentially less relevant from the perspective of the regulator. However, misconduct related to the professional identity of the applicant, such as cheating on registration exams, might be viewed as much more serious. In that case, the applicant's professional identity is almost certainly impaired and is unlikely to be a reliable internal compass.

The regulator's role in fostering professional identity can also guide quality assurance programs. For most registrants, a quality assurance process that involves added paperwork and “ticking off boxes” does little to shape or advance their professional identity. However, strategies that foster genuine quality improvement may reinforce and strengthen their professional identity. For example, a process that encourages registrants to reflect on their practice, identify gaps, and create a plan to address those gaps might be productive. Also, processes that encourage interactions with colleagues (such as peer circles) could do more to reinforce and advance their professional identity than the actual assignment itself.

Significant [damage is done to a registrant's](#) professional identity if they are disciplined by the regulator. Where the registrant is not revoked, regulators may wish to consider how to repair that professional identity when the registrant resumes practice as it is the registrant's “internal compass” for practising ethically and effectively:

A better understanding of impacts on identity could mean practitioners practise as optimally as possible when they return to work after [discipline] proceedings

While processing complaints and concerns is necessary for regulators, using principles of right-touch regulation can minimize the negative impact of the process on a registrant's professional identity. The work on [compassionate regulation](#), that so many regulators have engaged in, can also assist in this task.

Many regulators are, perhaps without identifying it as such, nudging the positive evolution of the professional identity of their registrants. Consider the following initiatives that have been undertaken by regulators:

- Communications and resources on well-being, particularly since the pandemic;

- Communications and continuing professional development offerings (and even requirements) on diversity, equity, and inclusion; and
- Promoting civility in all professional interactions, including with colleagues.

By using a PIF lens in its regulatory activities, a regulator can gain an added perspective on the impact of its initiatives on the way that registrants see themselves and their role within the profession. A strong "internal compass" helps protect the public and lessens the need for reactive professional regulation.

FOR MORE INFORMATION

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From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 2, Protect Ontario Through Free Trade Within Canada Act, 2025 (government bill, passed second reading and has proceeded through the Standing Committee on Finance and Economic Affairs) – Bill 2 is intended to increase labour mobility for regulated professionals. If enacted, the As of Right initiative will be expanded to other health professions (from the existing four). An applicant with good standing registration elsewhere in Canada could begin to practice immediately in Ontario while awaiting the outcome of their expedited application for registration (or in some cases without any need for registration). Current restrictions on the practice settings in Ontario in which they are allowed to practise (e.g., in such places as hospitals) will likely be loosened. Consultation will also begin on making the As of Right initiative available to licensed US health practitioners, such as physicians and nurses. Apparently, the Bill will also expand this approach to non-health professions. Regulators will be consulted, and regulations drafted before changes are implemented. (HPRO's submission is attached.)

Bill 7, Health Care is Not for Sale Act (Addressing Unfair Fees Charged to Patients), 2025 (private members bill, passed first reading) – Bill 7 would amend the Regulated Health Professions Act and other legislation to prevent the charging of unfair fees to patients.

Bill 11, More Convenient Care Act, 2025 (government bill, passed second reading, proceeding immediately to third reading) – Bill 11 makes several changes to various health statutes. Nurse practitioners can now order blood tests under the *Mandatory Blood Testing Act, 2006*. Health care staffing agencies have new reporting requirements. Several changes are made to the *Personal Health Information Protection Act* including expanded provisions related to “prescribed organizations”, new rules relating to digital health identifiers, and creating an offence for disposing of records to evade an access request. The Information and Privacy Commissioner has expressed concerns about the *PHIPA* amendments as reducing patients’ right to access their records and about the possible misuse of digital health identifiers. See: <https://www.ipc.on.ca/en/resources/ipc-reiterates-concerns-about-privacy-and-access-personal-health-information-under-bill-11-more?s=09>.

Bill 13, Primary Care Act, 2025 (government bill, passed first reading) – Bill 13 is explained as follows: “The Primary Care Act, 2025 is enacted. Its purpose is to establish the Government of Ontario’s vision for primary care so that insured persons know what they should expect when accessing primary care within Ontario. The Act sets out objectives respecting the design, implementation and maintenance of the publicly funded primary care system within Ontario. The Minister is required to prepare an annual report describing how the Government of Ontario is working to achieve the objectives.”

Bill 14, Support for Seniors and Caregivers Act, 2025 (government bill, passed first reading) – Bill 14 imposes new requirements for long-term care homes related to dementia care and prohibiting abuse or neglect of residents. It also permits the former position of medical director to be held by nurse practitioners.

Bill 19, Patient-to-Nurse Ratios for Hospitals Act, 2025 (private members bill, passed first reading) – Bill 19 will fix the nurse-to-patient ratios in various hospital settings.

Commencement Orders

(<https://www.ontario.ca/laws> Source Law – Commencement Orders)

Statutory Powers Procedure Act. July 1st is the date on which powers are added to the chairs of tribunal to direct completion of matters that have not been completed within a reasonable time or other causes.

Regulations

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

Dietetics Act – Several provisions of the registration regulation have been amended including for deeming that an applicant has not met the requirements when they make a false or misleading statement, in relation to educational programs, and in relation to when administrative suspensions can be imposed. (O. Reg. 64/25)

Psychotherapy Act – The registration regulation has been amended principally in relation to the description of equivalent educational programs. ([O. Reg. 63/25](#))

Professional Engineers Act – The requirements for election and grounds for disqualification from the Council has been revised. ([O. Reg. 61/25](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Bill 2, Protect Ontario Through Free Trade Within Canada Act, 2025 – The consultation topics are summarized as follows:

1. Expanding "As of Right" to all regulated occupations under the OLMA:
 - Currently, Ontario has "As of Right" rules for certain health professions under the RHPA only.
 - The proposed "As of Right" rules under the OLMA would allow certified workers from another Canadian jurisdiction to work in the province for up to six months while completing the registration process with the Ontario regulator.
 - If Bill 2 passes, regulations would be needed to specify the occupations for which "As of Right" is available as well as any rules or conditions that apply with respect to "As of Right".
 - Once occupation-specific regulations are in place, certified workers would be able to work in Ontario for up to six months as soon as they have provided the Ontario regulator with their out-of-province certification (and any other information set out in the regulations) and received confirmation of receipt. The Ontario regulator would have 10 business days to confirm receipt of notification.

- The proposed "As of Right" rules under the OLMA would not be applicable to health professions under the RHPA. The Ministry of Health will be consulting separately on measures to reduce barriers to registration and practise for regulated health professionals registered in other jurisdictions.
- 2. Implementing a labour mobility service framework across all regulated occupations under OLMA:
 - Mandate a time limit of 30 calendar days for regulators to make and communicate registration decisions to labour mobility applicants after receiving a complete application. The proposed amendments would also change the time limit under FARPACTA from 30 business days to 30 calendar days.
 - Limit the documentation that can be required in labour mobility applications.
 - Further specify the information on regulators' websites that must be clearly communicated to applicants.
 - Require regulators to report to government on specific items (e.g., number of labour mobility applications, registration timelines, etc.).

Comments are due by June 4, 2025. (*HPRO's submission is attached.*)

Ministry of Training, Colleges and Universities Act – Proposed regulations define those who are deemed to be "ordinary resident in Ontario" to qualify for the 95% of spots in medical schools reserved for Ontario students. Comments are due June 1, 2025.

Bonus Features

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

If It Wasn't Recorded, It Wasn't Done

Whenever educators and advisors discuss the importance of record keeping, they often rely on the old chestnut "if it wasn't recorded, it wasn't done" (or as the kids would say now "pics or it didn't happen"). The idiom reinforces the importance of recording the details of obtaining informed consent, the options considered, and the advice given to a client, among other things. A recent Ontario Divisional Court decision illustrates that the expression is not simply a scare tactic or oversimplification used to motivate registrants to document better in order to avoid civil liability.

In [*Kodsi v Health Professionals Appeal and Review Board*](#), 2025 ONSC 2502 (CanLII), a dentist was required to complete a comprehensive remedial program, which broadly covered several areas of substantive practice skills. The dentist argued that the remedial program should be scaled down since the concerns were "only" about gaps in communication and record keeping. Everyone seemed to accept the general principle that a remedial program should only cover identified areas of concern. The Court upheld the scope of the remedial program because the regulator's concerns were substantive and wide-ranging.

On the issue of whether the concerns were just about record keeping and communication, the Court said:

[6] First, HPARB explained that the concern about Dr. Kodsi's record-keeping and communication reflected broader concerns about his practice. At para. 50 of its reasons it emphasized that, in the

absence of compelling information, dental records are treated as an accurate reflection of what occurred:

...[D]ental records are legal documents that all dentists are required to make. Dental records provide a contemporaneous record of interactions with a patient, made prior to the commencement of any complaint or legal process. As such, in the absence of compelling information to the contrary, dental records are a reliable source of information as to what occurred during the patient encounter.

[7] HPARB therefore read the Committee’s comments about record-keeping to reflect not only a concern about documentation, but also about Dr. Kodosi’s substantive practice. This was a reasonable reading of the Committee’s decision and a fair reflection of the role and importance of record-keeping.

The Court accepted that the gaps in the records supported several concerns about post-surgical management and possible inadequate instructions and advice given to the patient,

Gaps in record keeping can result in professional accountability as well as civil liability.

Enforcement Obligations and Discretion

Can a third party compel a regulator to take enforcement action against those it regulates? In [Resource Productivity and Recovery Authority v Environmental 360 Solutions Ltd.](#), 2025 ONSC 2244 (CanLII) the Court said: generally, no.

The Authority “is a provincial regulator of resource recovery and waste reduction laws.” A provider “of waste management, environmental, recycling, and circular economy services” urged the Authority to take broad enforcement action. Doing so would advance the provider’s business. The provider sought an order of *mandamus* requiring enforcement action. The Court concluded that the provider’s application could not succeed for two principal reasons.

First, on a more technical level, the Court said: “*Mandamus* is not available for an order that a public actor generally comply with the law.” It is only available in specific circumstances where a public body is refusing to make an individual decision that it is required to make.

Second, on a broader policy basis, regulators have a broad discretion as to when enforcement action should be taken. “Courts have long been reluctant to intervene in the discretionary enforcement decisions of public regulators.” The structure and wording of the Authority’s enabling statute imports “significant discretion in its enforcement activities.” Absent discretion exercised in specific circumstances that amounts to an abuse of process or bad faith, a court will not intervene. No such circumstances were raised here.

As *mandamus* was not available, there was also no entitlement to a declaration that the Authority must bring enforcement action. The Court did not need to address whether the provider had standing (i.e., jurisdiction) to bring its application. Costs of \$60,000 were awarded to the Authority.

This decision reaffirms the principle that regulators have broad discretion when it comes to enforcement activities.

Leaked Tribunal Documents

What can a tribunal do when one of its former members discloses to outsiders confidential information about its internal processes? The Court in [Derenzis v Gore Mutual Insurance Co.](#), 2025 ONSC 2732 (CanLII) says: “quite a lot”.

A former adjudicator for the Licence Appeal Tribunal (LAT) disclosed internal LAT documents to a law firm that appeared frequently before it. The documents contained legal advice from an in-house counsel to LAT and policy documents about internal consultation procedures for certain challenging types of decisions such as adjournments, difficult hearing participants, and reconsideration of decisions. The law firm filed an affidavit from the former adjudicator (who had since been hired as a paralegal by the firm) containing the documents and asserting that there was institutional bias by LAT.

LAT excluded the evidence on both technical grounds (it constituted inadmissible reply evidence) and because it breached solicitor-client privilege and deliberative privilege. Deliberative privilege protects the administrative process of decision making (such as permissible consultation about policy issues with those who are not on the panel) in addition to the discussions of the panel members making a decision. LAT also ordered that the internal information be kept confidential and that all parties with possession of the documents destroy all copies.

The party filing the affidavit challenged the ruling, arguing that an exception to the deliberative privilege (objective grounds to believe that the tribunal process breached procedural fairness) applied. It also argued that LAT did not have the jurisdiction to make the order which was akin to an injunction. The Court disagreed, finding that the criteria for the exception were not present. In addition, the order made by LAT was authorized by the principle of abuse of process, the broad powers given to tribunals under the *Statutory Powers Procedure Act*, and the tribunal’s own enabling legislation. The Court did suggest that, when making such orders, tribunals should order the sealing of the information to enable a challenge of the ruling to court, before requiring any permanent destruction of documents.

Confidential tribunal documents can be protected from leaks.

The Impact of Systemic Discrimination in Disciplinary Proceedings

How should the systemic discrimination experienced by registrants be taken in account in disciplinary proceedings? The Divisional Court addressed that issue in four separate contexts in [Barnwell v Law Society of Ontario](#), 2025 ONSC 1825 (CanLII).

The lawyer was found to have engaged in serious misconduct in two transactions. Third parties had entrusted the lawyer with significant sums of money that were dispersed by the lawyer for unapproved purposes. In one transaction the hearing and appeal panels concluded that the lawyer should have known that it was dishonest. In the second transaction the panels concluded that the lawyer had constructive knowledge that it was dishonest.

The lawyer, who was Black, raised the issue of racial discrimination in four contexts.

In the first motion, the lawyer sought the recusal of the Hearing Panel (their withdrawal from determining the merits) on the basis that they were biased. The lawyer argued that he had been subjected to adverse treatment by the Hearing Panel and that his race was a factor in that alleged treatment. The Hearing Panel analyzed the interactions complained of and concluded they would not lead a reasonable observer to find a reasonable apprehension of racial bias. It further found that when race was discussed, it was done respectfully and in the context of the racism issue raised by the lawyer. The motion was dismissed. The Appeal Panel and Divisional Court agreed with this outcome.

In the second motion, the lawyer sought disclosure of the referring committee’s deliberation documents to establish an abuse of process and relied on systemic racism as the grounds for disclosure. The lawyer argued that the existence of systemic anti-Black racism extended to the Law Society as an institution and the subconscious or conscious use of stereotypical negative assumptions about Black people by Law Society employees. To meet the relevant test to obtain disclosure of these documents, the lawyer had to produce “tenable or particularized” evidence of racial discrimination against him by the Law Society. The mere existence of systemic racial discrimination was insufficient to establish improper conduct. The Hearing Panel dismissed the motion. The Appeal Panel and Divisional Court agreed with this decision.

In the third motion, the lawyer sought a stay (halt) of the proceedings on the grounds that the proceedings were tainted by anti-Black racism and delay, amounting to an abuse of process. The lawyer asserted that the proceedings were started and continued because he was Black and that fairness mandated more consideration of his personal characteristics, including his lived experience as a Black lawyer. The lawyer called an expert witness in systemic discrimination in organizations and institutions to support his position. The Hearing Panel concluded that racial bias or stereotypical negative assumptions about Black people were not a factor in the investigation or hearing. The Hearing Panel dismissed the motion and found that the fairness of the hearing had not been compromised and that the proceedings were not oppressive or unfair to the point that they were contrary to the interests of justice. The decision was also upheld by the Appeal Panel. The Divisional Court found no error in these decisions.

The fourth context related to how a registrant’s experience with systemic racism should affect the appropriate sanction. The lawyer’s misconduct was among the most serious a lawyer can engage in (dishonesty and breach of trust), and ordinarily subject to presumptive revocation. The Hearing Panel heard and accepted expert evidence of the effect of anti-Black racism on the lawyer as a mitigating factor. The Appeal Panel and Divisional Court upheld the sanction of permitting the lawyer to resign.

The decision also touched upon other issues of importance to regulators. There was an extensive discussion about the types of intent that can support a finding of professional misconduct such as deliberate intent, wilful blindness, recklessness, and that “the person ought to have known” form of negligence. The Court also accepted the panels’ analysis that, while the lawyer’s continued insistence that he had done nothing wrong was not an aggravating factor on sanction, a lack of insight into the conduct can be considered for the purpose of assessing whether the conduct is likely to reoccur. Such a likelihood could influence the type of sanction necessary to protect the public and retain public confidence in the profession and the regulator.

The decisions examining systemic discrimination in [Barnwell v Law Society of Ontario](#) provide valuable guidance for regulators grappling with these issues in various contexts. It is increasingly important for

regulators to recognize that systemic racism pervades institutions and may consciously or unconsciously impact investigations and discipline proceedings involving racialized registrants. Regulators should continue to be cognizant that such concerns may be raised in the discipline process and have the potential to impact on a regulator's public protection mandate.

Ungovernability and Probable Harm

While the language for regulatory interim order provisions vary, most relates in some way to the risk of harm. But how does the non-cooperation of registrants (or their ungovernability) factor into that analysis?

In [*Kilian v. College of Physicians and Surgeons of Ontario*](#), 2025 ONSC 2829 (CanLII), a physician was under investigation for (amongst other things) issuing COVID exemption certificates on non-medical grounds. An interim order restricting the issuance of such certificates was made. After certificates continued to be issued in the physician's name, an interim order suspending her registration was made. Two years later the physician sought a reconsideration of the interim suspension on the basis that she had not specifically authorized the issuance of the latter certificates (they were issued with her signature from a third-party website) and the nature of the COVID pandemic had changed. She also challenged the investigation into her alleged non-cooperation.

The regulator declined to alter or lift the interim order. It concluded that the physician's conduct still exposed or was likely to expose patients to harm or injury in large part because the physician still refused to cooperate with the investigation.

On judicial review, the Court declined to intervene. First, the application challenging the appointment of investigators for non-cooperation was premature because the matter of her non-cooperation was coming before the discipline tribunal. [NB: a finding has now been made: [*College of Physicians and Surgeons of Ontario v. Kilian*](#), 2025 ONPSDT 14 (CanLII).]

Second, the refusal to reconsider the interim suspension was reasonable. The Court indicated that some deference was appropriate when reviewing such orders:

In considering whether to impose an interim order, the ICRC must consider whether there is evidence of probable harm to patients.... On judicial review, the court's task is to determine whether the factual conclusions were reasonable, given the evidence before the ICRC, and whether the conclusions were explained logically, coherently and rationally. The court will not reweigh the evidence.... The standard is not an onerous one. The interim nature of the s. 25.4 orders and their protective purpose must be kept in mind. Thus, the court need only be satisfied that there was "some evidence" before the ICRC to justify the order....

The Court also said that evidence of ungovernability was relevant to the likelihood of harm requirement for interim orders:

Finally, it was reasonable for the ICRC to conclude that Dr. Kilian's failure to cooperate with the College's investigation was itself evidence of probable harm to patients.... The College has a duty to regulate physicians in the public interest and to protect patients. The College cannot effectively

do so without physicians complying with their duty to cooperate. When physicians fail to cooperate with the College, the safety of patients and the public is endangered.

While context matters, ungovernability is always of significant concern to regulators.

Reflections on the Good Character Requirement

A devastating critique of the good character requirement says that it is completely ineffective. In the context of the legal profession, almost no one is excluded from entering the profession because of the requirement. Its method of administration (broad, open-ended questions followed by an adjudication of whether the applicant is reformed) is discriminatory. For example, it often delays registration for applicants who have had a mental illness and candidates from marginalized groups who have not had the luxury of avoiding tough moral choices.

The author argues that an alternative would be to use more limited and clear criteria related to dishonesty (e.g., commission of an indictable offence, academic dishonesty, discipline by another regulator). Someone meeting the criteria, would face relatively objective consequences (e.g., a five-year waiting period) followed by risk-based terms and conditions (e.g., practising under supervision for a period). However, the author despairs that regulators are willing to face the possible backlash of implementing such reforms.

See: [Is It Time to Abolish \(Or Reform\) The Good Character Requirement? - Slaw](#)

Public Meeting Requirements

When is a closed “workshop” a clandestine board meeting that should be held in public? A British Columbia school board held a workshop, briefing board members on information related to the closing of a school. The board took pains to limit the workshop to only providing factual information and to exclude any discussion of the school closing issue until its upcoming public meeting. BC’s highest court held that such a briefing is not a meeting that is required to be held in public. Only if the board engaged in a discussion on the merits of the issue would the public meeting requirements be engaged.

See: [Queen Elizabeth Annex \(QEA\) Parents’ Society v. Vancouver School District No. 39](#), 2025 BCCA 160 (CanLII).

The Importance of Compassionate Regulation

Rising rates of suicide among regulated professionals who have been the subjects of complaints and investigations have become a concern for regulators across the world. The recent UK case of [Suresh & Ors v General Medical Council](#) serves to remind regulators of the significant impact that complaints and investigations can have on a registrant’s mental health and the importance of compassionate regulation to mitigate these effects.

In this case, a physician died by suicide after the physician regulator initiated an investigation into allegations of sexual abuse against him. The physician’s family brought legal action against the regulator

arguing that the regulator had a duty of care to physicians who might be at risk of psychiatric injury or suicide upon being notified of allegations against them.

The UK court ultimately determined that the regulator does not have this type of duty of care towards its registrants. The reasoning behind the decision was rooted in the regulator's statutory mandate to protect the public. The court found that a duty of care to an individual registrant would interfere with the regulator's duty to protect the public and that its statutory function did not involve the regulator undertaking a responsibility to an individual registrant. Additionally, from a public policy perspective, this type of duty would have a chilling effect on the regulator's ability to carry out its functions.

For similar reasons, Canadian courts have also found that a regulator does not have a private law duty to registrants while acting in its statutory role as a professional regulatory body (see e.g. [Nesbitt v College of Physicians and Surgeons of British Columbia](#)).

The court in [Suresh](#) cautioned that the decision should not be interpreted as saying that the regulator should not consider the position of the registrant. The UK physician regulator is aware of these concerns and has been actively monitoring and [reporting](#) on self-harm by physicians under investigation, and has taken steps to address the concerns.

Although regulators might not have a legal duty of care towards registrants, this case is a reminder to regulators of the need to employ compassionate strategies when carrying out their regulatory responsibilities. Prioritizing compassion, including through sensitive and clear communications with registrants (and complainants) and the timely disposition of complaints and investigations, will allow regulators to discharge their mandates more effectively. Regulators should seek to strike a balance between protecting the public and being respectful, kind, and fair to registrants to minimize the negative effects of complaints and investigations on a registrant's mental health. As [noted](#) by Dr. Zubin Austin, regulating in this way can result in better regulation and should not be viewed as an either/or when it comes to protecting the public. (*Note that Dr. Austin presented at HPRO's QA Event on May 30th.*)

Judicial Scrutiny of Accreditation Decisions

Many regulators rely upon external accreditation bodies to approve educational programs for registration purposes. Those accreditation bodies are often not-for-profit entities that are independent of the regulators themselves. A decision by an accreditation body to refuse or remove the accreditation of an educational program can have significant implications for the educational programs and their students. Are those accreditation decisions subject to judicial review?

The Divisional Court of Ontario addressed that issue in [BizTech v Accreditation Canada](#), 2025 ONSC 2689 (CanLII). The registration regulation of the College of Medical Radiation and Imaging Technologists of Ontario requires applicants to have successfully completed an approved educational program (or equivalent). Under the broad wording of the regulation, the College's Council passed a policy approving programs accredited by Accreditation Canada. The Court did not express concern about this approval mechanism.

Accreditation Canada withdrew its accreditation of BizTech's Diagnostic Medical Sonography Program. Effectively, graduates of that program could no longer meet the educational requirement. BizTech sought

judicial review of that decision. Accreditation Canada argued that it was a private entity which was not subject to judicial review. The Court dismissed that argument, noting that Accreditation Canada exercised statutory authority as a delegate of the College. The Court distinguished [*Fawcett v Canadian Chiropractic Examining Board*](#), 2010 ONSC 4903 (Div Ct), which dealt with an independent examination agency, on the basis that “although the regulator relied on these examinations, the respondent did not exercise any delegated statutory authority.” The Court also found that the decision of Accreditation Canada in determining whether the education program would adequately protect the public was of a sufficient public character so as to be appropriately subject to judicial review.

However, that did not end the matter. An agreement between BizTech and Accreditation Canada required them to submit disputes to arbitration rather than to resort to the courts. The Court held that the provision was enforceable, providing a timely and expert method of addressing BizTech’s concerns. Even if the arbitration clause was not enforceable, the Court would have exercised its discretion to stay the application as arbitration was an effective alternative option to judicial review. The Court indicated that the stay of the court proceedings could be lifted if the arbitration process proved ineffective.

This decision indicates that delegating important public interest decisions to third parties may subject those third parties to judicial review.

From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025* (government bill, passed third reading and given Royal Assent) – Bill 2 is intended to increase labour mobility for regulated professionals. If enacted, the As of Right initiative will be expanded to other health professions (from the existing four). An applicant with good standing registration elsewhere in Canada could begin to practice immediately in Ontario while awaiting the outcome of their expedited application for registration (or in some cases without any need for registration). Current restrictions on the practice settings in Ontario in which they are allowed to practise (e.g., in such places as hospitals) will likely be loosened. Consultation will also begin on making the As of Right initiative available to licensed US health practitioners, such as physicians and nurses. Apparently, the Bill will also expand this approach to non-health professions. Regulators will be consulted, and regulations drafted before changes are implemented.

Bill 11, *More Convenient Care Act, 2025* (government bill, passed third reading and given Royal Assent) – Bill 11 makes several changes to various health statutes. Nurse practitioners can now order blood tests under the *Mandatory Blood Testing Act, 2006*. Health care staffing agencies have new reporting requirements. Several changes are made to the *Personal Health Information Protection Act* including expanded provisions related to “prescribed organizations”, new rules relating to digital health identifiers, and creating an offence for disposing of records to evade an access request. The Information and Privacy Commissioner has expressed concerns about the *PHIPA* amendments as reducing patients’ right to access their records and about the possible misuse of digital health identifiers. See: <https://www.ipc.on.ca/en/resources/ipc-reiterates-concerns-about-privacy-and-access-personal-health-information-under-bill-11-more?s=09>.

Bill 13, *Primary Care Act, 2025* (government bill, passed third reading and given Royal Assent) – Bill 13 is explained as follows: “The Primary Care Act, 2025 is enacted. Its purpose is to establish the Government of Ontario’s vision for primary care so that insured persons know what they should expect when accessing primary care within Ontario. The Act sets out objectives respecting the design, implementation and maintenance of the publicly funded primary care system within Ontario. The Minister is required to prepare an annual report describing how the Government of Ontario is working to achieve the objectives.”

Bill 44, *Healthcare Staffing Agencies Act, 2025* (private members bill, passed first reading) – Bill 44 would impose significant oversight and reporting requirements on healthcare staffing agencies and hospitals using them.

Commencement Orders

(<https://www.ontario.ca/laws> Source Law – Commencement Orders)

Statutory Powers Procedure Act – July 1st is the date on which powers are added to the chairs of tribunal to direct completion of matters that have not been completed within a reasonable time or other causes.

Regulations

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

Nursing Act, Medicine Act, Respiratory Therapy Act, Medical Laboratory Technology Act, and several other regulations are amended to modify the existing as of right provisions for those four professions. There no longer is a requirement for the person to work in a facility. However, they do have to provide services physically (not remotely) in Ontario. They also must provide a written attestation to the appropriate College that they meet the requirements. For nurses and physicians, certain US practitioners can take advantage of the as of right provisions. ([O. Reg. 88/25](#), [O. Reg. 89/25](#), [O. Reg. 90/25](#), [O. Reg. 91/25](#), [O. Reg. 92/25](#), [O. Reg. 93/25](#), [O. Reg. 94/25](#), [O. Reg. 95/25](#), [O. Reg. 96/25](#), [O. Reg. 97/25](#), [O. Reg. 98/25](#), [O. Reg. 99/25](#), [O. Reg. 100/95](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Ontario Labour Mobility Act, 2009. The consultation is on the implementation of as of right certification for the non-health professions to registrants in good standing in other Canadian jurisdictions. Comments are due by July 4, 2025.

Bonus Features

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

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

Disputes with Colleagues

Registrants sometimes fall out with each other. Occasionally, the registrants try to engage the regulator in the dispute. Regulators often try to avoid becoming involved. Every now and then, that is not possible.

In [*Ahmad v Association of Professional Engineers of Ontario*](#), 2025 ONSC 2897 (CanLII), several engineers left Mr. Ahmad's company to create a competing engineering firm. Mr. Ahmad was found to have deceptively created emails purporting to be from one of his departed colleagues and also from another professional engineer demeaning his departed colleagues (e.g., "snakes", "white lies", "betraying"). He was then found to have sent a third email to a mutual client accusing his departed colleagues of cheating his firm. The discipline panel imposed a three-month suspension, a reprimand, remediation, publication, and \$30,000 in costs.

Mr. Ahmad, while acknowledging that he had created an account in the name of one of his departed colleagues, asserted that the deceptive emails were sent by a "hacker". The panel was satisfied by clear and credible evidence that the emails had been sent by Mr. Ahmad. On appeal, the Court found that the panel had not reversed the burden of proof in concluding Mr. Ahmad had not, on a balance of probabilities, shown that the hacking had taken place. It was not sufficient for Mr. Ahmad to demonstrate that the email account could have been hacked. The Court also held that it was acceptable for the panel to draw an adverse inference from the fact that Mr. Ahmad failed to disclose the "header" of a disputed email to Mr. Ahmad's own expert and to the regulator to enable a proper analysis.

The Court also declined to find that there had been excessive delay despite it taking over five years from the date of the complaint to the conclusion of the hearing. While there had been some delay, prejudice had not been established. Even if there had been prejudice, terminating the proceeding would tend to undermine the confidence of the public in effective professional regulation. The Court also said:

With respect, the time required to conclude this matter below was driven, in significant part, by tactical choices made by the Appellants about their defence of the case. The Appellants were entitled to make these choices, but they cannot now be heard to complain about the time required to deal with the case as occasioned by their tactical choices.

In terms of sanction, the Court found that there were too few decisions of a similar nature to establish a "range" from which the sanction departed. The Court also found that the panel had considered the context of the conflict between Mr. Ahmad and his ex-colleagues. In any event, "Standards of professionalism are not relaxed because of stress or conflict." The costs awarded

by the panel were not “plainly wrong” for a 16-day hearing even though Mr. Ahmad had succeeded on some of the issues.

Regulators can, and in some cases, should become involved in disputes between registrants where the conduct is clearly unprofessional.

Investigator Handling of Solicitor-Client Communications

Occasionally regulatory investigators gathering evidence come across solicitor-client communications. Typically, but not always, these are communications between a registrant and their lawyer. Handling such communications appropriately is essential to preventing the disruption of the investigation.

A BC court provided valuable guidance for regulatory investigators in [British Columbia College of Nurses and Midwives v Lemay](#), 2025 BCSC 1000 (CanLII). The College was investigating Lemay for the unauthorized practice of midwifery. Lemay had breached previous injunctions and had even served five months in jail. The College obtained a court order permitting it to search Lemay’s home. A box of documents seemed to contain some information covered by the court order and was removed without close scrutiny of its contents. A private investigation firm took custody of the box of documents and indicated to the investigator that some of the documents were from Lemay’s lawyers. Despite this, the investigator reviewed the contents of the box briefly and copied one document related to the investigation. The investigator indicated that they did not notice any privileged documents. The box of documents was then returned to Lemay’s counsel.

Lemay argued that the investigator should be removed from the investigation (and that the investigation itself should be halted) because the investigator had breached solicitor and client confidentiality. While the Court had some concerns about the investigator’s handling of the documents, it found that the College had rebutted the presumed prejudice to Lemay. The Court accepted the evidence that the investigator had not reviewed the privileged documents and that, in any event, the documents appear to have had minimal relevance to the current investigation.

From the Court’s analysis, the following guidance for investigators may minimize the risk of disrupting investigations:

- Investigators should be trained to be alert to the possibility that they may come across solicitor and client communications. That risk may be greater in certain contexts, such as where the investigator is obtaining documents unannounced in locations where the person is likely to store privileged documents (e.g., in a home office).
- It is preferable, where feasible, to conduct a preliminary screening of documents on location rather than simply removing entire boxes, filing drawers, or computer files to

review later. Once privileged documents are removed, it is more difficult to establish that they were not read.

- If apparently privileged documents are located, they should be immediately segregated from the non-privileged documents in a secure manner. If it would not compromise the investigation, they can be immediately returned to the person who is the subject of the investigation. If it would compromise the investigation (e.g., other relevant and non-privileged documents are mixed in with the privileged documents), the regulator should retain an independent lawyer to go through them to separate out privileged documents from other documents that are potentially relevant and not privileged.
- Once privileged documents are located in a box, cabinet, or file, the regulator should consider retaining an independent lawyer to go through the remaining documents to ensure that there are no additional privileged documents present.
- Anyone accessing potentially privileged documents should record what triggered their concern that the document might be privileged (e.g., the name of the file folder, the letterhead of the person's lawyer), what else they saw, if anything, (including, where applicable, a statement that they did not see anything else) and how they securely segregated and returned the privileged document.

