



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #46

Draft Agenda

March 26, 2025 (2024/25-06)

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 #46

March 26, 2025

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

DRAFT AGENDA

Sect/No.	Action		Item		Page	Responsible
0	Pre-Meeting Networking (8:00 am to 9:00 am)					
		Networking	Information networking for Council members (8:45-9:15am)			-- All
1	Call to Order and Welcome					
	1.01	Procedure	Call to Order			-- J Sokoloski
	1.02	Discussion	Meeting Norms			4-6
	1.03	Discussion	“High Five” – Process for identifying consensus			7
2	Consent Agenda					
	2.01	Approval	i.	Draft Meeting Minutes of January 29, 2025	8-12	J Sokoloski
			ii.	Draft In Camera Minutes of January 29, 2025	13-14	
			iii.	Committee Reports	15-31	
			iv.	Information Items	32-105	
3	Approval of Agenda and Conflicts of Interest					
	3.01	Approval	Review of Main Agenda			3 J Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest			106-107
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair			108 J Sokoloski
	4.02	Acceptance	Report on Regulatory Operations at February 28, 2025			109-120 A Parr
	4.03	Acceptance	Variance Report & Unaudited Financial Statements for Q3			121-130 A Kupny
5	Council Governance Policy Confirmation					
	5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹			-- J Sokoloski
	5.02	Review	Detailed Review – GP Policies (Part 2)			--
	5.03	Decision	Revised Committee Structure			131-139
6	Regular Business					
	6.01	Information	Annual Operational Plan			140-174 A Parr
	6.02	Acceptance	Capital and Operating Budgets			175-182 E Laugalys/ A Kupny
	6.03	Acceptance	College Performance Measurement Framework Report 2024			183-290 J. Quesnelle
	6.04	Briefing	Officer/Executive Committee Election Process			291-298 A Parr
7	In-Camera (Pursuant to paragraphs (d) of section 7(2) of the HPPC)					
	7.01	Decision	To move in to an in-camera session			-- J Sokoloski
	7.02	Decision	CEO Cost of Living Adjustment			-- J Sokoloski
	7.03	Decision	CEO 2025-26 Priorities & Development Plans			-- J Sokoloski
	7.04	Motion	To move out of the in-camera session			-- J Sokoloski
8	Other Business					
	8.01	TBD				--
9	Evaluation and Next Meeting					
	9.01	Discussion	Meeting Evaluation			On-line J Sokoloski
	9.02	Discussion	Next Meeting – May 27 & 28, 2025			--
10	Adjournment					
	10.01	Decision	Motion to Adjourn			-- J Sokoloski

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

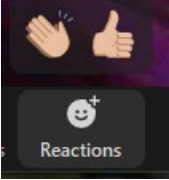
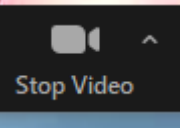
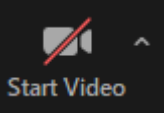
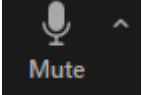
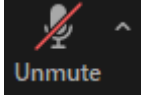
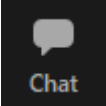
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

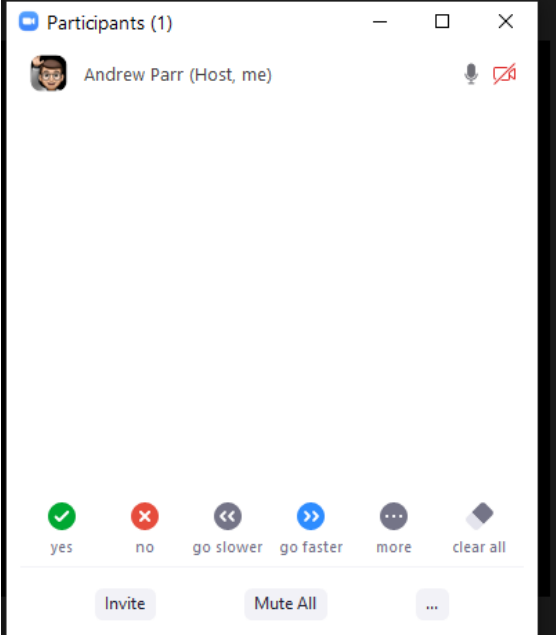
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

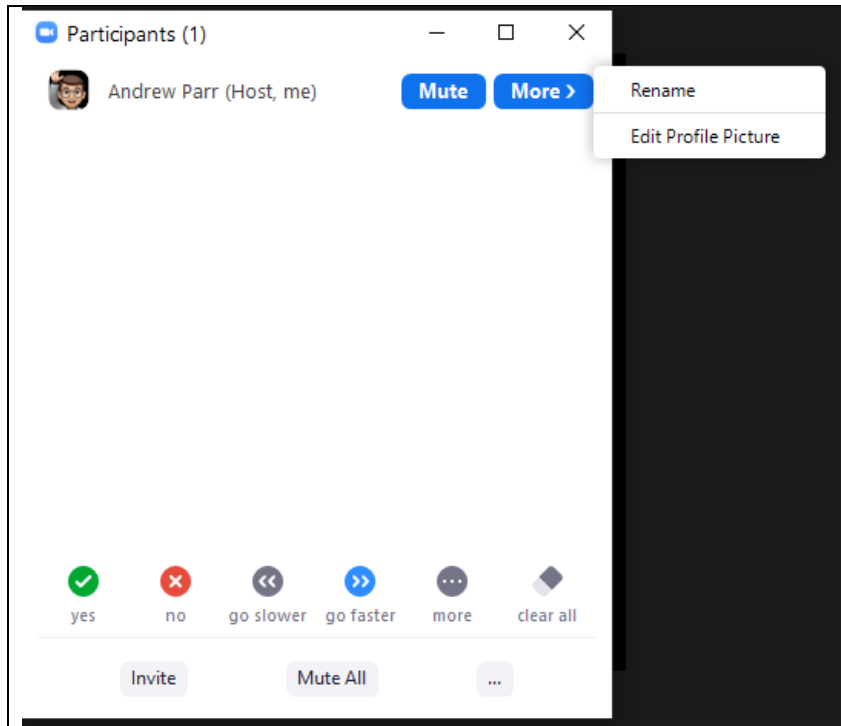
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom window titled "Participants (1)". The list contains one participant: "Andrew Parr (Host, me)". A dropdown menu is open next to the participant's name, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there are several interactive buttons: "yes" (with a green checkmark icon), "no" (with a red X icon), "go slower" (with a double left arrow icon), "go faster" (with a double right arrow icon), "more" (with a three-dot icon), and "clear all" (with a trash can icon). At the bottom of the window, there are buttons for "Invite", "Mute All", and a three-dot menu icon.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.

10 King Street East - Suite 1001, Toronto, ON M5C 1C3

T 416.583.6010 F 416.583.6011

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The College of Naturopaths of Ontario

**Council Meeting
January 29, 2025**

**Video Conference
DRAFT MINUTES**

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

¹ Arrived at 9:24 a.m.

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

1. Call to Order and Welcome

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

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

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

3. Main Agenda

3.01 Review of the Main Agenda

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

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

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

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

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

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

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

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation Policies

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

5.01(ii) Ends Policies

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

5.01(iii) Council-CEO Linkage Policies

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

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

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

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

6. Business

6.01 Inspection Program Policies

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

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

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

7.01 Motion to Begin In-camera Session

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

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

8. Council Education

8.01 Program Briefing – Registration Program

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

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Meeting Evaluation

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

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

10.02 Next Meeting

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

11. Adjournment

11.01 Motion to Adjourn

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

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

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



The College of Naturopaths of Ontario

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

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 19, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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



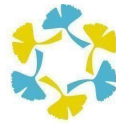
The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT
Period of January 1, 2025, to February 28, 2025

This serves as the chair report of the Audit Committee for the period January 1, 2025, to February 28, 2025. During the reporting period the Audit Committee did not meet. The committee is scheduled to meeting again in May 2025 to begin the audit for the 2024-2025 fiscal year.

Respectfully submitted,

Shawn Bausch, Acting Chair
March 2025



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT **Period of January 1 to February 28, 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 January to 28 February 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 February 28, 2025, there were two ongoing discipline matters before the Committee.

Discipline Hearings

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

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

The penalty hearing in this matter was completed on January 27, 2025. The parties were directed to make written submissions on costs. Additionally, the Panel intends to hear submissions regarding the Registrant's motions on April 7, 2025.

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

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

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

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.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair

17 March 2025



The College of Naturopaths of Ontario

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE REPORT

Period of January 1, 2025 to February 28, 2025

During the reporting period the Committee had one meeting scheduled. However, due to a scheduling conflict, the Committee cancelled its February 12, 2025 meeting

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

The Committee is next scheduled to meet on June 18, 2025.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
March 2025

Dr. Shelley Burns, ND
Co-Chair
March 2025



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

January 1 - February 28, 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,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

March 13, 2025



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of January 1, 2025 to February 28, 2025

This serves as the Chair report of the Executive Committee for the period of January 1 to February 28, 2025.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 March 2025



The College of Naturopaths of Ontario

**GOVERNANCE COMMITTEE REPORT Period
of January 1, 2025 to February 28, 2025**

The Governance Committee did not meet during this last reporting period.
Our next scheduled meeting is March 6, 2025.

Respectfully submitted,

Hanno Weinberger
Chair
March 4, 2025



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period January 1, 2025 to February 28, 2025

Meetings and Attendance

During this review period, the Governance Policy Review Committee met on one occasion, via video conference on January 7, 2025. There were no concerns regarding quorum.

Activities Undertaken

At this January meeting, the Committee first confirmed its approach and established plans for development of policy summaries to be included in the survey to be sent to and completed by Council members in preparation for their in-depth review of the Governance Policies—Governance Process (Part One- GP01-GP17), at their upcoming meeting on January 29, 2025.

The Committee also completed their regular ongoing review of the Governance Policies; on this occasion the Committee Terms of Reference (Part One- CC01 to CC06) and found no changes to be recommended at that time.

In addition to the meeting the Committee, through its acting Chair, continued to provide leadership of Council's regular Governance Policy Confirmation sessions, at the January 29th Council meeting.

Next Meeting Date:

March 4, 2025

Respectfully submitted:

Barry Sullivan
Acting Chair
March 10, 2025.



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of January 1 and February 28, 2025

Between January 1 and February 28, 2025, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 16 and February 6.

January 16, 2025: 11 matters were reviewed, ICRC members drafted 3 reports for ongoing matters and approved 2 Decisions and Reasons.

February 6, 2025: 10 matters were reviewed, ICRC members drafted 3 reports for ongoing investigations.

Additionally, the ICRC delivered two oral cautions previously ordered by the Committee during the reporting period.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
March 17th, 2025



The College of Naturopaths of Ontario

**IVIT Inspection Committee Report
Period of January 1st to February 28th, 2025**

Committee Update

The Inspection Committee has met once by teleconference on January 23rd, 2024.

Inspection Outcomes

Part I inspections – one pass

Part II inspections – four passes with 3 conditions and 5 recommendations

5-year inspections – four passes with 4 conditions and 25 recommendations

Inspection Outcomes to Submissions – There were two submissions with conditions changed to passes after the conditions had been met.

Four type 1 occurrences were reviewed for referrals to emergency, no further action was required.

Respectfully submitted,

Dr Sean Armstrong ND
Chair
March 16th, 2025



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of January 1, 2025 to February 28, 2025

During the reporting period the Committee had one meeting scheduled on February 12, 2025. Due to a scheduling conflict the Committee cancelled the meeting.

The Committee is next scheduled to meet on May 14, 2025 where it intends to begin review of the educational materials available.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
March 2025



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period January 1, 2025 to February 28, 2025

Meetings and Attendance

Since the date of our last report to Council in January, the Quality Assurance Committee met on one occasion via videoconference, on January 21st. The previously scheduled February meeting was deferred to the March meeting date due to illness and corresponding lack of quorum.

Activities Undertaken

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

The Committee also considered information related to a Registrant's failure to complete their Peer and Practice Assessment as required and decided to refer the matter of failure to comply with the Quality Assurance Program to the ICRC.

Finally, the Committee reviewed information related to a Registrant who had not made a submission as to how the discrepancies identified in their Peer and Practice Assessment would be addressed and concluded that one further request for a submission would be made.

Next Meeting Date

March 25, 2025

Respectfully submitted by,

Barry Sullivan, Chair

March 11, 2025



The College of Naturopaths of Ontario

RC COMMITTEE REPORT

Period of January 1, 2025 to February 28, 2025

At the time of this report, the Registration Committee met twice on January 21, 2025 and February 18, 2025.

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.

Applications For Registration

The Committee reviewed two applications for registration: one under subsections 5(2) and 5(4)(a) of the Registration Regulation to determine eligibility for registration with the College, and one under 3(2) of the Registration Regulation with respect to good character.

Exam Remediation – Ontario Prescribing & Therapeutics Examination

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

Exceeded Exam Attempts – Ontario Clinical (Practical) Examination

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

Currency for Reinstatement

The Committee reviewed one request to reinstate a General class certificate of registration, under 10(6)(i) of the Registration Regulation, the registrant having been inactive (suspended) for over 2 years.

Program Policy Review

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 and review process.

Respectfully submitted,

Danielle O'Connor ND
Chair

10 King Street East, Suite 1001, Toronto, ON M5C 1C3
T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca

March 17, 2025



The College of Naturopaths of Ontario

RISK COMMITTEE REPORT
Period of January 1, 2025, to February 28, 2025

This serves as the chair report of the Risk Committee for the period January 1, 2025, to February 28, 2025. During the reporting period the Risk Committee held their inaugural meeting on February 20, 2025, where the committee reviewed their Terms of Reference and Annual Planning Cycle. In addition, the committee discussed what Risk Appetite is, this is an organization's willingness to accept risk in their pursuit of its long-term goals and strategic plan, and how it relates to the College, as well as reviewed the College's Enterprise Risk Management initial report and after thorough discussion concluded that each identified risk and its corresponding mitigation plan in place has been accurately captured and explained.

Respectfully submitted,

Dr. Shelley Burns, ND
Chair
March 12, 2025



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of January 1, 2025 to February 28, 2025

During the reporting period the Committee met one time on February 5, 2025.

At its meeting, the Committee continued the process of reviewing the public consultation feedback received on the proposed Standards of Practice.

The Committee is next scheduled to meet on May 7, 2025 where it intends to finalize its review of the consultation feedback and amendments to the Standards.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
March 2025



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 24, 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. 299 & 300)	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 (Jan & Feb 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.	Policy Amendments	The Council amended the Terms of Reference for the Statutory Committees delegating them the authority to oversee the administration of their relevant programs. As such, the Committees are now authorized to amend Program Policies, however, these must be disclosed to the Council.

No.	Name	Description
		In this section, amendments to the Examinations Policy and the Examination Accommodations Policy.
4.	Classes of Registration Consultation	In March 2025, the College released a preliminary consultation on the classes of registration as a fact-finding exercise. The consultation will run through to late April 2025. A copy is enclosed.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

The Impact of Delay on Disciplinary Sanctions

Bernie LeBlanc

February 2025 - No. 299

There is general agreement that, even where delay in investigating and prosecuting misconduct allegations does not amount to an abuse of process, delay during the proceeding can have an impact on the appropriate disciplinary sanctions that should be imposed. However, there is less agreement on how that impact should be assessed.

One rationale, borrowed from criminal sentencing principles, is that the regulator has compromised its standing to impose the punishment that would ordinarily be warranted; thus the usual sanction for the found misconduct should be reduced: [*Kalam v. College of Massage Therapists of Ontario*](#), 2017 ONSC 7163 (CanLII); [*Wachtler v. College of Physicians and Surgeons of the Province of Alberta*](#), 2009 ABCA 130 (CanLII).

Another rationale is that the registrant has already suffered significant consequences and, as such, there is less need for specific deterrence: [*Abrametz v Law Society of Saskatchewan*](#), 2023 SKCA 114 (CanLII).

Under either of these rationales, the issue of whether the registrant has suffered actual prejudice may be relevant: [*Christie v. The Law Society of British Columbia*](#), 2010 BCCA 195 (CanLII). Also, these rationales do not provide a framework for assessing the impact of delay on the remedial aspects of the sanction.

However, these rationales are arguably inconsistent with the fact that disciplinary sanctions are designed primarily to protect the public. Take, for example, [*The Law Society of Upper Canada v. Abbott*](#), 2017 ONCA 525 (CanLII), leave to appeal refused [*2018 CanLII 49698*](#) (SCC). There a lawyer had participated in several instances of mortgage fraud and the presumptive sanction was revocation. However, there had been extensive delays in investigating and hearing the allegations. The Court said that delay should only be a consideration where there had been significant prejudice to the member (with confirmatory evidence) and where the profession and the public would understand that public protection was not compromised.

A recent decision takes this purpose-driven approach to sanctions one step further. Purpose-driven sanctions are selected primarily to ensure protection of the public, secondarily to facilitate public confidence in the profession and regulator, and lastly to denounce the conduct where appropriate. Determining sanctions in an individual case includes any necessary deterrence against future misconduct by the registrant or others and appropriate remedial measures to equip the registrant to avoid reoffending. Purpose-driven sanctions tend to avoid the aggravating and mitigating factors approach used in criminal sentencing, although proportionality of the entire sanctioning package is still important.

In [Kherani v Alberta Dental Association](#), 2025 ABCA 2 (CanLII), a generalist dentist was found to have fallen substantially below the standard of practice in the orthodontic treatment of one patient over several years. The failings related to diagnostic information, treatment planning, adequacy of treatment, and patient records. The regulator imposed a sanction of a series of fines totalling \$30,000 and coaching for a one-year period. Costs of \$40,000 (for the discipline hearing itself; there were additional costs for the internal appeal) were also ordered, reflecting just over one-quarter of the costs of the initial hearing.

The conduct itself occurred between ten and fifteen years previously. The investigation and prosecution took about six years. The Court held that the regulator's failure to consider the impact of delay on the appropriate sanction was an error.

The Court considered how the delay affected the goals of disciplinary sanctions. The primary purpose of protecting the public diminishes as time elapses. The registrant may have already addressed the problem. The "remedial lessons learned from involvement in the disciplinary process cannot be underestimated", even where the

registrant disputes the allegations." Also, delay weakens the strength of the denunciation by distancing the penalty from the proven conduct.

The purpose-driven approach also means that consideration must be given to the delay from the time of the original conduct, and not just from when the concerns were brought to the attention of the regulator.

Given the delay, the Court concluded that the deterrence and denunciation goals of the sanction could be achieved by reducing the fines by one-half, for a total of \$15,000.

In terms of the coaching requirement, the Court concluded as follows:

This was a single, complex patient with treatment occurring 10-15 years ago, and Dr Kherani continues to take professional development courses. The passage of time has disconnected the unprofessional conduct that underlies the coaching that Dr Kherani's current practice needs and was not considered to be a mitigating factor. The educational and remedial aspects of the coaching order are important to ensure that Dr Kherani has learned to meet the expected standards of practice and for the protection of the public. But, in the circumstances of this case, it should be focussed, time limited, and there should be no risk of further disciplinary proceedings arising from the coaching exercise.

The Court reduced the length of the coaching, narrowed its focus to the core findings of misconduct, and removed the reporting requirement (other than certification that the mentoring had occurred) to remove any possible punitive aspect to it.

The Court side-stepped any discussion of what it characterized as the "purported change" to the law on costs from the decision

in [Jinnah v Alberta Dental Association and College](#), 2022 ABCA 336, leaving the costs order unchanged on the basis that a finding of serious unprofessional conduct had been made.

In upholding the finding on the merits, the Court also make several interesting points:

- Even where there is the authority to formally adopt written standards of practice, the regulator can still rely on unwritten standards based on the “common expectations of the profession”. “Not every detail of being a professional can practically be reduced to writing. If the Standards of Practice adopted under s 133 are the only relevant standards, no professional could be found guilty of unprofessional conduct based on a lack of knowledge, skill, or judgment where written standards do not exist, an absurd conclusion not supported by the language of [the legislation].”
- To establish a defence that a registrant’s conduct was consistent with a legitimate competing school of thought, the registrant must lead opinion evidence from a “reliable” expert that establishes that the alternate school of thought exists within the province.
- The evidence of the patient’s subsequent treating dentist did not

constitute expert opinion evidence. The evidence “... was factual evidence from an expert. An expert fact witness is a witness whose testimony is not opinion evidence, but whose knowledge is beyond that of a layperson” As such the formalities of expert opinions (e.g., disclosure of a written report in advance of the hearing from an independent expert) does not apply.

- It is true that “Not every breach of a standard of practice amounts to unprofessional conduct. Conduct that does not engage the broader public interest or the profession’s reputation is often better addressed through other means” However, in this case the regulator reasonably found that the breach of standards did engage the broader public interest.

This decision illustrates how a purpose-driven approach to sanctions can be more appropriate than criminal sentencing principles in the context of professional discipline hearings.

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

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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When Regulated Persons Are Suspected of Committing Crimes

Rebecca Durcan

March 2025 - No. 300

From a public policy perspective, there is little consensus on how regulators of professions and law enforcement agencies should coordinate their efforts when a registrant is suspected of committing a crime. Despite some media articles in the past (e.g., related to [lawyers](#) and [physicians](#)), few regulators even have a published policy on the topic. The policies that do [exist](#) tend to be brief and do not address the coordination of efforts.

The hesitancy to develop a comprehensive policy is understandable. There are several policy challenges including the following:

1. How serious should the apparent criminal conduct be before a regulator notifies law enforcement? Some conduct, while technically criminal in nature, is unlikely to result in charges.
2. How certain should the regulator be that the conduct is criminal in nature before reporting it to law enforcement? Regulators are not experts in criminal law.
3. Should a report be made by a regulator without the consent of the possible “victim” of the crime? In *To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act*, the Task Force warned against the reporting of sexual abuse cases to law enforcement without the consent of the patient who may have consciously chosen not to go to the police.
4. What are the unintended consequences of such reports? For example, will people be less willing to come forward to regulators with incompetence or misconduct concerns for fear of being conscripted into a criminal investigation?
5. When should the notification be made? Will law enforcement involvement result in reduced access to witnesses and documents for the regulator if the regulator’s investigation is not substantially

completed by the time the notification is made?

6. If notification is made early, should regulators continue to investigate concerns in parallel with any law enforcement investigation or proceedings?
7. Would coordination between regulators and law enforcement create impediments to either process? For example, would any evidence gathered by regulators be rendered inadmissible in the related criminal proceedings because the safeguards contained in criminal law were not followed (e.g., relating to restrictions on using evidence obtained through an authorized regulatory search and seizure)? Or would there be any concern about an abuse of process by the regulator in any such coordination?
8. What impact does the confidentiality provisions applicable to the regulator have on its ability to disclose information to law enforcement authorities?
9. Should there be a corresponding obligation on law enforcement to report matters relating to registrants to regulators? If so, in what circumstances?

In England a comprehensive [memorandum of understanding](#) (MOU) on the topic was recently updated. The updated MOU follows the 2018 report of Professor Sir Norman Williams on [Gross negligence manslaughter in healthcare](#). That report states:

The review was set up to consider the wider patient safety impact resulting from concerns among healthcare professionals that simple errors could result in prosecution for gross negligence manslaughter, even if they occur in the context of broader organisation and system failings. In particular, there was concern that this fear had had a negative impact on

healthcare professionals being open and transparent should they be involved in an untoward event, as well as on their reflective practice, both of which are vital to learning and improving patient care.

The MOU itself addresses the following topics:

Who is agreeing? The MOU is between UK's health and social care regulators, health organizations, such as the National Health Service, and law enforcement.

What triggers the duties under the MOU?

The MOU applies "in the course of healthcare delivery where suspected criminal activity on the part of an individual is believed to have 'led to or significantly contributed to' the death or serious life-changing harm (whether of a physical or psychological nature) of a patient or service user." This is a lower threshold than the "reasonable grounds to believe" test. However, the "harm" requirement is intended to result in the use of the MOU only in more serious types of criminal conduct.

What is the goal of the MOU? The goal is described as aiming to:

- "facilitate efficient and effective co-ordination of appropriate approaches, patient safety learning responses and investigations, while taking steps to avoid prejudicing regulatory or criminal investigations or criminal proceedings
- ensure relevant information and 'confidential information' is quickly, lawfully and efficiently shared between the relevant signatories where necessary to progress learning responses, investigations and proceedings
- ensure evidence is quickly identified, secured and handled in accordance with best practice

- allow steps to be taken quickly to manage ongoing risk and as far as possible protect the public and service users”

What happens when the MOU is triggered? The party who believes the MOU has been triggered will convene a meeting of the parties’ representatives, called the incident coordination group (ICG). Other agencies (e.g., coroner) can be invited in appropriate cases. In some circumstances it may be inappropriate for some parties to attend the meeting(s). For example, if the police are already involved in an investigation, it may not be suitable for them to share information with the group. Similarly, it may not be appropriate for the provider of the service to be involved if their own conduct is in issue.

At their meetings the ICG will canvass the following:

- sharing of information amongst the parties consistent with the applicable confidentiality provisions,
- coordinating parallel investigations and proceedings (including amongst regulators),
- ensuring that the suspected individual’s rights are respected,
- securing, preserving and sharing (where appropriate) evidence,
- organizing the liaison with the patient and their family and representatives,

- harmonizing public messaging,
- facilitating future learning and patient-safety plans, and
- recording the discussions and action items.

What about the original concerns about organizational and system failings? The ICG is intended to be a vehicle for identifying and considering the contributions of the broader context to the conduct. The ICG’s mandate includes facilitating and coordinating learnings that the individual parties can then develop in parallel to the criminal investigation. Also, the MOU specifies that any expert witnesses to be used in criminal proceedings act under the authority of law enforcement and are to be instructed to be impartial and neutral. Such experts are to be told to consider any systemic contributions to the conduct.

While the MOU is largely an aspirational and process-orientated document, it should facilitate a thoughtful approach to suspected criminal conduct coming to the attention of regulators.

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From Julie Maciura

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Ontario Bills

(www.ola.org)

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

There were no relevant proclamations this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There are no relevant proposals pending.

Bonus Features

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

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

Quality Assurance Under a Different Name?

The UK's Professional Standards Authority (PSA) has posted a piece entitled: [*Regulation: part of the solution, not the problem*](#). It asks how regulators can contribute to fixing the UK health care system:

“Perhaps the real opportunity lies in rethinking the very role of professional regulation. Rather than solely being a safety net when things go wrong, how can regulation serve as an enabler of innovation? This requires regulators to understand safety management systems, leadership, culture, and the role of technology. Instead of just investigating incidents after they happen, regulators and others in the system would look at what's working – identifying where outcomes are better than expected and understanding why these pockets of excellence exist.

These areas of innovation may, at times, challenge traditional regulations – perhaps even breaking established ‘rules’ of healthcare. But this is where regulation has the potential to evolve. Rather than waiting for things to go wrong, regulation could get ahead of the game by embedding learnings from what is going well – as well as what has gone wrong – into guidelines and standards. Many regulators are already working in this way, but there is more that could be done to encourage sharing of best practice.”

This initiative sounds similar to the Quality Assurance (or quality improvement) programs that some regulators administer in Canada, with varying degrees of success. The PSA announces it will conduct a consultation this year on the issue.

Testifying Virtually

In civil courts the default procedure is that witnesses must testify in-person. However, courts can make exceptions. Ontario's Superior Court of Justice recently permitted a key witness, who was also a party, and whose credibility would be a significant issue at the hearing, to testify remotely. As the facts were exceptional (a psychologist gave evidence that the party had PTSD, major depression, and a sleep disorder and that there was a risk of harm in requiring them to testify in-person), the Court had no difficulty in distinguishing this case from the usual anxiety witnesses face when testifying. Of significance, the Court cited several authorities for the proposition that the need to make important credibility findings did not favour in-person testimony. The Court also noted that the recent trend is to focus on the overall effectiveness of the hearing process over the traditional ways of doing things. See: [*Sanayhie v. Durham Regional Police Services Board*](#), 2025 ONSC 287 (CanLII).

The Impact of Delay on Disciplinary Sanctions

There is general agreement that, even where delay in investigating and prosecuting misconduct allegations do not amount to an abuse of process, delay can have an impact on the appropriate disciplinary sanctions that should be imposed. However, there is less agreement on how that impact should be assessed.