Ensuring all investigators are aware of the issue and know how to respond appropriately will help avoid disruptive legal challenges and allow a regulator to advance the investigation appropriately.

Fairness for Administrative Revocations

It is typical for a registrant to be suspended if they do not pay their fees on time. Usually, their registration is eventually revoked if the fees remain unpaid. Regulators vary as to whether they permit such revoked registrants to use a simplified reinstatement process or require them to apply like a new graduate. While the procedural fairness requirements and reasonableness expectations for administrative suspension and revocation are greatly reduced, they are not non-existent.

In [*Moustaid c Collège des consultants en immigration et en citoyenneté*](#), 2025 FC 982, some of the procedural fairness and reasonableness requirements were discussed. Moustaid was an immigration consultant who, unbeknownst to the regulator, was experiencing family difficulties. He missed a quarterly fee instalment despite being given notice (via email) that it was due. He was given notice of the default and the potential consequences. His licence was suspended and then revoked, all within a few weeks. He did not exercise his appeal rights for almost a year. The appeal tribunal treated his appeal as a reinstatement application for a resigned licensee. It ordered further education and successful completion of an examination in order to be reinstated.

The Court accepted most of the procedures of the regulator. The notices given were sufficient and email delivery was viewed as effective. While it is preferable that the regulator notify the licensee of their appeal rights and timelines, failure to do so was not unfair. Those rights and timelines were publicly available. Personal challenges did not nullify the payment requirements.

However, the court found that the process remained flawed. The revocation was imposed earlier than the relevant provisions authorized. Since Moustaid paid the outstanding fees before the revocation deadline, he had a reasonable expectation that his revocation would be rescinded. The reasons of the appeal tribunal did not address those issues. A new hearing before the appeal tribunal was ordered.

When imposing administrative suspensions and revocations, regulators should strictly follow their provisions and ensure that they convey accurate information.

Adjournment Adjudications

Tribunals are becoming increasingly strict about granting adjournments. Many now address in their rules of procedure the need for parties to be ready to proceed on scheduled dates. Of course, an adjournment will still be available, even when requested at the last minute, where it is needed to permit a registrant to make full answer and defence.

One of the more challenging bases for adjudicating an adjournment request is where new counsel is retained shortly before the hearing. Unprepared counsel can easily render a hearing unfair. Also, tribunals need to be careful not to intrude into privileged solicitor and client communications where previous counsel has recently been discharged. Ontario's Divisional Court considered these competing factors in [Katebian v. Ontario \(Securities Commission\)](#), 2025 ONSC 3249 (CanLII). Katebian was alleged to have engaged in securities fraud. Katebian requested an adjournment because new counsel had recently been retained with no explanation as to why this change had been made.

In upholding the denial of the adjournment, the Court considered the impact upon all hearing participants, including witnesses. The Court also ventured into the issue of this lack of explanation:

As it was entitled to do, however, the Commission also considered and weighed the appellants' reasons for being unable to proceed on the scheduled date.... The Commission was clearly skeptical as to why the appellants and their new counsel were in the situation they were in. The Commission noted that: (i) the appellants had been represented throughout, and their original counsel did not advise OSC staff or the Commission until the final interlocutory attendance that he might not appear for them at the hearing; (ii)

the appellants gave notice two days later that they intended to appear on their behalf, but offered no reason for this decision; and (iii) two weeks later, they changed their position and decided to be represented, whereupon they retained new counsel rather than reappointing their original counsel, but again offered no reason for doing so. It is clear from the Commission's reasons that it did not find the reason for the adjournment request to be compelling on the evidence the appellants provided. That assessment was well within the Commission's discretion.

The Court also considered whether the ability of Katebian to make full answer and defence was prejudiced. It observed that during the first days of the hearing (before a break in the proceedings) much of the evidence was not controversial. The tribunal had also made accommodations to ensure that Katebian's new counsel was able to cross-examine the witnesses effectively during the first week or that the cross-examination could continue after the break in the hearing.

Katebian also argued that later in the hearing the tribunal had refused to permit counsel to cross-examine a witness on a document that had not been disclosed in advance of the hearing, as required by the rules of procedure. The Court noted that the right of cross-examination in regulatory matters is not as essential as it is in criminal matters. In any event, in the context, no substantial prejudice resulted.

On a more esoteric point involving sanction, the Court also held that a disgorgement order of \$8,711,138.00 could be made even though Katebian did not personally obtain that amount in the fraud.

This decision indicates that courts will scrutinize refusals of adjournment to assess whether a registrant's right to make full answer and defence was actually impaired, especially where the grounds given for the request were not persuasive.

Prosecutions and Sexual Inactivity Evidence

Regulators prosecuting sexual abuse cases likely cannot rely on the lack of sexual history on the part of a complainant in order to bolster their credibility. A recent Supreme Court of Canada ("SCC") decision may be helpful to regulators prosecuting regulated professionals accused of sexually abusing clients. In *R v Kinamore*, [2025 SCC 19](#), the SCC clarified that in most cases, a prosecutor in a criminal matter cannot use a complainant's sexual (in)activity history as evidence in a prosecution for sexual assault. In order for the evidence to be admissible, a prosecutor must satisfy a two-step procedure (derived from certain sections (often referred to as the "rape shield laws") of the *Criminal Code of Canada*) to help the judge determine whether to admit the history as evidence:

1. Stage One Inquiry – The prosecutor must prepare a written application detailing the evidence and its relevance, with fair notice to the accused and court. If the prosecutor fails to comply or engages in prohibited reasoning, the evidence is inadmissible.
2. Stage Two Hearing – The judge must consider factors (in section 276(3) of the *Criminal Code*) to decide whether the prosecutor has proven, on balance, that the evidence is relevant and that its probative value outweighs its prejudicial effect.

The complainant's privacy interests are protected and both stages exclude the jury and public. The Stage One Inquiry application, documents, and information must not be published, broadcasted or transmitted. The judge's reasons for a Stage Two decision will only be published if the evidence is held to be admissible, or in certain circumstances, after considering privacy interests. If the evidence is admissible, then the judge must instruct the jury on how it can/not be used. Moreover, unlike the section 276 regime, complainants do not have automatic standing to make submissions at Stage Two Hearings, although judges have discretion to grant standing. The SCC's clarification in *Kinamore* is significant because prior to this, the section 276 regime only applied to an accused seeking to rely on a complainant's sexual history. The evidence at issue in *Kinamore* comprised digital messages between the accused and complainant wherein the latter said she was not sexually active and not interested in a sexual relationship. At trial, the prosecution and defence were permitted to rely on that evidence, and the accused was found guilty.

The SCC's ruling clarifies that evidence of a lack of sexual activity/history is inadmissible because it is part of a complainant's sexual history. The SCC defined sexual inactivity evidence as:

“Evidence that the complainant has not previously engaged in, or prefers not to engage in, any sexual activity, certain types of sexual activity, or sexual activity under particular circumstances.”

The SCC ordered a new trial because the prosecutor used the messages (exchanged between the complainant and accused months prior to the alleged sexual assault), without advance admissibility screening, in an attempt to show that there was no consent to the sexual activity. While in some circumstances, messages about the complainant not having previously engaged in (or having previously engaged in) or not wanting (or wanting) to engage in “any sexual activity, certain types of sexual activity, or sexual activity under particular circumstances” can be admissible (if exchanged near the time of the alleged assault, as circumstantial evidence relevant to the issue of consent, and if admissible under the hearsay exception for statements of present intention), the SCC ruled that the messages at issue were inadmissible because they constituted sexual inactivity evidence as defined above. Admitting such messages as evidence (generally, and as they were at the trial level in *Kinamore*), is troubling because it perpetuates myths and

stereotypes about sexual assault complainants' credibility and leads to unfair trials. The danger in admitting such evidence is that lack of prior sexual activity can colour perception of the complainant as more credible, or worthy of belief (about not consenting), and can lead to bias that the accused is guilty. This is just as dangerous as accused persons historically arguing that a complainant is less credible about consent due to their sexually active past, leading to bias that the accused is innocent.

Regulators can follow the SCC's lead when prosecuting sexual abuse cases as the evidentiary issues raised are likely applicable. And the SCC provides a worthy reminder about how unfair perceptions can arise about both complainants and respondents when adjudicators do not properly carry out their evidentiary gatekeeping function at discipline hearings. Regulators may consider updating their Discipline Rules of Procedure to require proper screening where a party seeks to use a complainant's sexual history as evidence at a discipline hearing. Updated training for staff on sexual abuse matters can also provide vital guidance and heightened awareness on the issue for a regulator's complaints and prosecution teams.

By being astute to the probative value of evidence, proactive about avoiding inferences based on discriminatory reasoning, and engaging in appropriate screening processes, staff, adjudicators, and counsel alike involved in regulatory proceedings can cooperate to ensure that only permissible evidence is admitted in sexual abuse cases, thus safeguarding protections for both complainants and respondents.

How to Challenge a Referral to a Hearing

Ontario's Divisional Court says that concerns about the validity of a referral to a hearing should first be raised with the tribunal conducting the resulting hearing. An applicant for registration was investigated for suspected academic misconduct during an examination. Hearsay concerns were also raised by the Saskatchewan regulator. The applicant's articling principal submitted a proposed remedial plan as an alternative to a public hearing. The regulator still referred the concerns for a good conduct hearing. The applicant sought judicial review on the grounds that the regulator had not provided reasons for the referral, disclosed supporting evidence, afforded any opportunity to make submissions, or evaluated the proposed remedial plan. The Court ruled that the application for judicial review was premature and an abuse of process because the applicant had not first raised the issue with the hearing panel.

See: [Sharma v. Law Society of Ontario](#), 2025 ONSC 3409 (CanLII).

Ensuring All the Options Are Available for Survivors of Sexual Assault

The Ontario government announced a multi-million-dollar program to provide independent advice to victims and survivors of sexual assault. Regulators may wish to ensure that the independent advisers are fully aware of the option of complaining or reporting to a professional regulator where a registrant is involved.

See: [Ontario Supporting Victims and Survivors of Sexual Assault | Ontario Newsroom](#)

Options for Responding to Falsified Registration Documents

This case demonstrates another regulatory option (i.e., jail) for addressing applicants who seek registration using falsified registration documents. An improperly registered physician was jailed for seven years by a UK court for obtaining entry into the profession based on a fraudulent degree she allegedly obtained in New Zealand. She worked for twenty years for the public health service in the UK. She was also ordered to repay £400,000 in fraudulently obtained salary to the NHS or face two and a half more years in prison.

The regulator apologized for the inadequate checks it made when registering her.

See: <https://www.bbc.com/news/articles/c70650ely2eo>



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FOR IMMEDIATE RELEASE: Beaverton, Ontario – Monday, June 23, 2025 – The Health Profession Regulators of Ontario (HPRO) has elected its Officers for the 2025-2026 year:

- **Maureen Boon, College of Massage Therapists of Ontario – Chair**
- **Craig Roxborough, College of Physiotherapists of Ontario – Vice-Chair**
- **Carole Hamp, College of Respiratory Therapists of Ontario – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Fazal Khan, College of Opticians of Ontario**
- **Melanie Woodbeck, College of Dietitians of Ontario**
- **Nicole Zwiers, College of Chiropodists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee:

- **Daniel Faulkner, Royal College of Dental Surgeons of Ontario – Past Chair**

HPRO is the organization for Ontario's 26 health regulatory colleges, which govern almost 400,000 health professionals. HPRO advocates for ongoing regulatory improvement that supports the public interest, helping Colleges to fulfill their regulatory mandate. For more information about HPRO, visit our website: regulatedhealthprofessions.on.ca.

HPRO's member Colleges individually focus on the public interest, working to provide the people of Ontario with safe, competent, and ethical health care and holding healthcare professionals accountable for their conduct and practice. Colleges also have a duty to provide information to the public, and, to that end, a public-facing website is a resource provided by HPRO that shares helpful links to all regulatory Colleges' websites. The site offers straightforward information about healthcare providers and regulations in the 10 most commonly used languages in the province. See ontariohealthregulators.ca to learn more and discover how Colleges support safe healthcare in Ontario.

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For more information, contact:

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HEALTH PROFESSION REGULATORS OF ONTARIO

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Sharing highlights between HPRO's 2024 and 2025 Annual Meetings.

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit incorporated organization, which, since 1998, has brought together the Colleges under the *Regulated Health Professions Act's (RHPA's)*. There are currently 26 Colleges, representing 30 distinct professions, regulating almost 400,000 practicing healthcare professionals in the Province.

Ontario's health profession regulators are committed to distinct purpose, to protect the public, making sure healthcare professionals are safe, ethical, and competent. HPRO exists to help Colleges do just that by **advocating for ongoing regulatory improvement that supports the public interest**. That's our statement of purpose, and we fulfill that purpose through three priority areas:

- ⇒ **Government Relations**
- ⇒ **Equity, Diversity, and Inclusion (EDI)**
- ⇒ **Excellence in Member Services**

HPRO is able to do its work through the dedication of exceptional volunteers, including all College Registrars who make up the Board of Directors. Sincere appreciation is extended to our Officers and Board members and our Committee members and chairs, Network leads, and all who share their expertise. HPRO is staffed by a full-time Executive Director and other HPRO team members—more about our volunteers and support team on the pages that follow.



HPRO welcomed Deputy Premier and Health Minister Sylvia Jones to its Annual Meeting, held at the College of Chiropractors of Ontario (and by Teams virtually) on June 3, 2024.

**Management
Committee Members:**

Dan Faulkner,
Chair

Maureen Boon,
Vice-Chair

Shenda Tanchak,
Treasurer
(to August 30, 2024)

Elinor Larney,
Past Chair

Craig Roxborough,
Member

Melanie Woodbeck,
Member

Nicole Zwiers,
Member



Heartfelt thanks are extended to Dan Faulkner for his exemplary service and leadership throughout his two years as HPRO's Chair.

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the June 3, 2024, Annual Meeting, reporting to the June 23, 2025, Annual Meeting.

MINISTRY OF HEALTH

HPRO was delighted to welcome the Hon. Sylvia Jones, Deputy Premier and Minister of Health, to our 2024 Annual Meeting. Joined by Assistant Deputy Minister Dr. Karima Velji, Director Allison Henry, and Stakeholder Relations Manager Abby Hourigan, the Minister thanked HPRO's members for their commitment, engagement, and implementing the regulation of healthcare professionals, ensuring professional competency, patient safety and public trust in the Province's healthcare providers.

HPRO raised issues with the Minister, including access to care, scopes of practice, and focusing on the patient experience. And Chair Dan Faulkner confirmed that "HPRO is prepared to be a partner as issues move forward," committing to be a valuable system partner in the health regulatory sector.

Following the provincial election, HPRO wrote to the Minister, congratulating her on her re-appointment and re-committing HPRO's support for the Ministry and inviting her to our 2025 Annual Meeting.

During the year, HPRO also wrote to the Government on a number of issues, including:

- RHPA College quarterly data collection processes
- "As of Right" rules legislation
- Submission to the Standing Committee on Finance and Economic Affairs re. Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*

HPRO has also appreciated the many opportunities for information-sharing and updates with Health Workforce Regulatory Oversight Branch Director Allison Henry, Strategic Regulatory Policy Unit Manager Stephen Cheng, Regulatory Oversight and Performance Unit Manager Jason Maurier, and their team members during a very active year.

With government relations being a priority, HPRO was also pleased to add Rubicon Strategy as registered lobbyists in 2024. HPRO's appreciation is extended to Sarah Letersky, Mustapha Khamissa, and Veronique Parry for their wise guidance and support.



*Hon. Sylvia Jones
at HPRO's 2024 Annual Meeting*

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

OFFICE OF THE FAIRNESS COMMISSIONER (OFC)

HPRO welcomed Ontario's Fairness Commissioner Irwin Glasberg and Director Ming-Young Tam to our June 3, 2024 Board of Directors Meeting. Mr. Glasberg shared, "The OFC and Colleges are in one ecosystem, needing to be efficient in registering health professionals." We discussed the OFC's risk registry, data collection, and areas for collaboration.

Those discussions continued throughout the year, with plans for a webinar series on data collection which should begin in the Summer of 2025.



*Fairness Commissioner
Irwin Glasberg
at HPRO's June 23,
2024 Board Meeting*



*HPRO's EDI Network
Co-Chair Michelle
Tremblay at our
June 23, 2024
Board Meeting*

EQUITY, DIVERSITY, AND INCLUSION (EDI)

Equity, diversity, and inclusion (EDI) is a priority area for HPRO. We are pleased to have an active and vibrant EDI Network, being led by Michelle Tremblay (RCDSO) and Preeya Singh (CASLPO). The Network meets for an hour most months to hear presentations, share information, and build resilience during an unprecedented time of challenges in the sector.

June 17, 2025, was the date of our EDI Network Conference, being held at The Hub (home of CDHO and CASLPO, College of Denturist of Ontario, and College of Dietitians of Ontario) with a virtual option. Session included a presentation by Elder Abuse Prevention Ontario on the prevention of elder abuse and ageism, an update from our Anti-Racism in Health Regulation consultants Graybridge Malkam on current trends and more about HPRO's equity impact assessment, and a panel focusing on the future of EDI in health regulation.

CANADIAN NETWORK OF AGENCIES OF REGULATION (CNAR)

In 2024, HPRO became a member of CNAR and we were pleased to have been a part of the October 2024 conference with Executive Director Beth Ann Kenny and Jennifer Hemeon of the Nova Scotia Regulated Health Professions Network sharing a Pecha Kucha presentation for the **Canadian Provincial and Territorial Network of Health Profession Regulators (CAPTNOPR)** entitled, "An Oxymoron: An Association of Regulators". HPRO is pleased to help organize CAPTNOPR and share information with HPRO-like organizations across the country.



CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

CITIZEN ADVISORY GROUP (CAG)

The CAG brings patient and caregiver voices and perspectives to health care regulation in Ontario. Officially, as of March 17, 2025, the CAG is now being managed by HPRO. CPSO had been responsible for the CAG, following management by CPO who formed this patient feedback mechanism in 2015.

CAG Coordinator, Thamesha Tharmarajah provides administrative support and the CAG is led by a Committee, chaired by Delia Sinclair Frigault (OCP) with members Craig Roxborough (CPO—Past Chair), Nadja Gale (CMO), Tanya Terzis (CPSO), Cameron Thompson (RCDSO), and Kimberly Woodland (COTO).

Thanks are extended to CPSO for its support in the transition and to the dedicated regulators who are leading the program. Sincere appreciation is also extended to the CAG members themselves who provide all-important insight into the patient perspective.

QUALITY ASSURANCE NETWORK

Early in 2024, planning began for a Regulatory QA Event—“What’s Now? What’s New? What’s Next”—held on May 30, 2025. It was a wonderful success with over 100 people involved onsite at OCP or attending virtually. Featured speakers included Dr. Zubin Austin, Dr. Liz Wenghofer, Dr. Glenn Pettifer, and a panel discussion re. AI.



The Planning Group, right, included the following: Brian Fehst (CKO) - Lead, Bonnie Wong (College of Dietitians of Ontario), Christina Van Sickle (OCSWSSW), Terri-Lynn Macartney (CDHO), Shelley Martin (CPO), Carole Chatalalsingh (College of Dietitians of Ontario), Claudia Frisch (CMTO), and Lesley Krempulec (OTO).

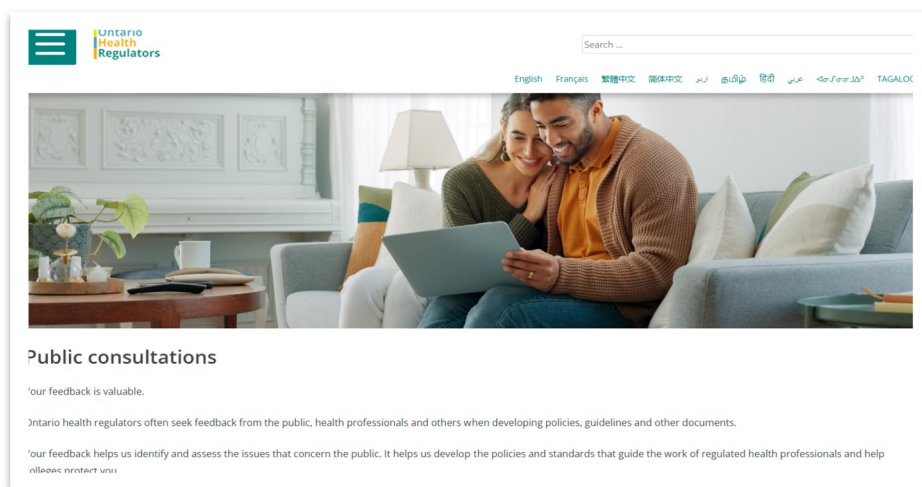
A FOCUS ON EXCELLENCE IN MEMBER SERVICES

HPRO has a focus, too, on excellence in member services. This is wide-ranging and incorporates some of the above, and much more happening every day behind the scenes.

HPRO’s leadership is thankful to all for their support, allowing us to continue to advocate for ongoing regulatory improvement that supports the public

COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and promoting the public-facing website ontariohealthregulators.ca (OHR). This site provides links to Colleges' general information for the public, their public registers, information about complaints, articles of interest, and public consultations.



Colleges have a duty to promote and enhance relations between Colleges and the public, and this site supports those efforts.

The Communications Network enjoyed two education events during the past year:

- **July 24, 2024** — “It’s All About Race: Developing Raced-Based Data in Your Organization” workshop led by Brie Berry Crossfield
- **February 6, 2025** — Communicators’ Half-Day Conference, featuring
 - * “Practical Tools and Tactics for AODA Compliance” by Matisse Hamel-Nelis (ADS, CPACC)
 - * “What You Should Know About Launching a New Public Register” by the team at CMLTO
 - * “Health Professions Discipline Tribunal (HPDT)—What It Is and How It Works (from the Communications Perspective)” by David Wright, HPDT Chair

Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO) (to February 7, 2025)
- Victoria Marshall (CMO)
- Mark Sampson (CPSO) (to March 4, 2025)
- Amandine Viaud (RCDSO)

Communicators’ Network Event Planning Subcommittee :

- Michelle Price (CMLTO)
- Amandine Viaud (RCDSO)

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO's Officers and Management Committee members

Nominations Committee:

- Elinor Larney (COTO), Chair
- Carole Hamp (CRTO)
- Kelly Dobbin (CMO)
- Nancy Leris (CKO)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair (to November 2024)
- Genevieve Plummer (OCP)
- Cara Moroney (COTO)

Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (SML-Law) through 2024
- Rebecca Durcan (SML-Law) beginning 2025

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges’ practices.

Sessions continue to be held twice each year.

Fall 2024 Workshops

October 24 – Basic Session: 29 registrants (10 Colleges)
November 14 – Advanced Session: 13 registrants (9 Colleges)

Spring 2025 Workshops

May 5 – Basic Session: 9 registrants (5 Colleges)
May 8 – Advanced Session: 12 registrants (3 Colleges)

REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

November 5, 2024 Workshop – 19 registrants (7 Colleges)

GOVERNANCE TRAINING FOR RHPA COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges’ core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

September 19 & 26, 2024 – 27 registrants (9 Colleges)

April 16 & 23, 2025 – 12 registrants (5 Colleges)



TRANSITIONS

HPRO MEMBERS:

- **College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO):** Margaret Drent became CASLPO's Registrar when **Brian O'Riordan** retired on January 17, 2025.
- **College of Occupational Therapists of Ontario (COTO):** on February 28, 2025, **Elinor Larney** announced her retirement, planned for July 2025.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO):** **Sean Cassman**, who was serving as Acting Registrar and CEO since February 1, 2024, was officially appointed Registrar and CEO, effective August 1, 2024.
- **Ontario College of Pharmacists (OCP):** **Shenda Tanchak** left her role as Registrar and CEO, effective March 17, 2025; **Susan James** has been serving as OCP's Director on HPRO's Board in her role of Acting Registrar with Thomas Custers is serving as OCP's Acting CEO.

HPRO:

- **Affiliate Program:** HPRO initiated a program to allow non-RHPA regulators to access benefits of HPRO. In 2024, the **Ontario College of Social Workers and Social Service Workers (OCSWSSW), Registrar & CEO Denitha Breau**, joined the program.
- **Citizen Advisory Group (CAG):** in 2025, HPRO assumed the management of the CAG, contracting its first **CAG Coordinator, Thamesha Tharmarajah**. The CAG is led by a Committee, chaired by **Delia Sinclair Frigault (OCP)** with members **Craig Roxborough (CPO—Past Chair)**, **Nadja Gale (CMO)**, **Tanya Terzis (CPSO)**, **Cameron Thompson (RCDSO)**, and **Kimberly Woodland (COTO)**.
- **Ontario Regulators for Access Consortium (ORAC):** in 2025, ORAC transitioned to HPRO's **Registration Network**, led by **Deborah Cohen [Health and Supportive Care Providers Oversight Authority (HSCPOA)]**, and **Alicia Lockey (CMTO)**, and **Fiona Teape (CKO)**.

HPRO NETWORKS

College staff have access to Networks that focus on key areas of College activity:

- | | |
|---|----------------------------------|
| • CPMF (with no changes to the CPMF in 2024/2025, the Network did not meet) | • Investigations and Hearings |
| • Communications | • Patient Relations |
| • Corporate Services | • Policy Advisors |
| • Deputy Registrars | • Practice Advisors |
| • EDI | • Quality Assurance |
| • Enterprise Risk Management and Business Continuity | • Registration (Previously ORAC) |
| • Executive Assistants | |



2024-2025 HIGHLIGHTS



Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)

College of Chiropodists of Ontario (COCOO)

College of Chiropractors of Ontario (CCO)

College of Dental Hygienists of Ontario (CDHO)

College of Dental Technologists of Ontario (CDTO)

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario (CHO)

College of Kinesiologists of Ontario (CKO)

College of Massage Therapists of Ontario (CMTO)

College of Medical Laboratory Technologists of Ontario (CMLTO)

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)

College of Midwives of Ontario (CMO)

College of Naturopaths of Ontario (CONO)

College of Nurses of Ontario (CNO)

College of Occupational Therapists of Ontario (COTO)

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario (CPSO)

College of Physiotherapists of Ontario (CPO)

College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

College of Registered Psychotherapists Therapists of Ontario (CRPO)

College of Respiratory Therapists of Ontario (CRTO)

College of Traditional Chinese Medicine Practitioners and

Acupuncturists of Ontario (CTCMPAO)

Ontario College of Pharmacists (OCP)

Royal College of Dental Surgeons of Ontario (RCDSO)

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 23, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Informal Consultation – Naturopathic Specialties

Further to our discussions at the May Council meeting, I am pleased to provide you with the feedback received on the most recent informal consultation conducted by the College as part of our review of the regulatory framework. The topic of this consultation was Naturopathic Specialties.

Attached you will find the following documents:

1. White Paper on Naturopathic Specialties – the primary focus of the consultations.
2. Naturopathic Specialization – Individual Feedback – a summary of all feedback from individuals.
3. CCNM Response to Consultation – feedback from the educational program.
4. CAND Feedback – feedback from the national professional association.
5. OAND Feedback – feedback from the provincial professional association.

As noted at the May meeting, no recommendations will be coming forward to the Council at this time. Those will form a part of the report at the end of the review process.

Respectfully submitted,



The College of Naturopaths of Ontario

WHITE PAPER NATUROPATHIC SPECIALIZATION

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the regulation of the naturopathic profession in Ontario. One of those questions that emerged even prior to proclamation of the *Naturopathy Act, 2007* was whether NDs in Ontario should be permitted to specialize.

This White Paper will explore many of the questions surrounding allowing specialization of the profession. Readers are reminded that **this is a fact-finding process** directed by the Council of the College; no decision has been made to act on any questions posed in this document. At the end of this consultation, the College Council will be informed of the consultation and the outcomes to provide direction on next steps, if any.

General Background to Specialization

Preliminary research suggests that specialization first emerged in medicine in the 19th century. It is understood that specialization emerged out of the broad scope of knowledge the medical profession had amassed and the degree to which the medical knowledge had itself become specialized such that one individual could not know all aspects of the profession. In 1929 the Royal College of Physicians and Surgeons of Canada (RCPSC) was established which resulted in the first two specializations being established, general medicine and general surgery.¹ As medical knowledge continued to grow, so too did the number of specializations available in the medical profession. Today, the RCPSC supports over 93 specialties, subspecialties, and areas of focused competency.²

Today in Ontario, four regulated health professions allow specialization, medicine, nursing, dentistry, and chiropractic. A fifth profession, Kinesiology, has established a framework to permit specialization but no specialties have yet been recognized.

General Approach to Specialization

Most of the professions approach specialization as an additional body of knowledge that is separate and distinct from that required at entry-to-practice to the profession. This is true for chiropractic, dentistry, and nursing. For example, to qualify for certification in nursing, an applicant must have 1,950 hours of experience in the nursing specialty or 300 additional hours of education

¹ Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, p4

² Ibid.



The College of Naturopaths of Ontario

and 1,000 hours of experience.³ In other words, they must be registered with their provincial regulatory authority and practicing the profession prior to gaining specialization. Similarly, the regulators in Ontario do not necessarily set the competencies necessary to become specialized but rather recognize certain certifying bodies for the purposes of allowed specialization. For example, certification examinations for nursing are delivered by the Canadian Nurses Association.

Medicine is slightly different in terms of how one becomes specialized. Medical school is typically accessed following completion of a university undergraduate degree, and the typical program is four-years, following which the first part of the entry examination (MCCQE) is completed. This is followed by a residency program in the desired specialty that lasts between two and six years. After the first year of residency, individuals must complete the second part of the MCCQE exam. Before being able to practice independently, individuals must have successfully completed their residency program and certifying examination offered by the CFPC for family medicine or RCPSC for all other specialties.⁴

Similarly to the nursing profession, chiropractors must attain post-graduate qualification in one or more areas of specialties and be recognized by the affiliated College as a fellow. The competencies for the specialties are set by the individual specialty Colleges and recognized by the Canadian Chiropractic Association. Individual provincial regulators then determine whether the specialty will be recognized.

In dentistry, specialties are recognized by the Canadian Dental Regulatory Authorities Federation (CDRAF). The CDRAF recognizes the [Royal College of Dentists of Canada](#) National Dental Specialty Examination as the body governing access to the specialties. The provincial regulatory bodies then allow their registrants to advertise that they are specialized in one of these approved areas.

Consideration 1: If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Criteria for Specialties

The Canadian Dental Regulatory Authorities Federation established a Process for Recognition of a New Dental Specialty in April 2021. That process sets out four criteria for a specialty:

³ Canadian Nurses Association website, [Initial Certification](#)

⁴ Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, pps 9-11.



The College of Naturopaths of Ontario

- **Sponsoring Organization** – the specialty must originate from a sponsoring organization that is reflective of the specialty.
- **Body of Knowledge** – the specialty must be a distinct and well-defined field which requires unique knowledge, skills, and competencies beyond the scope of practice of a general dentist and distinct from any other recognized specialty.
- **Need and Value** – the specialty must directly benefit and improve oral health care and a substantial public need and demand for the specialty must be identified.
- **Advanced Education** – University based education programs of at least two years beyond pre-doctoral curriculum must be available.

Although the College of Kinesiologists of Ontario does not recognize any specialties, the Council has established a framework for doing so. The criteria include:

- **Defined scope** – the scope of the specialty requires advanced knowledge and skills that are recognized as part of the scope of practice of kinesiology and cannot be adequately represented to the public through the use of the Registered Kinesiologist title.
- **Evidence of Need** – the applicant must document through evidence and studies that they actively contribute to the new knowledge in the field, actively contribute to professional education, actively contribute to research of the profession, and provide kinesiology services for the public not being met by general practitioners.
- **Impact on existing practice** – recognition of the specialty will lead to advancements in practice, research and technology that serve the public interest by enabling more informed decision-making.
- **Advanced education and training** – the organization must be accredited and must provide advanced education and training beyond that which is attained in the four- or five-year kinesiology degree.

Consideration 2 – If an approach to specialization were to be developed, which if any, of the following criteria should be included in the program?

- **Sponsoring organization** – that there is a sponsoring organization that oversees the education and certification of training in the specialization.
- **Body of Knowledge** – that there is a body of knowledge that is separate, distinct and in addition to the education and training of competencies for entry-to-practice.
- **Need and Value** – there is evidence through research studies that the area of specialization will contribute to the overall health of Ontarian/Canadians, provide naturopathic services not provided through general naturopathic practitioners and contributes to research for the profession.
- **Impact** – Evidence that the specialties will lead to advancements in practice, research, and technology without causing undo harm (financial or otherwise) to the general practice. In



The College of Naturopaths of Ontario

other words, both the specialty(ies) and general practice can co-exist and support each other.

- **Advanced education and training** – the specialty must provide advanced education and training beyond that which is attained in the entry-to-practise naturopathic education program that is accredited by CNME.

Consideration 3 – Given that naturopathic medicine is a broad primary care profession, are there other criteria that should be considered within a program of naturopathic specialization?

Naturopathic Experience

Preliminary research suggests that there is no formal process for recognition of specialties in naturopathy in North America, although both the Association of Accredited Naturopathic Medical Colleges (AANMC) and the American Association of Naturopathic Physicians (AANP) recognize the following organizations that provide education and certification in specialty areas:

- [American Association of Naturopathic Midwives](#)
- [Endocrinology Association of Naturopathic Physicians](#)
- [Gastroenterology Association of Naturopathic Physicians](#)
- [Homeopathic Academy of Naturopathic Physicians](#)
- [Institute of Naturopathic Generative Medicine](#)
- [Oncology Association of Naturopathic Physicians](#)
- [Pediatric Association of Naturopathic Physicians](#)
- [Psychiatric Association of Naturopathic Physicians](#)
- [National Association of Environmental Medicine](#)

Many of these organizations are affiliates of the AANP.

An in-depth analysis has not been undertaken of each of these organizations; however, in general terms, most establish the additional education and training required to obtain a certification in the specialty supported by the organization and most deliver a certifying examination. This is not dissimilar to the approach taken by many of the other regulated health professions, such as nursing, chiropractic, and dentistry.

Consideration 4: Which, if any, of the following do you believe would meet the criteria set out in consideration 2 to enable the establishment of it as a specialty?

- Endocrinology
- Gastroenterology
- Homeopathy



The College of Naturopaths of Ontario

- Generative
- Oncology
- Pediatrics
- Environmental
- Psychiatric*
- Midwifery*.

***Caveat**

Notwithstanding Consideration 4, it is noted for readers that the legislative framework set out in the *Regulated Health Professions Act, 1991*, in particular the controlled or restricted acts set out in section 27(2), may impact the ability of certain specialties to be recognized even should a program be established. For example, paragraph 12 of section 27(2) establishes “Managing labour or conducting the delivery of a baby” as a controlled act. This controlled act is not authorized to the naturopathic profession in Ontario. As such, naturopathic midwifery may not be eligible for specialty status due to the legislation. This is assuming naturopathic midwifery is similar to the midwifery profession in Ontario and would perform these controlled acts.

A second example might be a psychiatric specialization as treating by means of a psychotherapy technique is also a controlled act not authorized to Naturopathic Doctors in Ontario.

These are some of the issues that would have to be considered should such a program be established in Ontario.

Impact on Regulation of the Profession

The prior consultation undertaken by the College explored several considerations with respect to the classes of registration, extended classes, and potential rostering concepts. We thank all who provided their feedback, all of which is being assembled for future consideration of the College and its Council.

A specialization program may also present alternative options to some of the approaches discussed in that earlier consultation. For example, rather than developing one or more “extended classes” of registration for those who meet the Standards of Practice for Therapeutic Prescribing and/or Intravenous Infusion Therapy, might these be assigned to a specialty within the practice? Might this also be true for certain controlled acts that are performed only by a small percentage of the profession, e.g., internal examinations and naturopathic manipulation?

Consideration 5: Should a program of specialization be considered as an alternate approach to the earlier discussions of extended classes of registration and rostering?



The College of Naturopaths of Ontario

Consideration 6: Which of the following might be considered a specialty within the profession:

- Therapeutic prescribing
- IVIT
- Internal examinations
- Naturopathic manipulation.

A further area where a specialty program might impact the regulation of the profession relates to the drugs, substances and laboratory tests authorized to the profession. Given that most professions see specialization as an area of education and training above that for access to the profession, it may be possible to consider that access to some drugs and substances is provided only to those who have attained a specialization.

Consideration 7: If a specialization program were to be developed, should the drugs and substances authorized to the profession and the list of laboratory tests that can be ordered be further adapted to reflect this program?

An important note about Consultation Feedback

Through these consultations, the College is seeking the thoughts and opinions of the profession and the public. We are also seeking the opinion of our system partners, including the associations and the educational program. While the College respects all feedback it receives, an organization releasing documentation for use by the profession in creating a mass response to these preliminary consultations is counterproductive.

On the issues being raised, we are seeking to engage the profession and to hear from registrants using the ideas and creativity you may be able to bring to the equation. Having registrants reiterate the organization's position does not provide the College with the information we seek. It does, however, create a divide between the profession and the College when it is not necessary to do so.

Registrants may not always understand the reality, which is that while the College regulates the profession, it is also part of the profession. One of the conditions to regulation was and remains that the profession can provide the resources needed to support both a regulatory body and a professional association. The College needs registrants to support the College's work. Again, regulatory decisions are not made by the staff of the College but by the Committees established in the legislation and these are populated by the profession and the public.

In closing, we invite the profession and the public to review this consultation document and provide your opinion including those that may differ, in whole or in part, from the collective opinion of the profession.

Naturopathic Specialization
In-Formal Consultation
Feedback from Individuals

This is a report of the feedback received from individuals as part of the informal consultation relating to naturopathic specialization.

Consideration 1: General Approach to Specialization

If CoNO were to consider developing an approach to allow or enable naturopathic specialization? should it do so on its own? in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Option	# of Responses
Alone	2
In concert with other naturopathic regulators	9
Through CANRA	6

Consideration 2: Criteria for Naturopathic Specialty Program

If an approach to specialization were to be developed? which if any? of the following criteria should be included in the program?

- Sponsoring organization.- that there is a sponsoring organization that oversees the education and certification of training in the specialization;
- Body of Knowledge.- that there is a body of knowledge that is separate? distinct and in addition to the education and training of competencies for entry to practice;
- Need and Value.- there is evidence through research studies that the area of specialization will contribute to the overall health of Ontarian-Canadians? provide naturopathic services not provided through general naturopathic practitioners and contributes to research for the profession;
- Impact.- Evidence that the specialties will lead to advancements in practice? research and technology without causing undue harm (financial or otherwise) to the general practice; In other words? both the specialty(ies) and general practice can co-exist and support each other;
- Advanced education and training.- the specialty must provide advanced education and training beyond that which is attained in the entry to practise naturopathic education program that is accredited by CNME;

Option	# of Responses
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Sponsoring.organization	7
Body.of.Knowledge	15
Needs.and.Value	8
Impact	12
Advanced.education.™.Training	16
Other	1

Consideration 3: Other criteria

Given.that.naturopathic.medicine.is.a.broad.primary.care.profession?are.there.other.criteria.that.should.be.considered.within.a.program.of.naturopathic.specialization?

it should not erode the general practice
I am taking this opportunity to provide a comment for Consideration 1 as there was no field for additional comments. I recommend that the recognition of specialty organizations fall under the CAND, not CoNO and not CANRA. The CAND generally has a broad focus on the potential of the profession and the advancement of the profession, versus the entry-requirements for the profession.
the main criteria would be not to harm/limit the scope of practice of those who decide to stay generalists in the profession.
There should be no specialization but an additional certification option that does not limit the ability and practice of a general practitioner and provides an equitable means of practice. Extra payments licenses and certification will be more attuned to more financially wealthy NDs
Standardized training requirements, Board-Certified exams, Clinical hours
Number of supervised hours in that area, for example, with a naturopathic midwifery specialization, to either shadow or seek out consultation from a midwife for a certain number of hours.
- I would not make it a requirement to specialize if naturopaths don't want to - I would like the sponsoring organization to establish an exam similar to that of the North American Menopause Society with guidelines of what would be in the exam, and other organizations can create courses or other programs to prepare you for the exam
Specialties should be in areas of body systems (Cardio, GI, Endocrine, etc), not in terms of modalities (homeopathy, acupuncture, etc).
Do not want to dilute the ND profession and further. Too confusing for the public.
Keeps holistic focus inherent to naturopathic medicine. Sole focus not on one body system.
Mentorship and Supervision: Clinical mentorship by experienced practitioners recognized in the field, with case reviews and performance feedback. Recertification and Continuing Education: Mechanisms for maintaining specialist designation through continued learning and periodic reassessment to ensure ongoing competency.
Grandfather the decades of experience and patient success your elders have in treating certain conditions or use of certain modalities
Yes, cosmetic dermatology with injections and implants this would include prolotherapy, threads, and other injections for cosmetic and therapeutic applications (ie pain, migraine, etc...)
In practice, most NDs are already compelled to "specialise" early — often within 1–2 years of graduation — in order to remain clinically relevant, competitive, and responsive to specific patient populations. A formalized specialization program would: • Reflect this existing reality; • Create defined standards for advanced practice; • Protect patients from unverified “expertise”

claims; • Strengthen accountability and transparency. I propose the following pathway to specialization: • Minimum 2 years of general practice as an ND in good standing; • Application to begin specialty training in an approved area; • Completion of a specialty training program, including didactic education, clinical mentorship, case volume thresholds, and board examination; • Issuance of a specialist designation by the College upon meeting all criteria. Importantly, NDs who are certified as specialists must be granted access to a wider scope of practice, including restricted drugs, diagnostic tools (e.g., advanced labs/imaging), and select controlled acts. Without such differentiation, the regulatory and professional incentive to pursue specialty training would be minimal. This approach is not only defensible from a public policy perspective, but also aligns with regulatory frameworks in medicine, dentistry, and chiropractic — all of which recognise the necessity of advanced authority for specialists. --- Regarding Consideration 4 below: Midwifery also holds strong potential. Although the current RHPA prohibits NDs from conducting deliveries, a naturopathic perinatal or maternal health specialty could be modeled after British Columbia's naturopathic birth certification and provide regulated, evidence-based care to pregnant persons — especially in underserved areas. This would require legislative amendments, but reflects long-standing public demand for ND-supported perinatal care, particularly among those already working as doulas or birth educators. Homeopathy, however, should not be considered a naturopathic specialty. It is a modality rather than a medical domain within naturopathic medicine, and there already exists a regulated homeopathy profession in Ontario. NDs who wish to be regulated specifically in that modality should apply for registration with the College of Homeopaths.

Consideration 4: Naturopathic Specialties

Which, if any, of the following do you believe would meet the criteria set out in consideration 8 to enable the establishment of it as a specialty?

Option	# of Responses
Endocrinology	13
Gastroenterology	10
Homeopathy	4
Generative	4
Oncology	14
Pediatrics	13
Environmental	7
Psychiatric	11
Midwifery	8

Consideration 5: Would specialties impact on classes of registration?

Should a program of specialization be considered as an alternate approach to the earlier discussions of extended classes of registration and rostering?

Therapeutic prescribing and internal examinations should be included as entry to practice requirements. I would not necessarily see IVIT and manip included in a specialty program.

no it should not affect the former
NO. Recommend that specialties relate to patient populations that would benefit from advanced training. NOT assessment and/or treatment approaches.
No, there should be no specialization
Specialities should be utilized, not more classes of registration or complicated rosters. Patients understand what a specialist is, not what "extended class" someone is in. Also, creating more "classes" or "rosters" adds complexity for regulation and the profession --- Specialties can live within the current registration framework, with clear rules and oversight. This is also more aligned with modern healthcare
Maybe, I don't have much to add on this topic.
No. IVIT require very different set of skills so it should have its own class, but everything else are just knowledge that can be expanded overtime.
Not sure what you mean
Yes
Yes, specialisation should be considered as an alternate approach to extended classes of registrations, but for areas within [naturopathic] medicine, and not based on a modality or route of administration of a substance. However, this does not negate the need for further "specialised" level training in those modalities. I do not support specialization as a replacement for "extended classes" of registration. Core competencies such as: • Therapeutic prescribing • IV infusion therapy • Internal examinations • Naturopathic manipulation should be considered part of the general ND scope and integrated into entry-to-practice training and examinations, not segregated or restricted to specialties. These competencies reflect baseline professional activities that are widely taught in CNME-accredited programs and expected by patients accessing naturopathic primary care.

Consideration 6: Which of the following considerations from the Classes consultation could be addressed in a specialty program?

Which of the following might be considered a specialty within the profession?

Option	# of Responses
Therapeutic prescribing	3
IVIT	6
Internal examinations	1
Naturopathic manipulation.	1

Consideration 7: Drugs, substances and lab tests

If a specialization program were to be developed, should the drugs and substances authorized to the profession and the list of laboratory tests that can be ordered to further adopted to reflect this program? Please elaborate on why or why not;

General practice remains the focus of most NDs. They must not lose scope if specialization is permitted in some instances. Scope is already unreasonably limited with respect to providing

complete naturopathic care as a generalist. I do not support further differentiation of drugs and substances or lab tests that can be ordered by NDs.
no it should be the same for all NDs - it should not be adopted further and for Consideration 6 you do not have an option for NONE of the above which is what I would select. I was forced to make a selection which will skew the results as I don't agree with any. Survey has limitations and seems to force you to answer. Wouldn't let me continue without putting an answer in where I would have selection none of the above -questions 4 and 6
Consideration 6: NONE of the above NO.
Yes, if a specialization program were to be developed, access to the drugs, substances, and testing required should be approved as well in order to provide safe care to the patients
No
While specialization can be a valuable way to communicate an ND's focus or advanced training to the public and other healthcare professionals, it should not limit access to core clinical tools, including key drugs, substances, or laboratory tests for NDs in general practice. Many lab tests and interventions, such as oral progesterone, are not inherently dangerous or complex to use. Instead, they are simply tools, and the responsibility lies in using them appropriately and within one's training and competence, which is already a foundational part of our regulatory and professional framework. Restricting access to these tools only to those with a recognized specialty would create unnecessary and counterproductive divisions within the profession. For example, NDs with a general practice focus may still encounter hormonal issues requiring oral progesterone, even if they don't hold a formal "endocrinology" specialty. This is comparable to how MD family doctors operate: they have full access to a broad diagnostic and prescribing toolkit, and are entrusted to use their clinical judgment to determine when and how to apply it, or when to refer. The same trust and professional autonomy should apply to NDs. Specialization should be seen as a way to: - Showcase focused expertise - Assist with marketing, referrals, and inter-professional collaboration - Support ongoing education I believe that while a specialization framework could enhance public understanding of an ND's niche or expertise, the base scope of lab access and prescribing should remain broad and equitable across the profession, with the expectation that all NDs operate within their competence — specialty or not.
Yes, for endocrinology ND's should extend prescribing rights for more hormones such as oral progesterone, pregnenelone, DHEA, levothyroxine, liothyroine (Cytomel), testosterone cream and injections.
If there were a gynecology specialization, having access to U/S or other testing to help dx patients would be an asset. I would make this an exclusion from having to pass the Prescribing exam.
Generalized practitioners, who do not have specialized education/training should still have the right to order the same scope of tests as specialized practitioners. Patients should not be restricted to seeing specialists in order to get tests, especially if there are none locally available. Furthermore, restricting tests negates any education practitioners could get from CE courses, without specialist titles. A general doctor may be able knowledgeable enough to order and interpret a test without the specialist title. The same thing goes for certain drugs and therapies. Some practitioners who feel confident enough should be able to offer the same therapies and treatments, without the specialist title. The specialist title should be for patients to be able to choose practitioners for their care. It should be a choice to go to a specializing practitioner, not a requirement. Patients should not be forced to go to a certain practitioner because they are the only ones who offer certain tests, drugs or treatments.
The only reason to have specialization is to have access to additional drugs, lab tests, and procedures.

For endocrinology, specifically HRT prescribing for menopausal women. The profession should have access to oral micronized progesterone and oral estradiol.
Yes we need access to more diagnostics such as ultrasound
No, the current list of drugs are not within the scope of NDs in Ontario. A new list of drugs/medical devices must be added. Such as injectable fillers and neuromodulators as examples.
Yes — a specialization program must include tiered access to drugs, substances, and diagnostic tests, in alignment with advanced training. Specialists should be able to prescribe higher-risk or niche therapeutics (e.g., bioidentical hormones, psychotropics, cancer support agents) and order diagnostic tests (e.g., advanced hormone panels, neuroimaging, tumor markers) that support their expanded scope. This ensures that specialists can deliver care in accordance with their training and the standards expected of their title.
No. I don't think it's necessary to limit members to certain labs/drugs/substances while allowing other members with a certain specialty to have exclusive access to certain labs/drugs/substances that is in addition to what members have access to who don't have a particular specialty.

June 13, 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, Ontario
M5C 1C3

Attn: Andrew Parr, CAE - Chief Executive Officer

Re: Naturopathic Specialties – Preliminary Consultation

The Canadian College of Naturopathic Medicine (CCNM) appreciates the opportunity to participate in the Naturopathic Specialties – Preliminary Consultation.

We have provided our responses to the considerations outlined below.

Consideration 1: General Approach to Specialization

If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Alone

In concert with other naturopathic regulators

X Through CANRA

CCNM believes that the decision to introduce specializations should be informed by evidence. To that end, evidence would need to demonstrate that regulated specialization—versus a strengthened generalist model—improves patient safety, access, or complaint trends in other RHPA professions or Canadian jurisdictions. We recommend that CoNO conduct an environmental scan of regulators that allow specialties, the metrics they tracked, and documented post-implementation outcomes (peer-reviewed studies, regulator evaluations, public-health reports). This information is essential for the institution to provide an informed response to the questions that are asked in this consultation.

Consideration 2: Criteria for Naturopathic Specialty Program

Recommendation:

CCNM recommends that a comprehensive review of all healthcare professions that allow specialties be conducted to identify the principles (and the rationale for them) that guide their criteria. This information would be critical in helping the institution provide relevant feedback.

Additional questions to consider for feedback include:

1. If specializations are considered, what would be the potential direct and indirect costs - tuition, certification fees, College administration—for launching and sustaining each specialty, and how will these costs be funded?
2. If acts such as IVIT or internal exams shift into specialties, what residual competencies must every entry-level ND still master, and will the core curriculum shrink, lengthen, or remain unchanged?
3. What would be the various model considerations for specializations and any associated timelines?
4. What mechanisms will ensure specialization does not widen geographic or socio-economic gaps in naturopathic care (e.g., rural access, tuition relief, diverse candidate pipelines)?

Concluding Remarks

We look forward to working with CoNO to promote the highest standards of professionalism and patient care. CCNM remains committed to working with our system partners in the field to identify and address any issues that may arise, and to take proactive steps to promote best practices and maintain public confidence in the naturopathic profession.

Sincerely,



Dr. Rahim Karim, B.Sc., DC, MBA, CHE, ICD.D
President & CEO

Naturopathic Specialization
In-Formal Consultation
Feedback from CAND

This is a report of the feedback received from the Canadian Association of Naturopathic Doctors as part of the informal consultation relating to naturopathic specialization.

Submitted by:
Gemma Beierback, CEO

Consideration 1: General Approach to Specialization

If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Option	# of Responses
Alone	
In concert with other naturopathic regulators	
Through CANRA	✓

Consideration 2: Criteria for Naturopathic Specialty Program

If an approach to specialization were to be developed, which if any, of the following criteria should be included in the program?

- **Sponsoring organization** – that there is a sponsoring organization that oversees the education and certification of training in the specialization.
- **Body of Knowledge** – that there is a body of knowledge that is separate, distinct and in addition to the education and training of competencies for entry-to-practice.
- **Need and Value** – there is evidence through research studies that the area of specialization will contribute to the overall health of Ontarian/Canadians, provide naturopathic services not provided through general naturopathic practitioners and contributes to research for the profession.
- **Impact** – Evidence that the specialties will lead to advancements in practice, research and technology without causing undo harm (financial or otherwise) to the general practice. In other words, both the specialty(ies) and general practice can co-exist and support each other.

- **Advanced education and training** – the specialty must provide advanced education and training beyond that which is attained in the entry-to-practise naturopathic education program that is accredited by CNME.

Option	# of Responses
<i>Sponsoring organization</i>	
<i>Body of Knowledge</i>	
<i>Needs and Value</i>	
<i>Impact</i>	
<i>Advanced education & Training</i>	

(No response)

Consideration 3: Other criteria

Given that naturopathic medicine is a broad primary care profession, are there other criteria that should be considered within a program of naturopathic specialization?

As a point of clarity the white paper states: Similarly to the nursing profession, chiropractors must attain post-graduate qualification in one or more areas of specialties and be recognized by the affiliated College as a fellow. The competencies for the specialties are set by the individual specialty Colleges and recognized by the Canadian Chiropractic Association. Individual provincial regulators then determine whether the specialty will be recognized. I confirmed that the CCA will recognize Fellows (specialty holders) only after a regulator recognizes them. So the Specialties are specialties under the regulatory council in the FCC (the Chiro CANRA equivalent). The CAND believes this is the appropriate model for Naturopathic Medicine. With CANRA creating a national approach that could be universally recognized in Canada.

Consideration 4: Naturopathic Specialties

Which, if any, of the following do you believe would meet the criteria set out in consideration 2 to enable the establishment of it as a specialty?

Option	# of Responses
<i>Endocrinology</i>	
<i>Gastroenterology</i>	
<i>Homeopathy</i>	
<i>Generative</i>	
<i>Oncology</i>	
<i>Pediatrics</i>	
<i>Environmental</i>	
<i>Psychiatric</i>	
<i>Midwifery.</i>	

(No response)

Consideration 5: Would specialties impact on classes of registration?

Should a program of specialization be considered as an alternate approach to the earlier discussions of extended classes of registration and rostering?

(No response)

Consideration 6: Which of the following considerations from the Classes consultation could be addressed in a specialty program?

Which of the following might be considered a specialty within the profession:

Option	# of Responses
Therapeutic prescribing	
IVIT	
Internal examinations	
Naturopathic manipulation.	

(No response)

Consideration 7: Drugs, substances and lab tests

If a specialization program were to be developed, should the drugs and substances authorized to the profession and the list of laboratory tests that can be ordered to further adopted to reflect this program? Please elaborate on why or why not.

(No response)

Ontario Association of Naturopathic Doctors
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June 27, 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, Ontario
M5C 1C3

Attn: Mr. Andrew Parr, CAE
Chief Executive Officer

Re: Consultation on Naturopathic Specialization

The Ontario Association of Naturopathic Doctors (OAND) is pleased to submit this response to the College of Naturopaths of Ontario's (CoNO) preliminary consultation on specialization within the naturopathic profession. As the professional association representing over 70% of Ontario's licensed naturopathic doctors and more than 300 naturopathic students, the OAND is committed to shaping a regulatory framework that safeguards the public while supporting the integration, visibility, and long-term sustainability of the naturopathic profession within Ontario's evolving healthcare system.

In preparing this response, we undertook a multi-faceted engagement and review process, including a targeted member survey, in-depth stakeholder interviews, cross-professional regulatory comparisons, and legal analysis. Our goal was to identify areas of alignment and challenge, while ensuring the feedback we provide is evidence-informed, representative, and aligned with the public interest and advancing the profession.

Through this work, we identified four core themes that structure our response:

Oversight and Governance – Clarifying the appropriate role of the regulator versus professional or academic organizations in administering specialization frameworks;

Recognition Criteria and Mechanisms – Exploring what constitutes a valid specialization and what standards or processes should be used to assess them;

Specialty Categories – Considering how potential areas of focus should be defined (e.g., by population or condition versus modality), and the risks of categorization that may be inconsistent with public understanding or professional realities;

Relationship to Other Regulatory Tools – Distinguishing specialization from other mechanisms such as rostering, classes of registration, or access to controlled acts.

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We appreciate the opportunity to contribute to this important dialogue and look forward to continuing to collaborate with the College in a manner that supports safe, accountable, and evolving naturopathic practice in Ontario.

Consideration 1: If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with other naturopathic regulatory authorities in Canada, or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

The College of Naturopaths of Ontario (the College) has asked whether, if specialization were to move forward, it should be administered by:

- the College itself,
- the College working in collaboration with other provincial naturopathic regulators,
- or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA).

Most regulated health professions in Canada do not administer or develop their own specializations. Instead, specialization programs are typically developed by national professional associations or independent certifying bodies, and are recognized by regulators, rather than designed or administered by them. This is an important distinction.

Context from Other Professions:

A review of how other professions approach specialization provides important insight:

Profession	Who develops specializations?	Who recognizes them?	Notes
Nursing	Canadian Nurses Association (CNA)	Provincial regulators	CNA sets exams; certification is portable nationally.
Dentistry	CDRAF + RC of Dentists of Canada	Provincial regulators	National exam administered by certifying body.
Chiropractic	Specialty colleges (e.g., radiology, ortho)	Provincial regulators	Fellowships are national and recognition is province-specific.
Medicine	Royal College (RCPSC) or CFPC	Provincial colleges	Rigorous national training and exam structure.

In all these examples:

- *Professional associations or certification bodies* often lead the development of specialties.
- Regulators typically recognize approved specializations, not develop them or require additional examinations administered by the regulator.

A Coordinating Role for CoNO?

Given Ontario's size and leadership within the Canadian naturopathic profession, CoNO may be well-positioned to contribute to the development of a national framework that enables—but does not administer—specialization.

Uniform approaches to specialization across provinces and jurisdictions are critical to:

- Protecting patients, by ensuring consistent standards of care;
- Maintaining public trust, through transparency and accountability in credentialing;
- Advancing the profession, by supporting interjurisdictional recognition and equitable access to advanced roles.

CoNO could support this by:

- Setting recognition principles aligned with national and North American credentialing efforts;
- Defining regulatory boundaries that safeguard title use and prevent regulatory overreach;
- Collaborating with academic institutions, professional associations, and existing credentialing bodies to recognize specialization pathways that reflect both clinical demand and educational quality.

CANRA (the Canadian Alliance of Naturopathic Regulatory Authorities) may serve as an appropriate vehicle for coordinating the national recognition of existing and emerging advanced training programs. CoNO's leadership within this alliance could help ensure that any framework is:

- Feasible and scalable, given the size and diversity of the profession;
- Portable, supporting practitioner mobility and access across provinces.

This type of enabling role would help uphold the public interest while supporting the evolution of naturopathic practice in a cohesive and collaborative way.

Key Questions and Considerations:

1. Is CoNO the appropriate body to design or oversee specializations?
 - As a regulator, CoNO's mandate is public protection —not post-licensure credentialing.
 - They are the largest regulator of NDs in Canada, and the council has taken a leadership role in strategic review with an aim to modernizing regulatory frameworks in the interest of public protection.
 - If CoNO were solely responsible, questions arise about resourcing, timelines and administrative burden and cost transference to registrants.
2. Would a nationally portable framework serve the public and profession better?
 - Member feedback strongly supports consistency across provinces.
 - A pan-Canadian or North American approach could prevent fragmentation and protect public confidence.
 - Other possible unintended consequences (e.g., duplication of existing certifications, lack of national cohesion, public confusion, issues with employment mobility).
 - Note the complexity with varying scopes and degrees of regulation across Canada

Stakeholders across the profession — including members, educators, and associations — expressed concern about the College developing or administering specialization frameworks internally. Many emphasized that the College's core mandate is to protect the public through entry-to-practice regulation and professional conduct oversight, not to design or credential advanced or focused areas of practice.

A national or North American approach to specialization—grounded in collaboration with credentialing bodies, academic institutions, and professional associations—may offer greater consistency, portability, and sustainability. In contrast, a provincial-only model risks fragmented standards and challenges related to equity, recognition, and regulatory capacity.

While the College may have an important role in recognizing specialties for the purpose of public protection, it is not best practice for the regulator to develop or administer specialization programs or examinations directly.

Consideration 2 and 3 – Criteria for Specialties

College's Framing Question:

If an approach to specialization were to be developed, which, if any, of the following criteria should be included in the program?

- Sponsoring organization
- Body of knowledge
- Need and value
- Impact on general practice
- Advanced education and training

Context and Background

In examining criteria used by other health regulators and professional federations (e.g., in dentistry, kinesiology, and nursing), several common elements emerge that support the transparent recognition of areas of focused clinical expertise. In these professions, specialty recognition typically involves:

- Alignment with a sponsoring or certifying body
- Distinct post-entry-to-practice competencies
- A demonstrable contribution to public health outcomes
- Defined educational and ethical standards
- Regulator recognition of the designation — rather than direct program delivery

The following table outlines relevant considerations for each criterion in the context of naturopathic practice.

Table 1: Criteria for a Framework for Specialty Recognition

Criterion	Considerations & Insights
Sponsoring Organization	Other health professions often rely on trusted certifying bodies, academic institutions, or professional associations to support specialty recognition. This model separates program delivery from regulatory oversight and may support consistency and credibility without placing undue administrative burden on the regulator.
	Key Consideration: Given the diversity of advanced training offerings in the profession, what oversight criteria for this sponsoring organization is going to be important? See below
Body of Knowledge	A foundational criterion across professions is the requirement for a distinct and well-defined body of knowledge beyond entry-to-practice competencies. Respondents noted this already exists in some areas of naturopathic care (e.g., oncology, pediatrics, environmental medicine) and could be formally delineated through a competency framework. This may also impact some of the proposed categories, such as gastroenterology, of which NDs have extensive knowledge in at entry to practice. There is also significant overlap between this and Advanced Training and Education and both may not be needed.
Need and Value	Professional frameworks in other jurisdictions evaluate need based on public benefit, access gaps, patient complexity, or population health priorities. A naturopathic model should also consider community need, cultural safety, and contributions to integrated care.
Impact on General Practice	Careful attention must be paid to how specialty recognition intersects with general practice. A well-designed framework should preserve public access to generalist care while supporting advanced training where appropriate. There is deep concern surrounding any process whereby specialization recognition restricts generalist scope of practice.
Advanced Education and Training	Standards for advanced education are common in other professions but vary in delivery and format. Considerations for a naturopathic framework may include modular options, flexible access, prior learning recognition, and alignment with existing models (e.g., the College's certification and examination approach for prescribing and IV therapy, where it recognizes programs rather than develops them).

Additional Consideration: Oversight of Sponsoring Bodies

Well-established U.S.-based organizations—such as the AANMC, OncANP, and PedANP—offer high-quality post-graduate training and credentialing that are often aligned across jurisdictions. These programs have served as a model for specialty recognition in naturopathic medicine, particularly in areas like oncology, pediatrics, and academic residency training.

At the same time, the profession in Canada has seen significant growth in profession-led and privately developed continuing education programs. These offerings—while often of high quality and clinically valuable—vary in structure, credentialing standards, and oversight. Our member survey shows high and growing participation in such programs, reflecting their importance to clinical development. However, this diversity also adds complexity to any future specialization framework.

If specialization designations are to be supported by sponsoring organizations—whether academic, professional, or third-party—there must be transparent and credible oversight criteria for those entities. Given the diversity of advanced training in naturopathic practice, setting expectations for these organizations is critical to ensure consistency, legitimacy, and public trust.

Key Issues:

Variation in Program Structure: Sponsoring bodies may include academic institutions, professional associations, credentialing boards, or private educators. These vary in curriculum design, faculty qualifications, length, and quality assurance processes.

Lack of Central Accreditation: Unlike in medicine or nursing, there is no single national body accrediting post-graduate training programs in naturopathic medicine. This raises questions about how CoNO or others might evaluate and recognize program quality.

Conflict of Interest and Transparency: If a sponsoring body also delivers training, there should be safeguards to ensure transparency and avoid real or perceived conflicts of interest—especially in credentialing decisions.

Criteria to Consider Might Include:

- Clear curriculum standards aligned with the proposed specialty
- Defined entry and completion requirements
- Qualified instructors with recognized clinical expertise
- A documented assessment or evaluation process for learners
- Policies for transparency, impartiality, and conflict of interest

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There were comments raised regarding CoNO acting as a sponsoring organization. Some of the potential concerns with this approach have already been addressed. While the College may have an important role in recognizing specialties for the purpose of public protection, it is generally not best practice for the regulator to develop or administer specialization programs or examinations directly.

Voluntary vs. Exclusive Recognition: Impacts on General Practice

A key concern is whether specialization recognition could evolve from a voluntary designation into an exclusive gateway to certain aspects of practice. While some professions, such as medicine, reserve specific scopes for certified specialists, others—like chiropractic—offer voluntary specialty recognition that does not restrict the scope of general practitioners. Within the Naturopathy Act (2007), NDs are already responsible for determining whether they possess the necessary training, skill, and judgment to treat each patient safely, and this is reinforced through existing regulations and professional standards. Introducing exclusivity risks narrowing the current scope of practice – which is already reduced compared to many jurisdictions. This is even more concerning if access to certain modalities, conditions, or tools is linked to specialty designation, which is addressed in a future section of this response. There is also the risk that a recognition framework may also fail to account for the extensive experience and post-licensure learning that many NDs have acquired outside of formal specialty programs. These issues merit careful consideration to ensure that any future framework does not inadvertently reduce access to care or limit the flexibility and safety that currently define general naturopathic practice.