One rationale, borrowed from criminal sentencing principles, is that the regulator has compromised its standing to impose the full punishment; thus the usual sanction for the found misconduct should be reduced: [Kalam v. College of Massage Therapists of Ontario](#), 2017 ONSC 7163 (CanLII); [Wachtler v. College of Physicians and Surgeons of the Province of Alberta](#), 2009 ABCA 130 (CanLII).

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Under either of these rationales, the issue of whether the registrant has suffered actual prejudice can be relevant: [Christie v. The Law Society of British Columbia](#), 2010 BCCA 195 (CanLII). Also, these rationales do not provide a framework for assessing the impact of delay on the remedial aspects of the sanction.

However, these rationales run into the problem that disciplinary sanctions are designed primarily to protect the public. Take, for example, [The Law Society of Upper Canada v. Abbott](#), 2017 ONCA 525 (CanLII), leave to appeal refused [2018 CanLII 49698](#) (SCC). There, a lawyer had participated in several instances of mortgage fraud where the presumptive sanction was revocation. However, there had been extensive delays in investigating and hearing the allegations. The Court said that the delay should only be a consideration where there had been significant prejudice to the member (with confirming evidence) and where the profession and the public would understand that public protection was not compromised.

A recent decision takes this purpose-driven approach to sanctions one step further. Purpose-driven sanctions are selected primarily to ensure protection of the public, secondarily to facilitate public confidence in the profession and regulator, and lastly to denounce the conduct where appropriate. The selection of particular sanctions in an individual case includes any necessary deterrence against future instances of the misconduct by either the registrant or other members of the profession and appropriate remedial measures to equip the registrant to avoid similar issues in the future. Purpose-driven sanctions tend to avoid the aggravating and mitigating factors approach used in criminal sentencing, although proportionality of the entire sanctioning package is still important.

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The conduct itself occurred between ten and fifteen years previously. The investigation and prosecution took about six years. The Court held that the failure of the regulator to consider the impact of delay on the appropriate sanction was an error.

The Court considered how the delay affected the goals of disciplinary sanctions. The primary purpose of protecting the public diminishes as time elapses. The registrant may have already addressed the problem. The “delay weakens the strength of the denunciation by distancing the penalty from the proven conduct.” Also, “the remedial lessons learned from involvement in the disciplinary process cannot be underestimated”, even where the registrant disputes the allegations.

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- Even where there is the authority to formally adopt written standards of practice, the regulator can still rely on unwritten standards based on the “common expectations of the profession”. “Not every detail of being a professional can practically be reduced to writing. If the Standards of Practice adopted under s 133 are the only relevant standards, no professional could be found guilty of unprofessional conduct based on a lack of knowledge, skill, or judgment where written standards do not exist, an absurd conclusion not supported by the language of [the legislation].”
- To establish a defence that a registrant’s conduct was consistent with a legitimate competing school of thought, the registrant must lead opinion evidence from a “reliable” expert that establishes that the alternate school of thought exists within the province.
- The evidence of the subsequent treating dentist for the patient did not constitute expert opinion evidence. The evidence “... was (not) factual evidence from an expert. An expert fact witness is a witness whose testimony is not opinion evidence, but whose knowledge is beyond that of a layperson” As such the formalities of expert opinions (e.g., disclosure of a written report in advance of the hearing from an independent expert) does not apply.
- It is true that “Not every breach of a standard of practice amounts to unprofessional conduct. Conduct that does not engage the broader public interest or the profession’s reputation is often better addressed through other means” However, in this case the regulator reasonably found that the failure of standards did engage the broader public interest.

This decision illustrates how purpose-driven sanctions can be more appropriate than criminal sentencing principles for professional discipline hearings.

Opinion Evidence from “Employees with Expertise”

The law of expert opinion evidence has been in flux in recent years. A recent Ontario Divisional Court decision has provided some insight into an evolving option for parties to disputes: [Dixie X-Ray Associates Ltd. v. Ontario \(Minister of Health\)](#), 2025 ONSC 75 (CanLII).

The Court discusses the concept of expert evidence given by an employee of a party who has special expertise. The context was the interpretation of an OHIP billing fee code. The decision of the Appeal Board resulted in a group of clinics being directed to repay the government over

\$1,000,000. A Medical Advisor for the Ministry of Health testified about the interpretation and application of the billing fee code in issue. The Appeal Board accepted the admissibility of that opinion evidence. The Court held that this type of opinion evidence was permissible in this kind of circumstance, since the employee’s job was to interpret and apply the billing fee code on a daily basis. The Court said:

After finding that the Medical Advisor met the criteria for a litigant’s employee with expertise, the Board ... went on to consider, among other things, the extent to which medical records supported Dixie’s claim for facility fee J193 for a peripheral vessel assessment when an extremities ultrasound was performed. In the analysis, the Board considered the Medical Advisor’s evidence together with the evidence of Dixie’s radiology witnesses, ultimately reaching the conclusion ... that Dixie had failed to establish that the Ministry’s Decisions were not in accordance with the [legislation].

To the extent that the Board’s analysis was focused on the interpretation and applicability of the facility fee codes and the medical records required to support use of those codes..., I have no particular issue with the Board’s analysis, apart from the question of procedural fairness.

The “litigant’s employee with expertise” witness is a distinct category of opinion evidence from the more common independent expert witness or a participant expert witness.

The Court also held that the Appeal Board had not simply accepted the expert opinion without analysis despite its closeness to the “ultimate issue”.

However, as noted, the Court found that the Appeal Board had been procedurally unfair in not notifying the parties that it was going to permit this relatively rare category of opinion evidence so as to allow submissions on the point or reply evidence and so a new hearing was ordered.

Regulators could theoretically see this type of opinion evidence proffered more frequently.

Accommodation and Proportionality

Two of the more challenging legal principles for regulators to apply are accommodation and proportionality. Accommodation, in the human rights sphere, refers to adjusting a regulator’s process so that an individual with a disability has equitable access. Proportionality, in respect of the *Canadian Charter of Rights and Freedoms*, requires that regulators ensure that their public interest requirements, although important, do not inappropriately impinge on an individual’s *Charter* rights. A recent court decision provides valuable guidance on the application of both concepts.

In [*Zarabi-Majd v. Toronto Police Service*](#), 2025 ONSC 277 (CanLII), a police officer was dismissed for persisting in posting on social media “racist, offensive, obscene, vulgar, disrespectful, degrading, false and libelous” comments about her superior officers and police board members. She continued to do so after being ordered to stop.

The police officer had PTSD. She requested an indefinite adjournment of the discipline hearing. The tribunal found that she would be able to participate effectively with accommodations. The tribunal reached out to the police officer with several proposals, such as changing the location of the hearing (from police headquarters), a virtual hearing, shorter hearing days, frequent breaks, requiring witnesses to be in civilian attire, etc. The tribunal also invited the police officer to propose alternative accommodations. The police officer responded that the only accommodation she would accept would be an indefinite adjournment. The tribunal then proceeded with the hearing in the police officer’s absence.

The Court said:

The process of devising appropriate accommodations for a health-related disability must be collaborative.... The person seeking accommodation must participate in the process of finding appropriate accommodations and has an obligation to accept reasonable accommodations offered.... To the extent the Hearing Officer had an obligation to accommodate Ms. Zarabi-Majd even though her illness did not prevent her from participating in the hearing, we find the Hearing Officer discharged that obligation by proposing possible accommodations to Ms. Zarabi-Majd and remaining open to other suggestions (short of an indefinite adjournment). *[citations omitted]*

In terms of proportionality, the Court noted that the Commission (that heard the administrative appeal) had recognized that the *Charter* right of freedom of expression was engaged and requested submissions from the parties. The Commission had correctly identified the goals of the legislation, to “ensure transparency and enhance public confidence in policing”. These goals warranted some limitations on the expression by police officers even in their private social media accounts (especially since the posts in issue were publicly available).

The rules about social media posts by police officers were reasonable and were known to the police officer. The posts in issue were quite offensive. There was no merit in the police officer’s position that she had no other way to raise her concerns about the police force. In these circumstances, a serious sanction would not create a chilling effect on other police officers wishing to raise legitimate concerns about the organization or otherwise exercise their freedom of expression rights.

The Court agreed with the Commission that dismissal from the force was proportionate:

In the end, the Commission found that Ms. Zarabi-Majd’s dismissal was proportionate. On the one hand, the Commission found that Ms. Zarabi-Majd’s dismissal from the TPS would not have a chilling effect on the expressive rights of other officers beyond the limits imposed by the *Police Services Act* and the TPS policies. On the other hand, the Commission found that the findings of misconduct and Ms. Zarabi-Majd’s dismissal were “necessary to protect public confidence in policing.”

While the facts of this decision may be unique, the approach taken by this tribunal, the Commission, and the Court with respect to the principles of accommodation and proportionality have broader application.

Four Lessons for Regulators

Those of us in the field of professional regulation tend (perhaps wrongly) to place more importance on court-level judgments than on tribunal decisions. While court-level pronouncements have greater precedential value, tribunal decisions can still provide meaningful learning for regulators. The decision of the Health Professions Appeal and Review Board of Ontario (HPARB) in [*Drake v Mueller*](#), 2025 CanLII 1101 (ON HPARB), illustrates this point.

Mr. Mueller was a tenant and a patient of Dr. Drake, a dentist. When Mr. Mueller fell behind on his rent, Dr. Drake negotiated with Mr. Mueller to have him provide certain IT services to Dr. Drake, including installing cameras in Dr. Drake’s office. The relationship deteriorated. In part this was because Mr. Mueller overheard a conversation between a dental office staff member and her husband that was derogatory of Mr. Mueller. Mr. Mueller made various complaints about Dr. Drake including to the regulatory College and the Information and Privacy Commissioner of Ontario. In turn, Dr. Drake made a report to the police about Mr. Mueller that resulted in criminal charges, including extortion, and a restraining order.

There was disputed information about the cameras. It appears that the cameras were intended to be both for the waiting area and the treatment operatories. Mr. Mueller says that the cameras were operational before the relationship ended, that they recorded both audio and video, and that the information was stored, at least in part, at Mr. Mueller’s business, thus creating a privacy breach. Dr. Drake says that the cameras in the treatment operatories were never operational and that he had no knowledge about their capabilities and storage.

The regulator imposed a remedial order requiring Dr. Drake to receive educational measures about his patient privacy obligations and to have monthly onsite monitoring for two years. Dr. Drake appealed. HPARB upheld the remedial order as being reasonable, particularly since Dr. Drake had previously been the subject of a complaint about patient informed consent issues.

Four lessons that other regulators can glean from this decision are as follows:

1. Dr. Drake's assertion that the complaint was made in bad faith, because of the breakdown of the relationship and in retaliation for the police complaint, was given little weight. The issue was whether Dr. Drake's conduct was appropriate and not the motivation of the complainant.
2. That the regulator had published articles on the use of video surveillance systems by dentists was accorded significant weight. Even though these articles were not formal "requirements" and had been issued years previously, that did not prevent HPARB from finding them helpful. At the complaints screening level, such guidance is useful in discerning what type of remedial measures might best protect the public.
3. A sign in the waiting area that says: "These premises are under 24-hour video surveillance" is entirely inadequate when recording professional health services. One might view such a sign, if prominent, as creating implied consent for cameras in a reception area. However, for cameras in a treatment room, informed consent should be much more extensive, including perhaps the following:
 - disclosure of the type of recording,
 - disclosure of who can access the recording,
 - disclosure of how the recording is stored and for how long,
 - disclosure of the security protections in place to ensure the privacy of the recording, and
 - documentation of the express consent in the patient's chart.
4. Monitoring whether the educational measures have been effective is remedial and not punitive. HPARB found that, in the circumstances, monthly monitoring visits were reasonable as "... the monitoring of the Applicant's practice required by the Committee is directly related to concerns identified by the Committee, and finds that this monitoring will serve to provide additional remedial support and protection to the public."

Other regulators may find this decision instructive.

Screening Out Serious Complaints

Most regulators can decline to investigate complaints that are frivolous, vexatious, an abuse of process or otherwise not in the public interest to pursue. It is often easier to "screen out" less serious concerns as the risk of taking no action is low. However, there are circumstances in which even very serious allegations cannot reasonably be pursued. An example is found at: [Watt v. Ontario \(Law Enforcement Complaints Agency\)](#), 2025 ONSC 324 (CanLII).

Dr. Watt complained about one named, and several unnamed, police officers:

He alleged that since he arrived in Toronto in 2008 for the purpose of training in orthopedic surgery, he has been subjected to various discreditable acts by unknown TPS officers, including shooting him in the chest, restraining him while they sexually abused his girlfriend, and making a false complaint about him to the College of Physicians and Surgeons. He also alleged that “Nazis of Toronto” were cloning him. He further claimed that corrupt politicians, including the Prime Minister of Canada, were part of the cover up of police corruption in Toronto, including the conspiracy to falsely accuse him of murder. He also alleged that the cover up resulted in a “force majeure” in the regulatory legal community in Ontario, with far reaching consequences that remain a threat to public safety and national security and call into question the validity of the institutions that govern the legal and medical profession.

It is difficult to conceive of a more serious complaint. The Complaints Director declined to deal with the matter “concluding that the complaint was frivolous and lacking in an air of reality.”

The Court reviewed Dr. Watt’s previous litigation involving other parties, often with overlapping subject matters, many of which were dismissed as frivolous and vexatious. The Court concluded:

The Complaints Director considered the allegations and reasonably concluded that Dr. Watt did not provide substantial evidence or information to support his serious claims against the police and others. It was reasonable for the Complaints Director to conclude that it would not be in the public interest to dedicate investigative resources to the allegations of this nature.

The Court also agreed that the Complaints Director had no jurisdiction to consider the complaints about other institutions distinct from the police force.

The Court also found that there was no procedural unfairness by the Complaints Director who received and considered detailed submissions from Dr. Watt. At the screening stage the threshold for procedural fairness is low and, under this legislation, did not contemplate the need for a hearing or for notice.

While this may be an exceptional case, there are circumstances in which even serious allegations do not warrant a full investigation, especially where no supporting evidence is provided and the concerns do not have an “air of reality”.

Complaining Against Complainants

Several court decisions indicate that a complainant enjoys a legal privilege when filing a formal complaint to a regulatory body and are immune from a civil action for any resulting damages

caused by their complaint, such as defamation. However, it is less clear whether a complainant themselves can be disciplined for making a complaint in bad faith. The Court in [*Rappaport v. Law Society of Ontario*](#), 2025 ONSC 431 (CanLII), neatly sidesteps the issue.

Mr. Rappaport obtained a very poor outcome for a client in a family law matter after using questionable tactics. One of the presiding Judges scheduled a motion to determine whether Mr. Rappaport should personally pay some of the costs of the litigation because of those tactics. Mr. Rappaport arranged for an affidavit to be filed on that motion that was “gratuitous” (in that its content was irrelevant to the motion) attacking the Judge’s competence, impartiality and integrity. A different Judge heard the motion and excluded the affidavit, calling it scandalous.

Despite not having to pay the litigation costs personally, Mr. Rappaport filed a complaint to the Canadian Judicial Council against the first Judge repeating the allegations he had made in the affidavit. Mr. Rappaport created a website providing information about his complaint against the Judge, which included sensitive personal information about his client. Mr. Rappaport maintained the website for over a year including well after the Canadian Judicial Council indicated that it would not be investigating the complaint.

The Law Society disciplined Mr. Rappaport for some, but not all, of his statements, suspending him for five months and awarding significant costs against him. The Court upheld the finding, sanction, and costs, substantially adopting the reasons of the Law Society Appeal Tribunal. No finding was made against Mr. Rappaport in respect of his complaint to the Canadian Judicial Council.

(NB: The Appeal Panel had said that not making a finding about the complaint to the Canadian Judicial Council was “as it should be”. While the Court adopted the reasons of the Appeal Tribunal in substance, it did not comment on that specific statement.)

However, findings were made about the gratuitous and scandalous affidavit arranged for by Mr. Rappaport and about the contents of his website. The Court found that the Appeal Tribunal fairly balanced Mr. Rappaport’s freedom of expression rights under the *Canadian Charter of Rights and Freedoms* against the inappropriate nature of the assertions. The expression went far beyond being a fair criticism of the legal system and was instead gratuitous and made in bad faith. In addition, the posting of sensitive personal information about a vulnerable and unsophisticated client to advance Mr. Rappaport’s personal interests required more than the general verbal consent obtained from the client.

While this decision does not conclusively clarify whether a complainant can be disciplined for making a bad faith complaint, it makes clear that repeating the assertions (that form the subject of the complaint) in other contexts is not protected.

Publishing Findings Pending Appeal

Balancing a regulator’s duty of transparency against a registrant’s interest in privacy can often be challenging. Perhaps none would be more daunting than the balancing that had to be done in [*Charkhandeh v College of Dental Surgeons of Alberta*](#), 2025 ABCA 24 (CanLII). The dentist was found guilty of professional misconduct involving non-consensual sexual acts with a “staff member”. It was ordered that his right to practise be cancelled. The dentist appealed and an interim stay of the sanction was ordered pending the outcome of the appeal. Despite this, the regulator [published a summary](#) of the decision that included a description of the conduct. Eventually the fact of the appeal and the stay was included in the summary.

The dentist brought a motion to remove the summary from the regulator’s website until the appeal was heard. The Court did not grant the motion.

The Court concluded that there was some merit to the dentist’s request. It also concluded that the dentist had experienced irreparable harm in all the circumstances, of which the publication formed a part:

Dr Charkhandeh says he has suffered and is continuing to suffer irreparable harm as a result of the publications. Shortly after the College’s first publication on July 8, 2024 he was charged criminally by the Edmonton Police Service in relation to this matter, even though they had not laid criminal charges or even interviewed him over the intervening ten years. He believes the publication was the instigation for the criminal charges.

Dr Charkhandeh says he has received communications from many patients and colleagues over the publications and they were “often shocked when [he explained] to them that [his] permit has not been cancelled.” He says he and his clinic have been subject to negative online reviews accusing him of inappropriate behaviour towards patients, which was not the case. He says his staff have questioned whether he has continued to practice without an active license and insisted he prove to them that he remained an active member of the College. Patients have left his care, seeking alternative care. Dr Charkhandeh says he is no longer able to participate on a number of boards and committees with which he has been engaged for many years....

There is no doubt that Dr Charkhandeh’s reputation and practice has suffered as a result of the publications to date. It is difficult to determine whether the continuation of those publications between now and the hearing date of the appeal, March 7, 2025, or later reasons, will increase or exacerbate that damage. In any event, the damage that has and may occur will be irreparable....

However, the Court found that the balance of convenience favoured the transparency interests of the regulator. While the statute itself did not absolutely mandate the publication, it did encourage it pending an appeal, and the by-law provisions made publication mandatory.

These legislative and by-law provisions are clearly aimed at transparency in process and reporting. The courts should defer to regulatory protection of the profession and the public. A regulator must be “afforded considerable latitude in making rules based on its interpretation of the ‘public interest’ in the context of its enabling statute”. Such a rule “will be set aside only if the rule ‘is one no reasonable body informed by [the relevant] factors could have [enacted]’” Given the emphasis on deference to a regulator in protecting the public interest, and the importance of public interest in determining balance of convenience, the balance of convenience here favours the decision of the regulator, made mandatory by the by-laws of the College, to publish the summaries of the decisions of the Hearing Tribunal and Appeal Panel, as it has, particularly with the addition of the stay information.

It is difficult to contemplate a circumstance in which both the registrant’s right to privacy and the public’s right to know could be more pronounced.

From Julie Maciura

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Ontario Bills

(www.ola.org)

The Legislature is not in session due to the election.

Commencement Orders (see [Ontario Gazette Volume 158 Issue 06, L158-06](#) for change from “Proclamations”)

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

There were no relevant commencement orders this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There are no relevant proposals pending.

Bonus Features

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

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

Publishing Findings Pending Appeal

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It is difficult to contemplate a circumstance in which both the registrant’s right to privacy and the public’s right to know could be more pronounced.

Relational Bias by Adjudicators

An adjudicator's exploration of personal opportunities with a participant in a pending case before them can constitute an appearance of bias. Typically, this occurs where the communication with the party (or their representative) involves undue familiarity or where the financial incentive for the adjudicator is material. However, the communications and relationship must be significant to overcome the strong presumption of impartiality that applies to adjudicators.

An obvious example of an appearance of bias is [*Jefford v. Aviva General Insurance*](#), 2024 CanLII 23458 (ON LAT), where an adjudicator accepted an offer of employment from a party appearing before them in a pending hearing. The adjudicator did not disclose this future employment to the parties. The Associate Chair of the tribunal cancelled the decision, finding that this relationship constituted a perception of bias even though the employment had not yet commenced. However, most cases are not that clear cut.

Two recent Ontario Court of Appeal decisions that contain several similarities resulted in quite different outcomes: [*Vento Motorcycles, Inc. v. Mexico*](#), 2025 ONCA 82 (CanLII), and [*Aroma Franchise Company, Inc. v. Aroma Espresso Bar Canada Inc.*](#), 2024 ONCA 839 (CanLII). Both cases involved commercial arbitration. In both cases, counsel for one of the parties approached the arbitrator about the possibility of their serving as an arbitrator in a future dispute(s); the arbitrator accepted the offer; and the arbitrator did not disclose the communications and offer to the other party in the pending arbitration. The appearance of bias test, similar to what applies to judges, was articulated in both cases. In *Vento Motorcycles*, a finding of an appearance of bias was made. In *Aroma*, no perception of bias was upheld.

The differences between the two decisions were nuanced. In *Aroma*, the arbitrator was asked to sit on only one additional matter, in a different area of law, and where the parties were different. In addition, there was an understanding that arbitrators would occasionally hear other matters involving the same lawyers and, sometimes, even the same parties, so long as it was not too frequent. In *Vento Motorcycles*, the arbitrator was asked to serve on a roster of arbitrators under two international "free trade" agreements. The appointments were prestigious in themselves. In addition, one of the parties in the arbitration (i.e., Mexico) could, in their discretion, appoint the arbitrator to serve on future panels, which opportunities could be quite lucrative. The tone of the communications between counsel and the arbitrator was quite familiar. The Court in that case held that, objectively, a reasonable person could view these circumstances as potentially influencing the arbitrator's decision in the current matter.

Regulators often have ongoing relationships with panel members at their hearings (e.g., discipline). Often, discipline panel members also serve on the Council or Board of the regulator and even on other committees. To avoid similar challenges, regulators should be careful to ensure that these ongoing interactions are within the parameters of the enabling legislation and the reasonable anticipation of the parties. Regulators should be cautious about their communications with panel members, especially those outside of the normal operation of the legislative scheme, during pending cases. The tone of any communications should be professional and business-like.

What constitutes relational bias depends on the individual circumstances.

Who Should Go?

When there is a concerning connection between counsel to a party in a proceeding and the adjudicator, who should step aside?

In [*Whearty v. Ontario \(Human Rights Tribunal\)*](#), 2025 ONSC 932 (CanLII), the complainant alleging discrimination retained the Ontario Human Rights Tribunal's (OHRT's) former Associate Chair as counsel. The OHRT had a conflict-of-interest rule preventing the former Associate Chair from appearing before it for 12 months. A year had in fact passed. The one-person Adjudicator requested submissions on whether an issue remained because the complaint had been made while the former Associate Chair was still on the OHRT and because the former Associate Chair had participated in the recruitment of the Adjudicator. The parties jointly submitted that, in the circumstances, the matter should be reassigned to another Adjudicator. Instead, in an interim decision, the Adjudicator disqualified the former Associate Chair from participating in the matter because there was an appearance of a conflict of interest. The complainant sought judicial review.

The Court reversed the decision, making the following points:

- The Court made an exception to the prematurity principle, considering the issue even though the proceedings were not yet completed.
- The Court noted that there were two competing principles: “The first is a party’s right to their counsel of choice and the need to ensure that they are not deprived of that right without good cause. The second is the need to preserve the integrity of the justice system.”
- The Court said: “The first consideration cannot be allowed to override the second...”
- The Court further said: “[The former Associate Chair’s] role, whatever it was, in the adjudicator’s appointment is not a conflict-of-interest concern; it is a concern that goes to the issue of bias. This is an important distinction because the remedies that flow from each concern are different. If the issue is conflict of interest, this is sufficient to displace a party’s right to counsel of their choice. If the concern is one going to reasonable apprehension of bias, the appropriate remedy is for the adjudicator to recuse themselves. In the Interim Decision the [Adjudicator] conflated the two concerns. This is a fundamental flaw in her reasoning process.”
- The Court also found that there was no conflict of interest in the fact that the complaint had been received by the HRTO during the former Associate Chair’s tenure. No decision had been made by the HRTO on the complaint at the time and the former Associate Chair had no personal involvement in it.
- The Court concluded: “It is unreasonable for an adjudicator to deprive a party of their counsel of choice to solve a bias concern, especially where, as here, there are rules in place that speak to how long a former tribunal member must wait before appearing as counsel in front of the same tribunal. If those rules have been complied with, the appropriate remedy in the face of a bias concern is for the adjudicator to recuse themselves.”
- In terms of the ability of the HRTO to assign another adjudicator, the Court said: “Any recusal for bias has an impact on the ability of a tribunal to assign adjudicators. That is the administrative cost of ensuring access to impartial decision making, which is a fundamental component of a fair justice system.”

The distinction between a conflict of interest of counsel (e.g., because they are in possession of confidential information about a party or matter) and an appearance of bias on the part of the tribunal (e.g., because of a connection to counsel) is meaningful.

The decision also highlights the value of a rigorous conflict-of-interest policy on cooling off periods for adjudicators.

Getting Technical

In 1979, Ontario's Divisional Court said that an allegation of professional misconduct "is not in the form of [a criminal] indictment and it should not be approached in an overly technical manner." See: [*Re Stevens and Law Society of Upper Canada*](#), 1979 CanLII 1749 (ON SC).

That point was reiterated recently by the same court in [*Deeb v. Real Estate Council of Ontario*](#), 2025 ONSC 1100 (CanLII). A real estate broker was alleged to have acted inappropriately when representing both the seller and the buyers in a transaction. The buyers complained that the broker told them there were multiple offers on a house when, in fact, theirs was the only one. The buyers significantly increased the amount they offered as a result. The broker disputed the complaint. A finding was made against the broker who was fined \$14,000 and directed to pay costs of \$6,000.

The Allegation Statement indicated that the buyers signed the offer after receiving an email from the broker that there were three offers. However, before the hearing, will say statements were disclosed indicating that the offer was signed the day previously following a verbal statement by the broker indicating that there were three offers. The email was confirmation of the verbal statement given the day before. The Allegation Statement was not amended. The broker argued that the allegations had not been proved because the evidence was inconsistent with the Allegation Statement.

The Divisional Court held that there was no unfairness:

The proceedings were not a criminal prosecution, and the Allegation Statement is not the equivalent of particulars in an indictment. Well before the actual hearing of the matter on the merits, Ms. Deeb [the broker] was aware of the details of the allegations the Complainants were making. The fact that these details may have changed was a matter that Ms. Deeb could and may have pursued in trying to undermine the credibility of the Complainants. The Discipline Committee ultimately accepted the evidence of the Complainants and found that Ms. Deeb had breached the *Code*. It was entitled to do so even though the Complainants' evidence as given at the hearing did not accord with the particulars set out in the Allegation Statement. Ms. Deeb had adequate notice of the case she had to meet and an opportunity to test that case and put her own version before the Discipline Committee. There was no breach of procedural fairness.

The Court also found that the other technical arguments made by the broker (e.g., late disclosure resulting in an adjournment being requested without a formal motion; "doctored" documents because one document was placed behind the wrong tab of a brief) also had no merit.

When it comes to particulars and disclosure by a regulator to a registrant, the bottom line is whether the registrant understands the essence of the case against them.

Search Warrant Protocols

A BC Court declined to find that the manner in which a search warrant was executed by the College of Nurses and Midwives on the home of “childbirth activist” Gloria Lemay was an abuse of process. The College was investigating a possible breach of an injunction against Lemay related to her presence at a tragic homebirth. The exclusion of Lemay from her home during the search and the selection of items to seize were within a possible interpretation of the terms of the search warrant. See: [British Columbia College of Nurses and Midwives v Lemay](#), 2025 BCSC 256 (CanLII).