Additional Criteria for Consideration

While the College has identified several foundational criteria drawn from other regulatory models, additional considerations emerged through the OAND's stakeholder interviews, member survey, and review of comparable frameworks. These considerations reflect the practical, ethical, and professional realities of naturopathic practice in Ontario and may help ensure that any future framework for specialty recognition is equitable, responsive, and grounded in best practices.

Table 2: Additional Criteria for Consideration

Additional Criterion	Considerations & Insights
Equity of Access	Ensuring equitable access to specialty recognition — regardless of geographic location, financial means, or career stage — was a consistent concern. Respondents emphasized the importance of avoiding models that favor only urban or high-income practitioners
Recognition of Prior Learning	Many NDs have already completed substantial post-graduate education and hold certifications in focused areas of practice. Consider mechanisms to recognize prior learning, experience, or existing credentials, reducing redundancy and supporting fairness.
Ongoing Competency and Quality Assurance	Several regulators (e.g., nursing, dentistry) require ongoing demonstration of competency for specialty maintenance. Respondents suggested a similar model could be applied to continuing education and quality assurance measures that evolve with the evidence base.

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These additional criteria expand upon the College's initial list by emphasizing implementation factors that affect fairness, accessibility, interprofessional collaboration, and ongoing professional excellence. While these may not all be necessary for every recognized specialty, they reflect key principles that NDs and system stakeholders identified as important to maintaining public trust, supporting practitioner diversity, and ensuring a robust and sustainable framework if one is developed.

Consideration 4: Evaluation of Proposed Specialty Areas

College Question: Which, if any, of the following do you believe would meet the criteria set out in Consideration 2 to enable the establishment of it as a specialty?

Overview

The College proposes a list of nine potential specialty areas, several of which correspond to existing certification pathways in the U.S. While each area may warrant future consideration, a review of specialization models across other regulated health professions suggests caution in assuming all of these domains are appropriate for regulatory specialty recognition — especially in the context of *treatment modality* or *scope-based* designations.

Specialization – Trends Across Health Professions

A comparative scan of the four Ontario professions with established specialties (Medicine, Nursing, Dentistry, Chiropractic) reveals that:

- Approximately 70% of specialties are organized by condition or patient population
- The remaining specialties are defined by location, assessment function, or professional role
- Very few, if any, are organized around a treatment modality

Category	% of Specialties (Approx.)
Condition / Population	70%
Location (e.g., ICU, public health)	10%
Assessment (e.g., radiology, pathology)	10%
Role (e.g., educator, scientist)	6.5%
Treatment Modality	2.8% (Radiology only)

Implication: Recognizing *therapies* or *scope-related practices* (e.g., prescribing, IV therapy, homeopathy) as specialties is not typical in regulated professions and may create confusion between competency certification and professional specialization.

Regulatory and Legislative Constraints

Two of the proposed areas — midwifery and psychiatric practice — involve controlled acts not currently authorized to naturopathic doctors in Ontario. For example:

- Managing labour or conducting delivery is a controlled act under the Regulated Health Professions Act, 1991, and is not part of the naturopathic scope of practice.
- Treating by means of psychotherapy technique is also a controlled act that requires specific authorization not held by NDs in Ontario.

While these constraints may limit formal regulatory recognition of these specialties, there remains significant value in focused certification and training that supports patient care in these domains. As an alternative, specialties such as perinatal care (including fertility, prenatal and postpartum care, and doula-informed practice) and mental health may offer more appropriate and practical focus areas for specialization. These better reflect the clinical roles many NDs are already fulfilling and would allow for targeted competency development without conflicting with legislated scope limitations.

Stakeholder and Operational Considerations

From system partner input and member survey data:

- Oncology, pediatrics, endocrinology, and environmental medicine were most commonly cited as areas of high need and strong relevance to current naturopathic practice in Ontario.
- Gastroenterology was also frequently mentioned; however, its breadth and integration across general practice may make it difficult to delineate as a distinct specialty without excluding core areas already within entry-to-practice competencies.
- Generative medicine and homeopathy were associated with greater concern:
 - *Generative medicine* lacks consistent definitions or standardized certification pathways, which could complicate regulatory recognition.
 - *Homeopathy*, while a valued modality for some, is not a distinct clinical population or field of practice. Its categorization as a specialty may not meet commonly used criteria (e.g., distinct body of knowledge, public need). Furthermore, it raises potential scope encroachment concerns, as homeopathy is already regulated under the RHPA through the College of Homeopaths of Ontario (CHO). Any formal recognition by the College of Naturopaths of Ontario (CoNO) may require inter-regulatory consultation to avoid jurisdictional conflict.

Key Consideration: Creating specialties around modalities may risk regulatory overreach into clinical autonomy and may unintentionally limit how generalists can describe their care or safely practice within their existing scope. It may also create confusion or conflict with other regulated professions holding jurisdiction over similar modalities. This concern applies primarily to modalities or tools of care (e.g., homeopathy, acupuncture) rather than clinical fields of focus (e.g., oncology, pediatrics), which are consistent with specialization models across other regulated health professions.

Modalities are tools or methods (e.g., acupuncture, homeopathy, IV therapy) and are generally seen as techniques applied within a broader scope. Creating regulatory specialties around these can:

- Interfere with clinical autonomy (who is “allowed” to use the modality),
- Require defining core techniques as exclusive to a subgroup of registrants,
- Risk overlap with professions specifically regulated to govern those modalities.

Fields like oncology or pediatrics, in contrast:

- Refer to patient populations or clinical areas,
- Are well-established specialty categories across healthcare professions,
- Do not inherently imply the use of a specific treatment modality,
- Are not modalities themselves, but rather clinical contexts in which multiple modalities may be used.

This distinction is recognized across other professions (e.g., medicine, dentistry, nursing), and as long as CoNO follows that precedent, there is a solid rationale for adopting terms like “oncology” or “pediatrics” without overstepping scope or infringing on terminology reserved for other professions (e.g., “family medicine”).

Considerations 5–7: Clarifying the Role of Specialization in Relation to Regulatory Tools — Rostering, Classes, and Scope

The OAND recognizes the College’s ongoing efforts to modernize regulation in a way that aligns with its public protection mandate. We acknowledge that the development of a specialization framework may intersect with previous discussions related to extended classes, rostering, and access to authorized acts. While these approaches may appear to serve overlapping goals, they represent distinct regulatory functions. It is important to clearly differentiate between mechanisms that authorize access to scope (e.g., rostering, extended classes) and those that recognize advanced focus (e.g., specialization).

Key Consideration: Specialization vs. Rostering

Rostering and extended classes are regulatory tools that define who may perform specific controlled acts or higher-risk procedures, based on meeting defined standards (e.g., training, examination, certification).

Specialization is typically used to recognize areas of clinical depth or advanced focus — not to regulate or gatekeep access to legal scope.

Blending these frameworks may result in confusion for both practitioners and the public, particularly if access to authorized procedures (e.g., IVIT or prescribing) is misperceived as requiring specialty status.

There is also concern that this approach could create unnecessary regulatory complexity, limit access based on geography or income, and fragment the profession.

Note: In our previous submission on classes of registration, the OAND advised against a broad rostering framework, emphasizing more proportionate tools already in place.

Consideration 5: Should Specialization Replace Rostering or Extended Classes?

Specialization frameworks may play a role in recognizing advanced clinical focus but should not be used as a mechanism to assign access to controlled acts. These regulatory issues are distinct and should not be conflated. The OAND maintains its previous concerns with the implementation of a broad rostering model.

Background and Rationale**Separation of Purpose:**

Specialization typically acknowledges additional education, experience, or focus areas for the purpose of public understanding or professional recognition, not to regulate core scope or assign controlled acts.

Existing Oversight Is Working:

The College already administers post-entry-to-practice certifications (e.g., Therapeutic Prescribing, IVIT) that are effective and enforceable without requiring separate classes or a specialty designation.

Member Feedback:

NDs expressed concern that linking specialization to access rights could create regulatory inequities, limit access to essential clinical tools, and confuse the public. Support was stronger for continuing to use certification models tied to scope, not specialization.

Rather than layering specialization onto access rights, the College should continue to refine its certification frameworks through classes of registration. These approaches are already integrated with professional standards, scalable to the size of the profession, and focused on patient safety.

Consideration 6: Should Therapies Like IVIT or Prescribing Be Specializations?

As previously discussed, most regulated health professions in Ontario do not define specific therapies or procedures as specialties. Public protection is ensured through defined standards, restricted acts, and certification, not by categorizing clinical tools as specialties.

Defining procedures (e.g., IVIT, internal exams) as specialties may

- Introduce confusion between legal scope and specialty recognition,
- Undermine regulatory clarity,
- Duplicate or complicate existing processes.

Instead, specialty recognition should reflect clinical domains or patient populations (e.g., pediatrics, oncology), not core scope activities.

Consideration 7: Should Specialties Impact Drug or Lab Test Access?

Current access to drugs and lab tests is tied to post-entry certification (e.g., prescribing standards, lab authorizations).

Shifting these to specialization risks:

- Restricting access for experienced generalists,
- Reducing patient access in underserved areas,
- Undermining regulatory consistency.

Example:

Requiring an “Oncology” specialty to prescribe IV vitamin C may exclude NDs already co-managing cancer patients safely under existing certification and standards.

A specialization framework should not replace or duplicate the regulatory functions of classes of registration, controlled act authorizations, or post-entry certifications. These mechanisms serve different purposes. While specialization may support public transparency and professional recognition, access to clinical tools and procedures should continue to be governed through targeted regulatory processes. Existing structures — such as IVIT and prescribing certification — are sufficient, enforceable, and appropriate to the profession’s size and scope.

Summary

Based on our research, legal review, stakeholder engagement, and member survey, the OAND strongly recommends the removal of the current prohibition on the use of terms that imply specialization. We believe this change is necessary to align with legal standards, support informed patient choice, and reflect the evolving nature of naturopathic practice in Ontario.

While the development of a policy-based framework to guide the communication of advanced training may be useful, such a framework must not restrict naturopathic doctors from truthfully identifying credentials or certifications they have earned. Regulatory clarity and public protection are best served not by prohibiting these communications, but by ensuring they are accurate, verifiable, and consistent with scope and standards of practice. We have included a legal briefing that supports the removal of this prohibition, irrespective of if a framework to recognize specialties is pursued.

Rationale for Removing the Prohibition on the Use of Designations

1. Improved Transparency and Informed Consent

Removing the blanket prohibition allows patients to make more informed choices about their care. Many NDs already pursue advanced, evidence-informed training in focused areas (e.g., oncology, pediatrics, fertility). Allowing them to communicate this training—subject to appropriate professional standards—supports transparency and informed consent, which are pillars of ethical practice.

2. Enhanced Public Protection Through Clarity

A prohibition that prevents NDs from truthfully communicating advanced training may unintentionally obscure differences in competency among practitioners. This may lead to confusion, not clarity. A more nuanced approach—supported by advertising standards and professional accountability—ensures the public can accurately assess provider qualifications.

3. Legal Considerations

A legal opinion commissioned by the OAND concludes that the current blanket prohibition is overly broad and may be vulnerable to legal challenge. Courts have generally favoured regulatory restrictions that:

- Are clearly defined,
- Serve a legitimate public interest, and
- Are proportionate and minimally impairing of professional expression.

Our legal analysis suggests that the College would be on stronger legal and policy ground by developing a guidance-based or standards-based approach, rather than continuing with a rigid prohibition.

4. Alignment with Other Regulated Professions

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In all four regulated professions in Ontario that allow specialization—medicine, nursing, chiropractic, and dentistry—the ability to communicate advanced competencies is not prohibited, but instead governed by clear expectations and title protections. Ontario NDs should not be uniquely restricted from transparently representing their qualifications, particularly when public-facing information is regulated in other ways (e.g., through advertising standards, QA processes, and complaints mechanisms).

Recommendations

To align with legal precedent, best practices in health regulation, and the evolving needs of the profession, we recommend the following approach be considered.

- Remove paragraph 31 of the Professional Misconduct Regulation (O. Reg. 17/14), which prohibits NDs from implying specialization;
- Allow NDs to truthfully communicate earned certifications, credentials, or areas of clinical focus, in a manner that is accurate, verifiable, and consistent with professional standards;
- Consider developing a policy or practice standard to guide how advanced training is communicated to the public — but ensure that this framework does not impose unreasonable barriers or reintroduce limitations through other means;
- Develop guidance in consultation with the profession, legal experts, and system partners to ensure clarity and accountability.

This approach preserves the College’s mandate to protect the public, while also recognizing the reality of modern practice and the diversity of training within the profession.

A Note on Consultation Engagement

The OAND acknowledges the College’s comments regarding collective responses in the consultation process. As the professional association for naturopathic doctors in Ontario, our role is to support the profession in navigating complex policy issues, and to offer evidence-informed, strategic input that reflects both member feedback and the broader public interest.

We do want to call attention to the suggestion that individual registrants reiterating an association’s position may undermine the consultation process or create a divide between the profession and the regulator. This interpretation is not one we fully understand, and it raises questions about the assumptions informing this perspective. It may reflect a misunderstanding of the OAND’s process and intent, or a lack of information about how our consultations are structured, facilitated, and communicated.

The OAND’s consultation framework has evolved significantly in recent years to ensure it is:

- Inclusive of diverse member perspectives;

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- Grounded in legal and policy analysis;
- Informed by structured surveys and stakeholder interviews; and
- Consistent with our 2023–2026 Strategic Plan.

Our goal is not to generate mass responses, but to equip members with tools to engage meaningfully—whether they agree with our position or not. We believe that it is both appropriate and necessary for a professional association to offer a considered position on regulatory issues of broad significance. Doing so enhances—not detracts from—the profession’s ability to participate in policy development with clarity and context.

We continue to encourage all members to submit individual responses to College consultations and are confident that our approach supports open dialogue, informed participation, and shared accountability.

A strong regulatory system benefits from diverse perspectives, thoughtful engagement, and respectful disagreement. We also acknowledge that the regulatory body and the professional association may not always be aligned in perspective or function—and that is appropriate. Regulation and advocacy play different roles in a healthy professional ecosystem. However, we firmly believe that collaborative approaches, grounded in respect and openness, produce the strongest outcomes. We remain open to dialogue with College staff at any time and are committed to working in a way that maintains the integrity of both regulatory independence and professional voice.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: June 18, 2025
TO: Council members
FROM: Natalia Vasilyeva
 Director, Professional Affairs
RE: Type 2 Occurrence Annual Report Summary

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

Type 2 Occurrence Annual Reports Summary

The Designated Registrants for all applicable premises (173) submitted their Type 2 Occurrence Annual Report for the reporting period of March 2, 2024 to March 1, 2025.

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.

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	
2024	2025	2024	2025
168	173	31 (18%)	32 (18%)

Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2024	2025	2024	2025	2024	2025	2024	2025
150	255	118	161	31	91	1	3

Infections	
2024	2025
0	1*
Unscheduled Treatments	
2024	2025
4	4

*One case of phlebitis 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	Procedure Delegated by ND	
			Yes	No
Arnica	Pain at insertion site	1		1
ER visit and consult with ND after pain had resolved	Pain at insertion site	1	1	
Walk-in clinic within 48 hours of the IVIT	Lymphadenitis	1		1
Returned to clinic the same day of the IVIT, recommended electrolyte formula or coconut milk.	Diarrhea	1	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	Procedure Delegated by ND	
			Yes	No
Anxiety	6	Mild	3	3
Anxiety	2	Moderate	1	1
Anxiety	1	Severe	1	
Bronchial irritation	1	Mild		1
Chest pain	1	Mild		1
Chills	2	Moderate	2	
Diarrhea	1	Mild		1
Dizziness	3	Mild	3	
Edema	1	Mild		1
Headache	7	Mild	7	
Headache	2	Moderate	1	1
Headache	1	Severe		1
Histamine reaction	1	Mild		1
Hypertension	24	Mild	4	20
Hypertension	63	Moderate		63
Hypoglycemia	5	Mild	1	4
Hypotension	1	Moderate	1	
Infusion site extravasation	41	Mild	5	36
Maculo-papular rash	5	Mild	3	2
Maculo-papular rash	1	Moderate		1
Nausea	17	Mild	10	7
Nausea	4	Moderate	1	3
Pain at insertion site	10	Mild	3	7
Pain at insertion site	2	Moderate	1	1
Phlebitis	3	Mild	1	2
Phlebitis	1	Severe		1
Pre-syncope	7	Mild	3	4
Pre-syncope	2	Moderate	2	
Syncope	5	Mild	4	1
Syncope	1	Moderate	1	
Tingling sensation	1	Mild		1
Urticaria	11	Mild	7	4
Vomiting	11	Mild	9	2
Vomiting	11	Moderate	11	

Summary of adverse drug reactions regarding severity and delegation

Mild - Delegation: No = 98, Yes = 63

Moderate - Delegation: No = 70, Yes = 21

Severe – Delegation: No = 1, Yes = 2

A total of 85 adverse drug reactions occurred when the IVIT was delivered through a delegation compared to 170 that occurred when there was no delegation in place.

Summary of IV bags compounded and administered

A total of 255 Type 2 occurrences were reported to have happened during 89,595 IV administrations. This is a 0.28% rate of Type 2 occurrences during the past reporting period.

IV Bags Compounded	
2024	2025
90,916	92,235
IV Bags Administered	
2024	2025
87,150	89,595

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

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 Meaning of Terms used in Council Motions

In its deliberations, the Council of the College of Naturopaths of Ontario uses various terms in its motions including approves, accepts and adopts in reference to documents and information that is presented to it. These terms may sound similar; however, they have different connotations and legal and procedural implications.

To ensure clarity, the Council of the College will use terms based on the Guidance from Roberts Rules of Order Newly Revised (RONR). That guidance can be summarized as follows:

Term	RONR Guidance	Use
Adopt	Preferred term when the Council is making the content its own (e.g., a policy, resolution or plan).	The Council adopts the strategic plan.
Accepts	Often used when acknowledging receipt of a report, especially from auditors.	The Council accepts the auditor's report.
Approves	This is a common practice and typically is an endorsement of a plan, proposal or document.	The Council approves the budget.
Receives for filing	The Council should not vote to approve or accept <u>routine</u> financial reports (such as the unaudited financial statements) as doing so implies the board is certifying or endorsing their accuracy—something that they may not be able to do. Instead, such reports are simply received for filing	The Council receives the unaudited financial statements for Q1 for filing.

Note that a single motion may use one or more of these terms in reference to combined documents. For example, the Council may accept the Auditor's Report to acknowledge it; however, it would also approve (endorse) the audited financial statements associated with the Auditor's report.



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2025-2026**

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; and
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, 2025, to March 31, 2026.

Elected or Appointed Positions

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

Interests or Entities Owned

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

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
	None	

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2025-26 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 28, 2025	May 2, 2025	None
Dr. Amy Armstrong, ND	May 28, 2025	May 5, 2025	Yes
Dean Catherwood	May 28, 2025	May 1, 2025	None
Lisa Fenton	May 28, 2025	May 2, 2025	None
Sarah Griffiths-Savolaine	May 28, 2025		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 28, 2025	May 9, 2025	Yes
Dr. Denis Marier	May 28, 2025	April 30, 2025	None
Marija Pajdakovska	May 28, 2025	April 29, 2025	None
Paul Phillion	May 28, 2025	April 29, 2025	None
Dr. Jacob Scheer, ND	May 28, 2025	April 29, 2025	None
Dr. Jordan Sokoloski, ND	May 28, 2025	May 2, 2025	None
Amy Twydell	May 29, 2025	June 13, 2025	None
Dr. Erin Walsh (Psota), ND	May 28, 2025	May 2, 2025	None

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

Updated: June 16, 2025

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



The College of Naturopaths of Ontario

Report from the Council Chair
Period of May 1, 2025 to June 30, 2025

This is the first Chair's Report of six for the current Council cycle and provides information for the period from May 1, 2025 to June 30, 2025.

I would like to express my appreciation to Council members and to Andrew for their support in helping make my transition so far into the role of Chair a smooth one. Over the past weeks, I've been familiarizing myself with the responsibilities that come with this position. I've connected with Andrew as needed, and his guidance has been valuable. I'm looking forward to engaging more deeply in the work of the Council Chair in the months ahead.

In early June, Andrew, Jordan and I met with the senior leadership team at the OAND and I became acquainted with their Chair, Dr. Audrey Sasson, ND as well as their new CEO Jennifer Joseph. We discussed several items including the recent election of officers and the upcoming OMP consultation program. We will meet again in October.

In mid-July, Andrew, Rebecca and I will be holding an orientation session for the new Council Public member who begins their term at the end of July.

Andrew and I continue to correspond regularly and meet virtually on a monthly basis and regular communication between us has been valuable.

I encourage Council members to reach out to me at any time with questions, concerns, or if they wish to discuss any Council-related matters.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
16 July 2025



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

This is the Regulatory Operations Report @ June 30, 2025, which is the end of the first quarter of the program and fiscal year. Added to the report are “line numbers” on the far right for ease of reference when providing highlights and should Council members have a question about a specific number. Within this report, line references have been set out in parentheses with an L).

1.1 Registration

Registrants

As of June 30, 2025, the College had 1698 registrants in good standing (L3) who held a General class certificate of registration and 170 registrants in good standing (L6) who held an Inactive class certificate of registration. There were also 31 Life Registrants (L12), with no change thus far in this program year.

In terms of changes in status, it is noteworthy that there have been 15 suspensions (L15) and only 8 reinstatements (L18) thus far in this year and three resignations (L16). The revocations (L17) represent individuals who had been suspended for two years and were revoked in accordance with the Registration Regulation as well as revocations per the Discipline Committee of which there has been one.

Professional Corporations

In total, four new Certificates of Authorization for naturopathic professional corporations have been issued (L37). A total of 22% or 31 of the 136 issued certificates have been renewed (L42) with no dissolutions (L44) or revocations (L43).

1.2 Entry-to-Practice

Applications for Registration

At the end of Q1, there have been 27 new applications for a Certificate of Registration (L47) with 25 Certificates issued (L48). A total of 6 applications currently remain in process (L46). These numbers are relevant in that they indicate that the College is issuing certificates on a timely basis.

Referrals to the Registration Committee

There have been no referrals of applications for registration to the Registration Committee (L51) thus far this year.

1.3 Examinations

Two examination sittings have been held thus far in this program year. The Ontario Therapeutic Prescribing Examination was held in April 2025 with a total of 49 candidates sitting the examination (L80). The Ontario Intravenous Infusion Therapy Examination was held in May 2025 with 16 candidates sitting the exam (L85).

1.6 Inspection Program

Premises & Inspections

In this quarter, a total of nine new premises (L128) were registered under the Inspection Program, however, four existing premises were de-registered (L129). Seven new premises, Part I inspections (L134) were delivered, and four new premises (L135) completed Part II of the inspection. The inspection outcomes include 16 passes, two passed with conditions and no failures (L138-140).

Occurrence Reports

Thus far, only three Type 1 Occurrence reports were received in Q1 (L145) and all 173 premises filed their annual Type 2 Occurrence Reports (L151).

1.7 Complaints and Reports

Complaints and Reports Data

The Professional Conduct program and the ICRC have had a busy first quarter. A total of nine new complaints (L156) and one new Registrar's investigations (L157) were initiated; however, nine complaint files were closed (L158) and two report files were closed (L159).

Lines 184 through 203 of the Report set out the various concerns raised in complaints and reports. Bearing in mind that any complaint or report matter may have a number of concerns included, it is worth noting that the matters tend to cluster around a few topics including advertising/social media competence/patient care and inappropriate/ineffective treatment.

One matter has been referred to the Discipline Committee (L174) for a hearing. There was no referral to the Fitness to Practice Committee.

Interim Orders

The ICRC did not impose any interim orders in the first quarter; however, two such orders put in place from the prior years were lifted (L182) because of orders from panels of the Discipline Committee.

1.9 Hearings

Two ongoing matters before panels of the Discipline Committee were closed, both were contested matters that began in the 2023-24 program year. Both matters resulted in findings of professional misconduct, one resulted in a suspension and various terms, conditions and limitations. The other matter resulted in a revocation. Both files have been appealed to Divisional Court.

There is one active referral to the Discipline Committee underway. It is in the early stages with planning underway to hold a Pre-Hearing Conference.

1.10 Regulatory Guidance and Education

Regulatory Guidance

During the first quarter, 130 inquiries have been handled by staff of the College (L237) under the Regulatory Guidance Program. Lines 240 through 258 set out the most common topics of inquiry and once again, we see clustering around certain topics such as record keeping, consent and scope of practice.

Regulatory Education

One Regulatory Education Programming session was delivered in May with 144 people in attendance. A total of 91 recorded programs have been accessed during this period.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
July 2025



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.1 Regulatory Activity: Registration															
Registrants (Total)														1927	1
General Class (Total)														1715	2
	<i>In Good Standing</i>	2	8	2										1698	3
	<i>Suspended</i>	2	0	2										17	4
Inactive Class (Total)														181	5
	<i>In Good Standing</i>	1	-2	1										170	6
	<i>Suspended</i>	0	1	0										11	7
Emergency Class (Total)														0	8
	<i>In Good Standing</i>	0	0	0										0	9
	<i>Suspended</i>	0	0	0										0	10
Life Registrants														31	11
	<i>In Good Standing</i>	0	0	0										31	12
	<i>Suspended</i>	0	0	0										0	13
Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Changes in Registration Status Processed (Total)															
Suspensions		6	8	1										15	15
Resignations		0	2	1										3	16
Revocations		1	2	1										4	17
Reinstatements		3	5	0										8	18
Class Changes (Total)														6	19
	General Class to Inactive Class	1	1	2										4	21
	Inactive Class to General Class (<2yrs)	0	1	1										2	22
	Inactive Class to General Class (>2 yrs)	0	0	0										0	23
	Any Class to Life Registrant Status	0	0	0										0	24
	Emergency Class to General Class	0	0	0										0	25

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Life Registrant Applications (Total)														0	26
	Applications from prior period													0	27
	New applications received	0	0	0										0	28
	Applications decided	0	0	0										0	29
CEO Decisions														0	**
	Application approved by CEO	0	0	0										0	30
	Application referred by CEO to RC	0	0	0										0	31
Registration Committee Decisions														0	**
	Application approved by RC	0	0	0										0	32
	Application denied by RC	0	0	0										0	33

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Professional Corporations (Total)														141	**
	Certificates of Authorization in place													137	35
	Suspended Certificates of Authorization	0	0	0										0	36
	New Certificates of Authorization Issued	1	2	1										4	37
	Certificates of Authorization Reinstated	0	0	0										0	38
	Certificates Resigned/Desolved	0	0	0										0	39
	Ceertificates Revoked	0	0	0										0	40
PC Renewals in 2025-26															**
	Not Yet Renewed in this program year													106	41
	Renewed	9	9	13										31	42
	Revoked	0	0	0										0	43
	Resigned/Dissolved	0	0	0										0	44

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Total ETP Applications On-Going														6	46
	On-going applications from prior period(s)														**
	New applications received	13	7	7										27	47
	Certificates issued	7	12	6										25	48
	Certificates declined	0	0	0										0	49
Applications Currently before the Registration Committee														0	**
	Referrals from prior period													0	50
	New referrals	0	0	0										0	51
	Decisions Issued	0	0	0										0	52

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Registration Committee Outcomes													0	**
Approved	0	0	0										0	53
Approved – TCLs	0	0	0										0	54
Approved – Exams required	0	0	0										0	55
Approved – Education required	0	0	0										0	56
Denied	0	0	0										0	57

Prior Learning and Recognition Program Activities in Process													0	**
Applications from prior period													0	59
New applications received	0	0	0										0	60
Decisions rendered on applications	0	0	0										0	61

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
Exam sittings scheduled	0	0	0										0	63
Exam sittings held	0	0	0										0	64
Number of candidates sitting exam	0	0	0										0	65
Ontario Biomedical Examination														
Exam sittings scheduled	0	0	0										0	68
Exam sittings held	0	0	0										0	69
Number of candidates sitting exam	0	0	0										0	70
Ontario Clinical Practical Examination														
Exam sittings scheduled	0	0	0										0	73
Exam sittings held	0	0	0										0	74
Number of candidates sitting exam	0	0	0										0	75
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled	1	0	0										1	78
Exam sittings held	1	0	0										1	79
Number of candidates sitting exam	49	0	0										49	80
Ontario Intravenous Infusion Examination														
Exam sittings scheduled	0	1	0										1	83
Exam sittings held	0	1	0										1	84
Number of candidates sitting exam	0	16	0										16	85

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)													0	**
Appeals Granted	0	0	0										0	93
Appeals Denied	0	0	0										0	94
Ontario Biomedical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0										0	96
Appeals Denied	0	0	0										0	97
Ontario Clinical Practical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0										0	99
Appeals Denied	0	0	0										0	100
Ontario Therapeutic Prescribing Examination													0	**
Appeals Granted	0	0	0										0	102
Appeals Denied	0	0	0										0	103
Ontario Intravenous Infusion Examination Appeals (Total)													0	**
Appeals Granted	0	0	0										0	105
Appeals Denied	0	0	0										0	106

Exam Questions Developed (Total)													78	
CSE questions developed	0	0	78										78	89
BME questions developed	0	0	0										0	90
Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received													0	
Funding application approved	0	0	0										0	109
Funding application declined	0	0	0										0	110
Number of Active Files													1	111
Funding Provided	\$280	\$280	\$280										\$840	112

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)													130	114
Pool selected by QAC													130	115
Deferred, moved to inactive or retired (removed from	0	0	0										0	116
Assessments ordered by QAC, i.e. outside of random	0	0	0										0	117
Total Number of Assessment for the Year.													130	**
Completed (Y-T-D)	0	0	0										0	118

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Quality Assurance Committee Reviews															
Assessments reviewed by Committee														0	119
	Satisfactory Outcome	0	0	0										0	120
	Ordered Outcome (SCERP, TCL, etc.)	0	0	0										0	121
	Referred to ICRC	0	0	0										0	122
CE Reporting															
	Number in group	0	0	0										0	123
	Number received	0	0	0										0	124
	Number of CE Reports with deficiencies	0	0	0										0	125

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.6 Regulatory Activity: Inspection Program															
Registered Premises (Total Current)														165	127
	Total Registered from prior year (as of April 1)													160	127
	Newly registered	6	1	2										9	128
	De-registered	2	2	0										4	129

Inspections of Premises															
	New Premises														
	Part I Completed	6	0	1										7	134
	Part II Completed	1	2	1										4	135
	5-year Anniversary Inspections														
	Premises requiring 5-year inspection													12	136
	Completed	0	0	2										2	137
Inspection Outcomes															
	New premises-outcomes (Parts I & II)														
	Passed	7	5	4										16	138
	Pass with conditions	2	0	0										2	139
	Failed	0	0	0										0	140
	5-year Anniversary Inspection Outcomes														
	Passed	0	0	1										1	141
	Pass with conditions	0	0	1										1	142
	Failed	0	0	0										0	143

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Type 1 Occurrence Reports (Total Reported)													3	145
Patient referred to emergency	0	0	2										2	146
Patient died	0	0	0										0	147
Diagnosis of shock or convulsions	0	0	0										0	148
Emergency drug administered	0	1	0										1	149
Type 2 Occurrence Reports (Outstanding)													0	150
Total Reports Required to be filed.													173	151
Reports Received	149	24	0										173	152
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)													25	153
Open Complaints incl. carried forward from prior yrs													16	154
Open Reports incl. carried forward from prior yrs													9	155
New Complaints	1	6	2										9	156
New Reports	0	0	1										1	157
Complaints completed	1	5	3										9	158
Reports completed	1	0	1										2	159
Files in Alternate Dispute Resolution (In process)													0	160
ADR Files from Prior Period													0	161
New files referred to ADR	1	0	0										1	162
Files resolved by ADR	0	0	0										0	163
Files not resolved by ADR	0	0	1										1	164
ICRC Outcomes (files may have multiple outcomes)														165
Take no further action	0	2	0										2	166
Letter of Counsel	0	2	0										2	167
Oral Caution	0	2	0										2	168
Specified Continuing Education and Remediation	0	0	2										2	169
Letter of Counsel & SCERP	0	0	0										0	170
Oral Caution & SCERP	1	0	2										3	171
Acknowledgement & Undertaking	0	0	0										0	172
Referral to Fitness to Practise Committee	0	0	0										0	173
Referral to Discipline Committee	1	0	0										1	174
Frivolous & Vexatious	0	0	0										0	175
Resolved through ADR	0	0	0										0	176
Withdrawn by Complainant	0	0	0										0	177