UK Professional Standards Authority is Consulting on Standards for Regulatory Culture

The UK oversight body for health and social care professions is consulting on the standards by which it assesses regulators. A proposed area for change relates to whether (and how) the Professional Standards Authority should assess the leadership, governance and culture of regulators. The [consultation document](#) says, in part:

Issue

For a long time we, and others, have been considering the repeated instances where the organisational leadership, governance or culture of important institutions serving the public can have negative impacts on staff and members of the public. In health and care we can look to the major inquiries at Mid-Staffordshire NHS Foundation Trust,¹⁹ Gosport War Memorial Hospital²⁰ or Telford Hospital NHS Trust.²¹ In each of these instances, the culture within organisations contributed to unacceptable outcomes for patients and service users. We think it is important to ensure that all our Standards drive improvement in the health and care regulatory environment and the introduction of a Standard focused on internal culture, governance and leadership will assist us in doing so. In July 2024, the findings of an independent culture review²² into the Nursing and Midwifery Council (NMC) were published. The review was conducted by Nazir Afzal OBE and Rise Associates, who were commissioned by the NMC after serious concerns, including about organisational culture, were raised by a whistleblower in 2023. The review found evidence of safeguarding failures on the basis of the accounts of those it spoke to and that people working in the organisation have experienced racism and other forms of discrimination and bullying. The NMC has accepted all the review’s recommendations for improvement.... We want to explore whether we could introduce expectations in our standards for collaboration and sharing of good practice across regulators and Accredited Registers.

Proposal

To bring the Standards of Good Regulation in line with the Standards for Accredited Registers in assessing whether the governance of an organisation supports public protection and promotes transparency, integrity and accountability. To consider introducing a new standard to assess the organisational culture of a regulator and an Accredited Register and to gather views on how to measure the culture of an organisation. In addition, we would like to place a greater emphasis in our Standards on regulators and registers doing more to collaborate and share good practice.”

The Charter Cannot Be Used to Circumvent Regulatory Processes

The Ontario Court of Appeal upheld a refusal to allow a former registrant to use s. 24 of the *Canadian Charter of Rights and Freedoms* to reverse a discipline decision revoking the registrant for serious misconduct. The revocation decision was upheld on appeal all the way to the Supreme Court of Canada (which refused further leave to appeal). The Court of Appeal also agreed that the *Charter* cannot be used as a means to reinstate the registrant into membership. The Court said, in part:

[2] On July 22, 2024, the motion judge granted the LSO’s motion to dismiss the appellant’s application for the reinstatement of his license to practice law. The motion judge concluded that this was a “flank attack” on the revocation decision and appeals therefrom. We see no error in this conclusion. It is evident that the appellant’s intended proceeding in the SCJ was a collateral attack on a previously rendered decision, in relation to which all rights of appeal had been exhausted. The motion judge was correct to decline to exercise jurisdiction and in finding that in any event, the remedy sought was not available to the SCJ.

[3] We do not accept the appellant’s argument that s. 24(1) of the *Charter* gives him the right, having already exhausted his statutory remedies, to seek afresh a hearing in the SCJ. The motion judge was correct in his determination that while the SCJ has concurrent jurisdiction, this does not permit intrusion into decision-making powers specifically allocated to other bodies, in this case the LSO, and the Tribunal: *R. v. Mills*, [1986] 1 S.C.R. 863, at paras. 104-106; *Doucet-Boudreau v. Nova Scotia (Department of Education)*, 2003 SCC 62, [2003] 3 S.C.R. 3. Further, while the appellant asserts that he now has “new evidence” which he says grounds his assertions of unequal treatment, the appellant could have raised *Charter*-based complaints within the process that lead to his disbarment.

[4] Nor do we accept the appellant’s argument that the SCJ could order the LSO to reinstate his license, as sought in his application. The motion judge was correct in his determination that the remedy sought by the appellant was not available.

See: [Chijindu v. Law Society of Ontario](#), 2025 ONCA 91 (CanLII).

Responsibility for Staff Misconduct

Regulators are right to hold registrants accountable for their employees’ misconduct, within reason. A dentist’s employee accessed the patient chart to sexually harass a patient by text messages and a personal visit to the patient’s residence. The regulator was concerned that there were insufficient safeguards to prevent the harassment and that the dentist’s response to the privacy breach and harassment was inadequate. For example, the dentist failed to take appropriate discipline and protective measures in respect of the harasser for about a month, did not accept responsibility for the conduct, failed to document the privacy breach or measures to manage it, and failed to report the privacy breach to the Information and Privacy Commissioner. The Health Professions Appeal and Review Board upheld, as reasonable, a disposition to caution the dentist, require education in privacy obligations, and monitor the dentist’s practice for two years. See: [Tuvel v IR](#), 2025 CanLII 5801 (ON HPARB).

Applicants with a Criminal History

There has been increasing scrutiny of the fairness of registration requirements based on the criminal record of applicants. To address that concern, many regulators conduct an individualized, case-by-case, analysis of whether an applicant's criminal record remains relevant to their suitability to practise the profession.

A recent Ontario decision highlights the viability of maintaining a criminal record requirement for registration. In *Thibault and Ramsay v. Attorney General of Ontario*, 2025 ONSC 647 (CanLII), two long-time tow truck drivers were excluded from certification (effectively preventing them from continuing to work in the industry) because of a legislative overhaul to their regulatory regime. The changes were instigated because of the violence and coercion associated with the sector. The new scheme prevented tow truck drivers from being certified if they had a lifetime weapons prohibition imposed under the *Criminal Code*. The weapons bans for these two drivers resulted from criminal convictions that occurred decades ago. The convictions did not involve the use of firearms. The two drivers had clean records (both criminally and as tow truck drivers) since then. The drivers challenged the validity of the prohibition. Their argument was stronger than that made regarding similar provisions for many other regulators because there was no individualized, case-by-case, analysis of their suitability.

The Court upheld the validity of the impugned provision. The Court applied the recently revised test for assessing the validity of subordinate legislation (in this case a regulation) in *Auer v. Auer*, 2024 SCC 36 (CanLII). The issue was not the reasonableness of the actual provision, rather the Court assessed the reasonableness of the interpretation of the regulation. It was not unreasonable for the maker of the regulation to view some criminal histories as being relevant to the safety of the public in the tow truck industry. It was not for the Court to assess the wisdom of the specific policy choice made by the government, especially where it was clear that it had turned its mind to the issue of relying on certain types of criminal histories to preclude certification.

The Court also found that the applicants had not provided sufficient evidence for it to make a finding that “criminal history” was an analogous ground (e.g., race, national or ethnic origin, colour, religion, sex, age or mental or physical disability) protected by the right to equality found in s. 15 of the *Canadian Charter of Rights and Freedoms*. Similarly, the Court also found that exclusion from a profession or occupation was not a cruel and unusual treatment or punishment contrary to s. 12 of the *Charter*.

Where regulators turn their mind to the relevance of the criminal history of an applicant for registration when drafting registration requirements, courts are reluctant to view such requirements as invalid.

Standoff

In registration matters, regulators often ask for additional information to support the application. Often the application is considered incomplete until all of the requested information is provided. However, where the applicant declines to provide any additional information and insists upon a decision by the regulator, a standoff can ensue.

That is what happened in *Tynes v. Nova Scotia College of Nursing*, 2025 NSSC 69 (CanLII). An applicant had a history of several criminal charges, discipline by another health profession regulator, and expulsion from

university. Some of the criminal charges were serious, including issuing threats against a fellow student. However, all were resolved short of a criminal conviction by such alternatives as a conditional discharge, probation, and a peace bond. While most of the history was disclosed by the applicant on the initial application, some was not. The applicant provided documentation for most of the history and made submissions. The regulator made several, rather extensive, requests for additional information from the applicant, including asking the applicant to obtain information from third parties and court files. The applicant finally stated that he possessed no more of the requested documents, that the regulator could approach the third parties directly, and requested that a decision be rendered on the application. The regulator declined to make a decision until the outstanding requests were answered. The applicant sought judicial review.

The Court concluded that, in the circumstances, the applicant was entitled to a decision. The regulator had a statutory obligation to make one. The decision could consider the refusal of the applicant to provide more information. However, the regulator could not insist on doing nothing further, particularly since the applicant had no means to challenge the appropriateness of the requests for additional documents. The Court gave the regulator one month to decide whether it would exercise its right to interview the applicant and three months to make its registration decision.

However, the Court declined the applicant's request that the regulator be directed to register the applicant, saying:

The question of whether Mr. Tynes is eligible for registration and licensure fall within the College's statutory responsibilities and specialized expertise. Courts have consistently found in such circumstances that the court is without jurisdiction to make licensing decisions....

Depending on the wording of the enabling legislation, when a regulator and an applicant disagree as to whether the application is complete, the regulator may be obliged to render a decision, even if it involves a refusal based, in part, on incomplete information.

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Intent/Purpose	To provide a policy governing examinations administered or authorized by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , S.O. 2007, Chapter 10, Schedule P, as amended from time to time.
	Applicant	Means an individual who has made a formal application to the College for a <u>c</u> ertificate of <u>r</u> egistration.
	Biomedical Examination	Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Clinical Sciences Examination	Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Code	Means the Health Professions Procedural Code, which is <u>S</u> chedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA

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Council	Means the Council of the College as established pursuant to section 6 of the Act.
Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
Debilitated	Means an inability to attend the examinations due to sudden illness, injury or encountered emergency situation that prevents their attendance at an examination.
Disability	Means that as defined in section 10(1) of the Human Rights Code.
Disability Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's current needs arising from a disability, as outlined in the College's Accommodation Policy.
<u>Examination Accommodation</u>	<u>Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, religious requirement, or related to a pregnancy as outlined in this policy.</u>
Examination Materials	Means examination documents in any medium submitted or used by College staff, exam proctors, examiners or agents of the College for scoring or grading purposes.
Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a registrant's competencies to perform IVIT safely, competently and ethically. Means a Council-approved examination required of any Registrant who wishes to demonstrate that they meet the Standard of Practice for IVIT in the province of Ontario, as outlined in the College's IVIT Program and Examinations Policy.
Jurisprudence Examination	Means a Council approved Jurisprudence learning module, required to be eligible for registration with the College to practise naturopathy in the province of Ontario
OHRC	Means the Ontario Human Rights Code, R.S.O. 1990, as amended from time to time.
Prescribing and Therapeutics Examination	Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing. Means a Council

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~~approved examination required of any Registrant who wishes to demonstrate that they meet the Standard of Practice for Prescribing as outlined in the College's General Regulation, and the College's Prescribing and Therapeutics Examinations Policy.~~

~~Physical
Accommodation
Due to Pregnancy~~

~~Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs related to pregnancy.~~

Registrant

Means an individual as defined in section 1(1) of the Code.

Registration
Committee

Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.

Registration
Regulation

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

Regulated Health
Professional

Means a member of a Canadian self-governing health profession as established pursuant to Schedule I of the RHPA or equivalent provincial legislation outside of Ontario.

~~Religious
Accommodation~~

~~Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's religious requirements.~~

RHPA

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

Supporting
Documentation

Means official records provided by a court, tribunal, educational institution, licensing or regulating body, other government sanctioned organization, religious leader, or Regulated Health Professional qualified to make an assessment or diagnosis, which provides details surrounding the outcome of an event or the need for accommodation/deferral.

~~Undue Hardship~~

~~Means the point at which granting an accommodation would impose an unreasonable cost to the College or create a health and safety concern.~~

General

Guiding
Legislation

All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the Program and Examination Policies of the College, and the OHRG.

Authority

Pursuant to paragraph 1(i)B of section 5(1) of the Registration Regulation, the Council has the authority to approve the registration examinations, and the body that would administer the examinations on its behalf, that a person must successfully complete in order to quality for registration with the College.

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Pursuant to paragraph 2 of section 5(1) of the Registration Regulation, the Council has the authority to set or approve the clinical examinations which an applicant must successfully complete ~~in order to~~ quality qualify for registration with the College.

Clinical (Practical) Examinations	All applicants, with the exception of <u>except for</u> those deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must have successfully completed the Clinical (Practical) Examinations as set by the Council and outlined in the Clinical (Practical) Examinations Policy.
Biomedical and Clinical Sciences Examinations	All applicants, with the exception of <u>except for</u> those deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must also have successfully completed the Biomedical and Clinical Sciences Exams as set by the Council and outlined in the Clinical Sciences and Biomedical Examinations Policy.
Jurisprudence Examination	All applicants must have successfully completed the Jurisprudence examination as set by the Council.
Examination Attempts	Number of permitted attempts are handled in accordance with the program policies for each examination noted herein, with the exception of <u>except for</u> the Jurisprudence examination, which a candidate can retake until they have attained a passing grade.

A candidate who has failed an examination for a second time will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.

Any additional training or education will be determined in accordance with the refresher programs, additional education, and training provisions of the Registration Policy.

Accommodations	<u>RequestsGeneral</u>	To ensure candidates are provided fair and equal opportunity to sit a Council approved examination, accommodation requests received from any candidate will be considered within the framework set out by the Ontario Human Rights Commission Requests for accommodation(s) are managed in accordance with the College's Examination Accommodations Policy.
		Accommodation requests should be completed in the form set and approved by the CEO.
	<u>Timeframe for Request</u>	Requests for accommodation must be received by the exam registration deadline for the exam session where accommodation is being sought. Requests received after this period cannot be considered; however, candidates may apply for a deferral of the entire examination under this policy.

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~~Submissions to the College~~

~~At the time of registering for an examination and submitting an accommodation request, the candidate must submit any pertinent supporting documentation in relation to the accommodation request as outlined in this policy.~~

~~Form of Accommodation Request~~

~~Requests for accommodation must be submitted on the College's Exam Accommodation Request form, which provides specific details of the accommodation required, the reason for the request and the candidate's written authorization for the College to contact the provider of any supporting documentation.~~

~~The CEO and/or their delegate may request further documentation as deemed necessary.~~

~~Supporting Documentation General Requirements~~

~~Supporting documentation submitted must:~~

- ~~• be dated within six months of the examination registration date.~~
- ~~• outline the reason for the accommodation and the specific accommodations required.~~
- ~~• contain the contact information of anyone providing supporting documentation on the candidate's behalf.~~

~~Disability Accommodation—Additional Documentation Requirements~~

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

- ~~• be provided by a Regulated Health Professional who has or has had a practitioner/patient relationship with the candidate and who is qualified to make an assessment or diagnosis of the condition.~~
- ~~• be provided on the Health Professional Recommendation form which provides the title and professional credentials of the Regulated Health Professional who has made the assessment or diagnosis and provides specific information regarding how the requested accommodation relates to the disability.~~

~~Religious Accommodation—Additional Documentation Requirements~~

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

- ~~• be provided by the candidate's religious leader;~~
- ~~• provide information regarding how the requested accommodation relates to the candidate's religious requirements; and~~
- ~~• provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.~~

~~Pregnancy Related Accommodation—Additional~~

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

- ~~• be provided by a Regulated Health Professional who has or has had a patient/practitioner relationship with the candidate and~~

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Documentation Requirements

~~who is qualified to make an assessment or diagnosis of the pregnancy related condition or issue.~~

- ~~be provided on the Health Professional Recommendation form which provides the title and professional credentials of the Regulated Health Professional who has made the assessment or diagnosis and provides specific information regarding how the requested accommodation relates to the candidate's pregnancy related condition or issue.~~

Breastfeeding Accommodations — Documentation Requirements

~~Requests for scheduling accommodations to permit a candidate to breastfeed in between examination components will be considered in the context of the overall exam day schedule, feasibility of the request in comparison to the time constraints of each exam component and any health and safety measures in place at the time of exam registration which may restrict the number of individuals permitted onsite during the examination. Requests must:~~

- ~~provide information which speaks to the frequency and duration of feedings, and~~
- ~~acknowledge and understand that any individual named by the candidate to provide onsite childcare during the exam will be restricted to a designated area and must undergo any and all screening requirements mandated by the exam facility and the College for entry on exam day.~~

Review of Accommodation Requests

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

~~In their review, the CEO and/or their delegate will consider whether the requested accommodation appropriately addresses the needs of the candidate and will not cause undue hardship to the College.~~

~~Where a substantiated need for accommodation, arising from a physical disability, prevents a candidate from completing part or all of the physical demonstration components of either the Manipulation or Acupuncture Clinical (Practical) Examinations, and where the candidate signs an acknowledgement and undertaking with the CEO agreeing to restrict their practice should they be issued a certificate of registration, the CEO or their delegate may adjust the scoring rubric to exclude those components from the overall examination total for the purposes of determining a pass/fail of the examination.~~

~~Candidates are advised of the request for accommodation decision within ten business days of the submission date unless the CEO and/or their delegate does not have all necessary information to effectively evaluate the accommodation request. In such instances the candidate is notified of the additional time needed for a decision to be rendered.~~

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~~In instances where the particular form of accommodation being requested cannot be granted, the CEO and/or their delegate will, wherever possible, provide the candidate with terms for an alternate form of accommodation.~~

~~Review of
Decision of the
College~~

~~A Candidate may ask a panel of the Examination Appeals Committee to review the CEO's and/or their delegate's decision to deny or modify an accommodation request following an attempt at completing the examination. Should the Examination Appeals Committee overturn the accommodation decision on appeal, the examination result will be nullified, and the attempt will not count as one of the three attempts at the examination.~~

~~Use of
Accommodation-
Related
Information by the
College~~

~~The CEO and/or Registration Committee may use information disclosed for the purposes of seeking an accommodation, in considering applications for initial registration with the College under subsection 3(4) of the Registration Regulation.~~

Withdrawals from College Examinations	Requests	Any candidate who is registered for an examination may seek to withdraw their exam registration.
	Timing	Requests to withdraw from an examination must be received prior to the close of exam registration. Requests received after this period cannot be considered; however, candidates unable to attend an examination may seek a deferral of the entire examination under this policy.
	Fees	A candidate seeking to withdraw from an examination shall be charged the administrative fee to cover the administrative costs associated with refund transactions. Following receipt of the administrative fee, the full examination fee is reimbursed to the candidate.
Deferrals of College Examinations	Requests	Any candidate who is registered for an examination, with the exception of <u>except for</u> the Jurisprudence examination <u>examination</u> , which is offered on a continuous basis may seek a deferral, due to illness, injury or emergency which prevents their attendance at an examination.
	Notification	Candidates must notify the College immediately, by telephone or by email, to advise of being unable to attend the examination, and the reason. Failure to notify the College will result in a refusal of a candidate's deferral request. Deferral requests cannot be used to seek an accommodation that has been considered and declined.
	Supporting Documentation	Deferral requests must be submitted to the College within two weeks of the original notification date, accompanied by a letter from a Regulated Health Professional or other supporting documentation verifying the circumstances for the missed examination.

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Failure to submit the required documentation and fee will result in the forfeiture of the examination fee.

Review

The CEO and/or their delegate will review all deferral requests on an individual basis. Deferrals are granted based on the validity of the illness, injury or emergency which prevented the candidate's attendance at an examination.

Emergency or Illness During an Examination

Candidates who become ill or encounter an emergency which necessitates leaving an examination in session must notify College staff immediately and return all examination materials. A note from a Regulated Health Professional substantiating the illness, or other supporting documentation verifying the circumstances for leaving the exam must be obtained, dated within twenty-four hours of the time the candidate left the examination site, and submitted to the College within one week of the examination date.

Results will be issued for any completed examinations. Examinations, which were not completed due to a substantiated illness or emergency, will not be counted as an examination attempt. Candidates will be provided with an opportunity to sit the examination(s) that they were unable to complete at the next regularly scheduled examination session.

Fees

A candidate granted a deferral shall be charged the administrative fee for review of the deferral request. Examination fees paid by the candidate shall not be refunded; however, a credit ~~off~~for the amount paid will be applied to the next regular sitting of the examination by the candidate. ~~In the event that~~If the candidate does not sit the next regularly scheduled sitting of the examination, the examination fee paid will be forfeited.

Exam Appeals	General	Examination appeals are handled in accordance with the Examination Appeals Policy.
Rules of Conduct for Examinations Set by the College	General	All candidates are required to comply with the Examination Rules of Conduct as established by the CEO.
		Examination invigilators, examiners, and staff of the College present at the examinations are responsible for enforcing the Rules of Conduct.
	Allegations of Violation	The examination proctors, examiners or College staff will document any alleged examination violations. Each is responsible for recording and reporting all observations of potential violations to the College.
		Indications that an examination violation may be occurring during the examination period may result in immediate removal of the candidate from the examination at the discretion of the CEO.

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Notification and Response

The candidate shall be informed in writing of the nature of the allegation and be provided with a reasonable opportunity to respond to the allegation. This response may be submitted as a formal letter or involve a meeting between the CEO, and/or their delegate, the candidate, and, if the candidate requests in advance, another party chosen by the candidate to act as the candidate's advisor.

If the candidate fails to provide a response to the allegation in the allotted time frame or to participate in the process, the CEO may proceed to make a determination.

Review Process

The CEO will review all pertinent information provided in relation to the alleged examination violation along with the candidate's response. A determination will then be made as to whether sufficient information exists to support the allegation.

Notification of the CEO's finding regarding the alleged examination violation will be provided to the candidate in writing and is appealable to the Examination Appeals Committee.

Consequences

A finding that an examination violation has occurred will result in a ~~fail~~failure of the examination, which shall be recorded as one of a total of three attempts to successfully complete the examination.

If evidence is found of a breach in the security of the examination materials before the administration of an examination, and such evidence suggests that the behaviour is organized and/or may involve a number of candidates, the College reserves the right to cancel the examination session.

If evidence is found of a breach in the security of examination materials after the administration of an examination, and such evidence suggests that the behaviour was organized and/or may have involved a number of candidates, the College reserves the right to disqualify the exam results of some or all candidates.

The College may also take special measures at any subsequent examination to prevent the reoccurrence of the violation at the expense of any candidates involved in the security breach, seek damages from any persons involved in a security breach, and/or take any other action appropriate in the circumstances.

Passing Requirements	General	Passing thresholds for each examination are managed in accordance with the College's Program and Examinations Policies for Clinical (Practical) Examinations, Clinical Sciences and Biomedical Examinations, IVIT Examination, and the Prescribing and Therapeutics Exam.
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Examiners for College Examinations	General	Examiners are Registrants of the College in good standing, who meet the criteria established by this policy.
	General Examiner Criteria	A Registrant is eligible for selection as an examiner if, on the date of application and throughout each applicable examination session for which they are selected to participate, the Registrant: - holds a General Certificate of Registration with the College with no terms, conditions or limitations on their certificate of registration. - has actively practiced naturopathy for at least two years. - has a strong working knowledge of the modality they wish to examine in. - is not in default of payment of any fees set out-inout in the by-laws or any fine or order for costs to the College imposed by a College committee or court of law. - is not in default of completing and returning any form required by the College. - is not the subject of any disciplinary or incapacity proceeding. - has not had a finding of professional misconduct, incompetence or incapacity against him/her in the preceding five years. - is not a Council or Committee member. - is not employed by the College. - is not employed as an administrative faculty member or instructor at a naturopathic educational institution. - is committed to the College's mandate of public protection and the principles of equity, diversity, and inclusion. is able tocan be objective, impartial, transparent, fair, and consistent when making exam assessment decisions.
	Intravenous Infusion Therapy (IVIT) Examiner Criteria	A Registrant shall be eligible for selection as an IVIT examiner, if on the date of application and throughout each applicable examination session for which they are selected to participate, the Registrant: - meets all-ofall the general examiner criteria requirements for selection as an examiner for the College. - has met the College's Standard of Practice for IVIT. - has actively practiced IVIT for at least two years. - is not employed as an instructor or teaching assistant for any Council approved IVIT training course.
	Examiner Application	A Registrant may apply to the College for consideration as an examiner by submitting a Volunteer Application to the College.
	Examiner Considerations	When appointing examiners, the College will consider: - whether the Registrant has met the criteria as outlined in this policy. - the need for examiners with expert knowledge in a particular modality. - any additional professional qualifications and expertise the Registrant possesses.

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- the Registrant's experience.
- languages spoken by the Registrant.
- the Registrant's ability to be objective, impartial, transparent, fair and consistent.
- any additional qualifications and characteristics the Registrant possesses that complement the College's mandate of public protection and commitment to the principles of equity, diversity, and inclusion.
- any possible conflicts of interest the Registrant may have which may hinder their ability to be objective, impartial, or fair.

Appointments

Examiners will be appointed by the CEO and/or their delegate for an initial term of three years and may be re-appointed at the discretion of the CEO and/or their delegate.

Conflicts of Interest

For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the by-laws. Without limiting the definition, a real or perceived conflict of interest between an examiner and candidate exists when a prior personal or professional relationship exists between the examiner and candidate.

Prior to the examination schedule for each examination being finalized, examiners will be asked to review the names of all candidates and shall declare any conflict of interest.

The CEO and/or their delegate may perceive a conflict of interest between an examiner and a candidate, due to professional or personal affiliation, or a prior examination attempt, for each examination session to ensure a fair and impartial process.

The CEO and/or their delegate shall subsequently adjust the examiner schedule or, if necessary, remove an examiner from the schedule ~~in order to~~ resolve any conflicts.

Examiner Disqualification

A Registrant will be discharged as an examiner if they:

- breach one of the qualifications required to become an examiner as outlined in this policy.
- breach confidentiality of any information learned through participation in the administration of the College's examinations.
- fail to properly declare a real or perceived conflict of interest.
- fail to ~~be in attendance at~~ attend an examination for which they ~~are scheduled~~ are scheduled without providing sufficient notice.
- is advised as such by the CEO.

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	Title	Policy No. EX08.00
	Examination Accommodations	Page No. 1

Intent/Purpose	To provide a policy governing the handling of exam accommodation requests for examinations administered or authorized by the College of Naturopaths of Ontario (the College).
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Definitions	Act	Means the <i>Naturopathy Act, 2007</i> .
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Biomedical Examination	Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Clinical Sciences Examination	Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the RHPA.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.

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Deputy CEO, RCS	Means the Deputy Chief Executive Officer, Registrant and Corporate Services.
Disability	Means that as defined in section 10(1) of the OHRC.
Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, a religious requirement, a pregnancy or breastfeeding related need as outlined in this policy.
Examination Materials	Means examination documents in any medium submitted or used by College staff, exam proctors, examiners or agents of the College for scoring or grading purposes.
Examinations	Means the Biomedical Examination, the Clinical (Practical) Examinations, the Clinical Sciences Examination, the Jurisprudence Examination, the IVIT Examination and the Prescribing and Therapeutics Examination.
Functional Limitation	Means restrictions in an individual's functioning that hinder the ability to perform tasks or activities.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a registrant's competencies to perform IVIT safely, competently and ethically.
Jurisprudence Examination	Means a Council approved Jurisprudence learning module, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
OHRC	Means the Ontario Human Rights Code, R.S.O. 1990.
Prescribing & Therapeutics Examination	Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
Registrant	Means an individual as defined in section 1(1) of the Code.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.
Registration Regulation	Means Ontario Regulation 84/14.

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Regulated Health Professional	Means a member of a Canadian self-governing health profession as established pursuant to Schedule I of the RHPA or equivalent provincial legislation outside of Ontario.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , S.O. 1991, c. 18.
Supporting Documentation	Means official records provided by a court, tribunal, educational institution, licensing or regulating body, other government sanctioned organization, religious leader, or Regulated Health Professional qualified to make an assessment, which provides details surrounding the outcome of an event or the need for accommodation.
Undue Hardship	Means the point at which granting an accommodation would impose an unreasonable cost to the College or create a health and safety concern.

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the OHRC, and the College's Examinations Policy.
	Fundamental Principles	The College manages the receipt and review of requests for exam accommodation(s) in accordance with the following fundamental principles: 1. Accommodation requests received from any candidate, in accordance with this policy, will be considered within the framework of the OHRC to ensure the candidate is provided with a fair and equal opportunity to sit examinations. 2. Accommodation requests will be considered on an individual basis and provided in a manner that reflects the nature and extent of the identified need, while respecting the dignity and independence of the candidate. 3. The College's duty to accommodate a substantiated need for accommodation is limited only by undue hardship.
	Confidentiality	Health information disclosed to the College for the purposes of seeking exam accommodation(s) is kept confidential in accordance with s. 36 of the Code.
	Use of Information	Use of disclosed accommodation information by the College is limited to the following: • Assessment of requests for exam accommodation by the CEO or their designate. • Consideration of applications for initial registration with the College under subsection 3(4) of the Registration Regulation by the CEO and a panel of the Registration Committee.