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Interim Orders (Currently In Place)															178
	Orders issued in prior period													2	179
	New Interim Orders - TCLs Applied	0	0	0										0	180
	New Interim Orders - Suspended	0	0	0										0	181
	Interim Orders Removed	0	1	1										2	182
Summary of concerns (files may have multiple concerns)															
	Advertising/Social Media	1	3	1										5	184
	Billing and Fees	0	1	1										2	185
	Communication	0	0	1										1	186
	Competence/Patient Care	1	4	1										6	187
	Fraud	0	0	0										0	188
	Professional Conduct & behaviour	0	0	1										1	189
	Record Keeping	0	0	1										1	190
	Sexual Abuse/Harassment/Professional Boundaries	0	0	0										0	191
	Delegation	0	0	0										0	192
	Unauthorized Practice/Scope of Practice	0	1	1										2	193
	Failure to comply with an Order	0	0	0										0	194
	Inappropriate/ineffective treatment	0	3	0										3	195
	Conflict of Interest	0	0	0										0	196
	Lab Testing	0	0	0										0	197
	QA Program Compliance	0	0	0										0	198
	Cease & Desist Compliance	0	0	0										0	199
	Failure to Cooperate	0	0	0										0	200
	Practising while Suspended	0	0	0										0	201
	Unprofessional/Unbecoming Conduct	0	1	0										1	202
	Breach of Privacy	0	0	0										0	203
1.8 Regulatory Activity: Unauthorized Practitioners															
Cease and Desist Letters (Unsigned/Outstanding)															
	Letters Issued	1	0	1										2	206
	Letters signed back by practitioner	0	0	0										0	207
	Letters unsigned or outstanding	1	0	1										2	208

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Injunctions from Court															
	Injunctions in place from prior year(s)													2	210
	Applications Outstanding from prior year													0	211
	New Applications Filed	0	0	0										0	212
	Applications approved by the Court	0	0	0										0	213
	Applications denied by the Court	0	0	0										0	214
1.9 Regulatory Activity: Hearings															
Matters Referred by ICRC															
	Referrals to the Discipline Committee (Total)													1	215
	Referrals from prior period													2	216
	New referrals	1	0	0										1	217
	Matters concluded	0	1	1										2	218
	Referrals to the Fitness to Practise Committee (Total)													0	231
	Referrals from prior period													0	232
	New referrals	0	0	0										0	233
	Matters concluded	0	0	0										0	234
Disciplinary Matters															
Pre-hearing conferences															
	Outstanding from prior year													0	220
	Scheduled	0	0	0										0	221
	Completed	0	0	0										0	222
	Not needed on consent	0	0	0										0	223
Discipline hearings Held															
	Contested hearing completed	0	1	1										2	225
	Uncontested hearings completed	0	0	0										0	226
Outcomes of Contested Matters															
	Findings made	0	0	0										0	228
	No findings made	0	0	0										0	229
FTP Hearings															
	Finding of incapacitated	0	0	0										0	235
	No finding made	0	0	0										0	236

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.10 Regulatory Activity: Regulatory Guidance & Education															
Regulatory Guidance															
Inquiries Received (Total)														130	237
	E-mail	27	31	21										79	238
	Telephone	17	24	10										51	239
Most Common Topics of Inquiries															
	Telepractice	2	2	2										6	240
	Record Keeping	4	3	4										11	241
	Scope of Practice	2	4	4										10	242
	Injections	2	0	0										2	243
	Patient Visits	3	4	1										8	244
	Delegations and Referrals	0	1	2										3	245
	Laboratory Testing	2	2	1										5	246
	Consent and Privacy	3	3	5										11	247
	Conflict of Interest	2	1	1										4	248
	Prescribing	3	2	3										8	249
	Fees and Billing	2	4	1										7	250
	Inspection Program	0	3	0										3	251
	Endorsements	1	0	0										1	252
	Graduates working for NDs	2	1	0										3	253
	Continuing Education	0	3	1										4	254
	Advertising	1	1	3										5	255
	Notifying Patients when Moving	3	1	0										4	256
	Completing Forms and Letters for Patients	0	0	0										0	257
	Registration and CPR	0	1	0										1	258

Regulatory Education Program															
Live Sessions															
	Session Delivered	0	1	0										1	260
	Registrations	0	221	0										221	261
	Attendees	0	144	0										144	262
Recorded Sessions															
	Registrations	14	29	48										91	263

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.11 Regulatory Activity: HPARB Appeals															
Registration Committee Decisions before HPARB														0	264
	Appeals carried forward from prior period													0	265
	New appeals filed with HPARB	0	0	1										1	266
	Files where HPARB rendered decision	0	0	0										0	267
HPARB Decisions on RC Matters															
	Upheld	0	0	0										0	268
	Returned	0	0	0										0	269
	Overturned	0	0	0										0	270
ICRC Decisions before HPARB (Total current)														5	271
	Appeals carried forward from prior period													4	272
	New appeals filed with HPARB	0	1	0										1	273
	Files where HPARB rendered decision	0	0	0										0	274
HPARB Decisions on ICRC Matters															
	Upheld	0	0	0										0	275
	Returned	0	0	0										0	276
	Overturned	0	0	0										0	277

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.12 Regulatory Activity: HRT0 Matters															
Matters filed against the College															
	Matters in progress from prior period(s)													1	280
	New matters	0	0	0										0	281
	Matters where HRT0 rendered a decision	0	0	0										0	282
HRT0 Decisions on Matters															
	In favour of applicant	0	0	0										0	283
	In favour of College	0	0	0											
	Matter settled/resolved	0	1	0										0	284



The College of Naturopaths of Ontario

Annual Reports for Committees of the Council 2024-2025

Introduction

The Statutory Committees of the Council of the College of Naturopaths of Ontario are required under the *Regulated Health Professions Act, 1991*, to file an annual report with the Council. In the interests of transparency and accountability, the Council of the College has asked that all Committees of the Council submit a report on their activities this year and moving forward.

This is the Annual Report of Committee Activities for the period April 1, 2024, to March 31, 2025, the Council.

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AUDIT COMMITTEE ANNUAL REPORT

During the reporting period the Audit Committee held two virtual meetings.

The committee first met on June 11, 2024, in preparation for the College's upcoming annual audit. At this meeting the Audit Committee reviewed and accepted the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter.

The second meeting within the reporting period was held on July 18, 2024, where the committee reviewed, discussed and accept the Auditor's Report to the Audit Committee and draft Financial Statements for fiscal year April 1, 2023, to March 31, 2024.

Both Audit Committee meetings in the reporting period were attend by the Auditor, Thomas Kriens, CPA, CA, LPA, BBM, who is a partner at Kriens-LaRose LLP,

The Chair of the Audit Committee also provided a report to the Council on July 31, 2024, on the outcomes of the audit process and the recommendation to accept the draft financial statements.

Respectfully submitted,

Shawn Bausch
Acting Chair

DISCIPLINE COMMITTEE ANNUAL REPORT

The Discipline Committee as a whole did not meet during the reporting period.

Ongoing Hearings

The following contested matters were before the panels of the Discipline Committee:

CoNO & Michael Prytula

Hearing dates:

- April 9, 10, 2024
- July 29, 30, 2024
- September 13, 2024

A Decision and Reasons on the merits was rendered on November 7, 2024. The Panel found that the Registrant engaged in professional misconduct as set out in the Notice of Hearing.

Penalty hearing date:

- January 27, 2025

CoNO & Michael Um

Hearing dates:

- September 4, 5, 16, 2024

A Decision and Reasons on the merits was rendered on November 14, 2024. The Panel found that the Registrant engaged in professional misconduct as set out in the Notice of Hearing.

Penalty, costs and motions hearings dates:

- March 25, 31, 2025

New Referrals

No new referrals to the Discipline Committee were made by the Inquiries, Complaints and Reports Committee (ICRC) during the reporting period.

Statistics for the Reporting Period

- Number of Uncontested Hearing Days: 0
- Number of Contested Hearing Days: 11
- Reinstatement Hearings: 0
- Divisional Court Reviews: 0

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE ANNUAL REPORT

During the reporting period the EDIB Committee held 2 virtual meetings.

The EDIB Committee focused on two key initiatives this year:

- EDIB self-assessment - A new EDIB self-assessment tool was created and implemented to help registrants reflect on their understanding and integration of equity, diversity, inclusion, and belonging in their practice. The tool is intended as an educational and developmental tool rather than an evaluative one. Feedback from the self-assessment will help inform future College initiatives.
- Land Acknowledgement Drafting - The Committee began developing a formal land acknowledgement for the College. The draft is still being refined to ensure it respectfully and appropriately reflects Indigenous lands and communities.

These initiatives reflect the Committee's continued commitment to embedding equity, diversity, inclusion, and belonging throughout the College's culture and practices.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-chair

Dr. Shelley Burns, ND
Co-chair

EXAMINATION APPEALS COMMITTEE ANNUAL REPORT

During the reporting period noted, the Examination Appeals Committee met twice on June 26, 2024, and December 4, 2024, to review examination appeals and related program policies.

Examination Appeals

Two examination appeals were received between April 1, 2024, and March 31, 2025, on the grounds of a procedural irregularity. Both appeals were related to the entry to practise examination the Ontario Biomedical Examination, and both were approved by the Committee.

Policy Updates

The Committee reviewed and approved draft amendments to the Examination Appeals policy which included minor wording revisions to provide further clarity and to align the definitions section of this policy with other College examination policies.

Respectfully submitted,

Dr. Rick Olazabal, ND (Inactive)
Chair

EXECUTIVE COMMITTEE ANNUAL REPORT

Under its Terms of Reference from the Council, the Executive Committee meets only on urgent matters that cannot wait to be brought before the Council at its next regularly scheduled meeting or in an urgent special meeting of the Council.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

FITNESS TO PRACTISE COMMITTEE ANNUAL REPORT

There were no referrals to the Fitness to Practise Committee from the Inquiries, Reports and Complaints Committee. Therefore, no hearings of the Fitness to Practise Committee were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

GOVERNANCE COMMITTEE ANNUAL REPORT

During the reporting period the Governance Committee held three virtual meetings, May 16, 2024, November 26, 2024, and March 6, 2025.

During this period, the Governance Committee reviewed and interviewed one new volunteer application for a committee position.

Also, the Governance Committee reviewed and accepted two volunteer per-diem submission extensions, reviewed various Volunteer Feedback Questionnaires including the Annual Questionnaire and the Volunteer Exit Survey Questionnaire, along with the 2023 submissions, as well as reviewed the Committee Meeting Questionnaire and 2024 submissions, and reviewed their Terms of Reference and provided feedback accordingly to all aspects.

In addition, the committee also received an introduction to the Health & Safety Program in relation to the Joint Health & Safety Committee and reviewed their corresponding Terms of Reference and provided feedback, as well as received an introduction to the Enterprise Risk Management Program in relation to Volunteer Recruitment.

Respectfully submitted,

Hanno Weinberger
Chair

GOVERNANCE POLICY REVIEW COMMITTEE ANNUAL REPORT

Meetings and Attendance

During this review period, the Governance Policy Review Committee met on seven occasions to review the Council governance policies to ensure they remain up-to-date and accurate and have supported the Council in its in-depth review of those policies, as set out in the Annual Planning Cycle policy.

Activities Undertaken

Over the past year, the GPRC created five on-line surveys to support the Council's in-depth policy review. The surveys included multiple choice and true or false questions about the intent of the policies as well as providing summaries of the policy intent in later surveys. The Committee then created presentations for the Council meeting based on the information gleaned from the surveys, most commonly providing information or interpretation of the policies where Council members indicated that they were unclear.

The Committee also provided recommended changes to the Committee Terms of Reference after a comprehensive review as well as changes to several Governance policies. Most notable of these proposed changes was an amendment to the Annual Planning Cycle policy which saw the formalization of an in-person Council meeting each May and changes to the Council Debates and Motions policy incorporating definitions based on Roberts Rules of Order.

The Committee reviewed the Report on Governance from the College of Dental Hygienists of Ontario about its own governance policies and concerns that had been identified, as its Council operates on a similar model as the CONO Council. The Committee did not recommend any changes to this Council's approach as the issues identified had already been addressed in policy.

Finally, in March 2025, the Committee recommended changes to the overall Committee structure to reduce the number of active committees to ensure efficient use of volunteer and staff time.

Respectfully submitted:

Barry Sullivan
Acting Chair

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE ANNUAL REPORT

During the reporting period the ICRC held 12 meetings via video conference.

Closed Matters

The Committee closed 21 matters with the number of dispositions as follows:

No Further Action: 3

Letter of Counsel: 4

Oral Caution: 4

Specified Continuing Education and Remediation Program (SCERP): 4

SCERP & Oral Caution: 3

SCERP & Letter of Counsel: 2

Acknowledgement & Undertaking: 3

Referral to Fitness to Practice: 0

Referral to Discipline Committee: 0

Frivolous and vexatious: 0

Withdrawn - No further Action: 0

Resolved through ADR: 1

Two decisions of the ICRC issued in the reporting period were appealed to the Health Professions Appeals and Review Board. One of the Decisions was upheld by the Board and four decisions remain under review as of March 31, 2025.

Health Inquiries

There were no health inquiries considered during this reporting period.

Interim Orders

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

New Investigations

11 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: 5

Matters reported by Registrants: 0

Matters reported by other College departments: 2

Referral from ICRC to CEO: 2

Referral from QAC to ICRC: 2

Referral from another regulator: 0

In addition, the ICRC received 18 formal complaints about Registrants of the College.

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

- Advertising: 11
- Inappropriate billing: 5
- Inappropriate patient care: 12
- Practising outside of Scope: 9
- Sexual abuse/Boundaries: 1
- Failure to comply with an order of the College: 0
- Practising while inactive/suspended: 0
- Record keeping: 1
- Lab testing: 2
- Delegation: 1
- Failure to comply with QA Program: 2
- Failure to cooperate with an investigator: 0
- Unprofessional conduct: 0

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 230 days, with the shortest investigation completed in 89 days and the longest in 408 days.

Health Professions Appeal and Review Board

Two new ICRC decisions were appealed to HPARB during the reporting period. One ICRC decision was upheld. As of March 31, 2025, there were 4 files before HPARB.

Respectfully submitted,

Dr. Erin Psota, ND
Chair

INSPECTION COMMITTEE ANNUAL REPORT

During the reporting period, the Inspection Committee held 8 virtual meetings.

Inspection Outcomes

A total of 47 inspections occurred during this period.

Part I inspections – 20

Pass - 7

Pass with recommendations - 8

Pass with conditions/recommendations - 4

Pass with condition restricting practice - 1

Part II inspections – 19

Pass - 1

Pass with recommendations - 8

Pass with conditions/recommendations - 10

Pass with condition restricting practice - 0

5-year inspections – 8

Pass - 0

Pass with recommendations - 0

Pass with conditions/recommendations - 7

Pass with condition restricting practice - 1

Inspection Outcomes to Submissions

21 premises were requested to make a submission in regard to the pass with conditions. 18 premises made a submission and received a final outcome of a pass. Three premises did not make a submission and received a final outcome of a pass with conditions.

Two premises were requested to make a submission to the pass with conditions restricting practice. Both made a submission; one was issued a pass, and the other was issued a pass with conditions.

Deferral Request

Four deferral requests were made and granted.

Two were granted 90 days, one was granted 180 days, and one was granted 270 days.

Type 1 Occurrence Reports

16 Type 1 Occurrences were reported during this period.

Administration of emergency drug - 3

Referral to emergency – 12

Death of a patient – 1

No further action was requested from the Committee.

Respectfully submitted,

Dr. Sean Armstrong, ND
Chair

PATIENT RELATIONS COMMITTEE ANNUAL REPORT

During the reporting period the Patient Relations Committee (PRC) held 1 virtual meeting and received 1 electronic update on funding.

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

The PRC continues to oversee the funding of approved applications. The College's funding program managed by the PRC provided \$4,760 to applicants during the reporting period and \$47,155.60 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed and considered policy changes allowing for the extension of funding for therapy/counselling beyond the regulatory maximums. Respectfully submitted,

Dr. Gudrun Welder, ND
Chair

QUALITY ASSURANCE COMMITTEE ANNUAL REPORT

During the reporting period, the QAC held 8 virtual meetings.

Self-Assessments

For the 2024-25 year, Registrants were required to complete a total of 3 online self-assessment questionnaires. These included 2 mandatory self-assessments: EDIB and Informed Consent and one additional self-assessment of their choosing.

- # of Registrants required to complete the Self-Assessment by March 31, 2025: 1,672
- # of Registrants who completed the Self-Assessment by March 31, 2025: 1,548
- % of Registrants who submitted by the deadline: 92.5%

Continuing Education

Applications

- # of CE applications received: 338
- # of CE applications approved: 251
- % of received applications approved by the Committee: 74%

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

- IVIT: 10
- Pharmacology: 60
- Jurisprudence: 7
- Pharmacology and IVIT: 3

Number of approved Live/In-person and On-line course applications:

- # of live/in-person course applications: 218 (87%)
- # of online/webinar course applications: 33 (13%)

CE Logs

- # of Group I Registrants required to submit their CE logs by the Sept. 30th deadline: 530
- # of Group I Registrants who submitted by the deadline: 519
- % of Registrants who submitted by the deadline: 97%
- # of Registrants submitting CE Logs with discrepancies requiring correction: 88
- % of CE Logs submitted with discrepancies requiring correction: 16%

Deferral/Extensions

- # of CE deferral/extension requests received: 3
- # of 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.

- # of Registrants selected for a Peer & Practice Assessment: 150
- # of deferral requests received: 18
- # of deferral requests approved: 13
- # of QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 15
- Total number of Peer & Practice Assessments completed: 150

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.

- # of Registrants referred to the ICRC for non-compliance with the QA Program: 2

Respectfully submitted,

Barry Sullivan
Chair

REGISTRATION COMMITTEE ANNUAL REPORT

During the reporting period noted, the Registration Committee met 11 times to review referred applications for registration, class change applications (over two-years), program policies related to Registration and Examinations, set remediation plans for exam candidates who had made two unsuccessful attempts of a college examination, petitions for additional exam attempts, remediation extension requests and refresher program related to currency remediation.

Entry-to-Practise

Eight applications for registration were referred to the Committee between April 1, 2024, and March 31, 2025. Of these, five were for currency [under subsections 5(4)(a) and 5(2)(b) of the Registration Regulation] and one application was to address concerns regarding a physical or mental condition or disorder [under subsection 3(4) of the Registration Regulation]. One application was to address concerns regarding previous conduct under subsection 3(2) of the Registration Regulation and one was for interprovincial transfer under subsection 7(1), 7(3), 3(1)(vi) and 3(2) of the Registration Regulation.

Registration

Seven applications for class changes were reviewed during the reporting period. Of these four applications were for class change from Inactive to General (over two-years), one application was a remediation extension request and two applications to the General class (under subsection 10(6) of the Registration Regulation) having been inactive for more than two years.

Examinations

The Committee continued to set exam plans of remediation for 26 candidates who have made two unsuccessful attempts of a college examination [including one Prior Learning Assessment and Recognition Program (PLAR) Applicant] and two extensions for exam plans of remediation. Additionally, the Committee reviewed petitions for an additional examination attempt on the grounds of exceptional circumstances under subsection 5(5)(b) of the Registration Regulation for three candidates.

Policy Updates

The Committee reviewed and approved amendments to the Examinations Policy, the Examination Appeals Policy, the PLAR Program Policy and the PLAR Appeals Policy, with updates primarily focusing on updating definitions and noted processes to ensure consistency and currency. The Committee also reviewed and approved a new Examination Accommodations Policy to help streamline the accommodation request, the Opening and Closing of the Emergency Class and the Supervision Policy.

Committee Terms of Reference

The Committee reviewed the amended Terms of Reference for the Registration Committee, as approved by Council.

Per Diems and Expenses

The Committee reviewed the changes to the per diems & expense policy.

Declared Controlled Acts and Practice Information

The Committee reviewed data collected from new fields that were added on the 2024 Information Return form regarding Controlled Acts performed, the nature of registrant practice and patient data for 2023 registration year.

CANRA National Entry to Practise Competency Profile

The Committee approved adoption of the CANRA National Entry to Practice Competency Profile for Naturopathic Doctors.

Refresher Program Guideline and Charts

The Committee reviewed the draft Refresher Program Guideline and Charts and agreed that the guideline and charts set out a more objective, clear and concise criteria of what is expected of registrants and allows for a more structured approach to refresher programs for registrants to complete.

Currency Remediation

The committee reviewed 40 proposed refresher program submissions for registrants deemed to not satisfy the 750-hour currency requirements under subsection 6(2)(a) of the Registration Regulation.

Respectfully submitted,

Danielle O'Connor, ND
Chair

STANDARDS COMMITTEE ANNUAL REPORT

During the reporting period the Standards Committee held 3 virtual meetings. The Committee conducted an internal consultation and subsequently initiated a public consultation on proposed amendments to the following Standards of Practice:

- Acupuncture,
- Collecting Clinical Specimens,
- Communicating a Diagnosis,
- Compounding
- Consent,
- Delegation
- Dispensing,
- Dual Registration,
- Inhalation,
- Injection,
- Internal Examinations,
- Intravenous Infusion Therapy,
- Manipulation,
- Point of Care Testing,
- Prescribing,
- Recommending Non-Prescription Substances,
- Requisitioning Laboratory Tests,
- Selling, and
- Therapeutic Relationships.

The public consultation invited feedback from the profession and other stakeholders to ensure the revised standards reflect current practice, enhance clarity, and support high standards of professional practice.

The finalized standards are now being completed, after which the Committee will begin work on the next batch of standards scheduled for review.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair

Report on Operations – Year-end Report

APRIL 1, 2023 TO MARCH 31, 2027

Activity	Key Performance Indicators
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I. INTRODUCTION TO THE OPERATIONAL PLAN FOR 2023-2027

The current four years of operations have been realigned and re-prioritized to match the Council's new Strategic Plan and Ends Statements. Much of what the College does is set out in the legislative framework governing the College and the profession. These continue to be reflected in this operational plan given the substantial financial and human resources required to meet these obligations.

Unlike the Operational Plan of the last several years, this plan is organized within the strategic objectives and priorities established by the Council. This is intended to allow the Council and the reader to understand which initiatives being undertaken are supporting which objectives and priorities. It is acknowledged that some initiatives may support more than one strategic priority. While this will be noted, the initiatives will be set out only one time and in the area where it is identified as the major operational priority.

We will continue to focus on excellence in regulation, ensuring we fulfill our core mandate to protect the public, and oversee the practice of naturopathy. Operations will focus on ensuring we clearly define our goals, and evaluate our progress, and success in achieving them. Very specific initiatives have been identified to meet the challenges identified above.

II. STRATEGIC OBJECTIVES AND PRIORITIES OF THE COUNCIL

On January 25, 2023, the Council approved its Strategic Plan and Ends Statements. These are as follows:

- Objective 1: The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.
- Related priorities: 1. The College engages its system partners to further their understanding and trust in the College and the profession.

1

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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2. The College engages its registrants and the public to further their understanding and trust in the College and the profession.
3. The College relies on a risk-based approach to proactively regulate the profession.

Objective 2: Naturopathic Doctors are trusted because they are effectively regulated.

- Related priorities:
1. Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
 2. Registrants and the public are aware of and adhere to the standards by which NDs are governed.
 3. Registrants are held accountable for their decisions and actions.
 4. Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.
 5. The College examines the regulatory model to maximize the public protection benefit to Ontarians.

Each of the priorities has been numbered for ease of reference. The numbers are intended to reflect the order the Council has laid them and are not indicative of priorities within the objectives.

III. PURPOSEFUL ENGAGEMENT OF STAKEHOLDERS

The Council's first of two overall objectives it has established is that the College will engage, through collaboration and education, its stakeholders and will do so with purpose. The stated purpose is to ensure that they understand the role of the College and trust the College to perform its regulatory role. It specifically states:

1. The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.

The following operational activities will be undertaken in support of this objective and its related priorities.

2

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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1.1	The College engages its system partners to further their understanding and trust in the College and the profession.
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The College's systems partners will include the Ministry of Health (MOH), Ontario Association of Naturopathic Doctors (OAND), the Canadian College of Naturopathic Medicine (CCNM), Health Professions Regulators of Ontario (HPRO), and Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). The relationship with each system partner will be unique such that one approach will not fit all. Two activities will be undertaken in support of this priority. The overall focus of this priority is to provide education and collaboration opportunities.

1.1.1	Individualized System Partner Engagement				
The College will engage with each of its system partners on a regularized basis as an opportunity to discuss issues of mutual concern or importance within the regulatory system.			- Meetings will be scheduled with each system partner at a frequency and timing that meets the needs of each partner and the College. - The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes. Each agenda will be focused on education of each stakeholder by each stakeholder and seeking opportunities to collaborate in the broader public interest.		
Timeframe:	All 4 Planning Years			Responsible:	Chief Executive Officer
Year-end outcomes:	In 2024-25, engagement occurred in several different ways, including direct one-to-one meetings, various direct communication and consultations. The following is a summary of stakeholder engagement though one-to-one meetings: - CANRA – 12 meetings - HPRO – 4 meetings - OAND – 6 meetings - MOH – 2 meetings.				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

3

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
----------	----------------------------

1.1.2	System Partners' Forum			
The College will develop and launch a System Partners' Forum where all system partners will be invited to participate and to focus on issues that are or may be arising (based on risk based data) in the regulatory system with the intent of developing risk mitigating opportunities.		- Meetings will be arranged a minimum of twice per year, with those who wish to attend. - The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes.		
Timeframe:	All 4 Planning Years		Responsible:	Chief Executive Officer

1.2	The College engages its registrants and the public to further their understanding and trust in the College and the profession.			
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Although this priority focuses on engagement of both the registrants of the College and the public, it is intended that this engagement will focus on education and collaboration. There are a number of activities in which the College engages that will fall within this priority; however, many of these can and will be augmented to improve the overall effectiveness and impact that they have.

1.2.1	In Conversation With Program			
The College will continue to deliver its <i>In Conversation With</i> series, a fireside chat concept that engages both the public and registrants on key issues in regulation. This series will continue on an as needed basis to focus on key issues being faced by the College or promoting Council and volunteer opportunities.		- A minimum of one ICW event will be offered each year promoting volunteering. - Additional topics will be developed by the College in support of other programming such as consultations and governance matters.		
Timeframe:	All 4 Planning Years		Responsible:	Communications
Year-end outcomes:	Three ICW events were held in this year as follows with attendance noted in brackets: - Prospective Naturopathic Therapies Regulation – Preliminary Consultation (101) - Standards of Practiced (68)			

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators						
	Data Collection Requirements Relating to the Standards of Practice for Therapeutic Prescribing (92). Overall, total attendance increased in this program year to 261 from 142 in the prior year.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

1.2.2	Consultation Program		
The College will continue to engage the public and its registrants in consultation on key issues and initiatives; however, an augmented process will be introduced that allows the public and the registrants to hear directly from the College about the intent and outcomes of the regulatory changes under consultation.		• The College will release consultation documents on significant change being proposed to the regulatory framework, albeit regulations, by-laws, Council policies. • Feedback will be sought through written and on-line opportunities. • The College will invite the public and registrants to attend information sessions about the consultation topic, through the ICW program, as an opportunity for the College to provide education and allow participants to gain a fulsome understanding of what is being proposed and to provide meaningful feedback. • The College will maintain an on-going mechanism for registrants and the Public to provide feedback with respect to the tables of permitted drugs and substances within the General Regulation so that the College can ensure that they are accurate and up-to-date and work with the Association to allow it to consider changes that may reflect a change in scope of practice.	
Timeframe:	All 4 Planning Years		Responsible: Chief Executive Officer
Year-end outcomes:	Three consultations were conducted in this year as follows with the number of responses received noted in brackets: • Standards of Practice (365) • Prospective Naturopathic Therapies Regulation – Preliminary Consultation (687) • Classes of Registration – Preliminary Consultation (27).		

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators			
	Overall, the number of responses in this program rose to 1,079 in this program year from 37 in the prior year.				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

1.2.3	Regulatory Education Program				
The College will develop and maintain a new Regulatory Education Program (REP) that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as by data derived from the Risk-based Regulation Program of the College.			- A minimum of six sessions will be offered on-line annually at no or minimum cost to registrants. - The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate.		
Timeframe:	All 4 Planning Years		Responsible:	Chief Executive Officer	
Year-end outcomes:	A total of eight REP programming sessions were delivered in this program year, all of which were allocated 1 jurisprudence CE credit by the Quality Assurance Committee. The following topics were covered with the number of attendees noted in brackets: - The Giving and Receiving of a Delegation (168) - Understanding Drugs and Substances (219) - Regulated Health Professionals and the Patient's Pathway with the Ministry of Health (169) - Mandatory Reporting Requirements (206) - Record Keeping (195) - Health Information Privacy and Reporting with the Office of the Information and Privacy Commissioner (111) - Currency Requirements and Practising the Profession (161) - Substitute Decision Making (160). Total attendance in this program year was 1,389 compared to 404 in the prior year. On average, individual session attendance was 173 in this year compared to 80 in the prior year.				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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1.2.4	On-going Corporate Communications							
The College will maintain a program of outbound communications and messaging to 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 through: - The iNformed e-newsletter. - The News sections of the College’s website. - Accuracy and currency of the College’s website. - The College’s social media channels.				
Timeframe:	All 4 Planning Years					Responsible:	Communications	
Year-end outcomes:	12 editions of iNformed, the College’s newsletter were delivered to registrants and stakeholders with an open rate of 77%. The College’s website was updated regularly with approximately 324,000 unique views. The College’s social media channels were updated during this period on both the Facebook and LinkedIn sites.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

1.3 The College relies on a risk-based approach to proactively regulate the profession.

Risk-based regulation is intended to alter the regulatory landscape from one that is primarily reactive (complaint and report driven) to one that is pro-active. It is intended to use information and data from the College's regulatory activities as a means of identifying current and emerging risks to the public and to develop appropriate mechanisms (education, information, research) to mitigate those risks. Research remains conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believe that an overall systemic approach will provide sufficient information to allow risks to be identified risk mitigation techniques deployed.

1.3.1	Risk-based Regulation Program Development						
The College will articulate its initial approach to Risk-based regulation and present the preliminary final concept to the Council. It is acknowledged that the approach will be an iterative one that will require refinement based on information gleaned through the processes.				- The preliminary plan will be developed and articulated in writing, including the identification of current data available to the program and new data sets required. - The Senior Management Team of the College will present the final plan to the Council no later than March 2024.			
Timeframe:	2023-2024				Responsible:	Chief Executive Officer	

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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Year-end outcomes:	The Risk-based Regulation Program documentation was presented and approved by Council in March 2024							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

1.3.2	Risk-based Regulation Program Implementation												
The risk-based regulatory approach will be initiated by developing and launching the necessary mechanisms to collect and interpret the data.					• Data will be collected and assembled in raw form. • The data will be presented to the system partners for discussion and enunciation of the inherent risks to the public identified. • Appropriate mitigation techniques will be identified and delivered.								
Timeframe:	2024-2027								Responsible:	Chief Executive Officer			
Year-end outcomes:		Implementation of the Risk-based Regulation program, presented to and accepted by the Council in March 2024 has been underway. Meeting with the program areas of the College that collect the necessary data have been held and processes for data collection and reporting established. A working group has been developed, the terms of reference of which have been vetted by the GPRC and approved by the Council in November 2024. The OAND and CCNM have both accepted invitations to participate in the working group. Work is underway to establish the proper mechanisms for reviewing the data and the College has engaged with an external research company that presently works with several Colleges to provide patient perspective data.											
Year-end rating:		☐	Not started		☒	In progress		☐	Completed		☐	To be deferred	
Comments:													

IV. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

The Council' second of two overall objectives focuses on effective regulation of the profession with the intention that the regulation will increase the trust the public has in the profession itself. It specifically states:

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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2. Naturopathic Doctors are trusted because they are effectively regulated.

Although the Council has identified five priority activities in support of this strategic objective, there are a number of on-going corporate activities that are necessary in order to accomplish “**effective regulation**”. For the College to regulate, it must have:

- A. A functioning Council that operates under the principles of good governance.
- B. A system of Committees that are properly constituted with capable individuals sitting on those committees.
- C. A program that seeks out volunteers, assesses and trains volunteers how to properly perform their duties.
- D. A well instituted human resource program and a human resources plan to ensure that the skills needed to operate the College are available and on a sustained basis.
- E. A financial management system that ensures the College operates within generally accepted accounting principles and is using its financial resources effectively.
- F. A program that supports both transparency and accountability.
- G. The ability and commitment to the oversight requirements placed on the College in the public interest that allow proper and full accounting of the College.