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- Consideration of capacity to practise naturopathy as a registered naturopathic doctor by the CEO and a panel of the Inquiries, Complaints and Reports Committee.

Accommodations	Requests	To ensure candidates are provided fair and equal opportunity to sit a College examination, accommodation requests received from any candidate will be considered within the framework set out by the OHRC.
	Decision-maker	Through this policy, the CEO delegates all decision-making relating to examination accommodation requests to the Deputy CEO, RCS.
	Request Fees	While accommodation requests made to the College do not incur a fee, candidates are responsible for any fees associated with obtaining documentation to support their request.
	Timeframe for Request to the College	Requests for accommodation must be received no later than 30 days prior to the registration deadline for the exam session where accommodation is being sought. Requests received after this period cannot be considered; however, candidates may apply for a deferral of the entire examination under the College's Examinations Policy.
	Accommodation Requests for Multiple Examinations	To streamline the accommodations request and review process for candidates requiring accommodation(s) for multiple College examinations, candidates may submit one request, with supporting documentation, prior to their first sitting of a College examination, setting out all required accommodations for each of the examinations where accommodation is being sought.
		In instances where a candidate's ongoing need for accommodation exceeds their supporting documentation's window of validity, or where new accommodation needs have arisen, candidates will be required to submit a new accommodation request with supporting documentation, in accordance with this policy.
Supporting Documentation	Form of Accommodation Request	Requests for accommodation must be submitted on the College's Exam Accommodation Request form, which requires the following information from the candidate. • The reason for the request, i.e., the type of accommodation • Specific details about the required accommodation(s) • The candidate's written authorization for the College to contact the provider of any supporting documentation.
	General Requirements	At point of submission, supporting documentation must provide the anticipated length of time that the candidate will require accommodation(s) based on the supporting documentation provider's assessment.
	Window of Validity	The window of validity for supporting documentation will be informed by information provided within supporting documentation

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specific to the anticipated length of time that accommodation is needed. Candidates will be advised of their supporting documentation's window of validity as part of the decision on their accommodation request.

Disability
Accommodation –
Additional
Documentation
Requirements

In addition to the general requirements, documentation supporting a candidate's accommodation request due to a disability must:

- Be provided by a Regulated Health Professional who:
 - has or has had a practitioner/patient relationship with the candidate,
 - has performed an assessment of the disability, and
 - Is qualified and authorized, within their regulated scope of practise, to assess and/or diagnose such disabilities.
- Be provided on the Health Professional Recommendation form which provides the title, professional credentials and relevant qualifications of the Regulated Health Professional who has made the assessment.
- Provides information regarding:
 - the candidate's functional limitations as they relate to the candidate's accommodation needs.
 - the accommodation(s) being recommended; and
 - how the recommended accommodation(s) assist(s) in mitigating the candidate's functional limitations.

Religious
Accommodation –
Additional
Documentation
Requirements

In addition to the general requirements, documentation supporting a candidate's accommodation request due to religious requirements must:

- be provided by the candidate's religious leader
- provide information regarding how the requested accommodation relates to the candidate's religious requirements, and
- provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.

Pregnancy
Related
Accommodation –
Additional
Documentation
Requirements

In addition to the general requirements, documentation supporting a candidate's accommodation request due to a pregnancy-related condition or issue must:

- Be provided by a Regulated Health Professional who:
 - has or has had a patient/practitioner relationship with the candidate, and
 - is qualified to assess the pregnancy related condition or issue (i.e., has appropriate training, holds a relevant professional credential or designation, and has the scope of practise, as authorized to that profession).
- Be provided on the Health Professional Recommendation form which provides the title, professional credentials and relevant

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qualifications of the Regulated Health Professional who has made the assessment.

- Provide information regarding:
 - the candidate's functional limitations as they relate to the candidate's accommodation needs.
 - the accommodation(s) being recommended; and
 - how the recommended accommodation(s) assist(s) in mitigating the candidate's functional limitations.

Breastfeeding Accommodations – Documentation Requirements

While supporting documentation from a Regulated Health Professional is not required, requests for scheduling accommodations to permit a candidate to breastfeed or express breast milk in between examination components will be considered in the context of the overall exam day schedule, feasibility of the request in comparison to the time constraints of each exam component and any health and safety measures in place at the time of exam registration which may restrict the number of individuals permitted onsite during the examination.

Requests must:

- be in writing,
- provide information which addresses the frequency and duration of feedings or expressions, and
- acknowledge and understand that any individual named by the candidate to provide onsite childcare at the exam will be restricted to a designated area, for a specific period and must undergo all screening requirements mandated by the exam facility and/or the College for entry on exam day.

Review of Accommodation Requests

General

The Deputy CEO, RCS will review requests for accommodation on an individual basis and will make a final determination.

In their review, consideration will be given to : whether supporting documentation substantiates the requested accommodation, and whether the granted accommodation(s) will appropriately address the needs of the candidate without causing undue hardship. As deemed necessary, further information or documentation may be requested by the Deputy CEO, RCS to make a determination on the accommodation request.

Where a substantiated need for accommodation, arising from a permanent physical disability, prevents a candidate from completing part or all of the physical demonstration components of either the Manipulation or Acupuncture Clinical (Practical) Examinations, and where the candidate signs an Acknowledgement and Undertaking with the CEO agreeing to restrict their practice should they be issued a certificate of registration, the Deputy CEO, RCS may adjust the scoring rubric to exclude those components from the overall examination total for the purposes of determining a pass/fail

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of the examination.

Notice of Decision Candidates are advised of the decision on their accommodation request within 30 calendar days of the submission date unless the Deputy CEO, RCS do not have all necessary information to effectively evaluate the accommodation request. In such instances the candidate is notified of the additional time needed for a decision to be rendered.

In instances where the particular form of accommodation being requested cannot be granted, the Deputy CEO, RCS will, wherever possible, provide the candidate with terms for an alternate form of accommodation.

Review of Decision of the College If a request for accommodation is denied and the candidate believes the request has not been handled in accordance with this policy, the individual may:

- seek a review of the decision by the CEO by doing so in writing and providing submissions.

Nothing in this policy prevents an individual seeking accommodation from submitting a complaint to the Human Rights Tribunal of Ontario.

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Classes of Registration Preliminary Consultation

Introduction

As part of its strategic plan for 2023-2027, the Council of the College of Naturopaths of Ontario established as a strategic objective that Naturopathic Doctors are trusted because they are effectively regulated. The Council set out several priorities in support of this objective, including that “the College examines the regulatory model to maximize the public protection benefit to Ontarians.”

As a part of this review, the College may consider both changes to the existing regulations made under the *Naturopathy Act, 2007*, as well as enacting new regulations under its regulation making authority.

In line with these considerations, the College of Naturopaths of Ontario is undertaking a preliminary consultation on the potential for changes or additions to the classes of registration available to the profession through the College.

At this time, the College seeks the input of its registrants, the public, and system partners on whether the Council should consider changes to the current approach to the classes of regulation as set out in the Registration Regulation made under the *Naturopathy Act, 2007*. A decision to proceed with changes to the classes of registration has not yet been made, and all feedback will be brought forward in any subsequent decision-making process by the Council of the College.

Background

The Registration Regulation, Ontario Regulation 84/14 made under the *Naturopathy Act, 2007* establishes three classes of registration in which a certificate of registration may be issued:

1. General class.
2. Inactive class.
3. Emergency class.

The emergency class of registration was added in 2023 at the request of the Ontario Government as part of its future pandemic planning efforts.

In addition to establishing the classes, the Regulation also sets out the requirements that must be met for a certificate of registration in that class to be issued, any terms, conditions, and limitations on those certificates, and moving from one class of registration to another.

During the process of developing the Registration Regulation, consideration was given to other classes of registration to be available which were subsequently ruled out by the Council. For example, consideration was given to establishing an academic registration class for individuals who devote most of their time to education of students in a naturopathic program. Such a class of

registration would enable the individual to retain their use of title while not being permitted to see patients.

This consultation explores many of the alternative approaches to the current limited classes of regulation to determine whether potential changes might provide better public protection for Ontarians while enabling better access to the profession by NDs.

Regulation Making Authority

If the Council of the College, in consultation with the Ministry of Health, were to propose changes to the Registration Regulation, the authority to do so rests in section 95(1) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* which states:

Regulations

- 95 (1) Subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, the Council may make regulations,
- (0.a) omitted;
 - (a) prescribing classes of certificates of registration and imposing terms, conditions, and limitations on the certificates of registration of a class;
 - (b) respecting applications for certificates of registration or classes of them and the issuing, suspension, revocation and expiration of the certificates or classes of them;
 - (c) prescribing standards and qualifications for the issue of certificates of registration;
 - (d) prescribing certain registration requirements as non-exemptible requirements for the purposes of subsection 18 (3) and 22 (8);
 - (e) defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession;
 - (f) requiring, for purposes associated with the registration of members, the successful completion of examinations as set and approved, from time to time, by the College, other persons or associations of persons and providing for an appeal of the results of the examinations; ...

In addition to providing valuable information about the profession to the public, making changes to the Registration Regulation could add a valuable tool in the regulatory framework for the College. It would also provide valuable context to the naturopathic profession in Ontario.

Supporting Documentation

In line with the intent of this consultation, several supporting documents have been created, providing greater context for what changes might be considered. As this is a preliminary

consultation on this topic, these documents have not been vetted or approved by the Council of the College. The documents include:

Name	Description
White Paper – Classes of Registration	This document sets out various issues the College has encountered since proclamation of the <i>Naturopathy Act, 2007</i> on the classes of registration and related matters. It sets out 10 areas of consideration on which the College is seeking input from system partners and the profession.
Appendix A – Comparison of Classes of Registration	This document sets out a comparative analysis of the nomenclature for classes of registration for naturopathic doctors in Canada and for other professions in Ontario.
Appendix B - Reinstatement Provisions in Ontario Health Profession Regulation	This document sets out approaches to reinstatement where such provisions exist for health professional regulation.

Consultation Areas

Through this consultation, the College is seeking feedback in 10 specific areas of consideration. In support of this, an online form is available for individuals and organizations to provide feedback.

Consideration 1: Nomenclature or names of the classes of registration.

Consideration 2: A non-clinical class of registration.

Consideration 3: A student class of registration.

Consideration 4: A transitional, supervised, or provisional class.

Consideration 5: Should changes be made to the Inactive class?

Consideration 6: Extended Classes of registration.

Consideration 7: Naming of extended classes, if needed.

Consideration 8: Rostering for Certain Controlled Acts.

Consideration 9: Reinstatement provisions.

Consideration 10: Other matters that might be addressed.

Feedback

The College is seeking feedback from all stakeholders, including registrants, the public, naturopathic organizations, and other regulatory bodies. Feedback may be provided through the College's [online submission form](#) or by written letter or email.

All feedback must include the name of the individual submitting the feedback for validity purposes. Anonymous submissions will not be considered and will not be retained by the College.

Feedback can be provided to the following addresses:

Written correspondence by mail:	College of Naturopaths of Ontario 10 King Street East, Suite 1001 Toronto, ON M5C 1C3
Written correspondence by facsimile:	(416) 583-6011
Written correspondence by e-mail:	general@collegeofnaturopaths.on.ca
On-line form:	On-line Feedback Form

Time

The College will be providing the opportunity for feedback. Consultation will begin on or before March 12, 2025, and will conclude on or about April 25, 2025.

Our Thanks

The College thanks everyone for reviewing these consultation materials and providing feedback.

Andrew Parr, CAE
Chief Executive Officer



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WHITE PAPER
CLASSES OF REGISTRATION FOR THE NATUROPATHIC PROFESSION IN ONTARIO
For Discussion Purposes Only

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the classes of registration for the naturopathic profession in Ontario as set out in the Registration Regulation. This consultation document sets out those questions and seeks the input of registrants and system partners on those questions.

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 Classes

The Registration Regulation made under the *Naturopathy Act, 2007* establishes the classes of registration for the profession in Ontario as follows:

- General class,
- Inactive class,
- Emergency class.

Nomenclature

The first area of consideration is whether the nomenclature or wording for the classes is appropriate for the public and the profession. As a regulator, the College wants the public to be able to readily discern between the types of naturopathic practice. For example, inactive tends to convey the notion that the individual is not presently practising the profession. On the other hand, it is not necessarily clear what information is being conveyed by the “general class” nomenclature.

There are two areas to review when considering the names of the classes of registration. What terminology do other Provinces that regulate naturopathic doctors use and what do the other professions in Ontario use? Appendix A – Comparison of Classes provides some information in this regard.

The first table on Appendix A lists each of the other regulated jurisdictions in Canada and the classes of registration used by the naturopathic regulatory authority. Here we note terms such as Full practising, Non-practising, and General class. The information suggests there is not much uniformity among the provinces.



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The second table on Appendix A lists each of the other regulated professions in Ontario. This table demonstrates several interesting principles. The first is that “General class” is used most frequently by the other professions as well; however, some distinction can be made between those that were established at the time the *Regulated Health Professions Act, 1991* was first created compared to those that are more recently created. For example, as of the writing of this document, the *Psychology and Applied Behaviour Analysis Act, 2021* is the most recent addition to the legislation governing health professions. The registration classes within the regulation made under this legislation are more detailed and descriptive than those created earlier.

Consideration 1: Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)

Classes of Registration – Non-clinical

The Registration Regulation also enables the College, with the consent of the registrant or by order of the Registration Committee and/or other Committees of the College, to place terms, conditions, and limitations on certificates of registration which are noted, for the purposes of providing the public with valuable information, on the College’s public register. This has allowed the College to create the “non-clinical” terminology, a “subset” of the General class for individuals who need to maintain their General class registration but are not able to meet the currency requirements for the class. This is typically used for registrants who are academics within the educational program or who are employed in roles such as government employees or employees of supplement manufacturers, where seeing patients is not possible.

In the period when the College was first being established and the regulations being developed, consideration was given to creating an “academic” class for individuals working in the educational programs; however, it was determined that there were not enough individuals to warrant the class. Similarly, the same conclusion was made with respect to consideration of a broader “non-clinical” class as opposed to the current practice of using a term, condition, or limitation.

Over the past two years, the College has fully implemented its currency audit process, and it has been noted that more individuals cannot meet those requirements. After two full years of currency audits, the College now has 13 registrants in the General class who have a non-clinical term condition and limitation on their certificate. Presently, four of Ontario’s health professions have a non-clinical class of registration and six have an academic class.



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Consideration 2: Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?

Classes of Registration – Student, Supervised or Temporary

The question of whether the College might have a student registration class was considered before proclamation. At the time, it was believed that with a single educational program in Ontario, this class would not be necessary. However, referring to Appendix A, we note that two of the other provinces have a student class, with British Columbia the second largest naturopathic regulator in Canada among them. Among the other health professions in Ontario, only two have a student class.

In consideration of a student class, the question is about the public and the profession's interest. It might benefit the public to have a student class of registration for individuals in the educational program as part of the College as a means for the College to be able to communicate and educate future registrants about the regulatory model. It may also enable the earlier creation of a positive relationship between the College and the profession. There is a risk that this may be seen as a "cash grab" by the College; however, this risk can be offset by careful consideration of the amount of registration fees, if any, that must be paid.

We also note that several of the Ontario health regulatory Colleges have a class of registration to support the transition of individuals from student to registrant. It will appear under several different terms, including "Intern", "Supervised practice", "Provisional", or "Qualifying", with the notion being that an individual who is working towards becoming regulated, i.e. they have graduated but have not yet completed the examinations and/or the application process, may become a registrant of the College. By becoming a registrant, the College can communicate with them and help them become familiar with the regulatory model.

The consideration is whether this supports the public interest mandate of the College and its impact on the profession itself. The College is aware that many individuals remain in this transitional period for up to two years. During this time, they are practising under the supervision of a registrant of the College. This means the responsibility for the supervised individual's performance rests with the registrant of the College. This can be considered a daunting and onerous task with little or no support from the College. However, it may still serve both the professions' and the public interest to consider such a class of registration.

Consideration 3: Should the College create a "student" class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?



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Consideration 4: Should the College create a transitional (supervised practice, intern or provisional) registration class to regulate graduates who are working under a registrant's supervision?

Classes of Registration – Inactive, Out of Province, Parental Leave

The Registration Regulation currently includes the Inactive class. This class was intended to allow individuals to temporarily step away from practising naturopathy without having to resign their certificate of registration. This class also provides individuals with the ability to pay a lower registration fee and reduce certificate maintenance requirements while providing clarity to the public regarding their non-practise status. The most common leaves of absence are maternity and parental leave; however, since proclamation of the *Naturopathy Act, 2007*, it has been noted that many registrants have been reluctant to use this class of registration, despite having ceased practise because of one of these leaves. This creates several issues for them including:

- Continued currency requirements that must be met,
- Continued participation in the Quality Assurance program,
- Maintaining full professional liability insurance,
- Maintaining full CPR certification,
- Needing to pay the annual General class registration fee without a means to recoup this cost through regular practise of the profession.

Although the College is not entirely clear as to why some registrants are reluctant to move to the Inactive class while on maternity or parental leave, we understand that it may relate to:

- Uncertainty about how long they may be on maternity or parental leave,
- The need or desire to do some part-time work while on leave,
- Costs and administrative burden around obtaining tail insurance while in the Inactive class,
- Concerns that they will encounter challenges when wanting to move back to the General class.

Each of these can be addressed. For example, moving from the Inactive class back to the General class when a registrant has been in the Inactive class for less than two years is as easy as completing an online form, paying the class change administrative fee and paying any registration fee differences for that year, all of which can be done in a few days. Tail insurance is challenging as the College will require proof of purchasing the five-year tail set out in the by-laws even if planning only to be on leave for a year. The challenge here is that while a registrant plans to only take a year or less, plans change, and the insurance for five years is a matter of public interest.

The College also has many registrants who are practising in other jurisdictions who choose to move to the Inactive class as a means of a) maintaining their registration with the College in case they



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may return to Ontario, b) reducing their annual costs and c) removing themselves from the Quality Assurance requirements placed on the General class.

Consideration 5: What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?

Classes of Registration – Extended Class

Under the General Regulation made under the *Naturopathy Act, 2007*, registrants of the College who wish to prescribe, dispense, compound, or sell a drug, or who wish to administer a substance by inhalation or non-intravenous injection must first have met the Standard of Practice for Therapeutic Prescribing. At the time of writing, there were 876 registrants of the College who have met this Standard.

The General Regulation also requires that any registrant of the College who wishes to administer a substance by Intravenous Infusion Therapy (IVIT) must also have met the Standard of Practice for IVIT in addition to the Standard of Practice for Therapeutic Prescribing. At the time of writing, there were 361 College registrants who have met this Standard.

Both Standards require the successful completion of a College-approved course, and an examination set by the College. Both are post-registration standards which means that they can only be met after an individual has become registered with the College, although the College does permit 4th year students and new naturopathic program graduates to take the Therapeutic Prescribing Course and Examination to facilitate the addition of this aspect to their practice immediately following registration with the College.

The question arises as to how the public can know, based on the class of registration of an ND in Ontario, whether the registrant has met the Standard(s)? The College's public register does indicate for individuals whether they have met one or both Standards as "extended services." Consideration might be given to creating one or two additional classes of registration to reflect the extended services.

This approach is not without precedent. The College of Nurses has an "extended" class for Registered Nurses who have met certain requirements and who can therefore provide a larger set of services to their patients.

From a public interest perspective, there may be benefit in creating one or two classes of registration to reflect the expanded scope available through registrants in such classes. On the other hand, expanding the classes of registration could risk creating public confusion.



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Consideration 6: Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?

Consideration 7: If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a “Prescriber class” and a Full class to distinguish between the three types of NDs?

Rostering

Rostering is an alternative approach to distinct classes of registration and the College would be neglect if it were not raised as part of this discussion document. Rostering may be used when certain controlled acts authorized to a profession are not used uniformly across the profession and therefore, the public should not assume that every member of the profession performs it. Strictly as an example, not all NDs perform manipulation although it is a controlled act authorized to the profession. In the 2024 renewals from last year (April 2024), 15% of the profession declared performing naturopathic manipulation as part of their naturopathic practice. Similarly, only 15% of the profession reported that they performed internal examinations despite the controlled act being authorized to all General class registrants. By comparison, 81% of the profession reported that they include acupuncture as part of their practice.

Through the Registration Committee’s review process for assessing any atrophy of skill or knowledge of individuals who have been inactive for more than two years and who wish to return to the General class, these two controlled acts have been noted as some of the biggest review challenges and areas where registrants more often than not seek to have a term, condition, and limitation applied to their certificate of registration rather than undertaking additional education or training to refresh knowledge, skill and judgement.

Consideration would **NOT BE GIVEN** to remove the authorization for these controlled acts from the legislation. However, consideration **might be given** to rostering these controlled acts rather than requiring them at entry-to-practice. What this would mean is that those registrants who wish to perform either naturopathic manipulation, or internal examinations would be required to demonstrate their proficiency to be added to the roster of those registrants who can include it in their practice. When in practice, registrants who wish to no longer perform these controlled acts would let the College know and they would be removed from the roster. A patient seeking these services would view the roster on the public register to find registrants who perform these



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controlled acts and NDs who are not on the roster would refer patients requiring these services to a colleague on the roster.

Consideration 8: Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?

Reinstatement

Over the past 10 years, there have been several instances where a registrant resigns their registration with the College to find that they later wish to reinstate that registration. Currently, the Registration Regulation does not include any provisions for the reinstatement of a certificate of registration once the registrant has resigned. Under the College's regulations, once a registrant resigns and wishes to return to practice in Ontario, they must apply and meet all the entry-to-practice requirements in the regulation. In other words, without specific provisions, reinstatement is treated the same as a new application for registration.

A canvass of the regulations made under the profession-specific Acts for the regulated health professions finds a mixture of those that enable reinstatement provisions and those that treat a reinstatement as a new application.

For those professions where reinstatement requirement is set out, they tend to include:

- Completion of a Reinstatement Application form within two years of the date they resigned their original certificate,
- Payment of a reinstatement of application fee,
- Payment of the registration fees for the year the registrant is seeking reinstatement,
- If they were suspended before they resigned, cure of the default that caused the suspension.

Consideration 9: Should the College consider adding reinstatement provisions to the regulation along the lines set out above?

Other Important Considerations

There may be other considerations that registrants and our system partners have specific to the classes of registration, post registration certifications and the controlled acts. The College welcomes comments on such issues and invites information to be brought forward.



The College of Naturopaths of Ontario

Consideration 10: What other matters relating to the classes of registration or the Registration Regulation, if any, should be addressed?

Appendix A - Comparison of Classes

Profession/Regulator	Classes	Details
Naturopathic Doctors		
British Columbia	Full Registrant	Authorized to practice in B.C.
	Student	An individual currently enrolled in a naturopathic medical educational program.
Alberta	General class	A regulated member who meets all the requirements to practise.
	Provisional	A regulated member who meets all the requirements to practise except for the successful completion of the examinations or the Applicant's competencies are being assessed when the Applicant is qualified to practice as a naturopathic practitioner in another province.
	Courtesy	A naturopathic practitioner registered in good standing in another jurisdiction that is registered on a temporary basis for a specific purpose.
	Cancelled	An ND who was a regulated member in the past but is no longer authorized to practise.
	Suspended	A regulated member who is suspended from practice.
Saskatchewan	Full Practising	Authorized to practise the profession in Saskatchewan.
	Non-practising	A fully practising registrant who is no longer practising the profession.
	Restricted	An individual who is practising under the supervision of a full practising member.
	Temporary	An individual who is registered with another naturopathic regulator in Canada who is granted the ability to practise, in full or with restrictions, for a period.
	Student	An individual enrolled in a naturopathic medical program or recently graduated but has not yet been granted a restricted or full practising certificate.
Manitoba	Full	An individual entitled to practise the profession in Manitoba.
	Non-practising	A former full registrant who is not practising the profession.
	Temporary	An ND in another regulated province in Canada authorized to practise in Manitoba for a specified period.

Ontario Professions* The following table sets out the classes of registration set out in the regulations made under the profession-specific legislation for each health profession in Ontario. The provisions to hold the various certificates and any conditions on their practice may be found in the respective regulations.	
Audiology and Speech-Language Pathology	General, Initial, Non-practising, Academic, Emergency.
Chiropody/Podiatry	General, Academic, Educational, Emergency.
Chiropractic	General, Temporary, Inactive, Retired, Emergency.
Dental Hygiene	General, Specialty, Inactive, Emergency.
Dental Technology	General, Inactive, Emergency
Dentistry	General, Specialty, Academic, Education, Post-Specialty Training, Graduate Student, Academic Visitor, Instructional, Short Duration, Emergency.
Denturist	General, Emergency.
Dietetics	General, Temporary, Provisional, Emergency.
Homeopathy	Full, Grandparented, Inactive, Emergency.
Kinesiology	General, Inactive, Emergency.
Massage Therapy	General, Inactive, Emergency.
Medical Laboratory Technology	Practising, Non-practising, Emergency.
Medical Radiation and Imaging Technology	Specialty, Employment specific – nuclear medicine, Emergency.
Medicine	Independent practice, Academic practice, Academic visitor, Supervised Practice, Temporary Independent Practice, Emergency Circumstances Practise, Public Service Practice, Underserved Area Practice, Hospital Practice, Restricted Practice.
Midwifery	General, Supervised practice, Emergency, Inactive, Transitional.
Naturopathy	General, Inactive, Emergency.
Nursing	For Registered Nurses: General, Extended, Temporary, Special Assignment, Emergency, Non-Practising. For Registered Practical Nurses: General, Temporary, Special Assignment, Emergency, Non-Practising.
Occupational Therapy	General practising, Provisional practising, Temporary, Emergency.

Opticianry	Registered opticians, Registered intern opticians, Inactive, Emergency opticians.
Optometry	General, Academic, Emergency.
Pharmacy	Pharmacist, Intern, Pharmacy technician, Intern technician, Pharmacist (emergency assignment), Pharmacy technician (emergency assignment).
Physiotherapy	Independent practice, Provisional practice, Courtesy, Emergency.
Psychology and Applied Behaviour Analysis	Psychologist authorizing autonomous practice, Psychologist authorizing interim autonomous practice, Psychologist authorizing supervised practice, Psychological associate authorizing autonomous practice, Psychological associate authorizing interim autonomous practice, Psychological associate authorizing supervised practice, Behaviour analyst authorizing autonomous practice, Behaviour analyst authorizing supervised practice, Academic, Inactive, Retired, Temporary emergency class.
Psychotherapy	Registered psychotherapist, Qualifying, Temporary, Inactive, Emergency.
Traditional Chinese Medicine and Acupuncturists	General, Student, Temporary, Inactive, Emergency.

* the information provided is based on the websites of the health regulatory Colleges in Ontario where information about classes of registration is readily available.

Appendix B Reinstatement Provisions in Ontario Health Profession Regulation

General Regulation, Professional Engineers Act

51. (1) The following qualifications and requirements are prescribed for the reinstatement of the licence of a Member who resigned:

1. Payment of the fees owing by the applicant for reinstatement to the Association at the time the applicant resigned, if any, and of the fees specified by the by-laws for the current year.
2. Payment of any reinstatement fee specified by the by-laws.
3. Production of evidence of good character. O. Reg. 36/18, s. 8.

(2) Revoked: O. Reg. 36/18, s. 8.

(3) Any term, condition or limitation that applied to a licence when a Member resigns continues to apply to the reinstated licence and, for greater certainty, a Member who at the time that he or she resigned was designated as a fee remission Member continues to be so designated on the reinstatement of his or her licence. O. Reg. 205/09, s. 5 (2).

Licence reinstatement if cancelled for non-payment

51.1 (1) The following qualifications and requirements are prescribed for the reinstatement of a licence or limited licence that was cancelled for non-payment of fees:

1. Payment of the fees owing by the applicant for reinstatement to the Association at the time his or her licence or limited licence was cancelled and of the fees specified by the by-laws for the current year.
2. Payment of any reinstatement fee specified by the by-laws.
3. Production of evidence of good character, if the payments referred to in paragraph 1 are made in full more than one year after the cancellation.
4. Successful completion of an assessment by the Experience Requirements Committee that the applicant has sufficient knowledge and understanding of the current laws and standards governing the practice of professional engineering, if the payments referred to in paragraph 1 are made in full more than two years after the cancellation. O. Reg. 36/18, s. 9.

(2) Revoked: O. Reg. 36/18, s. 9.

(3) Any term, condition or limitation that applied to a licence or limited licence that was cancelled for non-payment of fees continues to apply to the reinstated licence or limited licence and, for greater certainty, a person who at the time that his or her licence or limited licence was cancelled was designated as a fee remission Member or fee remission limited licence holder, as the case may be, continues to be so designated on the reinstatement of his or her licence or limited licence. O. Reg. 205/09, s. 6 (2).

General Regulation, Dentistry Act

30. (1) A former member whose general, specialty or academic certificate of registration was revoked under subsection 27 (2) or was suspended for failure to pay a fee under section 24 of the Health Professions Procedural Code or who resigned as a member may apply for reinstatement of his or her general, specialty or academic certificate of registration by completing an application form supplied by the Registrar. O. Reg. 407/04, s. 1.

(2) The Registrar may reinstate the certificate of registration of a former member who applies under subsection (1) if all of the following conditions have been met:

1. The applicant pays the fees required by subsection (5).

2. The applicant is not a person who is ineligible for reinstatement as a result of subsection (6).
3. The application for reinstatement was made within two years of the date of the suspension or resignation. O. Reg. 407/04, s. 1.

(3) Where the Registrar refuses to reinstate a former member who applies under subsection (1), the application shall be referred by the Registrar to the Registration Committee. O. Reg. 407/04, s. 1.

(4) The Registration Committee may reinstate the certificate of registration of a former member whose application has been referred under subsection (3) if all of the following conditions have been met:

1. The applicant pays the fees required by subsection (5).
2. The applicant is not a person who is ineligible for reinstatement as a result of subsection (6). O. Reg. 407/04, s. 1.

(5) A former member whose certificate of registration is to be reinstated under subsection (2) or subsection (4) shall pay,

- (a) the fees required by the by-laws of the College;
- (b) the annual fee for the year in which the certificate of registration is reinstated, if not previously paid;
- (c) the annual fee for the year in which the certificate of registration was suspended or the year in which the former member resigned, if not already paid, unless the Registration Committee is satisfied that the member did not engage in the practice of dentistry in Ontario during that year; and
- (d) any money owed to the College at the time the applicant ceased to be a member of the College or that became due and owing at any time thereafter including, without being limited to, costs or expenses ordered to be paid by a panel of the discipline committee, costs awarded by a Court, and money owed to the College under a regulation or by-law or an order or decision of a statutory committee or a panel of a statutory committee. O. Reg. 407/04, s. 1.

(6) A person is ineligible for reinstatement if, during the period from immediately prior to when he or she ceased to be a member up to and including the date of receipt of the application for reinstatement, he or she,

- (a) was the subject of a proceeding for professional misconduct, incompetence or incapacity, whether in Ontario or in another jurisdiction either in relation to the dental profession or another health profession, other than a proceeding which was completed based upon its merits;
- (b) was the subject of an inquiry or investigation by the Registrar, a committee, a panel of a committee or board of inquiry of the College, which was not completed on its merits or which resulted in the resignation of the member;
- (c) was the subject of an outstanding order of a committee, a panel of a committee or a board of inquiry of the College;
- (d) was in breach of an order of a committee, a panel of a committee or a board of inquiry of the College;
- (e) failed to comply with a decision of a panel of the Inquiries, Complaints and Reports Committee or a predecessor to that committee, including a decision requiring the member to attend to be cautioned;
- (f) failed to comply with a written agreement with the College or any undertaking provided to the College;
- (g) had terms, conditions or limitations on her or his certificate of registration other than those terms, conditions or limitations which are generally applicable to all members of the particular class of certificate of registration which the applicant previously held; or
- (h) was previously refused reinstatement by the Registration Committee either under this Regulation or any predecessor regulation. O. Reg. 407/04, s. 1; O. Reg. 75/12, s. 16.

31. (1) Section 30 shall not be interpreted as prohibiting a former member who resigned or whose certificate of registration was suspended, cancelled or revoked for non-payment of a fee from making application for a certificate of registration under the Health Professions Procedural Code. O. Reg. 407/04, s. 1.

(2) An application referred to in subsection (1) shall be treated as an initial application for registration.

General Regulation, Dietetics Act

- 23.** (1) A former member whose certificate of registration was revoked under section 22 may apply for the reinstatement of his or her certificate within two years after the date on which the certificate was revoked by submitting a completed application to the Registrar in the form provided by the Registrar. O. Reg. 72/12, s. 1.
- (2) The Registrar shall reinstate the former member's certificate of registration,
- (a) if the Registrar is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate;
 - (b) if the Registrar is satisfied that the former member will be in compliance with all of the certificate's terms, conditions and limitations as of the date of the anticipated reinstatement; and
 - (c) if the former member has paid any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.

Registration Regulation, Health and Supportive Care Providers Oversight Authority (not yet proclaimed)

Reinstatement

- 10.** (1) A registrant whose registration has been suspended by the Chief Executive Officer for any reason may apply to the Chief Executive Officer to lift the suspension by,
- (a) submitting an application for reinstatement in a form supplied by the Chief Executive Officer;
 - (b) paying the fee the registrant failed to pay, if any; and
 - (c) the required reinstatement fee, if any.
- (2) In the case of an application for reinstatement made more than three years from the date of suspension, the Chief Executive Officer shall evaluate the applicant's qualifications and determine whether the applicant must successfully complete any continuous quality improvement activities prior to being reinstated.

General Regulation, Audiology and Speech Language Pathology Act

- 27.** (1) A former member whose certificate of registration was revoked under section 26 may apply for the reinstatement of his or her certificate by submitting a completed application to the Registrar in the form provided by the Registrar. O. Reg. 21/12, s. 27 (1).
- (2) The Registrar shall reinstate the former member's certificate of registration if the following criteria are met:
- 1. The former member has paid any applicable fees and penalties required by the by-laws.
 - 2. The former member has satisfied the Registrar that he or she has corrected the deficiency or deficiencies that provided the grounds for the revocation of his or her certificate.
 - 3. The Registrar is satisfied that the former member meets all of the requirements for the class of certificate of registration being reinstated, as those requirements read on the day that the applicant submitted the application to the Registrar. O. Reg. 21/12, s. 27 (2).

Registration Regulation, Chiropody Act

- 15.1** (1) A person who, at the time of resigning as a member, held a general certificate of registration may be reinstated if he or she,
- (a) submits a completed application for reinstatement in the form provided by the Registrar and the required application fee;
 - (b) pays the annual fee for the year in which he or she wishes to be reinstated and any other outstanding fees owing to the College; and
 - (c) meets the requirements set out in section 3 and paragraphs 3 and 5 of subsection 4 (1). O. Reg. 187/99, s. 2.

(2) The application fee is non-refundable but the amount of the fee is deductible from the amount of the annual fee payable under clause (1) (b). O. Reg. 187/99, s. 2.

15.2 (1) A person who, at the time of resigning as a member, held an academic certificate of registration may be reinstated if he or she,

- (a) submits a completed application for reinstatement in the form provided by the Registrar and the required application fee;
- (b) pays the annual fee for the year in which he or she wishes to be reinstated and any other outstanding fees owing to the College; and
- (c) meets the requirements set out in section 3 and paragraphs 2 and 4 of subsection 5 (1). O. Reg. 187/99, s. 2.

(2) The application fee is non-refundable but the amount of the fee is deductible from the amount of the annual fee payable under clause (1) (b). O. Reg. 187/99, s. 2.

15.3 A person who, at the time of resigning as a member, was a member of the podiatrist class may be reinstated in the podiatrist class if he or she,

- (a) meets the requirements set out in sections 15.1 and 15.2; and
- (b) was registered in the podiatrist class on December 30, 1993. O. Reg. 187/99, s. 2.

15.4 Sections 15.1, 15.2 and 15.3 do not apply to a member whose certificate of registration was suspended or revoked. O. Reg. 187/99, s. 2.

General Regulation, Nursing Act

10.5 (1) A former member who held a General certificate of registration as a registered nurse or registered practical nurse or an extended certificate of registration as a registered nurse, and who resigned pursuant to section 10 or whose certificate was revoked pursuant to section 10.4 or a predecessor to one of those provisions may apply for the reinstatement of his or her certificate of registration by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

(2) A former member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.

(3) Subject to subsection (4), the Executive Director may reinstate the former member's certificate of registration if,

- (a) the Executive Director is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate pursuant to section 10.4, if applicable;
- (b) the application for reinstatement was submitted to the Executive Director within three years of the date on which the former member's certificate of registration was revoked;
- (c) the former member has paid,
 - (i) the reinstatement fees required under the by-laws,
 - (ii) any other applicable fees required under the by-laws,
 - (iii) any other money otherwise owed by the former member to the College at the date the application for reinstatement is submitted, including, without limitation, any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a court and any amount owing to the College under a by-law or former regulation made under the Act; and
- (d) the former member,

(i) satisfies the Executive Director that he or she completed all education, experience and training requirements for the issuance of the certificate of registration that is the subject of the application for reinstatement within the

three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, or

(ii) demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement,

(A) as a registered nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered nurse,

(B) as a registered practical nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or

(C) as a registered nurse in the extended class, if he or she is applying for reinstatement of an extended certificate of registration as a registered nurse and in such a case the practice must include,

(1) clinical practice within each specialty in the extended class for which the former member is seeking reinstatement, and

(2) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1.

(4) A former member is ineligible for reinstatement under subsection (3) if he or she,

(a) was, after he or she ceased to be a member, found guilty of any criminal offence in any jurisdiction or of any offence involving the use, possession or sale of drugs in any jurisdiction;

(b) was, after he or she ceased to be a member, found guilty of any offence in any jurisdiction relating to the practice of nursing or any other profession;

(c) has been the subject of an inquiry or investigation by the Executive Director that was not completed on its merits prior to the time that the applicant ceased being a member or that resulted in the member's resignation;

(d) was, at the time he or she ceased to be a member, the subject of an outstanding order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;

(e) was, at the time he or she ceased to be a member, in breach of an order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;

(f) was, prior to the time he or she ceased to be a member, selected or directed to undergo an assessment or reassessment under the College's Quality Assurance Program unless the assessment or reassessment was completed and any continuing education or remedial program required by a panel of the Quality Assurance Committee was completed before the time he or she ceased to be a member;

(g) was, at the time he or she ceased to be a member, in breach of any written agreement with or undertaking provided to the College;

(h) was, after he or she ceased to be a member, refused registration in any jurisdiction either in nursing or any other profession; or

(i) was, after he or she ceased to be a member, the subject of a finding of professional negligence or malpractice in any jurisdiction in relation to nursing or any other profession. O. Reg. 175/12, s. 1.

Reinstatement, Non-Practising

10.6 (1) A member holding a Non-Practising certificate of registration may apply for reinstatement of the General certificate of registration as a registered nurse or registered practical nurse or the extended certificate of registration as a registered nurse that he or she previously held by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

(2) A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.

(3) Subject to subsection (4), the Executive Director may reinstate the member's certificate of registration if,

(a) the member has paid,

(i) the reinstatement fees required under the by-laws, and

(ii) any other applicable fees required under the by-laws;

- (b) the member demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfies all other requirements for reinstatement,
 - (i) as a registered nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered nurse,
 - (ii) as a registered practical nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or
 - (iii) as a registered nurse in the extended class if he or she is applying for reinstatement of an extended certificate of registration as a registered nurse, and in such a case the practice must have included,
 - (A) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and
 - (B) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics;
 - (c) the member demonstrates language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than two years before applying for reinstatement or within such longer period as specified by the Executive Director; and
 - (d) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of the class of certificate for which he or she is seeking reinstatement within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 11.
- (4) A member is ineligible for reinstatement under subsection (3) if any of the provisions set out in clauses 10.5 (4) (a) to (i), with necessary modifications, apply to the member. O. Reg. 175/12, s. 1.

Reinstatement, Extended Class

10.7 (1) A member who holds a General certificate of registration as a registered nurse and who formerly held an extended certificate of registration as a registered nurse may apply for the reinstatement of his or her extended certificate of registration by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

(2) A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.

(3) The Executive Director may reinstate the member's extended certificate of registration and one or more specialty certificates previously held by the member if,

- (a) the member has paid,
 - (i) the reinstatement fees required under the by-laws, and
 - (ii) any other applicable fees required under the by-laws;
- (b) the member demonstrates evidence of practice as a registered nurse in the extended class within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, and in such a case the practice must have included,
 - (i) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and
 - (ii) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics; and
- (c) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of an extended certificate of registration within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held an extended class certificate of registration as a registered nurse less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 14.

Extensions

10.7.1 The Executive Director may extend the three-year period referred to in clause 10.5 (3) (b), subclause 10.5 (3) (d) (ii), clause 10.6 (3) (b) or clause 10.7 (3) (b) if the member or former member satisfies the Executive Director that the member or former member is safe and competent to engage in the practice of nursing. O. Reg. 509/22, s. 3.

Registration Regulation, Optometry Act

15 (4) A member whose certificate of registration was revoked under subsection (3) and who applies to be reinstated must satisfy the requirements for the class of certificate for which reinstatement is sought and pay the application fee and the annual fee payable for the year in which the member wishes to be reinstated.

General Regulation, Pharmacy Act

38. (1) Subject to subsections (2) and (3), a former member who resigned or was deemed to have resigned may apply to have their certificate of registration reinstated by,

(a) submitting a completed application to the Registrar in the form provided by the Registrar;

(b) paying,

(i) the required reinstatement fee,

(ii) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid,

(iii) the annual fee for the year in which the former member resigned, if not previously paid, unless the Registrar is satisfied that the former member did not engage in the practice of the profession in Ontario during that year, and

(iv) any other amount owed by the former member to the College, including but not limited to, any penalty or late fees that were due at the time that they ceased to be a member, any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a court and any amount owing to the College under a by-law or former regulation made under the Act; and

(c) providing evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form specified by the by-laws as of the anticipated date of reinstatement of the certificate of registration.

(2) It is a condition of reinstatement that the Registrar be satisfied that,

(a) the applicant is not ineligible for any reason set out in section 39; and

(b) the applicant meets the requirements of section 8.

(3) An application for reinstatement under subsection (1) may not be submitted more than three years after,

(a) the date on which the former member resigned; or

(b) in the case of a former member who was deemed to have resigned under section 36, the date on which the former member was suspended and that suspension resulted in the deemed resignation.

Ineligibility for reinstatement

39. (1) A former member is ineligible for reinstatement if the former member,

(a) held a certificate of registration as an intern or intern technician at the time they ceased to be a member;

(b) was, at the time they ceased to be a member, or at any time since then, the subject of,

(i) a proceeding for professional misconduct, incompetence or incapacity in Ontario or any similar proceeding in any other jurisdiction in relation to the practice the profession or another profession, other than a proceeding that was completed on its merits in which the allegations were found not to have been proven,

(ii) an inquiry or investigation by the Registrar, a committee or a panel of a committee of the College, which resulted in the member's resignation or an inquiry or investigation that was not completed on its merits, other than an inquiry or investigation the result of which was a determination that no further action should be taken against the member, or

(iii) a proceeding in respect of,

(A) any criminal offence in any jurisdiction,

(B) any offence relating to the use, possession or sale of drugs in any jurisdiction,

(C) any offence arising in any jurisdiction relating to the practice of the profession or any other profession or occupation, or

(D) any offence under the *Controlled Drugs and Substances Act* (Canada);

(c) was, at the time they ceased to be a member,

- (i) the subject of, or in breach of, an outstanding order or requirement of a committee or a panel of a committee of the College,
- (ii) in violation of a decision of a panel of the Inquiries, Complaints and Reports Committee or of any predecessor committee, including a decision requiring the member to attend to be cautioned, or
- (iii) in breach of any written agreement with or undertaking provided to the College; or
- (d) had, at the time they ceased to be a member, terms, conditions or limitations on their certificate of registration, other than those applicable to all members of the class of certificate of registration they previously held and those applicable to all members of the part of the register of members in which they were previously listed.

(2) Nothing in this Part prevents a former member who resigned or was deemed to have resigned from making any number of applications for reinstatement or from making an application for a new certificate of registration.

Reinstatement to Part A or B

40. (1) Subject to subsections (2) and (3), a former member who satisfies the conditions for reinstatement in section 38 may be reinstated in Part A if the former member,

- (a) was previously listed in Part A at the time of their resignation;
- (b) asks to be listed in Part A in their application for reinstatement; and
- (c) provides to the Registrar a declaration of competence to provide patient care in the form approved by the Council.

(2) A former member shall not be reinstated in Part A if, at the time of their resignation, the former member had been selected for but had not yet taken part in an assessment under the College's Quality Assurance Program or had failed to successfully complete such an assessment.

(3) A former member who meets the conditions for reinstatement in section 38,

- (a) may be reinstated in Part B if former member asks to be listed in Part B in their application for reinstatement; or
- (b) shall be reinstated in Part B if the Registrar determines that the former member does not qualify for reinstatement in Part A pursuant to subsection (1) or (2).

Reinstatement pursuant to order

41. If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Registrar shall reinstate the certificate of registration upon payment of,

- (a) the required reinstatement fee; and
- (b) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid.

Registration Regulation, Psychotherapy Act

27. The Registrar shall reinstate the certificate of registration of a former member whose certificate of registration has been revoked under section 26 because the member has failed to pay a fee that he or she is required to pay in accordance with the by-laws if,

- (a) the former member,
 - (i) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of psychotherapy that would be expected of a member holding the type of certificate of registration that is being applied for, or
 - (ii) successfully completes such additional upgrading activities as are determined to be necessary by a panel of the Registration Committee;
- (b) the former member has paid any fees required under the by-laws for reinstatement of a certificate of registration;
- (c) the former member has paid all other outstanding fees required under the by-laws;
- (d) the former member has professional liability insurance coverage in the amount and in the form required under the by-laws; and
- (e) the former member will be in compliance, as of the anticipated date on which the suspension is to be lifted, with,
 - (i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee,
 - (ii) any outstanding orders issued by a panel of the Discipline Committee or Fitness to Practise Committee,
 - (iii) any outstanding orders of Council or the Executive Committee,
 - (iv) any requirement to participate in specified continuing education or remediation programs that was issued by the Quality Assurance Committee, and

(v) any terms, conditions or limitations that were placed on the applicant's certificate of registration as a result of a direction of the Quality Assurance Committee.



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2024-2025**

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

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

16.01 Definition

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

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

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

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

Elected or Appointed Positions

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

Interests or Entities Owned

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

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
None		

Existing Relationships

Council Member	Interest	Explanation
None		

Council Members

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

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

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

Updated: December 10, 2024

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



The College of Naturopaths of Ontario

**Report from the Council Chair
Period of January 1, 2025 to February 28, 2025**

This is the fifth Chair's Report of six for the current Council cycle and provides information for the period from January 1, 2025 to February 28, 2025.

In January, Andrew and I met with the OAND senior leadership, including interim CEO Sherry Parsley. We provided organizational updates and discussed OAND membership in the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH). Our meetings continue to be supportive and productive. In January I also attended my first CANRA board meeting as a representative of the College.

In February, I had a regularly scheduled meeting with Dr. Audrey Sasson, ND, the OAND Board Chair. Our next meeting will be in May.

Andrew and I have met regularly and communicated frequently on a variety of strategic and governance related topics over the last couple of months. Things continue to be busy and regular communication between us has been valuable.

Reminding you not to hesitate to reach out should you have any questions or wish to discuss anything related to our work.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 March 2025



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

The Regulatory Operations Report provides data for April 1, 2024, to December 31, 2024, inclusive, emphasizing data changes that occurred since the last reporting period (i.e., data for January and February 2025). Please note that not every section of the full report is discussed below but only those areas which are believed to be of importance to highlight for the Council.

1.1 Registration

On February 14, 2025, the College launched the annual renewal process for registrants. A total of 1701 registrants in good standing in the General class and 167 registrants in good standing in the Inactive class will be required to complete their annual renewal form and pay their annual fees by March 31, 2025.

1.2 Entry-to-Practice

In January and February 2025, 10 new certificates of registration were issued leaving six remaining in process. Two applications for registration were referred to the Registration Committee for review, one of which was approved and the second required additional education.

1.3 Examinations

No examinations were conducted in January while two were completed in February. A total of 39 candidates sat the Clinical Sciences Examination and 15 sat the Clinical (Practical) Examinations. One exam appeal was filed.

1.5 Quality Assurance

During January and February, 14 Peer & Practise Assessments were completed by Assessors leaving 10 remaining for this fiscal year.

1.6 Inspection Program

During January and February, five new premises inspections were completed and six 5-year anniversary inspections were completed. All premises passed or passed with conditions.

One new Type 1 Occurrence Report was received in the period.

1.7 Complaints and Reports

In January and February, no new complaints were received against registrants and two new "Registrar Investigations" were initiated. Two complaint files were completed by the ICRC, one of which resulted in no further action to be taken and one which resulted in a letter of counsel. There are presently 35 ongoing matters before the ICRC.

1.9 Hearings

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year. These matters will be continuing into the next fiscal year. No new referrals were made to the Discipline Committee by the ICRC.

1.10 Regulatory Guidance and Education

Regulatory Guidance

In January and February, regulatory guidance inquiries increased slightly from prior months. For the year, the top three inquiries continued to relate to scope of practice, telepractice and fees and billing.

Regulatory Education

There was one Regulatory Education Program session held in January for which 228 individuals registered and 161 (70.6%) attended.

Consultation Program

The consultation on the potential for a naturopathic therapies regulation ended in December 2024 and no new consultations were initiated in January or February. The next consultation will begin in March 2025.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
March 2025



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.1 Regulatory Activity: Registration														
Registrants (Total)														1918
General Class (Total)														1712
	In Good Standing	8	15	0	-7	0	-1	0	19	12	5	-2		1701
	Suspended	-1	-2	0	0	0	0	1	0	-1	-2	1		11
Inactive Class (Total)														177
	In Good Standing	-1	-7	1	6	1	4	0	-1	1	0	-1		167
	Suspended	1	2	0	0	0	0	-1	0	0	0	0		10
Emergency Class (Total)														0
	In Good Standing	0	0	0	0	0	0	0	0	0	0	0		0
	Suspended	0	0	0	0	0	0	0	0	0	0	0		0
Life Registrants														29
	In Good Standing	0	0	0	0	0	0	0	0	0	0	1		29
	Suspended	0	0	0	0	0	0	0	0	0	0	0		0
Changes in Registration Status Processed (Total)														114
	Suspensions	21	7	1	1	0	0	2	0	0	1	3		36
	Resignations	1	0	1	2	0	0	0	0	0	1	3		8
	Revocations	0	6	0	0	0	0	1	0	1	2	1		11
	Reinstatements	19	1	1	1	0	0	0	0	0	5	5		32
Class Changes (Total)														27
	General Class to Inactive Class	0	0	1	6	1	4	0	0	3	3	3		21
	Inactive Class to General Class	0	0	0	0	0	1	0	1	0	1	1		4
	Any Class to Life Registrant Status	0	0	0	0	0	0	0	0	0	1	0		1
	Emergency Class to General Class	0	0	0	0	0	0	0	0	0	0	1		1

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Professional Corporations (Total)														138
	New applications approved	1	1	2	2	0	2	1	1	1	0	1		12
	Resigned/Desolved	0	0	0	1	0	0	0	0	0	0	0		1
	Revoked	0	0	0	0	0	0	0	0	0	0	0		0
	PC Renewals in 2024-25													
	Not Yet Renewed in this period													11
	Renewed	7	8	11	9	8	10	7	11	15	16	11		113
	Revoked	0	0	0	0	0	0	0	0	0	0	0		0
	Resigned/Dissolved	0	1	0	1	0	0	0	0	0	0	0		2

1.2 Regulatory Activity: Entry-to-Practise														
Total ETP Applications On-Going														6
	New applications received	15	1	3	1	2	1	16	18	7	3	1		68
	Certificates issued	8	16	2	1	2	2	2	18	13	6	3		73
Applications Currently before the Registration Committee														0
	New referrals	0	0	1	1	0	1	0	0	0	0	2		5
	Decisions Issued	0	0	1	1	0	1	0	0	0	0	2		5
Registration Committee Outcomes														5
	Approved	0	0	1	1	0	0	0	0	0	0	1		3
	Approved – TCLs	0	0	0	0	0	0	0	0	0	0	0		0
	Approved – Exams required	0	0	0	0	0	0	0	0	0	0	0		0
	Approved – Education required	0	0	0	0	0	1	0	0	0	0	1		2
	Denied	0	0	0	0	0	0	0	0	0	0	0		0
Prior Learning and Recognition Program Activities in Process														1
	New applications received	0	0	0	0	0	0	0	0	0				0
	Decisions rendered on applications	0	0	0	0	0	0	0	0	0				0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
	Exam sittings scheduled	0	0	0	0	1	0	0	0	0	0	1		2
	Exam sittings held	0	0	0	0	1	0	0	0	0	0	1		2
	Number of candidates sitting exam	0	0	0	0	87	0	0	0	0	0	39		126
Ontario Biomedical Examination														
	Exam sittings scheduled	0	0	0	0	0	1	0	0	0	0	0		1
	Exam sittings held	0	0	0	0	0	1	0	0	0	0	0		1
	Number of candidates sitting exam	0	0	0	0	0	87	0	0	0	0	0		87
Ontario Clinical Practical Examination														
	Exam sittings scheduled	0	0	0	1	0	0	1	0	0	0	1		3
	Exam sittings held	0	0	0	1	0	0	1	0	0	0	1		3
	Number of candidates sitting exam	0	0	0	69	0	0	35	0	0	0	15		119
Ontario Therapeutic Prescribing Examination														
	Exam sittings scheduled	1	0	0	0	0	1	0	0	0	0	0		2
	Exam sittings held	1	0	0	0	0	1	0	0	0	0	0		2
	Number of candidates sitting exam	47	0	0	0	0	48	0	0	0	0	0		95
Ontario Intravenous Infusion Examination														
	Exam sittings scheduled	0	1	0	0	0	0	0	0	1	0	0		2
	Exam sittings held	0	1	0	0	0	0	0	0	1	0	0		2
	Number of candidates sitting exam	0	19	0	0	0	0	0	0	13	0	0		32
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)														0
	Appeals Granted	0	0	0	0	0	0	0	0	0	0	0		0
	Appeals Denied	0	0	0	0	0	0	0	0	0	0	0		0
Ontario Biomedical Examination Appeals (Total)														2
	Appeals Granted	0	0	1	0	0	0	0	0	1	0	0		2
	Appeals Denied	0	0	0	0	0	0	0	0	0	0	0		0
Ontario Clinical Practical Examination Appeals (Total)														0
	Appeals Granted	0	0	0	0	0	0	0	0	0	0	0		0
	Appeals Denied	0	0	0	0	0	0	0	0	0	0	0		0

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

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

1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received														0
	Funding application approved	0	0	0	0	0	0	0	0	0	0	0		0
	Funding application declined	0	0	0	0	0	0	0	0	0	0	0		0
Number of Active Files														1
Funding Provided		\$0	\$1560	400	\$710	\$461	\$0	\$560	\$0	\$0	\$0	\$1,400		\$5,091

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)														10
	Pool selected by QAC													150
	Deferred, moved to inactive or retired (removed from	0	-3	-4	0	-1	0	0	0	0	0	0		-8
	Assessments ordered by QAC, i.e. outside of random pool	1	0	0	7	6	5	1	0	0	0	0		20
Total Number of Assessment for the Year.														162
	Completed (Y-T-D)	1	0	0	1	16	30	56	28	6	11	3		152

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

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

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

Registered Premises (Total Current)														163
	Total Registered from prior year (as of May 1)													158
	Newly registered	5	0	2	0	3	2	0	4	0	1	1		18
	De-registered	3	3	0	0	1	0	1	1	1	3	0		13