Each of these will be addressed prior to addressing the Council’s five priority activities.

2 (A)	Operating under the principles of good governance
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2(A)-1	Quality Decision-making
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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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, public interest and EDIB considerations of the decisions being considered.			
Timeframe:	All 4 Planning Years				Responsible:	Chief Executive Officer	
Year-end outcomes:		Council has been briefed on all major issues and policies, including: • Committee Terms of Reference, CDHO Governance Report, by-law amendments in May 2024; • Auditor’s Report and Audited Financial Statements, Council evaluation for 2023-24 in July 2024; • Changes to the Organizational Structure in September 2024. • Materials relating to the entry-to-practice exams in January 2025. All briefings have included consideration of risk, privacy, financial costs, transparency, public interest and EDIB.					
Year-end rating:		☐ Not started	☐ In progress	☒ Completed	☐ To be deferred		
Comments:							

2(A)-2	A Commitment to equity, diversity, inclusion and belonging
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators			
The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.		- Support will be provided to the Equity, Diversity and Inclusion Committee (EDIC) to enable development and implementation of its equity tool that will be used as a means of evaluating programs, policies, and procedures etc. - By the completion of the four-year plan, the EDIC will be disbanded with individual members joining other committees where they can champion the EDIC's efforts.			
Timeframe:	All 4 Planning Years	Estimated cost:	\$3,350	Responsible:	Human Resources
Year-end outcomes:	The EDIB Committee has fully implemented the EDIB Lens Tool which has been reviewed, updated and is included in all Committee meeting packages for review and consideration. The Committee continues to seek feedback on the Lens Tool and has initiated research into best practices for the development of Land Acknowledgments				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

2 (B)	Committees that are properly constituted with capable individuals sitting on those committees.
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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. - Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. - 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.			
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity				Key Performance Indicators				
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. • Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.				
Timeframe:	All 4 Planning Years		Estimated cost:	\$193,694		Responsible:	Human Resources	
Year-end outcomes:		Given the program year runs from April 2024 to March 2025, the processes and timing are provided sequentially, however, logically they will seem to be out of order. In May 2024, elections of officers were completed for the prior Council and a slate of volunteers presented for appointment to the Committees. In January to March 2025, elections of the Council members was undertaken for the next Council with three new Council members elected by acclamation (Felicia Assenza, Brenda Lessard-Rhead and Erin Posta). On-going work has been undertaken with the Ministry to ensure that the minimum number of Public members were appointed to the Council. The following appointments or re-appointments were completed in this program year: • Lisa Fenton – re-appointed on May 16, 2024 for a 3-year term. • Paul Phillion – re-appointed on July 8, 2024 for a 3-year term. • Sarah Griffiths-Savolaine – re-appointed on August 13, 2024 for a 3-year term. • Marija Pajdakovska – initial appointment on November 28, 2024 for a 3-year term. Amy Twydell has since also been appointed; however, that falls in the next reporting period. Also during this reporting period, the resignation of Tiffany Lloyd took effect and Brook Dyson’s OIC expired at his request.						
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2 (C)	Volunteer Recruitment, Assessment and Training program.
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity			Key Performance Indicators					
2(C)-1	Recruitment							
The College will maintain a comprehensive volunteer program to ensure the involvement of the public and registrants in regulatory processes.			- Recruitment of volunteers from among registrants and the public will be undertaken on an on-going basis. - A retention program that will be implemented that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. - A recognition program for volunteers will be implemented as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.					
Timeframe:	All 4 Planning Years				Responsible:	Human Resources		
Year-end outcomes:	The College maintained its volunteer program in this program year. A total of 11 new volunteer applications were reviewed and approved (eight in-field and 3 committee members) in the reporting year. A total of 42 individuals are appointed to various Committees of the Council; however, of those, eight individuals are appointed to three committees, two sit on four committees, and 12 sit on two committees. Additionally, 85 individuals are appointed to in-field roles such as examiners, assessors and inspectors. At the end of the appointment cycle, in this case in April 2024, all volunteers are asked whether they wish to continue as volunteers and if so, in which areas would they like to be involved. Those who indicate that they do not wish to continue are provided an exit survey.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								
2(C)-2	Competency Assessment							
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 one orientation sessions will be delivered for potential candidates for election and individuals seeking					

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity			Key Performance Indicators			
			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.			
Timeframe:	All 4 Planning Years				Responsible:	Human Resources
Year-end outcomes:		The competency assessment process is maintained. In this reporting period, all 11 new volunteers would have completed and met the competencies to be eligible for appointment. An orientation session was held once during the year in advance of the election process for Council members.				
Year-end rating:		☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:						

2(C)-3	Training
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. - A minimum of one training session bi-annually or as needed for Council and committee chairs and co-chairs. - All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity				Key Performance Indicators				
				All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.				
Timeframe:	All 4 Planning Years		Estimated cost:	\$13,975		Responsible:	Human Resources	
Year-end outcomes:	A CCDI training campaign was well undertaking this year providing volunteers with initial or refresher training on equity, diversity and inclusion with all active volunteers enrolled in two online modules: IDEA Fundamentals and Introduction to Unconscious Bias.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2 (D)	Proper Human Resource Management and a Human Resources Plan.
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2(D)-1	Effective Human Resource Management
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. - College staff will be compensated in a manner that reflects the current market value of the positions. - New staff will be provided with the information and tools necessary to the performance of their duties with the College. - Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. - Staff who are leaving the College will be treated with respect and dignity.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
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.	
The College will provide staff with 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 the 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.	
Timeframe:	All 4 Planning Years	Responsible:	Human Resources
Year-end outcomes:	In the reporting year performance appraisals for all eligible staff members were completed and two new staff retention initiatives were announced: wage step and pay for performance, which will take effect in the 2025 fiscal year.		

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators						
	Two contract staff members were promoted to permanent positions, three new positions under the College’s updated HR plan were filled this year by current College staff with a resulting position vacancy also being filled internally.							
	External recruitment resulted in the filling of one summer contract position and three additional permanent positions.							
	An in-person staff engagement event was hosted by the College in September and conference attendance was encouraged with two staff members attending CLEAR and one staff member attending CNAR.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2(D)-2	Human Resources Plan							
The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.				• A Human Resources Plan that sets out the current and future plans for staffing of the College is developed and appended to the Operational Plan. • The Plan sets out the evolution of the staffing configuration that aligns with the Council’s strategic plan and the College’s Operational Plan.				
The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.				• Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities.				
Timeframe:	All 4 Planning Years			Responsible:			Senior Management Team	
Year-end outcomes:	In March 2024, an updated Human Resources Plan was presented to the Council as part of the Operational Plan. The plan set out a re-organization of the College and new positions to be developed and filled. The re-organization has been put into effect, positions descriptions created and recruitment undertaken.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2 (E)	Sound Financial Management.
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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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2(E)-1	Effective financial management								
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.					- 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.				
Timeframe:	All 4 Planning Years						Responsible:	Director of Operations	
Year-end outcomes:		As noted above, the Council was presented with the Auditor’s Report and Audited Financial Statements for 2023-24 in July 2024. Subsequently, the quarterly unaudited financial statements have been presented to and accepted by the Council. A draft budget for the next fiscal year was presented to the Council in March 2025.							
Year-end rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:									

2 (F)	Transparency and Accountability
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2(F)-1	Commitment to and Action on the Transparency principles					
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.			

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity				Key Performance Indicators				
				- 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 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.				
Timeframe:	All 4 Planning Years					Responsible:	Chief Executive Officer	
Year-end outcomes:	As noted above, the Council was presented with the Auditor’s Report and Audited Financial Statements for 2023-24 in July 2024. At the same time, the Annual Committee reports were presented to the Council and both sets of documents have been posted to the College’s website. Committee reports have been sought and presented to the Council at each of its meetings in 2024-25 and these too have been posted on the website. Similarly, the Report on Operations, Financial reports and Chair’s Reports have also been made public via the website.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2(F)-2	Open Regulatory Process		
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	

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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		hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer
Year-end outcomes:	The summary of active and resolved complaints on the website have been updated. Updates to the hearings page have been regularly made, in particular with two on-going contested hearings during this period. No outcomes from the Discipline Committee were made in the reporting period.		
Year-end rating:	☐ Not started	☐ In progress	☒ Completed
Comments:	☐ To be deferred		

2(F)-3	Council Oversight Responsibilities		
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. - 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.	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer
Year-end outcomes:	Regulatory Operations Reports have been submitted to the Council at each of the meetings in this program year. The Operational year-end report for the prior year was presented to Council in July and the report for the mid-year was presented in November 2024.		
Year-end rating:	☐ Not started	☐ In progress	☒ Completed
Comments:	☐ To be deferred		

2(F)-4	CEO Annual Assessment
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Activity				Key Performance Indicators				
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.				- Staff will support the Council in its work to undertake a performance review of the CEO on an annual basis in accordance with its policies. - The Council will be provided with the necessary materials to undertake its review, which is based on the goals and development plan set by the CEO and approved by the Council.				
Timeframe:	All 4 Planning Years			Responsible:	Council			
Year-end outcomes:	The Director of Operations has supported the Council’s CEO Review Panel in its work. The review was conducted in schedule in the period April to July with the final reporting being presented to the Council at its July 2024 meeting.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								
2(F)-5 Council Self-Assessment								
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.				- Staff will support the Council’s Governance Evaluation process to enable the Council to undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. - Staff will oversee the support provided by a third-party consultant retained to assist the Council in its efforts.				
Timeframe:	All 4 Planning Years			Responsible:	Chief Executive Officer			
Year-end outcomes:	The Council completed its annual assessment beginning in May 2024. The report was presented by Satori Consulting in July 2024.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								
2(F)-6 Council Risk Assessment								
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				

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Activity				Key Performance Indicators				
				directors and officer’s liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually.				
				• The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council’s Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. • The ERM assessment will be updated annually.				
Timeframe:	All 4 Planning Years					Responsible:	Chief Executive Officer	
Year-end outcomes:	In this reporting year, an Enterprise Risk Management Register was finalized, and the inaugural meeting of the Risk Committee (now Finance, Audit and Risk) was conducted. Implementation of the risk register is pending Council approval at its July 2025 meeting.							
Year-end rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Comments:								

2 (G)	Commitment to oversight requirements.				
2(G)-1	HPARB Appeals				
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 Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).			- College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an 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.		
Timeframe:	All 4 Planning Years		Responsible:	Deputy CEO	

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Activity	Key Performance Indicators
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Year-end outcomes:	In this program year, the Registration Committee rendered three decisions that might have been appealed to HPARB; however, no appeals were filed. The ICRC rendered 17 decisions that were eligible for appeal and of these, two appeals were filed. HPARB rendered one decision on current ICRC appeals which resulted in the ICRC decision being upheld.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2(G)-2	HRTO Matters												
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. • 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.								
Timeframe:	All 4 Planning Years				Estimated cost:				Responsible:	Chief Executive Officer			
Year-end outcomes:		One matter remained active with the HRTO during this reporting period.											
Year-end rating:		☐	Not started		☒	In progress		☐	Completed		☐	To be deferred	
Comments:													

2(G)-3	College Performance Measure Framework					
The College will support the work of the Ministry of Health in its oversight capacity through the College Performance Measure Framework (CPMF) .			- The College will assemble the necessary quantitative 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.				
Timeframe:	All 4 Planning Years					Responsible:	Senior Management Team	
Year-end outcomes:	The CPMF for 2024 was presented to the Council in March 2025 and approved. It was subsequently submitted to the Ministry by the March 31, 2025 deadline. The next report will be assembled at the end of the current calendar year and presented in March 2026.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2(G)-4	Fair Registration Practices							
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.				
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health’s CPMF Reporting.				• The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting.				
Timeframe:	All 4 Planning Years					Responsible:	Director, Registration and Examinations	
Year-end outcomes:	The College’s Fair Registration Practices (FRP) report for the 2024 calendar year was submitted in May 2024 prior to the OFC’s deadline. No additional assessment by the OFC of the College’s registration practices outside of the FRP report has been required. At the time of this report, the College’s OFC assigned risk level remained “low risk.”							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

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Activity	Key Performance Indicators
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The following operational activities will be undertaken in support of the Council's second strategic objective and the five strategic priorities it has identified.

2.1	Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
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2.1.1	Examinations				
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants 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. - The Ontario Jurisprudence exam will be available online.			
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) Exams will be reviewed annually. - The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations.			
Timeframe:	All 4 Planning Years	Estimated cost:	\$319,283	Responsible:	Director, Registration and Examinations
Year-end outcomes:	In the reporting period, the following examinations were conducted:				

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Activity		Key Performance Indicators							
	• Clinical Sciences, 2 sittings, 126 candidates. • Biomedical examination, 2 sittings, 130 candidates. • Clinical (practical) examination, 3 sittings, 119 candidates. The online jurisprudence examination remained available on demand, in English and French, without interruption. A total of 70 individuals completed this module. The CANRA developed national entry to practise competency profile was accepted as Ontario’s entry to practise competency profile by the Registration Committee in August 2024. Ongoing assistance (e.g., meeting attendance, provision of feedback, recruitment assistance etc.) continues in support of CANRA’s efforts to develop a national entry to practise examination.								
	Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
	Comments:								

2.1.2	Entry-to-Practice
The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	
	• An application for registration process 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. • 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.

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Activity		Key Performance Indicators	
		Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.	
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalent 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 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.	
The demonstration-based, components of PLAR ("Structured Interview" and "Interaction with a Simulated Patient") of the PLAR program will be reviewed and revised.		- Work will be carried out to phase out Stage 5 and enhance Stage 4 of PLAR: - A review will be conducted of Stage 5 demonstration-based competencies for necessity in determining substantial equivalency. - The Stage 4 assessment will be revised to include key Stage 5 competencies. - Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 4 assessment process.	
Timeframe:	All 4 Planning Years		Responsible: Director, Registration and Examinations
Year-end outcomes:	Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.		

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Activity			Key Performance Indicators					
	A PLAR assessor training was conducted in the first half of the year. Amendments to the PLAR program policy, stemming from feedback from the PLAR Committee and PLAR working group were completed and approved in this reporting year, along with updates to PLAR applicant materials. Initial content for the revised Stage 5 of the PLAR program was also drafted. A second meeting of the PLAR working group occurred on June 12, 2025, for the review and refinement of Stage 5 content. Finalization of Stage 5 content, including assessor material updates is anticipated prior to the end of 2025.							
Year-end rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Comments:								

2.2	Registrants and the public are aware of and adhere to the standards by which NDs are governed.
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2.2.1	Inspection Program	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. - 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)
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Activity				Key Performance Indicators				
				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 the 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.				
Timeframe:	All 4 Planning Years		Estimated cost:	\$65,000		Responsible:	Deputy CEO	
Year-end outcomes:		Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.						
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2.2.2	Standards Program
The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guidelines.	• 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.

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Item 4:

Activity		Key Performance Indicators						
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.		- Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. - 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.						
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO	
Year-end outcomes:	The Standards Committee completed a public consultation on proposed amendments to 19 Standards of Practice. A review of the feedback received was undertaken in the latter half of this year. Final changes were approved and roll out of the amended standards is to take place in the next reporting year.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2.2.3	Regulatory Guidance Program											
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.							
Timeframe:		All 4 Planning Years						Responsible:		Deputy CEO		
Year-end outcomes:		Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.										
Year-end rating:		☐	Not started		☐	In progress		☒	Completed		☐	To be deferred
Comments:												

2.3 Registrants are held accountable for their decisions and actions.

2.3.1	Registration of Individuals and Corporations
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Activity	Key Performance Indicators
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 decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. • The public registers will be maintained in accordance with the Code, regulations, and by-laws
The College will ensure that registrants maintain their CPR and PLI status as required under the by-laws.	• The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification and for carrying the necessary amounts of professional liability insurance. • Regular follow up with registrants whose CPR and/or PLI will expire will be undertaken. • Individuals who are not in compliance with these requirements will be provided notices and/or suspended in accordance with the Registration Regulation and the Code.
The College will operate a program that allows registrants to obtain Certificates of Authorization 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 will be 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 authorized.

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Activity	Key Performance Indicators
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Timeframe:	All 4 Planning Years	Estimated cost:	\$21,000	Responsible:	Director, Registration and Examinations
Year-end outcomes:	Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025 for information on class changes, and professional corporation Certificates of Authorization. Regular monthly audits of PLI and CPR were conducted.				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

2.3.2	Patient Relations Program				
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.		
Timeframe:	All 4 Planning Years	Estimated cost:	\$10,500	Responsible:	Deputy CEO
Year-end outcomes:	Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.				
Year-end rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
Comments:					

2.3.3	Complaints & Reports				
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, • 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.		

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Activity				Key Performance Indicators					
				- Complaint and report files will be presented for the consideration and screening by the ICRC. - 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 complaints and reports are regularly updated and maintained on the College’s website. - Program information will be maintained on the College’s website.					
Timeframe:	All 4 Planning Years		Estimated cost:			Responsible:	Deputy CEO		
Year-end outcomes:		Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.							
Year-end rating:		☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:									

2.3.4	Cease & Desist						
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 fail to sign a confirmation is provided to the Deputy CEO. - Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.					
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO

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Activity	Key Performance Indicators
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Year-end outcomes:	Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2.3.5	Alternative Dispute Resolution Program										
The College will operate an Alternative Dispute Resolution (ADR) 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. - An independent College approved Mediator is appointed for each eligible 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.						
Timeframe:	All 4 Planning Years							Responsible:	Deputy CEO		
Year-end outcomes:		Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.									
Year-end rating:	☐	Not started		☒	In progress		☐	Completed		☐	To be deferred
Comments:											

2.3.6	Prosecution through Hearings						
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.			

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Activity		Key Performance Indicators			
		- 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 hearings 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. - 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.			
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.			
Timeframe:	All 4 Planning Years	Estimated cost:	\$342,945	Responsible:	Chief Executive Officer
Year-end outcomes:	In this program year, no new referrals have been made from the ICRC to the Discipline Committee. Two contested hearings started in the prior fiscal year have continued. A total of eleven days of hearings have been held between the two matters.				

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Activity	Key Performance Indicators
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Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2.4	Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.
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2.4.1	Quality Assurance Program
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 ○ maintain and develop new online self-assessments to be annually completed by registrants. ○ Review renewals to ensure all registrants have completed their annual self-assessment, follow up with those who do not. • Continuing Education (CE) Reporting, in three groups, one group each year ○ 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 and details of standards to be reviewed. ○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised. ○ A pool of qualified and trained assessors will be maintained. • CE course approval program	

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Activity				Key Performance Indicators				
				○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on the website.				
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO	
Year-end outcomes:	Please see the Regulatory Operations Report for 2024-25 for the reporting period April 1, 2024 to March 31, 2025.							
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred
Comments:								

2.4.2	Currency Hour Audits												
The College’s Registration program will establish and maintain a process for auditing the currency hours of registrants to ensure that they meet the requirements as set out in section 6 of the Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.					• Currency hour reporting cycles are tracked, and annually declared currency hours will be analyzed. • Notices will be sent to General Class registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. • Annual currency hour audits will be conducted of those registrants who have completed their three-year currency cycle. • Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies.								
Timeframe:		All 4 Planning Years							Responsible:		Director, Registration and Examinations		
Year-end outcomes:		A total of 75 registrants were issued an audit notice as a result of not meeting currency requirements as per the Registration Regulation and Registration Policy. This resulted in 42 proposed refresher programs of training were reviewed by the Registration Committee in accordance with s. 6(2)(a) of the Registration Regulation and 19 referrals were made by the CEO to the Quality Assurance Committee for a Peer and Practice Assessment [s. 6(2) of the Registration Regulation].											
Year-end rating:		☐	Not started		☐	In progress		☒	Completed		☐	To be deferred	
Comments:													

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Activity	Key Performance Indicators
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2.5	The College examines the regulatory model to maximize the public protection benefit to Ontarians.
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2.5.1	Registration Regulation and Related Policies
In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.	• The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.

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Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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Timeframe:	2024-2025		Responsible:	Chief Executive Officer
Year-end outcomes:	The EDIC developed lens tool was utilized by the Registration Committee in it's review of new and existing policies. A consultation on classes of registration was conducted and background work on other registration issues was undertaken.			
Year-end rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
Comments:				

2.5.2	General Regulation and Related Policies			
In consultation with the Committees, the College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.		
Timeframe:	All 4 Planning Years		Responsible:	Chief Executive Officer
Year-end outcomes:	A preliminary review of the General Regulation has been conducted with some potential changes identified for consideration. A preliminary consultation was undertaken on a prospective Naturopathic Therapies Regulation as part of the General Regulation as a way of strengthening and enhancing public safety.			
Year-end rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
Comments:				

2.5.3	Professional Misconduct Regulation and Related Policies			
In consultation with the Inquiries, Complaints and Reports Committee, the College will undertake a comprehensive review of the structure and provisions of the Professional Misconduct Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might		- The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed. - The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted.		

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity				Key Performance Indicators									
reduce the overall reporting burden and “red tape” embodied in the regulation will be included.				- The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. - The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.									
Timeframe:		2024-2025				Responsible:		Chief Executive Officer					
Year-end outcomes:		A preliminary review has been undertaken as well as a review of the similar regulations for other professions to identify any gaps that may need to be addressed.											
Year-end rating:		☐	Not started		☒	In progress		☐	Completed		☐	To be deferred	
Comments:													

2.5.4	Quality Assurance Regulation and Related Policies										
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.					• The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. • The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. • The Quality Assurance Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.						
Timeframe:	2025-2026						Responsible:	Chief Executive Officer			
Year-end outcomes:											
Year-end rating:	☒	Not started		☐	In progress		☐	Completed	☐	To be deferred	
Comments:											

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity				Key Performance Indicators					
2.5.5	Standards Review								
In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.				- The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity. - The Standards Committee, with the support of and training from the EDIC, will apply the equity tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.					
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO		
Year-end outcomes:	The Standards Committee has initiated a review of all standards. Proposed changes to the first set of 19 standards were developed, followed by a public consultation process . The Standards Committee began a review of the feedback and proposed amendments. The Committee has finalized the review of the proposed amendments and will roll out the updated standards in the next planning year.								
Year-end rating:	☐	Not started	☐	In progress	☒	Completed	☐	To be deferred	
Comments:									
2.5.6	By-laws Review								
In consultation with the committee, the College will undertake a comprehensive review of the structure and provisions of by-laws in light of other recommendations made under this priority activity and will make recommendations to the Council on any changes that may be necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.				- The College will consider whether any commensurate amendments to the by-laws are necessary based on the proposed changes set out under the other area of this priority activity. - The staff of the College, with the support of and training from the EDIC, will apply the equity tool to the by-laws and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.					
Timeframe:	All 4 Planning Years					Responsible:	Chief Executive Officer		
Year-end outcomes:	By-law changes were last approved by the Council in May 2024; however, a process of on-going review is in place as the College fulfills its mandate and changes to regulations are contemplated.								
Index:									
All 4 Planning Years		2023-2024		2024-2025		2025-2026		2026-2027	

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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Year-end rating:	☐	Not started	☒	In progress	☐	Completed	☐	To be deferred
Comments:								

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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The College of Naturopaths of Ontario

FINANCE, AUDIT AND RISK COMMITTEE REPORT ON DRAFT FINANCIAL STATEMENTS

The audit for the fiscal year April 1, 2024 – March 31, 2025, was completed remotely by Kriens-Larose, LLP. The Auditor's Report, Draft Financial Statements and adjusting entries were reviewed by the Committee at its virtual conference meeting held on July 15, 2025. 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. Erica Laugalys, Deputy CEO, Registrant & Corporate Services, Azard Kallan, *Interim* Director of Operations, Thusha Pirabakaran, Finance Coordinator and Monika Zingaro, Human Resources Coordinator, were also in attendance.

The following items were discussed during the review of the committee report and the draft audited financial statement materials:

- The Auditor did not find any significant issues or serious difficulties through the audit process and confirmed that the financial statements have remained consistent.
- The audit fee was \$17,700. There was no increase in fees over the prior year.
- The Auditor stated that there was no unusual activity and that the audit process was smooth between the Auditor, staff, and management. The auditor thanked the CoNO team for its assistance.
- The audit process uses 3% materiality, which for the College is equivalent to \$116,000 based on revenues. If there is a discrepancy larger than this amount, it is reported. There were no issues of materiality.
- There were nine adjusting entries. Journal entries #2 & #9 captured the allowance for doubtful accounts and the write-off of a \$77K receivable that was deemed uncollectible (see note 3). Journal entries #7 and #8 were following the Restricted Reserve Funds policy for net assets.
- Journal entry #8 was recorded due to the increase in expenses of \$209,198 over the approved budget for investigations and hearings.
- Note 3 was added to give visibility to the \$77K accounts receivable write-off with bad debt being allocated to office and general expenses, which explains the increase in these expenses over the prior year.
- The College's assets and liabilities are about \$135K more than in the prior year.
- The College has \$1,985,375 (\$1,988,612 – 2024) in net assets
- Page 8 of the Draft Financial Statements highlights Cash Flow-this is an illustration of revenue resources and outflow of funds.
- The College ended the 2024-25 fiscal year with a small deficit of \$3,237.

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

Respectfully submitted,
Dr. Shelley Burns, ND
Chair
July 16, 2025

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2025

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2025

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Statement of Changes in Net Assets	5
Statement of Operations	6 - 7
Statement of Cash Flows	8
Notes to the Financial Statements	9 - 17

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, 2025, 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, 2025, 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 XXX, 2025

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2025

Item 6.02

Page 4

	2025 \$	2024 \$
ASSETS		
CURRENT		
Cash and cash equivalent (Note 2)	4,142,634	4,062,890
Accounts receivable (Note 3)	1,607,174	1,563,694
Prepaid expenses	148,037	132,826
	5,897,845	5,759,410
EQUIPMENT (Note 4)	44,354	48,090
	5,942,199	5,807,500
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	272,304	334,409
Deferred revenue (Note 5)	3,312,844	3,147,915
HST payable	371,676	336,564
	3,956,824	3,818,888
NET ASSETS (NOTE 6)		
Unrestricted net assets	(82,256)	(254,457)
Patient Relations	90,385	90,385
Business Continuity	1,114,684	1,093,584
Investigations & Hearings	810,452	1,009,100
Succession Planning	52,110	50,000
	1,985,375	1,988,612
	5,942,199	5,807,500

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, 2025

	Unrestricted net assets 2025 \$	Patient relations 2025 \$	Business continuity 2025 \$	Investigations & hearings 2025 \$	Succession planning 2025 \$	Total 2025 \$	Total 2024 \$
Balance, beginning of year	(254,457)	90,385	1,093,584	1,009,100	50,000	1,988,612	1,896,352
Excess (deficiency) of revenues over expenses for the year	1,803	(5,040)	-	-	-	(3,237)	92,260
Interfund transfers	(38,800)	5,040	21,100	10,550	2,110	-	-
Transfer from Investigations & Hearings	209,198	-	-	(209,198)	-	-	-
Balance, end of year	(82,256)	90,385	1,114,684	810,452	52,110	1,985,375	1,988,612

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2025

Item 6.02

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	2025	2024
	\$	\$
REVENUES		
Registration and member renewal fees	3,377,642	3,134,941
Examination fees	288,120	306,625
Inspection and hearing fees	66,200	135,583
Investment Income	98,066	117,118
Incorporation fees	43,339	35,839
Misc Income	45	26,070
TOTAL REVENUES	3,873,412	3,756,176
TOTAL EXPENSES	3,876,649	3,663,916
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	(3,237)	92,260

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2025

Item 6.02

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	2025	2024
	\$	\$
EXPENSES		
Salaries and benefits	2,353,444	2,186,626
Rent and utilities	171,493	173,857
Exam fees and expenses	230,052	232,046
Consulting fees		
Consultants - Complaints and inquiries	86,912	64,766
Consultants - General	35,259	40,167
Consultants - Assessors/inspectors	60,656	42,928
Legal fees		
Legal fees - Discipline	287,875	267,579
Legal fees - Complaints	50,155	51,299
Legal fees - General	40,435	20,231
Council fees and expenses	67,118	137,270
Office and general (Note 3)	181,791	91,701
Public education	59,863	84,721
License	78,914	58,741
Equipment maintenance	47,252	50,530
Translation	21,938	37,751
Insurance	32,924	33,448
Audit fees	17,996	17,621
Travel accommodation & meals	12,132	17,495
Education and training	2,934	16,050
Discipline & FTP Committee	9,016	13,759
Amortization	13,961	11,759
Patient relations fund expenses allocation	5,040	4,810
Website	7,269	3,891
Printing and postage	1,434	3,608
Patient relations Committee	786	1,262
TOTAL EXPENSES	3,876,649	3,663,916

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED MARCH 31, 2025

Item 6.02

Page 8

	2025 \$	2024 \$
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	3,493,391	3,105,199
Cash receipts from inspection fees	71,700	135,583
Cash receipts from examination fees	288,320	326,375
Cash receipts from incorporation fees	43,339	35,839
Interest and other income	98,111	143,188
Cash paid to suppliers and employees	(3,904,892)	(3,612,629)
	89,969	133,555
CASH FROM INVESTING ACTIVITIES		
(Purchase) of equipment	(10,225)	(19,343)
Change in cash	79,744	114,212
Cash, beginning of year	4,062,890	3,948,678
Cash, end of year	4,142,634	4,062,890
Cash consists of:		
Cash in bank account	1,837,142	1,843,021
Manulife Money Market Fund & Cashable GIC	2,305,492	2,219,869
Cash, end of year	4,142,634	4,062,890

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.

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:

	2025 \$	2024 \$
Cash	1,837,143	1,843,022
Manulife Money Market Fund	1,734,998	1,669,050
Cashable Guaranteed investment certificate, Prime minus 4.95%, maturing November, 2025	570,493	-
Cashable Guaranteed investment certificate, 4.95%, maturing September, 2024	-	550,818
	4,142,634	4,062,890

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, 2025.

3. ACCOUNTS RECEIVABLE

	2025 \$	2024 \$
Accounts receivable	1,656,880	1,513,327
Other receivables - Ordered DC Cost	77,283	98,728
Allowance for doubtful accounts	(126,989)	(48,362)
Total	1,607,174	1,563,693

As at March 31, 2025, allowance for doubtful accounts consists of an allowance for impairment of \$77,283 (2024: nil) recognized with respect to a penalty order made by the discipline committee in the fiscal year of 2023 and a 3% allowance for impairment of \$49,706 (2024: \$48,362) recognized with respect to accounts receivable. Bad debt of \$86,473 (2024: \$5,346) is included in the office and general expenses as of March 31, 2025.

4. EQUIPMENT

	Cost \$	2025 Accumulated amortization \$	Cost \$	2024 Accumulated amortization \$
Office equipment	157,257	138,677	157,257	133,328
Computer equipment	111,471	85,697	101,246	77,085
	268,728	224,374	258,503	210,413
Net book value	44,354		48,090	

5. DEFERRED REVENUE

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

	2025 \$	2024 \$
Registration fees	3,271,944	3,112,715
Examination fees	35,400	35,200
Inspection fee	5,500	-
Total	1,607,174	1,563,693

6. 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 2025, \$5,040 (2024: \$4,810) was spent from the patient relations fund and \$5,040 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 2025 fiscal year \$Nil (2024: \$Nil) was spent from fund and \$21,100 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 2025 fiscal year \$Nil (2024: \$Nil) was spent from the fund, \$10,550 was transferred into the fund and \$209,198 was transferred to unrestricted net assets.

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 2025 fiscal year \$Nil (2024: \$Nil) was spent from the fund and \$2,110 was transferred into the fund.

Unrestricted Net Assets

In the 2025 fiscal year \$209,198 was transferred into the unrestricted net assets from the Investigations and Hearings Fund.

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 \$281,068 as follows:

2026	90,260
2027	95,404
2028	95,404
	281,068

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

Other Commitments

The College is committed under a professional service agreement with Satori Consulting, which was effect on April 1, 2024 until December 31, 2027. The service fee under this agreement is \$96,000. The remaining commitment are \$24,700 in the fiscal year of 2026, \$24,700 in the fiscal year of 2027 and \$21,800 in the fiscal year of 2028.

The College is committed to psychometric services agreements with Yardstick Assessment Strategies, Inc. effect on January 1, 2024 for a period of two years. The total contract amount is \$185,300. The remaining commitment is \$81,000 in the fiscal year of 2026.