Inspections of Premises														
	New Premises													
	Part I Completed	4	1	2	2	1	3	0	3	0	1	0		17
	Part II Completed	1	2	2	0	0	0	3	2	1	3	1		15
	5-year Anniversary Inspections													
	Premises requiring 5-year inspection													17
	Completed	0	0	1	1	1	1	2	3	1	0	0		10

Inspection Outcomes														
	New premises-outcomes (Parts I & II)													
	Passed	3	4	3	0	4	5	0	7	0	2	1		29
	Pass with conditions	4	1	3	0	2	0	0	0	0	2	0		12
	Failed	0	0	0	0	0	0	0	0	0	0	0		0
	5-year Anniversary Inspection Outcomes													
	Passed	2	0	0	0	0	1	0	1	0	2	0		6
	Pass with conditions	1	1	0	0	2	2	0	2	0	4	0		12
	Failed	0	0	0	0	0	0	0	0	0	0	0		0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Type 1 Occurrence Reports (Total Reported)														16
	Patient referred to emergency	0	1	1	1	1	2	2	1	2	0	1		12
	Patient died	0	0	0	0	0	0	0	0	1	0	0		1
	Emergency drug administered	0	1	1	0	0	0	0	1	0	0	0		3
Type 2 Occurrence Reports (Outstanding)														0
	Total Reports Required to be filed.	0												168
	Reports Received	149	19	0	0	0	0	0	0	0	0	0		168
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)														35
	Complaints carried forward from prior period(s)													13
	Reports carried forward from prior period(s)													5
	New Complaints	2	4	0	3	1	0	1	3	2	0	0		16
	New Reports	0	2	0	1	1	0	0	0	0	0	2		6
	Matters returned by HPARB	0	0	0	0	0	0	0	0	0	0	0		0
	Complaints completed	3	1	0	2	1	1	0	2	1	2	0		13
	Reports completed	1	0	1	1	0	1	0	0	1	0	0		5
Files in Alternate Dispute Resolution (In process)														0
	ADR Files from Prior Period													1
	New files referred to ADR	0	0	0	0	0	0	0	0	0	0	0		0
	Files resolved at ADR	1	0	0	0	0	0	0	0	0	0	0		1
ICRC Outcomes (files may have multiple outcomes)														
	Take no further action	0	0	0	0	1	0	0	1	0	1	0		3
	Letter of Counsel	0	1	0	1	0	0	0	0	1	1	0		4
	Oral Caution	0	0	0	3	0	0	0	0	1	0	0		4
	Specified Continuing Education and Remediation	3	0	0	0	0	0	0	1	0	0	0		4
	Letter of Counsel & SCERP	0	0	0	0	0	1	0	0	0	0	0		1
	Oral Caution & SCERP	0	0	1	0	0	1	0	0	0	0	0		2
	Acknowledgement & Undertaking	0	0	0	2	0	0	0	0	0	0	0		2
	Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0	0	0		0
	Referral to Discipline Committee	0	0	0	0	0	0	0	0	0	0	0		0
	Frivolous & Vexatious	0	0	0	0	0	0	0	0	0	0	0		0
	Resolved through ADR	1	0	0	0	0	0	0	0	0	0	0		1
	Withdrawn by Complainant	0	0	0	0	0	0	0	0	0	0	0		0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Interim Orders (Currently In Place)														2
	Orders issued in prior period													2
	New Interim Orders - TCLs Applied	0	0	0	0	0	0	0	0	0	0	0		0
	New Interim Orders - Suspended	0	0	0	0	0	0	0	0	0	0	0		0
	Interim Orders Removed	0	0	0	0	0	0	0	0	0	0	0		0
Summary of concerns (files may have multiple concerns)														
	Advertising/Social Media	0	1	0	1	1	0	0	2	0	0	1		6
	Billing and Fees	1	0	0	0	0	0	1	1	1	0	0		4
	Communication	0	0	0	1	0	0	1	0	0	0	0		2
	Competence/Patient Care	2	2	0	3	1	0	0	1	1	0	1		11
	Fraud	0	0	0	0	0	0	0	0	0	0	0		0
	Professional Conduct & behaviour	0	1	0	1	0	0	0	2	0	0	0		4
	Record Keeping	0	0	0	0	0	0	0	0	0	0	0		0
	Sexual Abuse/Harassment/Professional Boundaries	0	0	0	1	0	0	0	0	0	0	0		1
	Delegation	0	0	0	0	0	0	0	0	0	0	1		1
	Unauthorized Practice/Scope of Practice	0	3	0	0	1	0	0	0	0	0	1		5
	Failure to comply with an Order	0	0	0	0	0	0	0	0	0	0	0		0
	Inappropriate/ineffective treatment	0	0	0	0	0	0	0	1	0	0	0		1
	Conflict of Interest	0	0	0	0	0	0	0	0	0	0	0		0
	Lab Testing	0	0	0	0	0	0	0	0	0	0	0		0
	QA Program Compliance	0	0	0	0	1	0	0	0	0	0	1		2
	Cease & Desist Compliance	0	0	0	0	0	0	0	0	0	0	0		0
	Failure to Cooperate	0	0	0	0	0	0	0	0	0	0	0		0
	Practising while Suspended	0	0	0	0	0	0	0	0	0	0	0		0
	Unprofessional/Unbecoming Conduct	0	0	0	0	0	0	0	0	0	0	0		0
	Breach of Privacy	0	0	0	0	0	0	0	2	0	0	0		2
1.8 Regulatory Activity: Unauthorized Practitioners														
Cease and Desist Letters (Unsigned/Outstanding)														7
	Letters Outstanding from Prior Period													3
	Letters Issued	2	2	1	0	1	1	0	3	0	1	0		11
	Letters signed back by practitioner	1	1	1	0	0	0	0	1	3	0	0		7

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

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)														558
E-mail		33	39	26	38	24	28	30	25	13	38	29		323
Telephone		16	41	31	21	14	22	22	19	4	27	18		235
Most Common Topics of Inquiries														
Telepractice		3	11	4	5	4	3	2	2	0	1	2		37
Record Keeping		1	7	5	6	3	3	3	8	1	4	4		45
Scope of Practice		4	11	8	5	3	5	1	1	0	4	1		43
Injections		1	3	3	2	2	0	2	1	0	0	0		14
Patient Visits		0	1	0	4	1	3	1	0	0	1	2		13
Delegations and Referrals		5	6	4	4	2	2	1	0	0	5	2		31
Laboratory Testing		4	3	1	3	3	3	4	4	3	9	3		40
Consent and Privacy		5	3	1	2	1	1	3	1	1	2	4		24
Conflict of Interest		1	1	2	2	1	1	3	1	2	0	1		15
Prescribing		1	0	2	5	2	2	4	3	3	3	1		26
Fees and Billing		1	4	9	5	6	6	4	3	1	6	2		47
Inspection Program		4	2	3	1	0	3	1	1	0	3	2		20
Endorsements		0	1	0	1	0	2	1	1	0	0	0		6
Graduates working for NDs		3	3	0	0	0	1	0	0	1	1	0		9
Continuing Education		1	2	0	0	3	3	2	0	0	1	0		12
Advertising		1	6	7	0	0	1	1	2	1	5	1		25
Notifying Patients when Moving		3	1	0	1	0	1	0	6	0	3	0		15
Completing Forms and Letters for Patients		1	1	0	2	1	0	2	1	0	2	2		12
Registration and CPR		0	4	0	1	1	3	1	1	1	0	3		15

Regulatory Education Program														
Live Sessions														
Session Delivered		1	1	1	1	1	0	0	1	0	1	0		7
Registrations		252	302	236	321	309	0	0	185	0	228	0		1833
Attendees		164	202	161	206	195	0	0	165	0	161	0		1254
Recorded Sessions														
Registrations		16	14	41	150	146	202	16	157	156	34	33		965

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

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.12 Regulatory Activity: HRT0 Matters														
Matters filed against the College														
	Matters in progress from prior period(s)													1
	New matters	0	0	0	0	0	0	0	0	0	0	0		0
	Matters where HRT0 rendered a decision	0	0	0	0	0	0	0	0	0	0	0		0
HRT0 Decisions on Matters														
	In favour of applicant	0	0	0	0	0	0	0	0	0	0	0		0
	In favour of College	0	0	0	0	0	0	0	0	0	0	0		0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 19, 2025

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director, Operations

RE: Variance Report – Q3 Unaudited Financial Statements

I am pleased to provide the Variance Report and Unaudited Financial Statements of the College of Naturopaths of Ontario (the College) as of the third quarter (Q3) of our 2024-2025 fiscal year.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, on December 31, 2024.

At the end of Q3 the account balances of the College's Operating Fund (i.e., the College's chequing account) and Savings account were in alignment with regular business practices whereby the College's Operating Fund maintains a smaller balance to pay all of our monthly expenses including payroll and rent, while the Savings account carries a higher balance as its interest bearing.

Accounts Receivable had a balance of \$201,157.10, the majority of which was attributable to payments made by registrants (through preauthorized debiting of their bank account) to the College's payment plan, which allows registrants to pay their 2024-25 registration fee in ten installments between April 2024 and January 2025 rather than in one lump sum. As of the end of December, nine of the ten payment plan deductions had occurred.

The remaining balance for DC ordered costs decreased in Q3 to \$77,283.04. This was a result of \$7,845 being written off, and allocated against the Allowance for Doubtful Accounts, as fees that were deemed uncollectable.

Under Other Current Assets, a balance of \$47,004.02 remained at the end of the quarter and was made up of the following: the security deposit for our current (King St.) office location, College membership fees and software subscription licenses.

Fixed Assets, which is the value of all physical assets the College owns after the equipment has depreciated over a three-year period, had a balance of \$58,314.78 at the end of the quarter, constituting a slight increase of approximately \$6,000 due to the recent capital purchase of two laptops.

Under Liabilities and Equity, the Accounts Payable account had a balance of \$37,032.32 which represents payments that had not yet cleared at the end of the quarter for legal, investigations and software licensing costs.

Accrued Liabilities, under Other Current Liabilities, had a small balance of \$2,133.95 remaining at the end of the quarter. This balance represents two staff who are currently on parental leave with small unused vacation balances that will be forwarded to the new fiscal year.

Deferred Income of \$66,840 represents fees collected for examinations, inspections and ordered peer and practice assessments that have not yet occurred. These are as follows: \$58,740 for the March 2025 Biomedical and February 2025 Clinical Sciences examinations, \$2,600 for one new premise inspection and \$5,500 for ordered peer and practice assessments by the Quality Assurance Committee.

HST Payable under Other Current Liabilities, \$27,310.29, is monies owing remitted for nine of the ten months in which the pre-authorized payment plan has been in place. This balance is determined by the total in Accounts Receivable and decreases month after month as the balance of the Accounts Receivable decreases.

Under Equity, all established Reserve Funds and Retained Earnings are adjusted at the end of our annual audit, once per fiscal year.

Statement of Operations

The Statement of Operations, as well as an analysis of the Statement of Operations, are attached following the Statement of Financial position. For the analysis, the coloured legend is as follows:

- **Blue**- notes actual budget, actual expenditures, and variances for Q3 only.
- **Orange**- notes actual budget, actual expenditures, and variances for Q3 only from the previous year.
- **Green**- comparison of current actual year vs. previous actual year to illustrate variances.
- **Pink**- notes the actual annual budget, year-to-date revenue/expenses and the percentage of the budget received or spent to date.

Revenue

Total Year-to-Date revenue was \$3,740,262. At the end of the third quarter the College is 7% away from meeting its annual budgeted revenue target of \$4,039,300.

Revenue items that are either under or over 10% materiality against the Q3 budget are noted below.

Line Item	Current 2024-2025 Fiscal Year				Deviation Comparisons	
	Actual Budget at Q3	Actual Revenue at Q3	Q3 Actual vs Budget at Q3 in \$	% Q3 Actual vs Budget at Q3	Q3 Actual vs. Q3 Actual prior fiscal year in \$	Q3 Actual vs. Q3 Actual prior fiscal year in %
Examination Fees	\$30,695	\$22,570	(\$8,125)	74%	(\$45,605)	-67%
Interest	\$5,400	\$6,851	\$1,451	127%	\$1,283	23%
Miscellaneous Income	\$100	-	(\$100)	0%	(\$26,035)	-100%

Examination Fees (76% of YTD Budget)– This quarter the College saw a slight shortfall in exam revenue of five Ontario Clinical (Practical) Examinations registrations from the budgeted 32, and nine IVIT Examination registrations from the budgeted 24. With deferred revenue in the amount of \$58,740 that will be moved into Q4, and the anticipated generation of additional exam revenue from the Jurisprudence examination, the examination program is projected to end the year at approximately 96% of its annual budget allocation.

Interest (52% of YTD Budget)- The College has one bank account which is the Savings account that is interest bearing. As a result of Q1 and Q2 targets not being met and a lower carrying balance going into Q4, it is anticipated that this account will end the year at approximately 60% of its annual budget allocation.

Miscellaneous Income- (23% of YTD Budget)- The College has a small allocation every year for miscellaneous revenue. In Q3 there were no monies received to this account. At the end of the year, we anticipate this line item ending at the current 23% of its annual budget allocation.

Expenses

Total Year-to-Date expenses were \$2,747,192 representing a 68% utilization of the annual budget of \$4,020,781.

This quarter all expense line items that did not meet Q3 budgeted targets and were either under or over 10% materiality, are noted below.

Line Item	Current 2024-2025 Fiscal Year				Deviation Comparisons	
	Actual Budget at Q3	Actual Expense at Q3	Q3 Actual vs Budget in \$	Q3 Actual vs Budget in %	Q3 Actual vs. Q3 Actual prior fiscal year in \$	Q3 Actual vs. Q3 actual prior fiscal year in %
Office and General	\$66,490	\$38,622	\$27,868	42%	(\$4,697)	-11%
Consulting Fees- General	\$11,200	\$5,798	\$5,402	48%	\$2,044	54%
Consulting Fees- Complaints and Inquiries	\$30,250	\$17,461	\$12,789	42%	\$5,855	50%
Consulting Fees- Assessors/ Inspectors	\$23,700	\$40,602	(\$16,902)	-71%	\$18,435	83%
Exam Fees and Expenses	\$51,076	\$70,657	(\$19,581)	-38%	\$30,660	77%
Legal Fees- General	\$5,318	\$11,629	(\$6,311)	-119%	\$3,928	51%
Legal Fees- Complaints	\$52,300	\$18,511	\$33,789	65%	\$12,365	201%

Legal Fees-Discipline	-	\$56,495	(\$56,495)	-100%	(\$18,296)	-24%
Council Fees and Expenses	\$24,200	\$14,431	\$9,769	40%	(\$14,845)	-51%
Hearings	-	\$15,538	(\$15,538)	-100%	\$4,802	45%
Equipment Maintenance	\$14,140	\$12,479	\$1,661	12%	(\$640)	-5%
Public Engagement	\$10,710	\$19,396	(\$8,686)	-81%	\$10,225	112%
Education and Training	\$800	-	\$800	-100%	(\$3,101)	-100%
Postage and Courier	\$362	\$127	\$235	65%	(\$228)	-64%

Office and General (42% of YTD Budget)- This line item is typically comprised of various office expenses including office supplies, janitorial costs, travel and meal costs, translation costs, credit card fees and photocopying costs. In Q3, the College had a total of three staff members attend the annual CNAR and CLEAR conferences. Cost savings for accommodation, meals, and travel were realized due to reduced staff attendance (three staff as opposed to the five that had been budgeted). Additional travel expenses were also realized due to the cancellation of the in-person Council meeting in the fall. While this line item will incur increased credit card fees in Q4 with the registration renewal deadline occurring at the end of March 2025, it is still anticipated that this line item will end the fiscal year with a cost savings of approximately 25%.

Consulting Fees- General (40% of YTD Budget)- This line item represents consulting fees for all program areas except ICRC investigators and Inspectors/Assessors under the Professional Practice program. Budgeted programming enhancements to our Quality Assurance program are underway and expected to be fully implemented at the end of Q4 when the College will be invoiced. It is anticipated that this line item will end the year with cost savings of approximately 25% resulting from forgoing the outsourcing of Enterprise Risk Management Program enhancements and instead completing this work in house via a Manager, Finance and Risk position, as set out in the new HR plan.

Consulting Fees- Inquiries and Complaints (55% of YTD Budget)- This line represents the costs of external investigators retained by the College on behalf of the ICRC. Due to a lower volume of Registrar (CEO) investigations in Q3, it is anticipated that this line item will end the year with an approximate cost savings of 20%.

Consulting Fees- Assessors and Inspectors (70% of YTD Budget) Due to the budgeted number of inspections for new premises being overstated, it is anticipated that this line item will end the fiscal year with an approximate cost savings of 15%.

Exam Fees-General (84% of YTD Budget)- This account covers costs associated with the delivery and maintenance of College examinations. At the end of Q2 there was an under reporting of per diems, travel and meals from volunteers based on the timing of examinations which were all paid out in Q3. This line item is performing as budgeted and is expected to end the fiscal year on target.

Legal Fees-General (140% of YTD Budget)- This account covers costs associated with legal advice for all College activities except complaints and discipline, which are accounted for separately. This quarter the College had higher than normal legal fees in operations due to an unanticipated lawsuit that had not been budgeted for. As a result, this line item will end the year over budget.

Legal Fees- Complaints (26% of YTD Budget)- This account covers costs associated with legal advice on complaints and discipline. In Q3, legal fees on complaints increased by over 15% due to the prosecutorial viability options requested by the ICRC. However, it's still anticipated this line item will have a cost savings of approximately 50% at the end of the fiscal year due to the lower overall number of complaints and reports which require legal opinion.

Legal Fees-Discipline (235% of YTD Budget)- This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. Although no hearing days were scheduled for Q3, legal counsel continued working on two ongoing matters in preparation for various upcoming penalty, costs, and motions hearings. Due to the complexity of the allegations, both ongoing contested matters required more hearing days than were budgeted, thereby increasing legal costs. Consequently, this line item will exceed the budget at the end of the fiscal year.

Council Fees and Expenses (45% of YTD Budget)- This account reflects all costs associated with Council and Committees. This quarter there were costs savings on Council travel, room rental, accommodations, training, and meals as the in-person Council meeting scheduled for the fall was cancelled. As there were no meetings held this quarter by the Executive Committee and Risk Committee and legal fees budgeted for Committees were not used, we anticipate an approximate cost savings of 25% by the end of Q4.

Hearings (160% of YTD Budget)- This account reflects all costs associated with hearings of the Discipline Committee except legal costs. This includes Panel per diems, fees for a court reporter and translation costs. As noted above, the actual hearing schedule varied from that anticipated in the budget resulting in increased costs and as such, this line item will have exceeded the budget at the end of the fiscal year.

Equipment Maintenance (61% of YTD Budget) – Due to staff turnover and leaves of absence, some costs savings were realized in Q3 due to the decreased number of licensed software users in that quarter. As a result, it is anticipated that this line item will have an approximate cost savings of 20% at the end of Q4.

Public Engagement (46% of YTD Budget) – This account reflects all costs associated with corporate communication activities including the Annual Report, monthly iNformedD publications, social media posts, maintenance of the College website, translations, CANRA membership and the marketing and promotion of College activities i.e., the Regulatory Education Program (REP). In Q3, some cost savings were realized with the cessation of outsourcing moderators for REP and In Conversation With sessions, this role now being handled in-house by College staff. Additionally, the level of IT assistance that staff have required in supporting the website also decreased as a result of increased staff familiarity with the new platform. As a result, an approximate cost savings of 25% is anticipated at the end of Q4.

Education and Training (21% of YTD Budget) – Every year the College budgets for staff professional development activities, with the majority of these budgeted costs allocated to Q1 when performance appraisals are completed. At the end of Q3 there were no requests from staff

for professional development. It is therefore anticipated that at the end of Q4 this line item will have an approximate cost savings of 50%.

Postage and Courier (23% of YTD Budget) – The postage machine is replenished on an as needed basis, with the majority of College communications being sent electronically. In Q3, postage usage was down and as a result, it's anticipated that by the end of Q4 this line item will have an approximate cost savings of 50%.

Capital Expenditures

The College's IT capital budget is being used to replace end-of-life equipment and purchase new equipment in accordance with the Human Resources plan. In Q3, two new laptops were purchased.

Year-End Projections

At the end of this quarter the College's total revenue was \$3,740,262. While additional earnings of approximately \$123,238 is anticipated in Q4, revenue is projected to fall 4% short of the total annual budgeted revenue.

Total expenditures at the end of this quarter were \$2,747,192 with the forecasted year end expenditures to be \$3,847,154; a cost savings of approximately 4% from the total annual budgeted expenses.

For capital expenditures we have used \$10,225.57, which is 64% of the amount budgeted for 2024-25 and do not anticipate any further capital purchases to be made in Q4.

Total Projected Revenue	\$3,863,500
Total Projected Capital Expenses	(\$ 10,226)
Total Projected Expenses	<u>\$3,847,154</u>
Year End Total	\$ 6,121

At the end of this fiscal year, when we look at actual revenue minus actual expenditures, a small surplus of approximately \$6,121 is anticipated.

This report is a highlight of the overall financial picture of the College for the relevant reporting period. If you have any questions or would like to discuss any aspects of this report, I am happy to do so.

Respectfully submitted.



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION*As of December 31, 2024 (Q3)**75% of Fiscal Year***ASSETS**

Chequing / Savings

Bank - Operating Funds	\$	117,271.41	
Bank - Savings	\$	381,010.79	
Petty Cash	\$	500.00	
<i>Total Chequing / Savings</i>			<u>\$ 498,782.20</u>

Accounts Receivable

Accounts Receivable	\$	201,157.10	
Allowance for Doubtful Accounts	\$	(40,516.66)	
Ordered DC Costs	\$	77,283.04	
<i>Total Accounts Receivable</i>			<u>\$ 237,923.48</u>

Other Current Assets

Prepaid Expenses	\$	47,004.02	
Investment in Mutual funds	\$	1,721,887.97	
Accrued Interest	\$	14,687.06	
Investment in GIC	\$	536,131.38	
<i>Total Other Current Assets</i>			<u>\$ 2,319,710.43</u>

Fixed Assets

Construction	\$	-	
Computer Equipment	\$	111,471.32	
Furniture and Fixtures	\$	157,256.73	
Accumulated Amortn - Computers	\$	(133,328.33)	
Accumulated Amortn - Furniture	\$	(77,084.94)	
<i>Total Fixed Assets</i>			<u>\$ 58,314.78</u>

TOTAL ASSETS\$ 3,114,730.89**LIABILITIES AND EQUITY**

Accounts Payable

Accounts Payable	\$	37,032.32	
Credit cards	\$	(264.46)	
<i>Total Account Payable</i>			<u>\$ 36,767.86</u>

Other Current Liabilities

Accrued Liabilities	\$	2,133.95	
Accrued Liabilities-Discipline	\$	-	
Deferred Income	\$	66,840.00	
HST Payable	\$	27,310.29	
<i>Total Current Liabilities</i>			<u>\$ 96,284.24</u>

Equity

Retained Earnings	\$	(254,459.97)	
Patient Relations Fund	\$	90,385.13	
Business Continuity Fund	\$	1,093,584.00	
Investigations and Hearing Fund	\$	1,009,100.00	
Succession Planning Fund	\$	50,000.00	
Current Earnings	\$	993,069.63	
<i>Total Equity</i>			<u>\$ 2,981,678.79</u>

TOTAL LIABILITIES AND EQUITY\$ 3,114,730.89



The College of Naturopaths of Ontario

Analysis of the Q3 Statement of Operations Compared to the Previous Year
October 01, 2024 to December 31, 2024

	Q3										ANNUAL BUDGET	YTD Actual	% OF BUDGET REC'D AND/OR SPENT
	OCT-DEC'24 BUDGET	OCT-DEC'24 ACTUAL	BUDGET FAV (UNFAV) VARIANCE		OCT-DEC'23 BUDGET	OCT-DEC'23 ACTUAL	BUDGET FAV (UNFAV) VARIANCE		VARIANCE FROM PREVIOUS YEAR	VARIANCE FROM PREVIOUS YEAR			
	\$'s	\$'s	\$	%	\$'s	\$'s	\$	%	\$	%	\$	\$	%
Revenue													
Registration Fees	50,835	46,838	(3,997)	92%	42,546	42,527	(19)	100%	4,311	10%	3,351,649	3,362,103	100%
Examination Fees	30,695	22,570	(8,125)	74%	41,875	68,175	26,300	163%	(45,605)	-67%	298,535	227,570	76%
Assessment Fees	500	500	-	100%	0	0	-	0%	500	100%	1,000	500	50%
Incorporation Fees	11,778	12,768	990	108%	7,550	10,805	3,255	143%	1,963	18%	44,316	33,270	75%
Ordered Costs Recovered	-	-	-	-	45,000	1,200	0	3%	(1,200)	-100%	180,000	-	0%
Inspection Fees	20,500	22,000	1,500	107%	42,500	30,900	(11,600)	73%	(8,900)	-29%	82,000	52,700	64%
Interest	5,400	6,851	1,451	127%	600	5,568	4,968	928%	1,283	23%	21,600	11,237	52%
Investment Income	15,000	15,055	55	100%	3,500	18,061	14,561	516%	(3,006)	-17%	60,000	52,838	88%
Miscellaneous Income	100	-	(100)	0%	-	26,035	26,035	0%	(26,035)	-100%	200	45	23%
Total Revenue	134,808	126,583	(8,225)	94%	183,571	203,270	19,699	111%	(76,687)	-38%	4,039,300	3,740,262	93%
Expenses													
Salaries and Benefits	654,403	659,472	(5,069)	-1%	558,363	614,005	(55,642)	-10%	45,467	7%	2,437,970	1,648,242	68%
Rent and Utilities	49,065	45,859	3,206	7%	51,600	38,744	12,856	25%	7,115	18%	196,260	138,772	71%
Office and General	66,490	38,622	27,868	42%	57,942	43,319	14,623	25%	(4,697)	-11%	271,635	113,387	42%
Consulting Fees-General	11,200	5,798	5,402	48%	3,700	3,753	(53)	-1%	2,044	54%	47,800	19,326	40%
Consulting Fees-Complaints and Inquires	30,250	17,461	12,789	42%	32,250	11,606	20,644	64%	5,855	50%	134,000	73,110	55%
Consulting Fees-Assessors/Inspectors	23,700	40,602	(16,902)	-71%	24,000	22,167	1,833	8%	18,435	83%	72,300	50,910	70%
Exam Fees and Expenses	51,076	70,657	(19,581)	-38%	61,423	39,997	21,426	35%	30,660	77%	261,578	219,074	84%
Legal Fees-General	5,318	11,629	(6,311)	-119%	0	7,701	(7,701)	0%	3,928	51%	23,450	32,896	140%
Legal Fees-Complaints	52,300	18,511	33,789	65%	48,000	6,147	41,854	87%	12,365	201%	105,350	27,245	26%
Legal Fees-Discipline	-	56,495	(56,495)	-100%	115,000	74,792	40,208	35%	(18,296)	-24%	95,000	222,814	235%
Council Fees and Expenses	24,200	14,431	9,769	40%	23,641	29,275	(5,635)	-24%	(14,845)	-51%	113,818	51,735	45%
Hearings (Discipline, Fitness to Practice)	-	15,538	(15,538)	-100%	11,915	10,736	-	-	4,802	45%	19,595	31,365	160%
Amortization/Depreciation	-	-	-	0%	-	-	-	0%	-	0%	11,759	-	0%
Insurance	-	-	-	0%	0	0	-	-	-	100%	39,500	32,924	83%
Equipment Maintenance	14,140	12,479	1,661	12%	12,690	13,119	(429)	-3%	(640)	-5%	56,760	34,382	61%
Audit Fees	-	-	-	0%	-	-	-	0%	-	0%	19,000	-	0%
Public Engagement	10,710	19,396	(8,686)	-81%	15,470	9,170	6,300	41%	10,225	112%	106,265	49,115	46%
Education and Training	800	-	800	-100%	1,250	3,101	(1,851)	-148%	(3,101)	-100%	7,300	1,559	21%
Postage and Courier	362	127	235	65%	331	355	(24)	-7%	(228)	-64%	1,442	337	23%
Total Expenses	994,014	1,027,076	(33,062)	-3%	1,017,574	927,986	89,588	9%	99,090	11%	4,020,781	2,747,192	68%
Total Revenue over Expenses	(859,206)	(900,493)	24,837	-3%	(834,003)	(724,716)	(69,889)	8%	(175,777)	24%	18,519	993,070	



The College of Naturopaths of Ontario

Statement of Operations

	2024-2025			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Dec'24 Budget
REVENUES				
Registration and member renewal fees	\$ 3,351,649	\$ 3,362,103	100%	\$ 3,305,182
Examination fees	\$ 298,535	\$ 227,570	76%	\$ 225,660
Assessment fees	\$ 1,000	\$ 500	50%	\$ 1,000
Incorporation fees	\$ 44,316	\$ 33,270	75%	\$ 31,680
Ordered costs recovered	\$ 180,000	\$ -	0%	\$ 165,000
Inspection fees	\$ 82,000	\$ 52,700	64%	\$ 61,500
Interest	\$ 21,600	\$ 11,237	52%	\$ 16,200
Investment Income	\$ 60,000	\$ 52,838	88%	\$ 45,000
Miscellaneous	\$ 200	\$ 45	23%	\$ 200
TOTAL REVENUES	\$ 4,039,300	\$ 3,740,262		\$ 3,851,422
EXPENSES				
Salaries and benefits	\$ 2,437,970	\$ 1,648,242	68%	\$ 1,856,797
Rent and utilities	\$ 196,260	\$ 138,772	71%	\$ 147,195
Office and general	\$ 271,635	\$ 113,387	42%	\$ 217,331
Consulting fees				
Consultants - general	\$ 47,800	\$ 19,326	40%	\$ 30,900
Consultants - complaints and inquiries	\$ 134,000	\$ 73,110	55%	\$ 99,750
Consultants - assessors/inspectors	\$ 72,300	\$ 50,910	70%	\$ 62,100
Exam fees and expenses	\$ 261,578	\$ 219,074	84%	\$ 211,092
Legal fees				
Legal fees - general	\$ 23,450	\$ 32,896	140%	\$ 16,030
Legal fees - complaints	\$ 105,350	\$ 27,245	26%	\$ 89,975
Legal fees - discipline	\$ 95,000	\$ 222,814	235%	\$ 65,000
Council fees and expenses	\$ 113,818	\$ 51,735	45%	\$ 87,885
Hearings (Discipline, Fitness to Practise)	\$ 19,595	\$ 31,365	160%	\$ 15,610
Amortization/Depreciation	\$ 11,759	\$ -	0%	\$ -
Insurance	\$ 39,500	\$ 32,924	83%	\$ 39,500
Equipment maintenance	\$ 56,760	\$ 34,382	61%	\$ 42,620
Audit fees	\$ 19,000	\$ -	0%	\$ 19,000
Public education	\$ 106,265	\$ 49,115	46%	\$ 91,355
Education and training	\$ 7,300	\$ 1,559	21%	\$ 6,800
Postage & Courier	\$ 1,442	\$ 337	23%	\$ 1,085
TOTAL EXPENSES	\$ 4,020,781	\$ 2,747,192		\$ 3,100,024
EXCESS OF REVENUES OVER EXPENSES	\$ 18,519	\$ 993,070		\$ 751,398



2024-25 Capital Statement

Line Item	Total Budget (April 2024-March 2025)	April	May	June	July	August	September	October	November	December	January	Febuary	March	YTD Actual	Balance
Computer Equipment	\$10,000.00					\$3,518.39		\$3,429.54		\$3,277.64				\$10,225.57	-\$225.57
Furniture & Fixtures	\$6,000.00													\$0.00	\$6,000.00
Leasehold Improvement	\$0.00													\$0.00	\$0.00
Total	\$16,000.00													\$10,225.57	\$5,774.43



The College of Naturopaths of Ontario

BRIEFING NOTE

Committee Terms of Reference Supporting a New Committee Structure

PURPOSE: To present a proposal to significantly reduce the number of Committees of the Council.

OUTCOME Acceptance

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

BACKGROUND:

The Governance Policy Review Committee is undertaking a review of the Committee Terms of Reference as part of its regular review of Council policies. While this review has been somewhat cursory since the Terms of Reference were only recently updated, the CEO brought forward a concept that could see the number of Council committees to be reduced.

The GPRC accepted the proposal and asked that it be brought to the Council for consideration.

DISCUSSION POINTS:

Purpose of Proposal

The intent or purpose of the proposal is to create committees with larger mandates by combining the roles of existing committees. Doing so would have several impacts:

- The actual number of committee meetings to be organized would be cut by nearly 50% as at presently, each of the 15 committees all have individual meetings requiring coordinating schedules and developing agendas, materials and minutes for all the committees.
- The per diem paid would be at most the same as it is presently; however, in many situations, the cost of meetings would be reduced. For example, the Patient Relations Committee is paid half-day per diem regardless of the actual amount of time it meets. If their work takes only 45 minutes, it can be combined with other work from another committee and may still meet within the 3-hour period for a half-day per diem.
- Presently, we are once again having challenges ensuring that a person from the public is present. Combining committees into larger ones might mean more people and a larger number of public members and public representatives on the committees.

Legal Considerations

Section 94(1)(i) of the Code states that:

“The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing,

- (i) the Council may make by-laws, providing for the appointment, powers and duties of committees **other than the committees required by subsection 10 (1).**”
Emphasis added.

Subsection 10(1) of the Code states that:

10 (1) The College shall have the following committees:

1. Executive Committee.
2. Registration Committee.
3. Inquiries, Complaints and Reports Committee.
4. Discipline Committee.
5. Fitness to Practise Committee.
6. Quality Assurance Committee.
7. Patient Relations Committee. 1991, c. 18, Sched. 2, s. 10 (1); 2007, c. 10, Sched. M, s. 21 (1).

However, to avoid any risk of the work of a committee being challenged before the courts in the event that someone believes the Council has breached the code, each of these Committees will be treated individually with meeting agenda and minutes maintained separately. This does not mean that the Council can't introduce some efficiencies through operations.

For example, Council can appoint the same individuals to two committees, it can also appoint two committee members to the positions of Chair and Vice Chair of both committees and, it can require the operations to arrange it so that the two committees meet on the same day, either consecutively or concurrently. This would mean that for all intent and purposes, the two committees have become one, although the agenda and minutes process protect the integrity of the legislative framework.

There are some inherent risks to the approach, depending on the organization of the committees. For example, when a committee such as the inspection committee must refer a registrant to a second committee, such as the Quality Assurance Committee, for action, combining these committees brings the potential for the referral to be biased as everyone was exposed to it at the other committee. The College has deployed mitigation techniques for some situations such as this by ensuring Committee decisions are made without identifying the registrant being reviewed. This is true for both the Inspection Committee and QAC.

Proposed Approach

With this information in hand, it is clear that operationally, the College can reduce the number of Committees if the Council wishes to do so. The approach being brought forward would result in several statutory and non-statutory committees being combined in practice as follows.

Current Committee	Status	Revised Committee
Executive Committee	SC	Executive Committee
Discipline Committee	SC	Discipline & FTP Committee
Fitness to Practice Committee	SC	Discipline & FTP Committee
Inquiries, Complaints & Reports Committee	SC	Inquiries, Complaints & Reports Committee
Patient Relations Committee	SC	Patient Relations Committee
Quality Assurance Committee	SC	Quality Assurance & Inspection Committee
Registration Committee	SC	Registration Committee
Audit Committee	NSC	Finance, Audit & Risk Committee
Risk Committee	NSC	Finance, Audit & Risk Committee
Governance Committee	NSC	Governance Committee
Governance Policy Review Committee	NSC	Governance Committee
Equity, Diversity and inclusion Committee	NSC	Governance Committee
Examination Appeals Committee	NSC	Examination Appeals Committee
Inspection Committee	NSC	Quality Assurance & Inspection Committee

Standards Committee	NSC	Standards Committee
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For clarity, the following approach is proposed to be implemented for each Committee.

- **Executive Committee** – it will meet alone and in place of Council when an emergency situation requires that it do so, at the discretion of the Chair per its terms of reference. No changes would be needed to the terms of reference under this proposal.
- **Discipline & Fitness to Practice Committee** – these will on paper remain separate committees and the same individuals appointed to both Committees as is presently the case. No changes would be needed to the terms of reference under this proposal.
- **Inquiries, Complaints and Reports Committee** – This committee will continue as a completely independent committee as it does now. No changes would be needed to the terms of reference under this proposal.
- **Patient Relations Committee** – This statutory committees would continue to function as a standalone committee. No changes would be needed to the terms of reference under this proposal.
- **Registration Committee** – This statutory committees would continue to function as a standalone committee. No changes would be needed to the terms of reference under this proposal.
- **Quality Assurance & Inspection Committee** – QAC is a statutory committee while the inspection committee is not. As such, the committees will remain separate on paper; however, they would have the same individuals appointed to them and would meet on the same day, consecutively, with separate agendas and separate minutes. Preparation time would be available only for the QAC portion of the meeting. No changes would be needed to the terms of reference under this proposal.
- **Governance Committee** – The role of this committee would be significantly expanded by combining it with the Equity, Diversity, Inclusion and Belonging Committee and with the Governance Policy Review Committee. New terms of reference are needed to implement this proposal. An initial draft is attached.
- **Finance, Audit & Risk Committee** – This committee would combine the newly formed Risk Committee, the existing Audit committee and add responsibilities for finance. New terms of reference are needed to implement this proposal. An initial draft is attached.
- **Standards Committee** – This committee will continue as a stand-alone committee. No changes would be needed to the terms of reference under this proposal.

On paper, the Council will appoint individuals to 11 Committees, down from the current 16; however, in practical terms for the purposes of administration of the Committees, the Council would technically have nine committees.

Volunteer Resource Implications

It is not clear that every individual who currently volunteers for a specific committee would agree to remain on the larger, newly combined committee; however, with larger committees, absences of individual committee members are less problematic than when a committee has only two or three individual members. As is always the case, individuals would be invited to state their committee preferences in advance of the Council appointments in May 2025 and much of the information contained in this briefing would be shared with the volunteers as part of this process.

ANALYSIS

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

- Operational risk:

- People – it is possible that some individuals who sit on a smaller committee today that is later combined into a larger committee will withdraw. Efforts will be made to address this risk.
- Strategic risk:
 - Reputation – should the College no longer be able to support the Committees damage to the College's reputation could result.

Privacy Considerations – There are no privacy considerations.

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

- Transparency is addressed by raising this matter as part of the open Council meeting.

Financial Impact – There is the potential for a small reduction in the amount of per diems paid for Committee meetings.

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.

- One challenge that the proposal addresses is the public voice on Committees. It can be challenging at times to have public representation present for all meetings whereas with a larger committee, it may be less challenging.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB will continue to be pursued through the Governance Committee and an environment of inclusion and belonging fostered among the Committees.

NEXT STEPS

If the GPRC agrees with the new concept being proposed, it is asked to review and approve the new committee structure and new draft terms of reference to be presented to the Council in March for final approval and implementation in May 2025.

Andrew Parr, CAE
CEO
March 2025

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Finance, Audit & Risk Committee (CC10.00)	1
		Create Date February 24, 2025

Authority and Accountability	The Finance, Audit and Risk Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Finance, Audit & Risk Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Finance, Audit & Risk Committee is responsible for assisting the Council in its oversight of: a) The integrity and effectiveness of the College's accounting and financial reporting processes. b) The qualifications, independence and performance of the College's external and internal auditors. c) The financial affairs of the College. d) The College's processes relating to its internal control systems and security of information. e) The College's risk management process, ensuring that it exists at all levels of the organization and ensuring the risk management policies and processes are adhered to. f) Other matters that the Council may delegate or direct from time to time.
Appointment and composition	The Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members, • Any number of registrants who are not Council members, and • Any number of Public Representatives as defined in the by-laws. A Committee Chair and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Term of Office	The Finance, Audit & Risk Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	The Finance, Audit & Risk Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Finance, Audit & Risk Committee (CC10.00)	2
		Create Date February 24, 2025

	Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.08)	1
		Create Date November 5, 2013

Authority and Accountability	The Governance Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Governance Committee shall: - Review the Council's governance policies, principles and practices and make recommendations regarding the Council approach to governance matters, amendments to governance policies and the creation of new policies when warranted. - Overseeing the process for nominating individuals to the Council with a view to ensuring that the Council reflects the people of Ontario and draws upon the diversity and expertise of its members. This includes but is not necessarily limited to: - Upon a referral from the Council, hold an inquiry into the validity of the election of a Council member and make a report and recommendations to the Council, and - Review and make a final ruling on any disputes regarding a Registrant's eligibility to vote in an election (s.10.07 of the bylaws). - Overseeing the College's competency-based volunteer program for Council and Committees, including recruitment, review, training, evaluation, and recognition of volunteers. - Planning for succession of the chair of the Council (the "Council Chair"); - Managing and overseeing the process for evaluating the overall performance of the Board and its committees on an annual basis; - Ensuring that there is an effective process in place for the identification and management of real, potential or perceived conflicts of interest. - Ensuring that the College has an effective program relating to diversity, equality, inclusion and belonging.
Appointment and composition	The Governance Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: - One or more Council members whose district is not open for election in the year on which they sit on the Committee, - One or more registrants who are not seeking election to the Council in the year on which they sit on the Committee. - Any number of Public Representatives as defined in the by-laws.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 29, 2024	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.08)	2
		Create Date November 5, 2013

	A Committee Chair and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Panels	The Governance Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair and shall be comprised of three Committee members, at least one of whom shall be a Public member or Public Representative. The Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	The Governance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion. The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Governance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. If the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum for a panel of the Governance Committee shall be any two Committee members appointed to the panel.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 st of the previous year to March 31 st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 29, 2024	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.08)	3
		Create Date November 5, 2013

	The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 29, 2024	Council



The College of Naturopaths of Ontario

BRIEFING NOTE

Operational Plan 2025-2028

PURPOSE: To present to the Council the updated Operational Plan for the period 2025-2028.

OUTCOME Acceptance

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

PROCESS:

Activity:	The CEO will provide the highlights of the changes to the Operational Plan and related matters.		
Results:	Council is asked to accept the Operational Plan.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	Review of Plan and changes over prior version.	10 minutes
	2.	Q & A from Council members	15 minutes
	3.	Motion and vote	5 minutes

BACKGROUND:

Annually in March, the Chief Executive Officer (CEO) and Senior Management Team (SMT) of the College present the Operational Plan for the upcoming year. The Operational Plan is based on the Strategic Plan established by the Council, is typically supported by a Human Resources Plan and is the basis for the draft capital and operational budgets.

The [Strategic Plan](#) was approved by the Council in January 2023 and covers the period of April 1, 2023 to March 31, 2027. The Strategic Plan establishes both the Strategic Objectives of the College and the Council's Strategic Priorities.

In the language of the Council governance model, the Strategic Plan represents the Ends which the College is meant to achieve during the period. In support of this, the Council's Ends Statements Policy (E01.06) and Ends Priorities Policy (E02.06) reflect these same desired outcomes for the College.

The Operational Plan is the "means" by which the CEO and SMT intend to achieve the desired "ends" the Council set out in its policy. Essentially the Operational Plan uses the strategic priorities for assigning new and existing College activities.

The Operational Plan for 2025-2028 is an update of the version presented last year at this time. Operational adjustments are being proposed based on the first year of experience working towards the new priorities established by the Council and are intended to fine-tune operations to focus on the desired outcomes. The updated plan for 2025-2028 is attached as Appendix 1.

DISCUSSION POINTS:

It is important to note to the Council that there have been very few changes to the operational plan in comparison to the plan presented last March. New initiatives introduced after the Council's strategic planning work have remained in place and continue to be a focus for the coming year.

In addition to the Operational Plan, Council has the overall responsibility for the Human Resources Plan to the extent that it is responsible for ensuring that the College has sufficient human resources to deliver its regulatory and other programs and to ensure the overall sustainability of the College. Last year, the Council received an updated Human Resources plan and a reorganization of the College to deliver on the strategic initiatives. That plan remains in place as the College continues to staff up to the plan as it was developed.

ANALYSIS

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

- Hazard risk – people: This risk identifies a risk due to loss of key people, such as the CEO or senior staff due to resignation, retirement, death or illness. Failure of the College to continue to make the organizational changes set out in the HR plan will significantly increase this area of risk. Senior staff of the College have become burned out and change is needed to prevent their loss due to illness or resignation.
- Operational risk – People: Should the College lose the senior staff for any reason, the loss of knowledge and expertise will have a significant and negative impact on the College's operations as well as its ability to deliver on the Council's strategic plan.
- Operational risk – Process: It is important for any board to regularly review its objectives and the feasibility of meeting these goals. Failing to review the organizations strategic objectives and their impact on the operations of the College may result in failure to maintain or meet all the College's regulatory requirements as a result of increased activity in other areas, or lack of resources to meet all the demands.
- Financial risk – price risk: There is a risk that the increased costs of personnel may result in a risk that the price of registration fees may need to be increased beyond the annual CPI rates.
- Strategic risk – economic environment: While interest rates have stabilized and the rate of inflation has again lowered to the 2-3% range, the employment market remains tight in that the number of experienced staff available to recruit is presently lower than the number of positions available. Replacing any experienced staff can be expected to result in increased costs for personnel due to these market pressures.
- Strategic risk – reputation: A change in senior personnel may result in concerns of key stakeholders, such as the Ministry, over the continuity as well as stability and sustainability of the College. Changes in personnel may result in challenges in delivering new programming and meeting the strategic objectives of the College.

Privacy Considerations – Given the HR plan speaks to staff of the College, any more detailed conversations may jeopardize the privacy of individuals within the College.

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: the detailed information in this briefing, the Operational Plan and the draft budgets provides extensive information about the activities of the College and their implications. This degree of information should foster trust among stakeholders.
- Timely, accessible and contextual: The information is timely as it is being provided in advance of the next fiscal year of the College.

Financial Impact – The financial impact of the Operational Plan and associated HR Plan are set out in the draft Capital and Operating Budgets being presented to the Council.

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.

- The Operational Plan sets out the activities that the College is continuing and will undertake to meet both its statutory obligations as well as the Council's Strategic Plan. These work towards the goal of good governance and providing sufficient information to the Council to make a well-informed decision. Combined, these serve the public interest.

Andrew Parr, CAE
Chief Executive Officer
March 2025

Operational Plan

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 coming four years of operations will be 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

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

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Activity	Key Performance Indicators
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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	

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		

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Activity	Key Performance Indicators
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	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

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. - Sessions will be recorded and maintained on the College website for registrants to access		
Timeframe:	All 4 Planning Years		Responsible:	Chief Executive Officer

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

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

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Activity	Key Performance Indicators
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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

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 as set out in the Risk-based Regulation Program will be collected and assembled in raw form. - The data will be presented to the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) for discussion and enunciation of the inherent risks to the public identified. - Appropriate mitigation techniques will be identified and delivered.		
		The College will provide support to registrants who are required to track Therapeutic Prescribing data.		
Timeframe:	2024-2027		Responsible:	Chief Executive Officer

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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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
2(A)-1	Quality Decision-making

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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

2(A)-2	A Commitment to equity, diversity, inclusion and belonging		
The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.		• An Equity, Diversity and Inclusion and Belong (EDIB) lens tool was developed and implemented in 2023 as a means of evaluating programs, policies, and procedures etc. No changes have occurred to this tool. • • The College will continue to evaluate its policies and procedures using its EDIB lens tool. • The EDI Committee will continue to review and consider pertinent issues pertaining to EDIB, including but not limited to the collection and use of racialized data.	
Timeframe:	All 4 Planning Years	Estimated cost:	\$3,350
Responsible:	Human Resources		

2 (B)	Committees that are properly constituted with capable individuals sitting on those committees.		
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Activity		Key Performance Indicators			
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.			
		• 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

2 (C)	Volunteer Recruitment, Assessment and Training program.
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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

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Activity	Key Performance Indicators
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	the value that the Council and College places on its human resources.			
Timeframe:	All 4 Planning Years		Responsible:	Human Resources

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 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

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.		

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Activity			Key Performance Indicators		
			- All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. - All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.		
Timeframe:	All 4 Planning Years	Estimated cost:	\$13,975	Responsible:	Human Resources

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.
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.

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Activity		Key Performance Indicators	
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

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 was developed and provided to the Council in 2024. No changes have been made to the 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

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Activity	Key Performance Indicators
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2 (E)	Sound Financial Management.
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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 Council's 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

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. - Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the		

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
		staff and reviewed by Committee Chairs and presented to the Council in July. • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, ○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer

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 hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer

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.	

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Activity		Key Performance Indicators	
		- 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

2(F)-4	CEO Annual Assessment		
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

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.	

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Activity		Key Performance Indicators	
		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

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 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

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.	

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Activity	Key Performance Indicators
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Timeframe:	All 4 Planning Years	Responsible:	Deputy CEOs
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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

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. - 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

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		The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available.	

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Activity		Key Performance Indicators	
of regulatory authorities are fair, objective, impartial and transparent.		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:	Deputy CEO, Registrant & Corporate Services

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 two (2) 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	

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Activity			Key Performance Indicators		
			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.		
The College will work with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) towards the development of pan-Canadian national entry-to-practice examinations.			• The College will work with CANRA towards developing and launching national written entry-to-practice clinical science and biomedical examinations. • In consultation with CANRA, the College will develop an exam transition plan, associated policy and communications to support changes to recognized entry to practise examinations for registration in Ontario.		
Timeframe:	All 4 Planning Years	Estimated cost:	\$319,283	Responsible:	Deputy CEO, Registrant & Corporate Services

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

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Activity		Key Performance Indicators	
		for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and registrants as soon as they are approved by the Committee. Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.	
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 populate the revised Stage 5 of PLAR with new assessment materials. - PLAR assessment and communications materials will be updated to reflect changes to Stage 5. - Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 5 assessment process.	
Timeframe:	All 4 Planning Years		Responsible: Deputy CEO, Registrant & Corporate Services

2.2	Registrants and the public are aware of and adhere to the standards by which NDs are governed.
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Activity	Key Performance Indicators
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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) 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.

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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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				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, Regulation

2.2.2	Standards Program	
The College will operate a program to develop and maintain the Standards of Practice of the profession and any related policies and guidelines. Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.		- College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. - Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. - 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, Regulation

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, Regulation

2.3 Registrants are held accountable for their decisions and actions.

2.3.1	Registration of Individuals and Corporations	
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with		A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all registrants 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		
the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.			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.		
Timeframe:	All 4 Planning Years	Estimated cost:	\$21,000	Responsible:	Deputy CEO, Registrant & Corporate Services

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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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2.3.2	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, Regulation

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. • 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, Regulation

2.3.4	Cease & Desist			
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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 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, Regulation

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, Regulation

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.	

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
	• Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for 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.

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

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.	

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity			Key Performance Indicators	
			○ A pool of qualified and trained assessors will be maintained. • CE course approval program ○ 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, Regulation

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

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			• 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	

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
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.		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.	
Timeframe:	2024-2025	Responsible:	Chief Executive Officer

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		• 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.	

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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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might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.	
Timeframe:	All 4 Planning Years
Responsible:	Chief Executive Officer

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 reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		- 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. - 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	

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		

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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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		warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.
Timeframe:	2025-2026	Responsible: Chief Executive Officer

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, Regulation

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

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

BRIEFING NOTE

Capital and Operating Budgets for 2025-2026

PURPOSE: To discuss the draft Capital and Operating Budgets for the fiscal year April 1, 2025 to March 31, 2026.

OUTCOME Approval of both capital and operating budgets for the fiscal year April 1, 2025 to March 31, 2026.

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

PROCESS:

Activity:	Presentation, discussion.		
Results:	Feedback and direction on the budgets.		
Overall Timing:	25 minutes		
Steps/Timing:	1.	An overview of each of the two budgets will be presented by the Director, Operations and Deputy CEO, Registration and Corporate Services.	10 minutes
	2.	Q&A, discussion by Council.	15 minutes

BACKGROUND:

Each year, the Senior Management Team presents an Operational Plan as well as the Operating and Capital budgets in support of that plan and the on-going infrastructure of the College. The Operational Plan is also supported by the Strategic Plan and a Human Resources Plan.

The draft Operating Budget for 2025-2026, along with two years of estimates, is attached to this briefing note as Appendix 1 for the Council's review and discussion.

The draft Capital Budget for 2025-2026, along with two years of estimates, is attached to this briefing note as Appendix 2.

The draft Operating and Capital Budget for 2025-2026 is attached to this briefing note as Appendix 3.

Accompanied by this briefing note will also be a detailed presentation on the breakdown of budgetary allocations based on each department.

DISCUSSION POINTS:

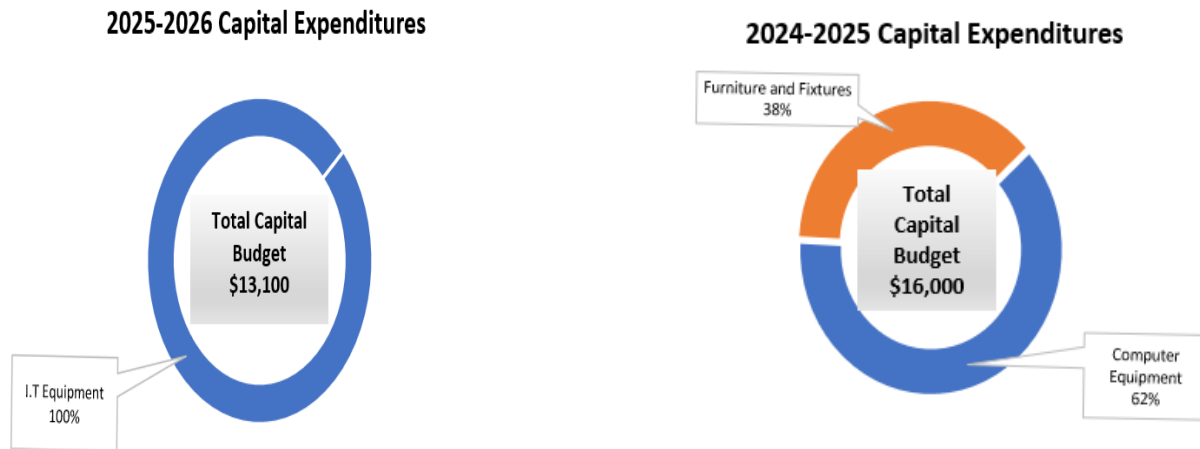
Capital Budget

A Capital Budget is a budget allocating money for the acquisition or maintenance of fixed assets such as land, buildings, and equipment (Oxford Dictionary). A simplistic view of a Capital Budget is that the

purchases made are added to the College's asset list and are depreciated over a defined period of time. The capital budget for this year is comprised exclusively of computer equipment.

The total Capital Budget (Appendix 2) of \$13,100 for 2025-26 is an 18% reduction of cost allocations from the previous fiscal year. The computer equipment line item represents the purchase of computer equipment for new hires in accordance with the proposed Human Resources Plan, as well as a back-up battery supply for the College office server room.

In the coming years, the College will also be working to replace expiring staff CPUs with laptops, allowing more staff to easily transport and connect their computer to any workstation at the office.