The College is committed to research services agreements with Pivotal Research Inc. effective on March 27, 2025. The total contract amount is \$35,500. The remaining commitment are \$35,500 in the fiscal year of 2026.

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, 2025.

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 \$126,989 (2024: \$48,362).

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

Discipline

PURPOSE: To support a discussion by the Council regarding the effectiveness of discipline processes.

OUTCOME Informational Briefing

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

PROCESS:

Activity:	Informational briefing		
Results:	A better understanding of issues relating to the Discipline process and their impact on the College as a whole.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	Presentation by CEO	5 minutes
	2.	Discussion by Council	25 minutes

BACKGROUND:

The College has recently completed two contested matters before panels of the Discipline Committee that consumed a large amount of the College's human and financial resources. These followed a series of other matters that while not hotly contested, resulted in significant expenditures for the College.

The Council has expressed an interest in examining the issues relating to discipline to ensure it has a full understanding of the processes and that it has examined any method to reduce its exposure.

There are six overarching lines of inquiry:

- Costs Relating to Discipline Paid by Profession** – Which costs incurred relating to discipline processes are potentially recoverable and which are lost and paid by the profession?
- Collecting Ordered Costs** - What are the processes involved in the College collecting ordered costs when a registrant is not paying or defaults on payment? Understanding these processes, their limitations and costs would be helpful to the Council.
- Unwanted Defense Tactics** - What can the College or Discipline Committee do when a registrant and their counsel intentionally use tactics intended to confuse matters, bring forward frivolous motions, insult and deride staff and Legal Counsel and generally try to delay outcomes and increase costs?
- Unrecovered Ordered Costs** - What can the College do about those cases where costs have been ordered by a panel of the Discipline Committee but cannot be collected?
- Role of Council** – Want to ensure that the Council is aware of its role to ensure funding of the College for the complaints, reports and hearings costs.

6. **Increasing Awareness within the Profession** – What can the College do to increase the awareness of the profession of the hidden costs, how costs can and have been intentionally increased and the role the profession must play to ensure the profession checks its own conduct?

Each of these will be addressed below by posing a series of questions or discussion topics to allow for a fulsome discussion.

Before setting out those discussion topics, Council is being asked to defer any discussion of solutions or to make any decisions on the fourth question above as these need to be considered in the broader discussion of Financial Sustainability of the College.

DISCUSSION POINTS:

1. Costs Relating to Discipline that are paid by the Profession

In the Annual Report, the College publishes outcomes of Discipline Hearings. This information includes the actual costs to the College and any costs ordered to be paid by the registrant by the panel of the Discipline Committee. Notwithstanding publishing this information, there is not a great deal of awareness about these costs.

When calculating the amount the College might seek if it can prove allegations against a registrant, the following costs and expenses can be included:

- Investigation costs relating to an external investigator appointed by the ICRC to investigation allegations.
- Legal costs relating to the ICRC process, the discipline process, and the hearing, including Legal Counsel for the College and Independent Legal Counsel for the panel.
- Hearing costs, including venue cost, food & beverage, and the court reporter.
- Panel costs, including per diem, travel, and accommodation, for professional members only as per diem and expenses for Public members are covered by Health Boards Secretariat.

Based on legal precedent, a panel of the Discipline Committee is justified to make an order of approximately 66% of these costs to be paid by the registrant against whom findings have been made. The courts have determined that the other approximately 34% should be an operating expense of the College and is considered the cost of regulating.

When calculating the amount the College might seek if it can prove allegations against a registrant, the following costs cannot be included:

- Cost of the Panel of the ICRC, including money paid for report writing.
- Staff time devoted to the complaints and reports process.
- Staff time devoted to discipline processes, including negotiations, submissions etc.
- Staff time devoted to the supporting the panel.
- Staff time devoted to attending and monitoring the hearing.

In the budget for 2025-26, the College budgeted just under \$250,000 in staff time for these processes. This money, along with the 34% of eligible costs that the courts have ruled must be absorbed by the regulatory colleges, is funding out of the annual registration fees paid by registrants of the College.

2. Collecting Ordered Costs

How is the quantum of costs determined and by whom? In all cases, the College and Legal Counsel are tracking “eligible” costs, which include costs and expenses relating to the

investigation, legal support and the hearing. Staff costs of the College are not eligible. When the College is entering discussions with registrants about whether they wish to settle a matter, the amount of costs is a negotiation point. The earlier a settlement, the lower the costs. It is important to reiterate that a registrant is always entitled to require that the College proves the case against them through evidence presented to a panel. This is not considered an aggravating factor when formulating a penalty. However, the College will alert the registrant that this will be addressed by the College during costs submissions which could result in the Discipline Committee ordering more in costs.

In a contested matter, the College always seeks two-thirds of all eligible costs; however, depending on the seriousness of the allegations, strength of the evidence, uncontested matters see agreed upon costs over a wide range. The final decision on the amount of costs to seek is made by the CEO; however, decisions are made on advice of legal counsel who is the lead negotiator with defense counsel.

What does an order for costs include? The College generally seeks or asks for an order from a panel of the Discipline Committee. It does so in one of three ways. The first is an order for a specific quantum to be paid “within 30 days of the hearing.” This is typically for smaller cost amounts where the ability to pay is not a concern and where the registrant is continuing to practise. The second is an order for an amount to be paid “on a schedule to be set by the CEO.” In these cases, the CEO is of the belief that they can establish a reasonable schedule for payment in consultation with the registrant and their legal counsel and that the schedule will be met. Legal counsel will liaise with the registrant (or their legal counsel in advance) and set out the proposed schedule so that the registrant is fully informed and aware. The third is an order for a specific quantum where the payment schedule is included in the order. This is typically used for larger amounts and where lengthy suspensions are involved or even revocations.

Why are the percentage of ordered costs vs. actual cost so varied? As noted above, this is part of the negotiation process for reaching a settlement. Some cases have stronger evidence and witnesses than others. Some cases will take longer and be more costly to the College to prosecute. It is important to keep in mind that for every “eligible” expense incurred, the College can seek a maximum of two-thirds. This means that the College absorbs one-third of eligible costs and all of the ineligible costs, most notably staff time.

What does the College do once an order for costs is issued? Essentially, the College sets up the ordered costs on the account of the registrant to be paid. It can be paid by credit card on-line or by cheque mailed to the College. If the order results in a payment schedule, the individual payments are entered into the on-line account of the registrant for on-line payment or post-dated cheques may be received. In each case, the registrant is advised of the invoice, when and how to make payments. Of course, they are also advised of all other aspect of the order. Finally, while this is not required by law, staff sends regular reminders to the Registrant to ensure the deadlines are not missed.

What does the College do if payment is not received? When payment is not received or a schedule payment is missed, the College will contact the registrant and advise them of the missed payment and make a “demand” for payment noting that if they do not pay, they may be in violation of an order which could result in the matter being brought before the ICRC as potential professional misconduct. This is because “Failing to comply with an order of a panel of the College” is an act of professional misconduct as set out in paragraph 41 of section 1 of the Professional Misconduct Regulation. As such, the CEO will seek approval of the ICRC to initiate an investigation.

What other actions are available for the College to ensure it recovered the Ordered Costs? There are very few options available to the College and these are derived from filing the Order of the Panel with the Superior Court. Doing so requires the College to prepare a Statement of

Claim and a Certificate of Action, filing those documents with the Court, paying the fees and serving the documents on all parties and filing an Affidavit of Service with the Court. This allows the College to avail itself of the following, not mutually exclusive options:

- Seek an order of Contempt of Court should the registrant not pay the debt.
- Register a lien against real property (homes, clinics, cars etc.) of the registrant – this is a legal claim or right against a property, typically used as security for a debt or obligation. It is a passive hold on the property that must be removed before the property can be sold.
- Obtain a Write of Seizure and Sale which is a court order allowing the College to enforce the judgement against the registrant. This is done by filing a form with the Sheriff in the jurisdiction where the property is located. Once filed, it creates a lien on the property but also empowers the Sheriff to seize and sell the property if the debt remains unpaid.
- Garnish the wages or financial assets of the registrant. The College can seek garnishment of wages of the registrant, an amount held back by an employer off of each pay and submitting that to the College until the debt is paid. The second approach is to garnish the bank account of the registrant which requires the bank to freeze financial assets in the amount of the debt and to remit those to the College.

Why would the College not do this in every case? There are several issues with these approaches, including but not necessarily limited to:

- The process of filing with the Court takes time and money of the College.
- If the College seeks contempt, the outcome from the Court may result in contempt charges but these may have little impact.
- Seeking liens or seizure and sale requires the College to first identify that the registrant has real property that is of the value of the debt owed. This is often not the case as many registrants will dispose of their assets if they are aware of the likely outcome of a hearing.
- Garnishing wages requires an employment situation which is not common among NDs and garnishing bank accounts assumes the College knows or can find the account and that there are sufficient funds in the account.

In all, it is a costly and time-consuming process that the College would not want to undertake when it may be able to recover the funds itself. When contemplating these processes, the College must also consider the element of reputational risk when the College is seen not to be trusting of its registrant to pay the College that which they owe.

3. Unwanted Defense Tactics

The most recent discipline cases were, by far, the most hotly contested. The defense raised several Charter Challenges against the case the College was presenting, it raised incorrect matters of law and inaccurate interpretations of the law. In one case, the registrant was belligerent and, in both cases, the legal representative for the registrants was insulting and derisive of senior staff and Counsel for the College. Again, in both cases, frivolous motions of bias against the panels were brought forward.

In total, the tactics used by the defense resulted in added hearing days, added costs with Independent Legal Counsel, added costs in obtaining transcripts of the hearings, untold extraneous email exchanges,

What can the Discipline Committee or Council of the College do to prevent this in the future?

First and foremost, this is a Discipline Committee matter and while the College has a financial interest, it has no jurisdiction over the Discipline Procedures and the panels appointed by the Discipline Committee. Furthermore, the Council is advised to be cautious so as not to be seen as interfering in the affairs of the Discipline Committee and creating a bias in future deliberations

of the panels. The College Council must not attempt to influence the panels when it comes to the orders that they may issue in any case.

Second, the Discipline Committee can consider its rules of procedure in the context of the work the defense has undertaken in these two most recent matters. This is not to suggest that changes are needed; however, any discomfort by the panels should be discussed by the Committee and, with the advice of Independent Legal Counsel, careful consideration of the rules can be undertaken. While some of the tactics may have seemed unnecessary and unwarranted, they should only be addressed through the careful writing of the Discipline Rules of Procedure and their full application in any given hearing.

Finally, as a matter of principle, the College wants every registrant to be represented by qualified legal representatives, regardless of whether a matter is contested or uncontested. However, the choice of who they retain as counsel is their own. The College wants the registrant to mount a fulsome defense should they contest a hearing. The onus is on the College to prove the allegations on a balance of probabilities, and it has no concerns about having to do so.

If a registrant or their selected legal representative mounts frivolous motions and futile defences, the only real recourse of the College is to seek costs. Council should note that legal counsel regularly alerts and informs opposing legal representatives that if a motion is not supported by the case law or if the registrant is planning on mounting a defence that runs contrary to the position the registrant took during the investigation, legal counsel will alert them of such and inform that all costs will be sought in light of the futility of the proposed step. This is an attempt to ensure opposing legal representatives are fully informed and ideally do not launch futile motions or defences. But the decision to do so rests with the registrant. There is little the College can do to prevent a registrant from doing so but for reminding them of the costs consequences.

4. Unrecovered Costs

How much money of the Ordered Costs would the College consider as unrecoverable? To understand the impact of costs ordered by panels of the Discipline Committee that cannot be recovered, we first need to quantify the matter. Attached as Appendix 1 is a summary of the discipline costs encountered by the College since April 2020. This table sets out the amounts of costs ordered by the panels to be paid to the College and the actual amounts recovered. It identifies why in some cases these ordered costs cannot be recovered.

For context, there are currently \$616,129 in ordered costs, of which \$121,938 has been recovered. This is a recovery rate of 19.8% of ordered costs. This includes the two most recent contested cases, both of which have been appealed thus placing a “stay” on the costs orders and the schedule of payments. It is likely that, should the courts confirm the outcomes of the panels and the ordered costs, at least one of these will be paid to the College as the registrant is suspended but is expected to return to practice. The second and larger of the two ordered costs are unlikely to be received given the individual has had their certificate of registration revoked.

Prior to the two most recent decisions, the recovery rate for ordered costs was much higher, at 75%. Hence, the overall rate of recovery is variable and somewhat skewed by recent events.

The best-case scenario is that the two most recent cases with ordered costs are paid to the College. This would mean that the amount unrecoverable is \$100,283. The worst-case scenario is that neither of these two recent cases results in costs being paid to the College. This means that the amount unrecoverable would be \$553,229. The middle ground is that one of the two

most recent cases has the ordered costs paid and one, the larger amount, remains unpaid. This means the amount unrecoverable would be \$363,236.

None of these scenarios contemplate the broader issue of the overall amount of money on reserve for investigations and hearings. That will be discussed as part of the Financial Sustainability of the College as the options to address this will be deeply intertwined with options surrounding fees paid to the College and other revenue opportunities.

Why might Ordered costs not be recoverable? The College has encountered several situations where Ordered costs cannot be collected. The most obvious is that there is no money available to pay the College. We have had situations where the registrant had no funds in their bank account and no property against which a lien might be placed. The second is the death of the registrant which the College has encountered on two occasions. While in theory the College might try to pursue the estate for the Ordered costs, this would not likely be seen as appropriate. Even if the College had placed a lien against the property, receipt of the funds is still dependent on which other creditors may also have liens and typically, the lending institutions get first right to the moneys. The third is bankruptcy which we have encountered with two different registrants over five different cases (going back to 2015). Bankruptcy proceedings are very challenging, and available funds are given out based on a fraction of the dollar amount and in order of priority. The likelihood of recovering all the funds is very low as there are cases which state that the ability of the regulator to enforce the costs order expires upon the filing of the bankruptcy.

Does the College have any of its own processes available to pursue unrecovered costs?

Where a registrant has an Order for costs and they fail to pay those costs, the College can seek the remedies available through the investigations and hearings process. While the College generally does take this approach, the reality is that it actually adds more costs due to the investigative and hearing process which might result in a further order, which will likely also be unpaid. The College has a bylaw which confirms that any outstanding costs ordered will be applied to the renewal fees which will prevent a registrant from renewing without also settling the costs debt owed to the College.

What happens with a registrant who resigns or simply does not pay their fees? A registrant who has an outstanding Order for costs is not allowed to resign until payment has been received. While in a few cases this has been successful, often the registrant will simply not renew their registration for the next year (as Ordered costs must be paid at renewal) and will be suspended. After they have been suspended for two years, their certificate is automatically revoked, essentially achieving their desired outcome.

5. Role of Council

When it comes to discipline, the role of the Council of the College is somewhat muted. Discipline processes are the purview of the Discipline Committee through its rules of procedure. Matters relating to the prosecution of registrants, establishing areas of agreed statements of facts and joint submissions on penalty and costs are the purview of the Chief Executive Officer. The CEO is accountable to the Council for the proper execution of their duties and the Council is responsible for oversight of the College, its operations and its financial status.

Decisions on whether to refer a matter to the Discipline Committee for a hearing are the exclusive purview of the ICRC and decisions on outcomes from a hearing are the exclusive domain of the Discipline Committee. The Council has no authority to inject its views or to direct different outcomes from either process.

Overall, the Council can influence those aspects of the process that are undertaken by the CEO. This could be accomplished through executive limitations setting out limits, including but not necessarily limited to:

- The ability of the CEO to “drop” or reduce an allegation against the registrant based on available evidence or seriousness of the allegation.
- The ability of the CEO to agree to an amount of ordered costs to ask the panel to order by establishing the range within which they must fall.

While the Council has the ability, it may want to refrain from doing so because of the potential implications. These include, but are not necessarily limited to:

- These are the areas where the CEO, in consultation with Legal Counsel, will negotiate with a registrant to achieve a settlement, that is, an agreement to proceed on an uncontested basis. An uncontested hearing is less costly to the College and to the registrant and typically involves something the registrant seeks in exchange for not requiring the College to prove the allegations.
- These decisions are based, in part, on the evidence that supports the allegations. The CEO and legal counsel have reviewed the evidence and, an agreement to drop or reduce an allegation is based on this review. Council disallowing this process could result in the College pursuing allegations that it cannot prove.
- When contemplating a lower costs amount or removing or altering the allegations, the decisions are made based on achieving the best possible public interest outcomes for the lowest quantum of costs to the College. Overall, as long as the public interest is served, the specific details of the Order of the DC matter somewhat less.
- Finally, although there is no specific executive limitation in place in this area, there are other limitations that would already be applied:
 - EL01 – Global Executive Constraint requires that “the CEO shall not cause or allow any practice, activity, decision or organizational circumstance that is unlawful, imprudent or in violation of....commonly accepted business practices and professional ethics.”
 - EL13 – Treatment of Registrants requires that the “inform[s] and educate[s] registrants about their professional responsibilities and the consequences of non-compliance.”
 - EL16 – Treatment of the Public requires the CEO to “Provide appropriate support to the public through the complaints and discipline process.”

6. Increasing Awareness within the Profession

The final line of inquiry pertains to the awareness of the profession about many of these matters. Although the College publishes the outcome of hearings each year in the annual report, including the eligible costs and actual costs ordered, the ineligible cost portion is not addressed nor is information about whether the costs are paid.

Registrants should be made aware that funding for the costs that are not included when calculating ordered costs comes from the fees that they pay as established by the court. Hence, the discipline process is anticipated to be partially funded by the profession.

They will also need to be made aware that a registrant who refuses to pay ordered costs essentially has those costs covered by the profession. Individuals who refuse to pay are not negatively impacting the College in the long term but rather, their colleagues in the profession who will likely have to pay higher fees to offset these losses.

Registrants should expect that their colleagues appearing before the Discipline Committee will act in a professional and respectful manner that respects that the impact of outcomes effects the profession more so than it will impact the role of the College and finances of the College.

OTHER DISCUSSION POINTS

How common is this situation for other Colleges?

This question has been raised previously in the College and in discussions with Legal Counsel. Unfortunately, there is no data that outlines the answer to this question; however, anecdotally and on advice of legal counsel, this situation is very common.

The topic is Complex

There are many challenges that make this matter highly complex. For each case on Appendix 1 that might potentially raise eyebrows, there is a series of facts that led us to the position we are in. Foremost among these are:

- The variability of negotiations.
- The aim to get a desired public interest outcome without the burden of a full hearing.
- Encouraging individuals who are not governable to move out of the profession reducing anticipated future costs of enforcement.
- The indeterminant amount of costs that would have been spent had the uncontested hearings been contested.

ASSESSMENT

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

- Hazard risk:
 - Liability – Should the Council decide to exercise more influence into the discipline processes it may increase the risk of legal challenge of the independence of the Discipline Panels and their decisions.
 - Net income loss – Failure to collect outstanding discipline costs or setting costs too high during negotiations may result in a need for additional financial support from the profession which may result in a loss of registrants and therefore a loss of income for the College.
- Financial risk:
 - Price risk – there is a risk that the costs of consultants increase significantly placing increased pressure on the College to seek higher costs.
 - Credit risk – the College negotiating or allowing for payment plans or schedules for payment may result in individuals defaulting on payments thus requiring the College to seek additional, and costly, means to recuperate its costs.
- Strategic risk:
 - Economic environment – there is currently a great deal of economic uncertainty based on the US tariffs which in turn are damaging the Canadian economy. This may impact the ability of many registrants to afford paying costs to the College which may influence their decision to pursue contested hearings (in the chance that they may be successful) and increasing overall expenses.
 - Reputation – Failing to collect the costs to recuperate discipline expenses incurred by a small number of individuals may create resentment and lack of trust in the ability of the College to remain financial sustainable. Taking a more aggressive stance in pursuing ordered costs may also impact the College's reputation with the profession.

Privacy Considerations – There are general privacy issues that relate to the amounts of money owed to the College by current and former registrants of the College. The College will want to approach this with sensitivity. This sensitivity will need to be balanced with transparency.

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

- Information to foster trust – to garner the trust of as many registrants as possible, as well as the Ministry of Health and public, much of the information contained in this briefing will need to be disclosed in the consultation process and final decision of the Council.
- Relevant, credible, and accurate information – as noted earlier, much of the information about the College's ability to collect ordered costs is in the public domain; however, seeing the scale of the money that is owed and the amounts potentially not being received will be informative for most registrants.

Financial Impact – The overall financial impact of the current discipline process is expressed in the briefing note itself. Overall, the briefing is for informational purposes to help foster discussion and understanding.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed. Overall, the Council should consider the statutory obligations under the Code with regards to the Discipline process and the impact on the resources (both human and financial) of the College.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. As this briefing is for informational purposes, council should consider EDIB principles in any discussion related to the matter.

RECOMMENDATIONS

No recommendations are being brought forward at this time

ACTION ITEMS

Andrew Parr
Chief Executive Officer
July 2025

Appendix 1
Summary of Discipline Costs and Funds Recovered

Matter	Contested Uncontested	Decision Date	Legal Costs	Investigation Costs	Hearing Costs	Total Costs	Ordered Costs	Ordered as %	Actual Recovered	Notes
Um	Contested	May 29, 2025	\$250,612	\$11,764	\$22,614	\$284,990	\$189,993	67%	\$0	2
Prytula	Contested	May 28, 2025	\$351,168	\$19,082	\$24,180	\$394,430	\$262,953	67%	\$0	1
Marjerrison	Uncontested	Sept 12, 2023	\$30,269	\$7,245	\$886	\$30,400	\$7,500	19%	\$937.50	3
Dodd	Contested	Feb 14, 2023	\$80,911	\$25,535	\$3,810	\$110,256	\$77,283	70%	\$0	4
Dhanani (2)	Uncontested	Nov 8, 2022	\$42,255	\$9,849	\$610	\$52,714	\$11,000	21%	\$11,000	--
Dhanani (1)	Uncontested	Nov 8, 2022	\$19,719	\$5,466	\$610	\$25,795	\$6,000	23%	\$6,000	--
Cohen (3)	Contested	Nov 4, 2022	\$12,540	\$0	\$970	\$13,510	\$8,000	59%	\$0	5
Stauffert	Uncontested	Oct 11, 2022	\$48,015	\$10,030	\$1,697	\$59,742	\$7,500	13%	\$7,500	--
Bortnick	Uncontested	May 16, 2022	\$54,218	\$12,371	\$1,870	\$68,459	\$0	0%	\$0	6
Turner	Uncontested	May 2, 2022	\$28,218	\$3,771	\$640	\$32,629	\$0	0%	\$0	6
Turner	Uncontested	Oct 29, 2021	\$22,146	\$0	\$1,425	\$23,571	\$5,000	21%	\$5,000	--
Rodak (2)	Contested	June 21, 2021	\$59,224	\$1,542	\$9,375	\$70,141	\$5,000	7%	\$5,000	7
Rodak (1)	Uncontested	June 21, 2021	\$25,757	\$1,780	\$1,230	\$28,767	\$5,000	17%	\$5,000	--
Blaszczyk	Uncontested	Apr 5, 2021	\$18,290	\$3,934	\$1,990	\$24,214	\$0	0%	\$0	6
Deshko	Uncontested	Mar 1, 2021	\$29,215	\$16,970	\$3,902	\$50,087	\$11,000	23%	\$11,000	--
Cohen (2)	Uncontested	Oct 27, 2020	\$18,746	\$7,040	\$3,227	\$29,013	\$3,500	12%	\$0	5
Cohen (1)	Uncontested	Oct 28, 2020	\$10,363	\$0	\$1,229	\$11,592	\$3,500	30%	\$0	5
Ali	Uncontested	Aug 19, 2020	\$14,171	\$4,017	\$2,958	\$21,146	\$6,400	30%	\$6,400	--
Ee	Uncontested	Apr 24, 2020	\$27,175	\$4,304	\$3,152	\$34,631	\$6,500	19%	\$6,500	--
			\$1,143,012	\$144,700	\$86,375	\$1,366,087	\$616,129	45%	\$121,938	8

Notes:

1. This matter has been appealed to Divisional Court. Therefore, payment of costs is stayed.
2. This matter has been appealed to Divisional Court. Therefore, payment of costs is stayed.
3. The registrant in this matter was also ordered to pay for funding for therapy; however, the registrant is now deceased and no costs will be recovered.
4. The College pursued these costs to no avail. The registrant has since died and no costs will be recovered.
5. The registrant has declared bankruptcy. No costs will be recovered.

6. No costs were ordered and none were sought by the College in exchange for an agreement for the registrant to resign and agree to never apply for a certificate again.
7. This matter was contested; however, the College was unable to prove all allegations against the registrant. As a result, a joint submission was made on penalty and costs on the allegations that were upheld. The penalty and costs portion of the initial matter was addressed on the same day as the second, uncontested matter.
8. At this time with the two most recent ordered costs stayed, the College has collected 19.7% of ordered costs. If the Um and Prytula matters are excluded, the College has collected 74.7% of ordered costs.



COLLEGE OF NATUROPATHS OF ONTARIO COUNCIL/COMMITTEE REVIEW 2025

Prepared for:

All - Council

June 2025

ABOUT THIS ASSESSMENT



EVALUATIONS

The following evaluations have been completed as part of this assessment:

- Council Self/Peer Review
- Council Effectiveness
- Committee Effectiveness



RATING LEGEND

The rating scale shown below was used in scoring the quantitative feedback.

SCALE OPTION	SCORE VALUE
1 (Never/Rarely)	1
2	2
3	3
4	4
5	5
6 (Often)	6
7	7
8	8
9	9
10 (Always)	10
Unable to answer	---



DEFINITIONS AND CALCULATIONS

See appendix.

COUNCIL SELF/PEER REVIEW

ABOUT THIS EVALUATION

This Council Self/Peer Evaluation Report is a comprehensive assessment tool designed to promote accountability, transparency, and continuous improvement within the organization's governance structure. The evaluation process involves both self-assessment and peer review by council members, offering a balanced perspective on individual and collective performance. By reflecting on key areas such as strategic leadership, decision-making, teamwork, and adherence to ethical standards, the report provides valuable insights into the councils's strengths and areas for growth. The findings are intended to foster constructive dialogue and drive ongoing development, ensuring that the council remains effective in fulfilling its fiduciary responsibilities and advancing the organization's mission.



RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Armstrong, Amy	Council Member
2. Assenza, Felicia	Council Member
3. Catherwood, Dean	Council Member
4. Fenton, Lisa	Council Member
5. Griffiths-Savolaine, Sarah	Council Member
6. Lessard-Rhead, Brenda	Council Member
7. Marier, Denis	Council Member
8. Pajdakovska, Marija	Council Member
9. Phillion, Paul	Council Member
10. Psota, Erin	Council Member
11. Scheer, Jacob	Council Member
12. Sokoloski, Jordan	Council Member



RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	12	11	92%
Total	12	11	92%



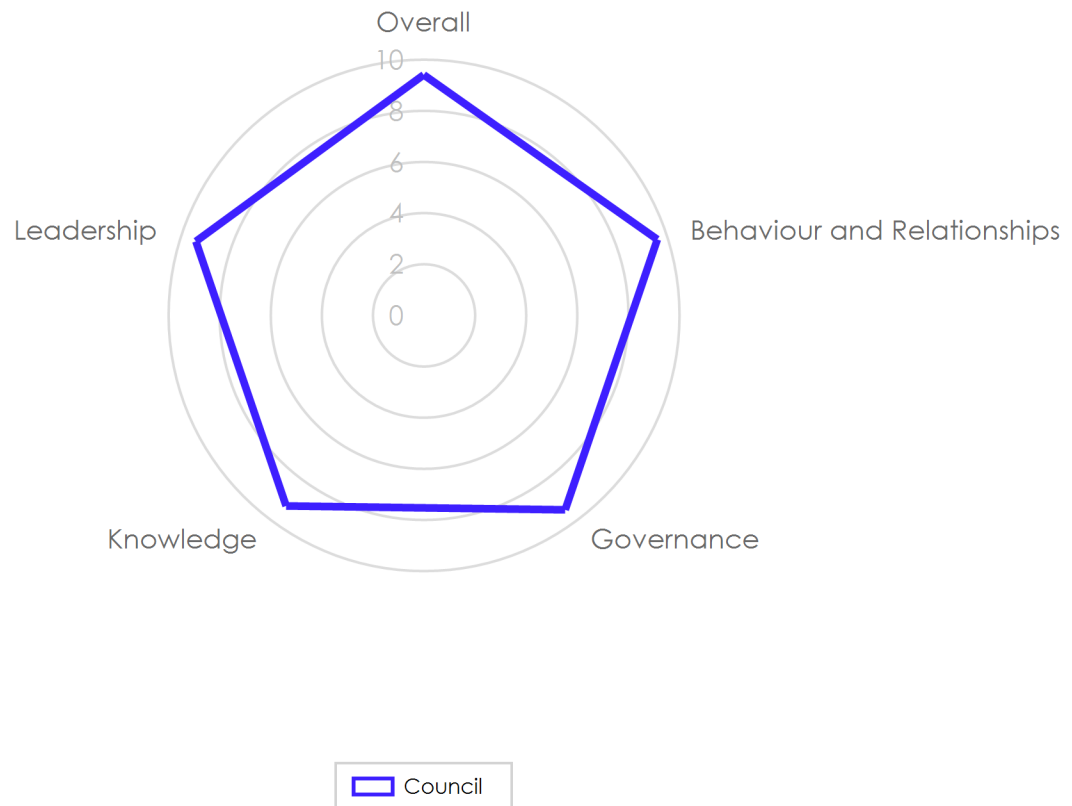
PREVIOUS ASSESSMENT DATE

May 3, 2023

NOTE: "Previous" and "Change" (to previous) results will be shown were available.

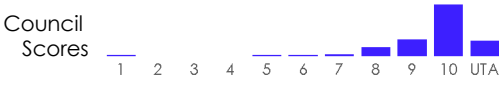
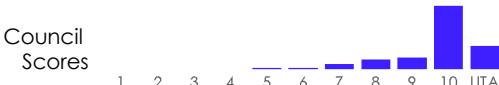
COMPETENCY SUMMARY RADAR CHART

The Competency Profile radar chart below shows scores for each rating group across all competencies. Radar charts are useful in easily spotting gaps between rater groups' perceptions and observations of an individual's behaviors. More favorable scores fall toward the outside of the chart.



COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Overall	Council Scores			
	Council	9.4	9	0.4
Behaviour and Relationships	Council Scores			
	Council	9.6	9.2	0.4
Governance	Council Scores			
	Council	9.4	8.9	0.5
Knowledge	Council Scores			
	Council	9.2	8.8	0.4
Leadership	Council Scores			
	Council	9.4	8.9	0.5

QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

BEHAVIOUR AND RELATIONSHIPS



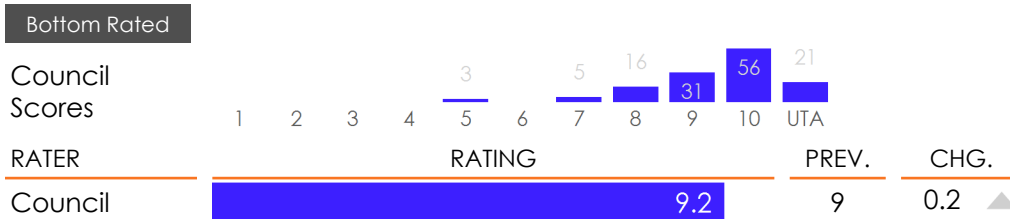
1. Governs courageously always acting in the best interest of the public.



2. Asks relevant questions to clearly understand issues and topics being discussed.



3. Communicates ideas and concepts effectively.



4. Displays a high level of professionalism especially in times of conflict or disagreement.



5. Embraces diversity of viewpoints and encourages open and effective debate to arrive at the best possible outcome.



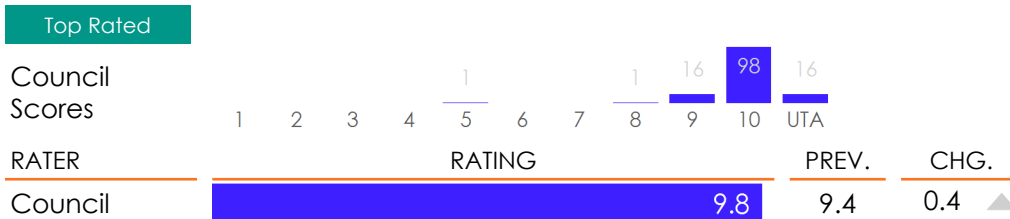
6. Is always prepared by reading materials in advance of meetings, as demonstrated by contributing valuable insights and appropriate questions.



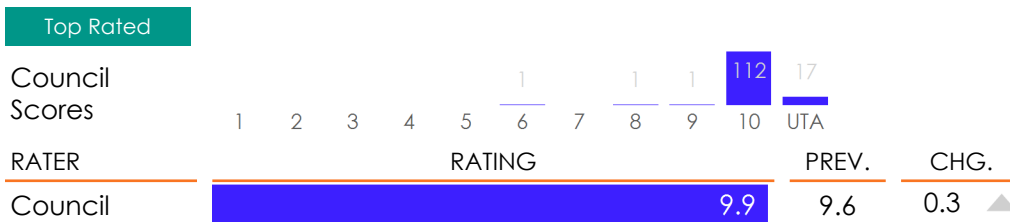
7. Is respectful of the contributions of the Council committees and focuses on building on the work that they do.



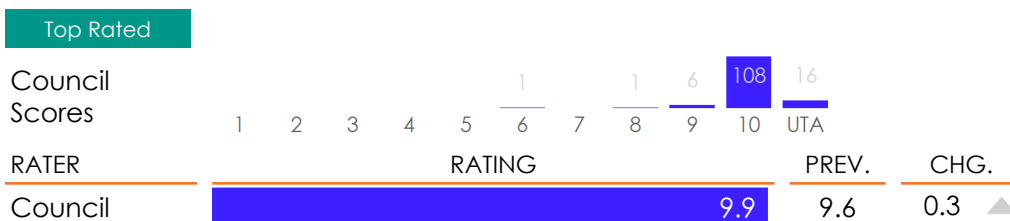
8. Publicly supports Council decisions, policies and position statements taken by the Council. (acts with one voice).



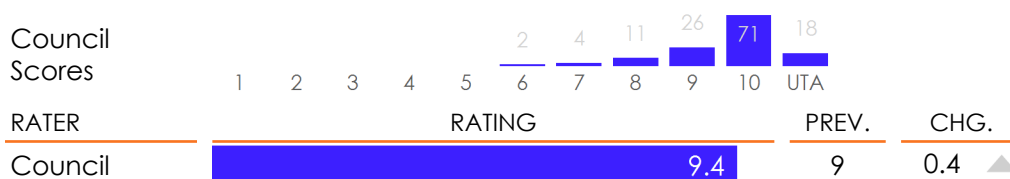
9. Understands and respects the role of Chair.



10. Is respectful and professional.



11. Actively participates in meetings with a balance of listening, thinking and talking.

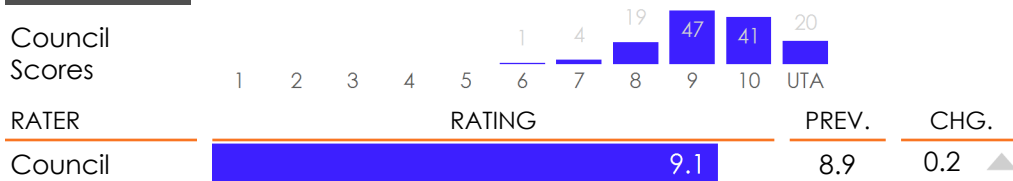


GOVERNANCE



1. Has sufficient understanding of the Regulated Health Professionals Act, 1991, the Naturopathy Act, 2007 to inform their governance role.

Bottom Rated



2. Has sufficient knowledge of the regulations, College by-laws and Council policies to inform their governance role.

Bottom Rated



3. Approaches tasks with an understanding of the distinction between Council's role to set direction and to provide oversight, and management's role to lead and direct operations.



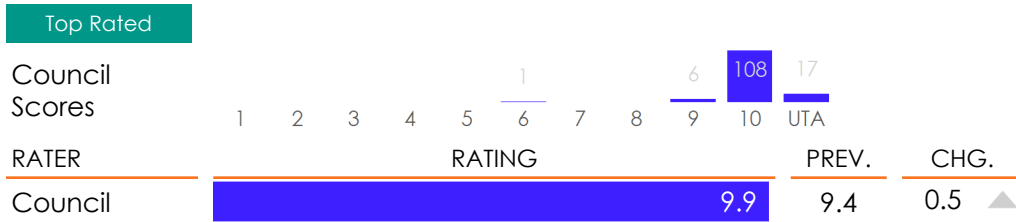
4. Appropriately questions information and data to gain a clear understanding to appropriately weigh in on decisions.



5. Demonstrates clarity and independent thought that supports sound decision making.



6. Ensures that personal interests are parked and that the interest of the public of Ontario always comes first.



7. Maintains confidentiality as set out in section (36)1 of the Regulated health Professions Act, 1991 and complies with conflict of interest requirements as set out in the by-laws and Council policy.



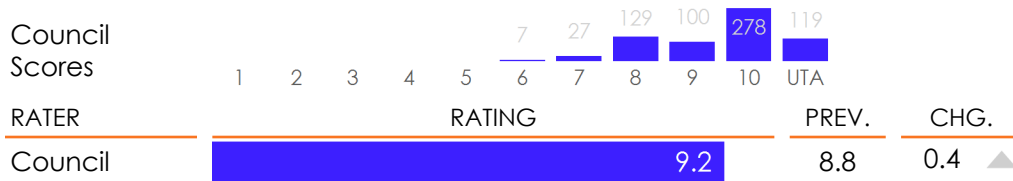
8. Always acts independent of management.



9. Appropriately questions information presented by management.



KNOWLEDGE



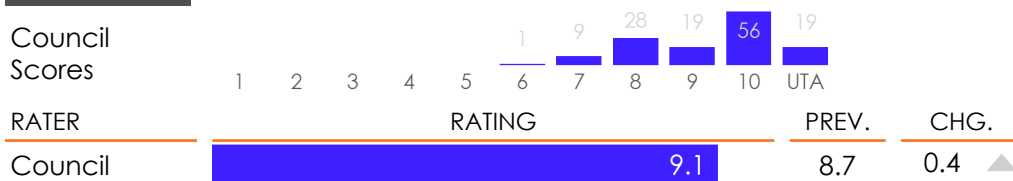
1. Clearly understands the strategic direction as set out in the Ends policies, including the vision and mission, and effectively links decisions to strategy.

Bottom Rated



2. Has a good understanding of key areas of risk and associated risk mitigation strategies.

Bottom Rated



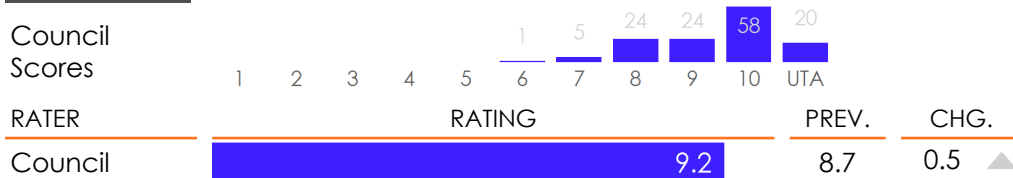
3. Has a good understanding of the College's financial performance.

Bottom Rated

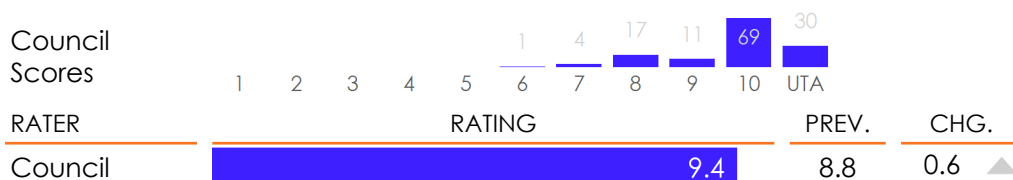


4. Demonstrates an understanding of relevant legislations, regulations, and obligations pertinent to the College.

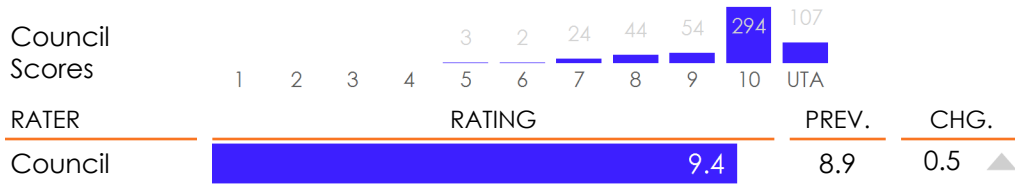
Bottom Rated



5. Governs effectively through times of change and uncertainty.



LEADERSHIP

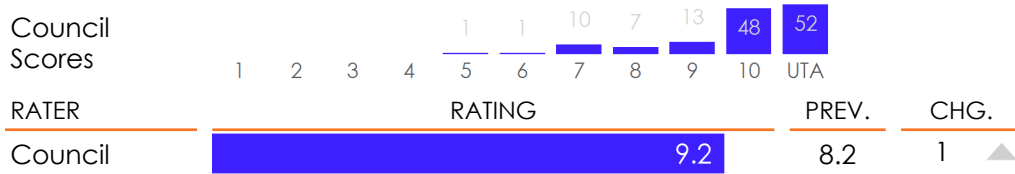


1. Listens attentively to others' viewpoints and encourages contributions from others.



2. Willingly acts as a mentor for other Council members where appropriate.

Bottom Rated



3. Makes a valuable contribution to the functioning of the Council.



4. Actively champions the values of the College.



HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
Governance	
7. Maintains confidentiality as set out in section (36)1 of the Regulated health Professions Act, 1991 and complies with conflict of interest requirements as set out in the by-laws and Council policy.	10
Behaviour and Relationships	
9. Understands and respects the role of Chair.	9.9
Behaviour and Relationships	
10. Is respectful and professional.	9.9
Governance	
6. Ensures that personal interests are parked and that the interest of the public of Ontario always comes first.	9.9
Behaviour and Relationships	
8. Publicly supports Council decisions, policies and position statements taken by the Council. (acts with one voice).	9.8

LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
Governance	
8. Always acts independent of management.	8.6
Knowledge	
3. Has a good understanding of the College's financial performance.	8.9
Governance	
1. Has sufficient understanding of the Regulated Health Professionals Act, 1991, the Naturopathy Act, 2007 to inform their governance role.	9.1
Knowledge	
2. Has a good understanding of key areas of risk and associated risk mitigation strategies.	9.1
Behaviour and Relationships	
3. Communicates ideas and concepts effectively.	9.2
Governance	
2. Has sufficient knowledge of the regulations, College by-laws and Council policies to inform their governance role.	9.2
Knowledge	
1. Clearly understands the strategic direction as set out in the Ends policies, including the vision and mission, and effectively links decisions to strategy.	9.2
Knowledge	
4. Demonstrates an understanding of relevant legislations, regulations, and obligations pertinent to the College.	9.2
Leadership	
2. Willingly acts as a mentor for other Council members where appropriate.	9.2

COUNCIL EFFECTIVENESS

ABOUT THIS EVALUATION

This Council Effectiveness Evaluation Report is designed to assess the overall performance and functioning of the Council in fulfilling its governance responsibilities. Through a structured evaluation process, the report examines key aspects of the council's work, including strategic oversight, decision-making processes, council dynamics, and alignment with the organization's mission and values. By gathering insights from Council members and stakeholders, the evaluation provides a comprehensive view of the council's strengths and areas for improvement. The goal of this report is to promote accountability, enhance the Council's effectiveness, and ensure that the Council is well-equipped to guide the organization towards sustained success.



RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Armstrong, Amy	Council Member
2. Assenza, Felicia	Council Member
3. Catherwood, Dean	Council Member
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10. Psota, Erin	Council Member
11. Scheer, Jacob	Council Member
12. Sokoloski, Jordan	Council Member



RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	12	11	92%
Total	12	11	92%



PREVIOUS ASSESSMENT DATE

May 30, 2024

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Council Effectiveness	Council Scores			
	Council	9.5	9.1	0.4

QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

COUNCIL EFFECTIVENESS

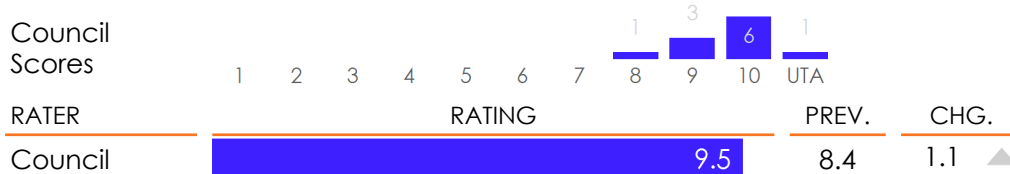


1. The Council effectively monitors CEO performance against the broad objectives and executive limitations on a regular basis.

Top Rated



2. The current Council has the strength and depth to steer the College through a financial crisis, a reputation-damaging event, or sudden CEO resignation.



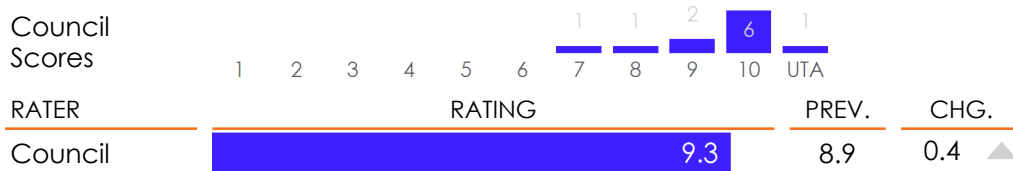
3. The Council spends appropriate time on matters crucial to the future prosperity and direction of the College.



4. The Council maintains a governance framework that adds value to the business.



5. As a Council, we engage in an appropriate amount of Council-management debate before a specific strategy is decided.



6. As a Council, we are adding long-term value to all our stakeholders.

Top Rated



7. The Council closely monitors the culture of the College and the contribution the CEO makes toward it, to help ensure the culture fits with the College's strategic direction and plans.



8. The Council has the requisite skill sets to provide effective risk oversight.

Bottom Rated



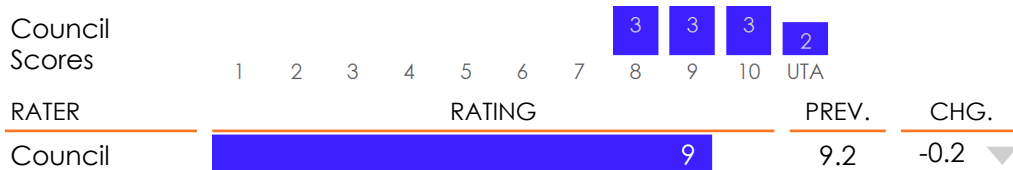
9. The Council understands the College's top risks and how management is managing these risks.

Bottom Rated

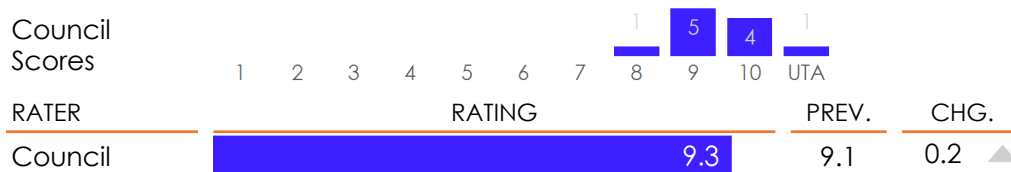


10. Newly elected or appointed Council members receive adequate orientation to their role and what is expected of them.

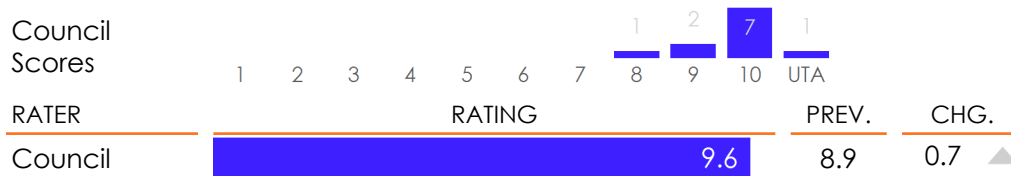
Bottom Rated



11. The Council exercises independent judgment by critically evaluating management proposals, asking thoughtful questions, and requesting further work or rejecting recommendations when necessary.



12. The Council effectively uses the time devoted to in-camera to discuss either (a) matters involving public security or (b) financial or personal or other matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings as set out in section 7 of the code; (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced; (d) personnel matters or property acquisitions; (e) instructions or opinions received from the solicitors for the College; or (f) deliberate as to whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).



13. The Council meeting agendas provide sufficient opportunity to discuss results, strategic initiatives, corporate strategy, and other relevant information to ensure informed decisions.



14. The current committee structure adds value by adhering to their mandates and reporting back to the Council.



15. Council meetings are frequent enough to ensure effective governance.



16. List one or two areas that you believe the Council could benefit from additional training/education.

- end policies
- Fiscal responsibility, understanding the financials and risks.
- Nothing comes to mind right now
- Reaching out to the profession for constructive feedback in order to improve the relationship between CoNO and the members of the profession.
- Regulation law
- Regulatory act.
- risk management
- Role of council with respect to the college.
- Unable to answer
- Unable to answer

HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
1. The Council effectively monitors CEO performance against the broad objectives and executive limitations on a regular basis.	9.9
6. As a Council, we are adding long-term value to all our stakeholders.	9.7
15. Council meetings are frequent enough to ensure effective governance.	9.7

LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
10. Newly elected or appointed Council members receive adequate orientation to their role and what is expected of them.	9
8. The Council has the requisite skill sets to provide effective risk oversight.	9.2
9. The Council understands the College's top risks and how management is managing these risks.	9.2

COMMITTEE REPORTING TO COUNCIL

ABOUT THIS EVALUATION



RATERS NOMINATED TO PARTICIPATE

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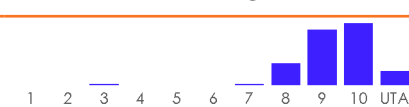
PREVIOUS ASSESSMENT DATE

May 3, 2023

NOTE: "Previous" and "Change" (to previous) results will be shown where available.

COMPETENCY SUMMARY

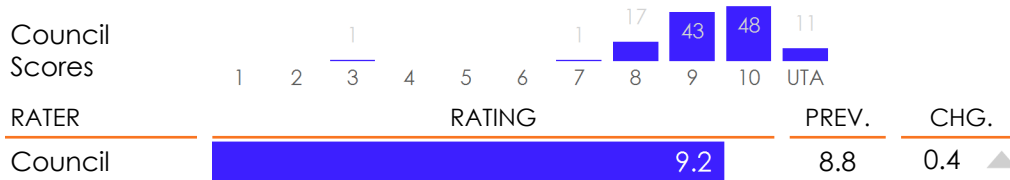
This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Committee Reporting To Council	Council Scores			
	Council	9.2	8.8	0.4

QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

COMMITTEE REPORTING TO COUNCIL



1. How informative and relevant are the reports to Council from the Audit Committee.

Top Rated



2. How informative and relevant are the reports to Council from the Equity, Diversity and Inclusion Committee.

Bottom Rated



Comments for a 6 or under rating:

- Few reports have been heard. The relevance of EDI committee is debatable.

3. How informative and relevant are the reports to Council from the Examinations Appeals Committee.

Bottom Rated

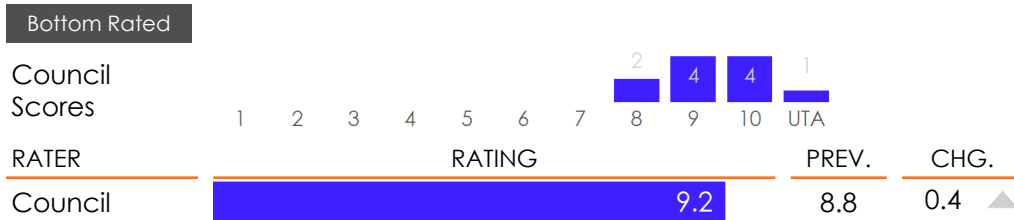


4. How informative and relevant are the reports to Council from the Governance Committee.

Bottom Rated



5. How informative and relevant are the reports to Council from the Governance Policy Review Committee.



6. How informative and relevant are the reports to Council from the Inquiries, Complaints and Reports Committee.



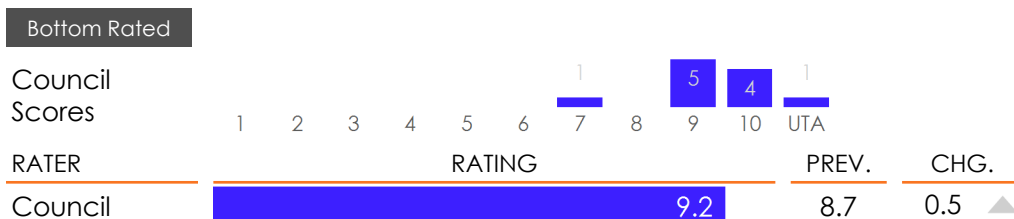
7. How informative and relevant are the reports to Council from the Inspection Committee.



8. How informative and relevant are the reports to Council from the Patient Relations Committee.



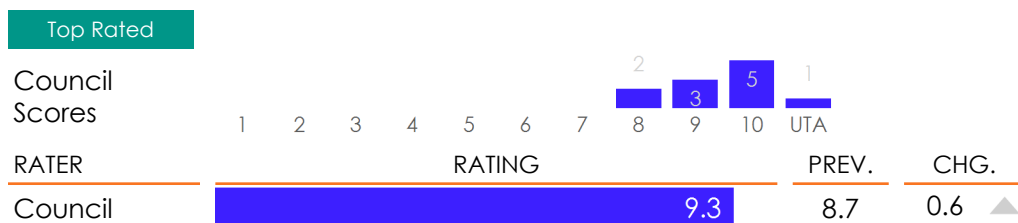
9. How informative and relevant are the reports to Council from the Quality Assurance Committee.



10. How informative and relevant are the reports to Council from the Registration Committee.



11. How informative and relevant are the reports to Council from the Standards Committee.



HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
10. How informative and relevant are the reports to Council from the Registration Committee.	9.6
1. How informative and relevant are the reports to Council from the Audit Committee.	9.4
6. How informative and relevant are the reports to Council from the Inquiries, Complaints and Reports Committee.	9.3
7. How informative and relevant are the reports to Council from the Inspection Committee.	9.3
11. How informative and relevant are the reports to Council from the Standards Committee.	9.3

LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
2. How informative and relevant are the reports to Council from the Equity, Diversity and Inclusion Committee.	8.4
3. How informative and relevant are the reports to Council from the Examinations Appeals Committee.	9.2
4. How informative and relevant are the reports to Council from the Governance Committee.	9.2
5. How informative and relevant are the reports to Council from the Governance Policy Review Committee.	9.2
8. How informative and relevant are the reports to Council from the Patient Relations Committee.	9.2
9. How informative and relevant are the reports to Council from the Quality Assurance Committee.	9.2

APPENDIX

DEFINITIONS AND CALCULATIONS

"Self" Rating: In an individual-level report, this is your rating.

"Peer" Rating: In an individual-level report, this is the average rating of those nominated as a "peer".

"Council" Rating: Average rating of the Council as a whole.

Gap: In an individual-level report, this is the difference between the "self" rating and "peer" rating, and is calculated as the average "peer" ratings minus the "self" rating.

Peer Scores: In an individual-level report, this shows the rating distribution across all the possible rating options for the "Peer" group.

Council Scores: In a Council-level report, this shows the rating distribution across all possible rating options for the Council as a whole. Note: In a self/peer evaluation, the number of ratings may seem high because each Council member rates themselves and their peers for each question. For example, if there are 10 Council members, each member provides 10 ratings (one for themselves and nine for their peers), resulting in a total of 100 ratings (10 ratings X 10 members) for the distribution.

Hidden Strength: A question where you rated yourself significantly lower than "peers" rated you.

Blind Spot: A question where you rated yourself significantly higher than "peers" rated you.

Top Rated: A question that is among the highest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.

Bottom Rated: A question that is among the lowest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.



The College of Naturopaths of Ontario

Pages 258 through 324 have been redacted

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

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

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

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

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



The College of Naturopaths of Ontario

**Council Meeting
July 30, 2025**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (2:2)		Ms. Sarah Griffiths-Savolaine (0:2)
Dr. Amy Armstrong, ND (2:2)*		Ms. Amy Twydell (0:1)
Mr. Dean Catherwood (2:2)		
Ms. Lisa Fenton (2:2)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:2)		
Dr. Denis Marier, ND (2:2)		
Ms. Marjia Pajdakowska (1:2)		
Mr. Paul Phillion (2:2)		
Dr. Jacob Scheer, ND (2:2)		
Dr. Jordan Sokoloski, ND (2:2)		
Dr. Erin Walsh (Psota), ND (2:2)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Dr. Shelley Burns, ND, Audit, Finance & Risk Committee Chair		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Thomas Kriens, Auditor		

*Left meeting at 11:35 a.m.

Mr. Barry Sullivan, Governance Committee, Vice-Chair		
Ms. Sandi Verrecchia, Satori Consulting		

1. Call to Order and Welcome

The Chair, Dr. Brenda Lessard-Rhead, ND (Inactive), called the meeting to order at 9:16 a.m. and she 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:	Paul Phillion
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. There were none.

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

3.02 Declarations of Conflicts of Interest

The Chair reminded Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members 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.

4. Monitoring Reports

4.01 Report of the Council Chair

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

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

4.02 Report on Regulatory Operations at June 30, 2025, from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at June 30, 2025, 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 reports on Regulatory Operations at June 30, 2025, from the CEO.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

4.03 Annual Committee Reports 2024-2025

The annual Committee Reports submitted by each 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 for the period April 1, 2024, to March 31, 2025.
MOVED:	Dean Catherwood
SECOND:	Jordan Sokoloski
CARRIED.	

4.04 Annual Report on Operational Performance for 2024-25

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 accept the Report on Operational Performance for the period April 1, 2024, to March 31, 2025.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer

CARRIED.	
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5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Ends Policies

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

5.01(ii) 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.

5.01(iii) Governance Process Policies

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

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

Mr. Barry Sullivan, Governance Committee Vice-Chair, provided the Council with a detailed presentation reviewing the survey responses and comments submitted by Council members in relation to the Executive Limitations Policies (Part 1 – EL01 through EL08) review, and highlighted each policies directive.

Council members were also asked if there were any members who wished to discuss the grouping of policies and Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

The Chair thanked Mr. Sullivan for his presentation to Council.

6. Business

6.01 Finance, Audit & Risk Committee Report on the 2024-2025 Audit

A copy of the Finance, Audit & Risk Committee Report on the audit for the fiscal year April 1, 2024, to March 31, 2025, was circulated in advance of the meeting. Dr. Shelley Burns, ND, the Audit, Finance & Risk Committee Chair, reviewed the report with the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Finance, Audit & Risk Committee Report on the draft Audited Financial Statements for 2024-2025.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

6.02 Auditor's Report and Draft Audited Statements – Fiscal Year 2024-2025

The Chair invited Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, to present the Auditor's Report and the Draft 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 Draft Audited Financial Statements for the period April 1, 2024, to March 31, 2025, as presented.
MOVED:	Paul Phillion
SECOND:	Erin Psota
CARRIED.	

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

6.03 Appointment of the Auditor for 2025-26 Fiscal Year

Dr. Burns, ND, the Audit, Finance & Risk Committee Chair, advised Council that the College's current Auditor's term had ended at the conclusion of the audit for the fiscal year 2024-2025 and that an Auditor would need to be appointed for a new term. She sought the approval of Council to have the existing auditor of Kriens~LaRose, LLP, be re-appointed as the Auditor for the fiscal year of 2025-2026.

MOTION:	To re-appoint Kriens~LaRose, LLP, as the Auditor for the fiscal year of 2025-2026.
MOVED:	Amy Armstrong
SECOND:	Dean Catherwood
CARRIED.	

6.04 Committee Appointment

The Chair noted that with the recent resignation of Council Public member Ms. Amy Twydell, there will no longer be a committee appointment to the Inquiries, Complaints and Reports Committee (ICRC). Furthermore, the Chair took the opportunity to advise the Public Council members that there is a need for the position to be filled and if someone is interested in learning more about the role to reach out to herself or Mr. Parr for more information about the responsibilities and time commitments.

6.05 Discipline Processes for Recovery of Costs

Mr. Parr provided a detailed overview of the Briefing Note circulated to Council in advance of the meeting. He highlighted the intent of this document is to support a discussion amongst members of the Council regarding the effectiveness of the discipline processes, as they had expressed an interest in having a fulsome understanding of the processes and that they examine any method to reduce its exposure.

He reviewed six main discussion points and responded to questions that were brought forward from Council members during the discussion.

7. Council Education

7.01 Council & Committee Evaluations – Update

The Chair invited Ms. Sandi Verrecchia, of Satori Consulting Inc., to provide 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.

MOTION:	To accept the Council evaluation report for the year 2024-2025 as presented.
MOVED:	Jacob Scheer
SECOND:	Jordan Sokoloski
CARRIED.	

The Chair thanked Ms. Verrecchia for her presentation to the Council.

7.02 Naturopathic Doctors in Ontario

Dr. Erin Psota, ND, Council member, presented survey results she received from fellow Council NDs as well as other NDs in relation to providing information to all Council members, in particular the Public members, about the profession and its approach to treatment of their patients. She summarized all 73 responses to her survey and spoke in depth about what a potential day in the life of an ND could look like. For example, seeing patients in their clinics, presenting at conferences, conducting research to help their patients further, teaching support and many other things outside of just being an ND. In addition, Dr. Psota, ND, responded to any questions that arose during the discussion.

The Council thanked Dr. Psota, ND, on all her hard work and they appreciated learning more about NDs.

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 12:03 p.m.

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

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 the newly adopted method to complete the meeting evaluation via a Zoom survey will take place again and that the survey will appear on each Council member's screen.

The Chair asked each Council member to take a few moments to complete the survey. The Chair reviewed the results of the survey, and two areas of concern were raised. The Chair

spoke to these areas and asked, if the people are comfortable in doing so, to reach out to her and provide more detail.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for September 24, 2025, and that this meeting will be held virtually via video conference.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:44 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Jordan Sokoloski

Recorded by: Monika Zingaro
Human Resources Coordinator
July 30, 2025

Approved: September 24, 2025

Council Highlights
July 30, 2025 (Meeting #48¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, July 30, 2025, from 9:16 a.m. to 12:44 p.m.; all elected professional members and four of the six public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Counsel, Ms. Rebecca Durcan, of the law firm Steinecke Maciura LeBlanc, Mr. Barry Sullivan, Vice-Chair, Governance Committee, Dr. Shelley Burns, ND, Chair, Audit, Finance & Risk Committee, Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, and Ms. Sandi Verrecchia from Satori Consulting. The agenda and supporting materials for the meeting were released via the College's website on July 23, 2025, and continue to be available on the [College's website](#).

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

Report on Regulatory Operations – The Council reviewed and accepted the Report on Regulatory Operations at June 30, 2025. This report provides the Council with the assurance that the regulatory activities of the College are being undertaken in compliance with legislation.

Annual Committee Reports– The Council reviewed and accepted the Committee Reports for fiscal year 2024-2025. They can be found here on [our website](#).

The Report on Operations – Year End Report – The Council reviewed and accepted the Annual Report on Operational Performance for 2024-25 which highlights the initiatives being undertaken in support of achieving the strategic objectives and priorities established by the Council.

Detailed Review – Executive Limitations Policies – Part 1 – Mr. Barry Sullivan, Vice-Chair of the Governance Committee, presented the Council's survey results and questions that were completed and submitted in advance of the meeting in relation to the detailed review of the Executive Limitations Policies – Part 1 (EL01-EL08).

Auditor's Report and Audited Financial Statements – Fiscal Year 2024-2025 – The Council considered and approved the Auditor's Report and Audited Statements – Fiscal Year 2024-2025. They can be found here on [our website](#).

Appointment of Auditor – 2025-2026 Fiscal Year – The Council approved the re-appointment of Kriens~LaRose, LLP, to be the College's auditor for the coming fiscal year.

Council Education – As a part of the College and its Council's commitment to good governance, the Council completed its annual Effectiveness survey. The results of the Council's feedback were presented and facilitated by Ms. Sandi Verrecchia of Satori Consulting Inc. The Council participated in an active discussion and was provided an update in relation to Council and Committee evaluations, the next steps in the process and timelines.

¹ This is the 48th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.

In addition, Council member Dr. Erin Psota, ND, provided a detailed presentation highlight the results she received from a survey circulated to fellow Naturopathic Doctors (NDs) on Council, as well as other NDs, that gave insight as to what an ND does in their day-to-day as well as other functions they are involved with, for example, researching and teaching.

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

Andrew Parr, CAE
Chief Executive Officer
August 11, 2025