Operating Budget

The total draft Operating Budget (Appendix 1) for 2025-2026 is as follows:

Revenue	\$3,942,392
Expense	<u>\$4,465,254</u>
Net Result	(\$ 522,862)

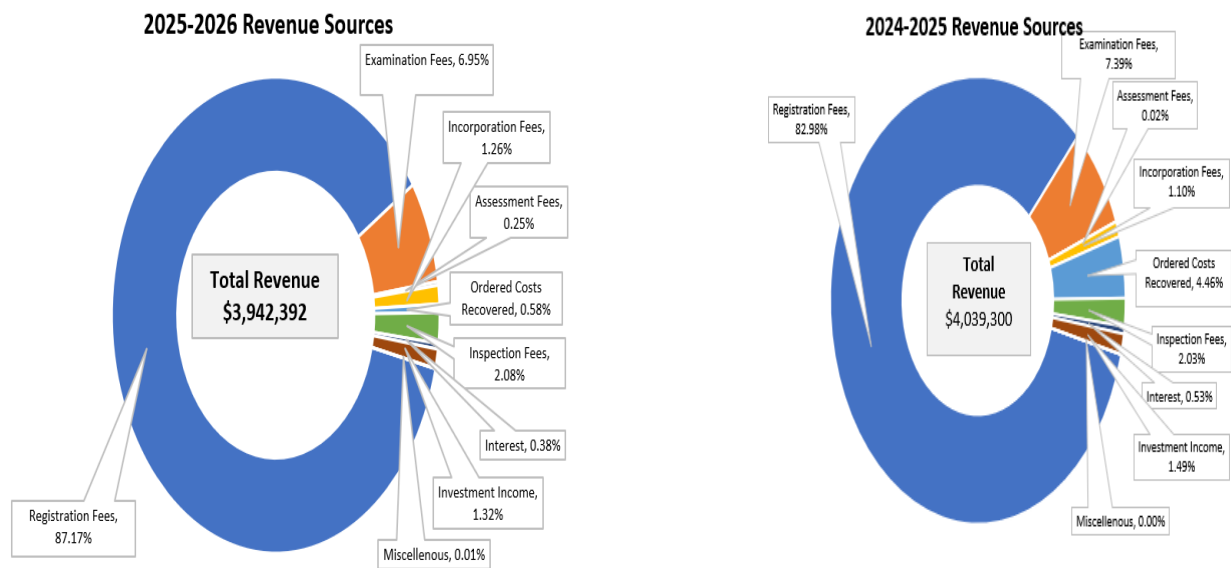
The prepared budget factors in the operationalizing of Council initiatives, as set out in the Strategic plan, and updates to the Human Resources plan to support this work. As illustrated above, a slightly larger deficit of just over \$500,000 is being presented, based primarily on three factors: 1) changes to the compensation model with the Human Resources plan, 2) additional work that will be undertaken to the College's website due to performance issues, and 3) consulting assistance, such as in Satori Consulting's facilitation of a full governance review and evaluation of Council, a new Drug Review consultation and special projects, such as the Voice of the Public project in support of the Risk-based Regulation program.

Revenues

Revenues have been calculated using the following high-level assumptions.

- Registration fees have been increased by CPI and an overall 5% in the budget due to incremental growth in registrations of approximately 3% year over year.
- No fees applied to any Registrant's participating in payment plan, as per recent By-law change;

- Inspections remains stable year over year due to regular cycle scheduling of five-year intervals and demand for new premises remains comparable year over year;
- Interest rates on the College's savings have been slightly decreased to align with current interest rates.
- Investment income from the College's Mutual Fund and GIC has been budgeted based on last year's performance and market value and is not expected to change.
- Professional Corporations is seeing a slight increase of approximately eight to ten new corporations per year.
- Professional Corporation fees have been increased by CPI except administrative and document fees.
- DC Ordered Costs is based on the maximum recovery fees the College may claim for a contested and uncontested hearing.

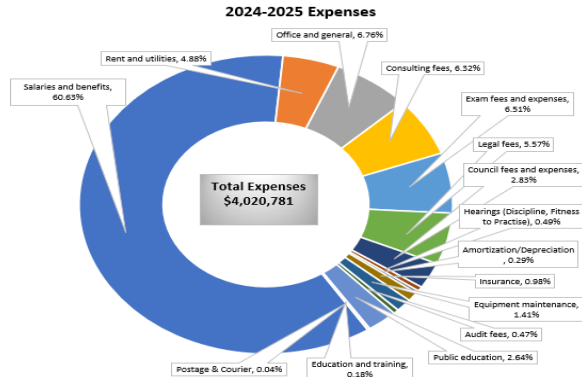
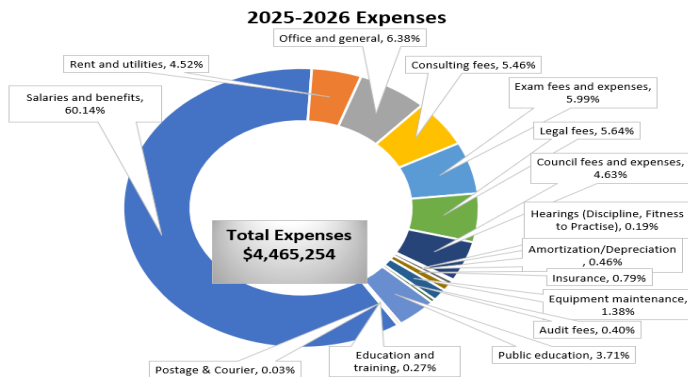


Expenses

Expenses have been calculated using the following high-level assumptions.

- Overall expenses have been increased by 10% because of change in associated costs with current vendors and contractors, CANRA membership and the new compensation model associated with the Human Resources plan.
- Council and Committee expenses have been increased by a total of 1.8% of the overall expenses as one Council meeting has been re-instated to an in-person meeting over 2 days, a new drug consultation is slated for this year and a full governance review of Council by Satori consulting will be conducted.
- Legal fees have remained stable from the previous year. This year the College is anticipating the continuation of two contested hearings that started last fiscal year, no new contested hearings are anticipated for the coming year.
- Staff salaries and benefits have been increased by the inflationary factor, and the new compensation model, but with a very minor change to the actual percentage allocation.

- Education and Training has been increased by 33%, this is due to training provided by Diversio (formerly the Canadian Centre for Diversity and Inclusion) being scheduled bi-annually and this year the training is budgeted for a refresher for all staff and volunteers.
- Public Education has a 30% increase in comparison to last year, even though it is a 1% shift to the overall expense type. This is due to the increase in CANRA annual membership fees and slated consultancy work for website enhancements.



Operating Budget and Capital Budget

The total draft Operating Budget with the Capital Budget (Appendix 3) for 2025-2026 is as follows:

Revenue	\$3,942,392
Expense (Capital)	\$ 13,100
Expense (Operating)	<u>\$4,465,254</u>
Net Result	(\$ 535,962)

ANALYSIS

Risk Assessment – The following is a more comprehensive risk assessment. Please refer to the attached document Understanding the Risk Analysis Terminology for information. Only those risks related to this matter will be addressed.

- Operational (people) - As budgets include salary dollars, there is always a risk that the College is not able to keep up to the compensation levels of the employment market pay, and loss of personnel may occur. In addition, with expansion of existing programs and development of new program budgets, concerns arise in the creation of additional staff positions to support College programs and the loss of senior staff from burnout and turnover.
- Financial (credit) - The payment plan makes the College a creditor and subjects the College to a risk of default in payment. The payment plan continues to experience increased enrollment year over year with 707 Registrants enrolled in the program last year.
- Financial (price risk)- Annual fees will reflect a consumer price index increase this year, thus potentially exposing registrants to financial hardship.
- Strategic (economic environment)- The consumer price index has decreased from 3.3% in the previous year to 1.8% this year.

- Strategic (political) - The political environment has a new degree of instability and uncertainty under the Trump administration in the US, and the impact of newly introduced tariffs.
- Strategic (reputation) – Budgets represent the overall financial health and sustainability of an organization. In the context of transparency, it holds the College accountable for the performance to the actual budget and is a key metric in the College's Enterprise Risk Management program.

Privacy Considerations – The way the budget is presented ensures that there are no privacy implications. These may have arisen if the materials disclosed compensation rates for College personnel and providers.

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: By developing an annual capital and operating budget it the College is fulfilling its public interest mandate financially.
- Relevant, credible, and accurate information: The information provided in both the capital and operating budgets includes information to support the College's operating plan, strategic plan, and human resources plan.
- Timely, accessible, and contextual: The budget is presented at the March Council meeting with the most up to date information available to take effect at the start of April.
- Consistent approaches: The College submits the annual capital and operating budget to the Council for discussion. The change of frequency to Council meetings on a bi-monthly basis has improved this process as noted above as being timely.

Financial Impact – There are no costs associated with preparation of the capital and operating budgets.

Public Interest – The public interest assessment is based on the document 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.

- Preparation of an annual capital and operating budget is contextualized to support the College's Operating Plan, Strategic Plan and Human Resources.
- The public interest is best served if the College can meet or have cost savings annually to demonstrate sustainability.

Agnes Kupny
Director, Operations
March 19, 2025



The College of Naturopaths of Ontario

OPERATING BUDGET

	2025-2026		2026-2027		2027-2028	
	Budget	% of Bud.	Estimate	% of Act.	Estimate	% of Act.
REVENUES						
Registration and member renewal fees	\$ 3,436,580	87%	\$ 3,601,559	85%	\$ 3,755,213	84%
Examination fees	\$ 273,980	7%	\$ 277,040	7%	\$ 277,040	6%
Deffered capital funding	\$ -	0%	\$ -	0%	\$ -	0%
Assessment fees	\$ 10,000	0%	\$ 10,000	0%	\$ 10,000	0%
Incorporation fees	\$ 49,632	1%	\$ 51,137	1%	\$ 57,123	1%
Ordered costs recovered	\$ 23,000	1%	\$ 134,000	3%	\$ 134,000	3%
Inspection fees	\$ 82,000	2%	\$ 116,000	3%	\$ 156,000	3%
Interest	\$ 15,000	0%	\$ 15,600	0%	\$ 16,200	0%
Investment Income	\$ 52,000	1%	\$ 52,000	1%	\$ 52,000	1%
Miscellaneous	\$ 200	0%	\$ 200	0%	\$ 200	0%
TOTAL REVENUES	\$ 3,942,392		\$ 4,257,536		\$ 4,457,776	
EXPENSES						
Salaries and benefits	\$ 2,685,472	60%	\$ 3,015,846	62%	\$ 3,265,206	63%
Rent and utilities	\$ 202,004	5%	\$ 217,028	4%	\$ 218,695	4%
Office and general	\$ 284,992	6%	\$ 283,366	6%	\$ 292,519	6%
Consulting fees						
Consultants - general	\$ 47,925	1%	\$ 12,025	0%	\$ 9,825	0%
Consultants - complaints and inquiries	\$ 129,000	3%	\$ 139,000	3%	\$ 139,000	3%
Consultants - assessors/inspectors	\$ 66,800	1%	\$ 66,900	1%	\$ 72,900	1%
Exam fees and expenses	\$ 267,337	6%	\$ 274,256	6%	\$ 280,801	5%
Legal fees						
Legal fees - general	\$ 55,260	1%	\$ 56,326	1%	\$ 55,568	1%
Legal fees - complaints	\$ 114,700	3%	\$ 107,870	2%	\$ 109,040	2%
Legal fees - discipline	\$ 82,000	2%	\$ 234,000	5%	\$ 234,000	5%
Council fees and expenses	\$ 206,875	5%	\$ 141,751	3%	\$ 191,547	4%
Hearings (Discipline, Fitness to Practise)	\$ 8,360	0%	\$ 22,505	0%	\$ 22,670	0%
Amortization/Depreciation	\$ 20,554	0%	\$ 18,313	0%	\$ 18,861	0%
Insurance	\$ 35,208	1%	\$ 36,528	1%	\$ 37,624	1%
Equipment maintenance	\$ 61,560	1%	\$ 66,360	1%	\$ 69,960	1%
Audit fees	\$ 18,000	0%	\$ 18,540	0%	\$ 19,096	0%
Public education	\$ 165,656	4%	\$ 120,976	2%	\$ 126,236	2%
Education and training	\$ 12,250	0%	\$ 7,500	0%	\$ 12,750	0%
Postage & Courier	\$ 1,301	0%	\$ 1,354	0%	\$ 1,419	0%
TOTAL EXPENSES	\$ 4,465,254		\$ 4,840,444		\$ 5,177,716	
EXCESS OF REVENUES OVER EXPENSES	\$ (522,862)		\$ (582,908)		\$ (719,940)	



The College of Naturopaths of Ontario

CAPITAL BUDGET 2025-2028

	2025-26	2026-27	2027-28
Computer Equipment			
Laptop (with docking station) x3	\$11,100.00	Laptop (with docking station) x 3 \$ 11,400.00	Laptop (with docking station) x 3 \$ 11,700.00
2 new staff and 1 staff replacement			
Battery Backup	\$2,000.00	CPU Workstations x 2 replacements \$3,000.00	CPU Workstations x 2 replacements \$3,000.00
Total Comp Equip	\$ 13,100.00	\$ 14,400.00	\$ 14,700.00
Furniture and Fixtures		5 office chairs @ \$1,000 each \$ 5,000.00	5 office chairs @ \$1,000 each \$ 5,000.00
Total Furnit. & Fixtures	\$ -	\$ 5,000.00	\$ 5,000.00
Leasehold Improvement			
Total Budget	\$ 13,100.00	\$ 19,400.00	\$ 19,700.00



The College of Naturopaths of Ontario

2025- 2026 Operating and Capital Budget**OPERATING
REVENUE**

Registration and Member Renewal Fees	\$	3,436,580
Examination Fees	\$	273,980
Assessment Fees	\$	10,000
Incorporation Fees	\$	49,632
Ordered Costs Recovered	\$	23,000
Inspection Fees	\$	82,000
Interest	\$	15,000
Investment Income	\$	52,000
Miscellaneous	\$	200
TOTAL REVENUES	\$	3,942,392

EXPENSES

Salaries and Wages	\$	2,685,472
Rent and Utilities	\$	202,004
Office and general	\$	284,992
Consulting fees	\$	243,725
Exam fees and expenses	\$	267,337
Legal fees	\$	251,960
Council fees and expenses	\$	206,875
Hearings (Discipline, Fitness to Practise)	\$	8,360
Amortization/Depreciation	\$	20,554
Insurance	\$	35,208
Equipment maintenance	\$	61,560
Audit fees	\$	18,000
Public education	\$	165,656
Education and training	\$	12,250
Postage & Courier	\$	1,301

TOTAL EXPENSES	\$	4,465,254
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NET OPERATING SURPLUS/(DEFICIT)	\$	(522,862)
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CAPITAL EXPENSES

I.T Equipment	\$	13,100
Furniture & Fixtures	\$	-
Leasehold Improvements	\$	-

NET CAPITAL SURPLUS/ (DEFICIT)	\$	(13,100)
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NET COLLEGE SURPLUS/(DEFICIT)	\$	(535,962)
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The College of Naturopaths of Ontario

BRIEFING NOTE

College Performance Measure Framework Report 2024

PURPOSE: To seek approval of the Council to submit the College's 2024 College Performance Measure Framework Report.

OUTCOME Review and Approval.

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

PROCESS:

Activity:	An overview of the framework and a summary of the outcomes set out in the report will be provided. Final approval is requested.		
Results:	Approval		
Overall Timing:	25 minutes		
Steps/Timing:	1.	Deputy CEO will provide a brief overview.	10 minutes
	2.	Council questions and discussion	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

In early 2019, the Ministry of Health (the Ministry) engaged the health regulatory Colleges through the Federation of Health Regulatory Colleges of Ontario (FHRCO - now known as the Health Professions Regulators of Ontario (HPRO) to discuss the accountability and transparency of the Colleges. Among the key initiatives being considered was an accountability framework to create uniformed College activity reporting parameters, which in turn would allow for year-over-year comparison of results and accomplishments. This was driven, in part, by the wide diversity in the Annual Reports of the Colleges and the approaches to the information contained in them.

The Ministry established a working group of personnel, experts in accountability frameworks, public representatives, and representatives of several Colleges. Over the course of the following year, the Working Group reported back through FHRCO and engaged in consultations with the Colleges.

In late 2020, the Ministry of Health formally released the College Performance Measure Framework (CPMF), a framework to allow for proper oversight of Ontario's health regulatory authorities.

The Ministry of Health released the updated CPMF framework for the 2024 reporting year. There were no major changes to the Reporting Tool or the Technical Specifications document for the 2024 reporting cycle. As such, this year's report is similar to that of 2023.

DISCUSSION POINTS:

The College's submission is attached and is now presented to the Council for approval.

Overall, the question is whether the College fulfills the requirements set out in the CPMF. There are a total of 50 measures. Of these, and similar to 2023, the College has reported that it has fully met 48 (96%) with the following areas only **partially met**:

- Implementation of a full risk management program (same outcome as 2023).
- The College has a financial reserve policy and a sufficient level of reserves (based on Council's policy) (same outcome as 2023).

The College and its Council are continuing to actively pursue activities in all areas where the College is reporting that it has only partially met the standards (2).

ANALYSIS

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

- Hazard risk:
 - People – The College benefits from the professional experience of those individuals who are running the organization as well as their extensive experience and planning. Loss of these individuals could result in a significant shift over time in the ability of the College to meet the performance measure framework.
- Operational risk:
 - People – The CPMF Report is assembled by the senior management team of the College. Much of the information contained in the report could not be gleaned out of the systems without the integral knowledge of these individuals. The assembly and drafting process is time consuming and takes the senior management team away from their other College responsibilities.
- Strategic risk:
 - Reputation – The CPMF represents a significant reputational risk to the College and its Council. A report that demonstrates that the College does not fulfill its mandate would be highly detrimental to the organization.

Privacy Considerations – There are no privacy considerations.

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

- Information to foster trust – the information in the report is fulsome and clearly intended to provide information needed to foster trust in the College's ability to meet its mandate.
- Relevant, credible, and accurate information – relevant, credible, and accurate information has been provided in the report and in the assessment of the College's activities.
- Consistent approaches – the CPMF is used by all the Colleges and submitted on the same reporting parameters and timeframes.

Financial Impact – there is no immediate financial impact from the CPMF.

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.

- The CPMF is intended to support the public interest by measuring the Colleges in terms of their ability to meet their mandate and measures each College by the same parameters. The reports are then made public.

RECOMMENDATIONS

It is recommended that the Council approves the proposed CPMF Report.

ACTION ITEMS/NEXT STEPS

If approved, the College will be:

- Finalizing and submitting the report to the Ministry.
- Posting the Report to the College's Website.

Jeremy Quesnelle
Deputy Chief Executive Officer - Regulations
March 2025

Appendix 1
CPMF Measures and Responses

Domain	Standard	Measure	Evidence	CoNO Response
1. Governance	1	1.1	(a)(i)	Yes
			(a)(ii)	Yes
			(b)(i)	Yes
			(b)(ii)	Yes
			(c)	Met in 2021, 2022, 2023, continues to meet in 2024
	1	1.2	(a)	Met in 2021, 2022, 2023, continues to meet in 2024
			(b)	Yes
			(c)(i), (ii)	Yes
			(c)(iii)	Yes
	2	2.1	(a)(i)	Yes
			(a)(ii)	Met in 2021, 2022, 2023 continues to meet in 2024
			(b)	Met in 2021, 2022, 2023 continues to meet in 2024
			(c)	Yes
			(d)	Met in 2021, 2022, 2023 continues to meet in 2024
			(e)	Partially
	3	3.1	(a)	Met in 2023, continues to meet in 2024
			(b)	Yes
		3.2	(a)	Met in 2023, continues to meet in 2024
			(b)	Met in 2023, continues to meet in 2024
		3.3	(a)	Yes
			(b)	Yes
2. Resources	4	4.1	(a)	Yes
			(b)	Partially
			(c)(i)	Yes
			(c)(ii)	Yes
3. System Partner	5	5	--	--
	6	6	--	--
4. Information	7	7.1	(a)(i)	Yes
			(a)(ii), (iii)	Yes
5. Regulatory	8	8.1	(a)	Met in 2023, continues to meet in 2024
			(b)	Yes
			(c)	Yes
6. Suitability to Practice	9	9.1	(a)	Met in 2023, continues to meet in 2024
			(b)	Yes
		9.2	(c)	Yes
		9.3	(a)	Yes
	10	10.1	(a)	Met in 2021, 2022, 2023, continues to meet in 2024
		10.2	(a)(i)	Yes
			(a)(ii)	Met in 2021, 2022, 2023, continues to meet in 2024
			(a)(iii)	Met in 2023, continues to meet in 2024
		10.3	(a)	Yes
	11	11.1	(a)(i),(ii)	Yes
			(a)(iii)	Yes

			(b)	Met in 2023, continues to meet in 2024
			(c)	Met in 2023, continues to meet in 2024
		11.2	(a)	Yes
	12	12.1	(a)	Met in 2023, continues to meet in 2024
	13	13.1	(a)	Met in 2023, continues to meet in 2024
7. Measurement, Reporting & Improvement	14	14.1	(a)	Met in 2023, continues to meet in 2024
			(b)	Met in 2023, continues to meet in 2024
		14.2	(a)	Yes
		14.3	(a)	Met in 2023, continues to meet in 2024

	Met	Partially Met	Not Met
Measures (50)			
CoNO	48	2	0

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

November 2024

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

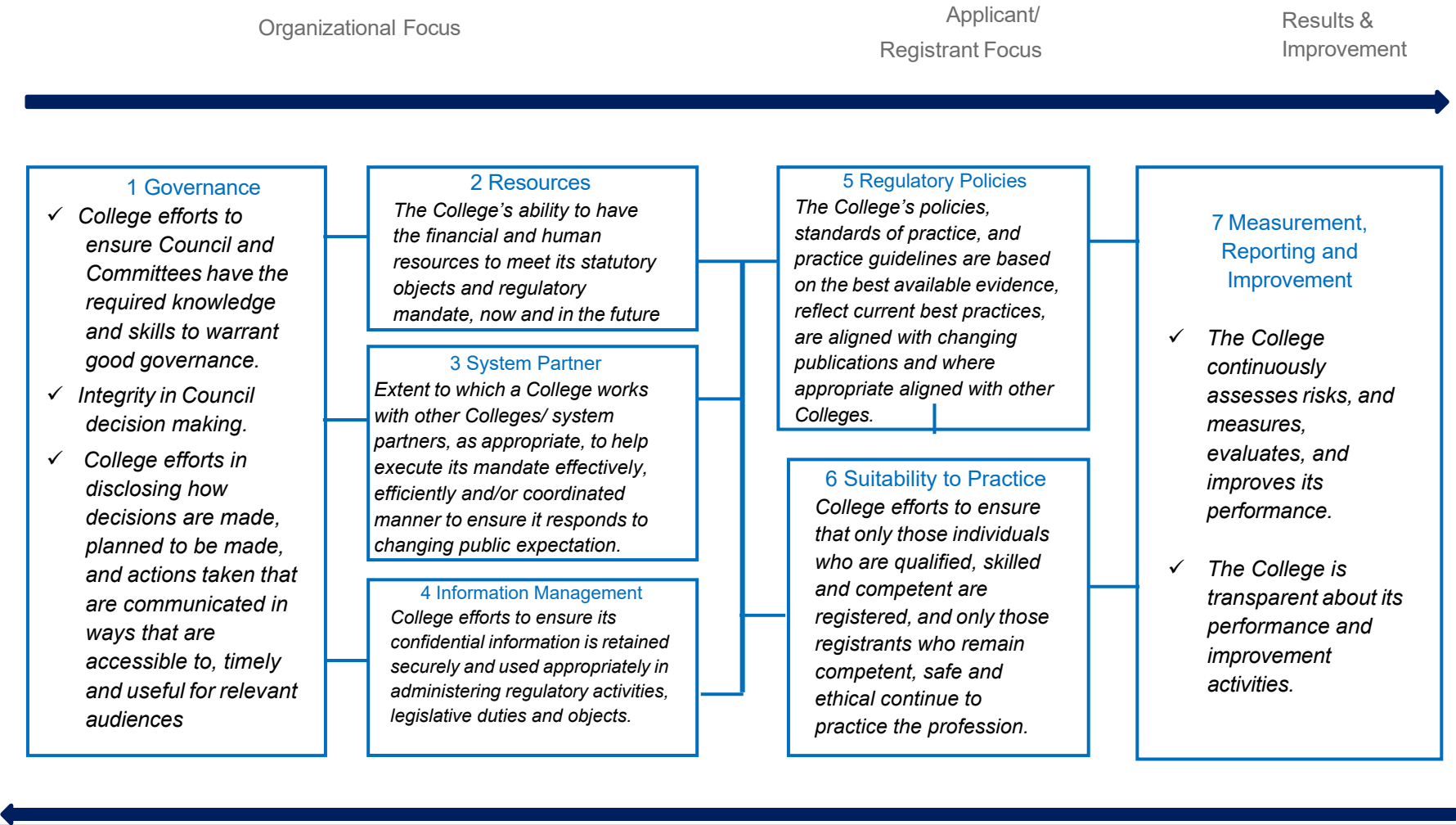


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and Benchmarked Evidence The College fulfills this requirement: • The competency and suitability criteria are public: Choose an item. If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. In order for professional members to stand for election, they must meet the eligibility requirements set out in section 10.05 of the College’s <u>by-laws</u>. The Nomination Process, which is conducted on-line through the following forms, collects all the necessary information about a potential nominee to ensure they meet these requirements: i. Nomination and Consent Form ii. Volunteer Candidate Self-Assessment iii. Confirmation of Eligibility Form iv. Election Undertaking v. Conflict of Interest Questionnaire vi. Fiduciary Duties Acknowledgement and Undertaking vii. Agreement and Undertaking regarding Duties of Council members viii. Candidate biography and personal statement Under the Council’s Qualifying Program, which was established in September 2021, individuals who wish to seek nomination for election to Council, must attend an Orientation Session hosted by the Chief Executive Officer (CEO) where the role, responsibilities and time commitments of Council members is reviewed. Also under the Qualifying Program, the potential nominees must complete the competency self-assessment (see (ii) in the above numbered list and complete an interview with a panel of the Governance Committee, which makes recommendations regarding the suitability of the potential nominee to the full Governance Committee). In making determinations regarding potential nominees, the Governance Committee, which oversees the Qualifying and Training Programs for the Council, receives all the information submitted by a potential nominee for review. As part of this submission, the Governance Committee also receives a Competency Report and an analysis of all eligibility requirements regarding whether a potential nominee meets those requirements. A copy of the full Yes	

			Assessment program may be found on the College’s website.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics.	
			As set out in GP31 – Qualifying Program, all potential nominees for election must have attended an orientation session held by the Chief Executive Officer of the College. This session runs approximately two to three hours depending on the questions raised by participants. It is held via video call and covers the following topics: • Qualifications to run for election. • The skill set that a candidate will need to sit on Council (see below). • The role and mandate of the College. • The vision of the Council for the future of the College. • The role of the Council and the role of the CEO/staff. • The duties and responsibilities of Council members. • On-going support from Council and staff. • The time and other commitments implicit in seeking to be on the Council. • Compensation provided for by the College once elected. • Training requirements once elected. • Typical Council Meeting ○ Format ○ Video/audio capabilities • The election process. • Terms and term limits. Subsequent to the orientation session the potential nominee completes the competency self-assessment, all other on-line forms and meets with the Governance Committee for an interview.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional):</i>	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Yes
			The competency and suitability criteria are public: Choose an item. If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. Candidates for all Council committees, both statutory and non-statutory, must meet the same initial criteria as set out in the Qualifying Program. They are required to complete all of the same components, including the competency self-assessment, interview with the panel of the Governance Committee, orientation etc. These criteria are published on the College’s website as noted above. The Governance Committee canvassed all Committees to determine what, if any, additional competencies are required from individuals seeking to be appointed. The College has posted to the Volunteer section of its website all of the competency requirements as well as the additional requirements for certain committees.	

			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	
			Yes	
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. As noted above, the College requires all potential volunteers, whether those seeking election to Council or seeking an appointment to a Committee to attend an orientation session and to undergo the entire Qualifying Program. As noted above, the orientation session is approximately two hours in duration and covers key topics, including but not necessarily limited to, the qualifications to seek election or appointment, mandate of the College, role of Council and staff, duties and responsibilities for Council and committee members, time commitments, compensation provided, training and evaluation requirements, on-going support from Council, Committees and staff and the processes for election/appointment.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Choose an item.				
		Additional comments for clarification (optional):		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Duration of orientation training. - Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). - Please insert a link and indicate the page number if training topics are public OR list orientation training topics. Provided there is sufficient time between the date of the appointment or when the College is advised and the first meeting of the Council, public appointees are provided either an orientation to the role or, more ideally the Council’s Training Program, which includes topics covered in the orientation, orients new public members to the governance model used by Council as well as those policies and processes specific to the role. On advice of Legal Counsel, the College and its Council cannot prevent a public appointee from assuming their responsibilities given that the Orders in Council are effective the date that they are signed, and the College is advised subsequently of the appointment. Nonetheless, the Council's Training Program does require that all public appointees complete the training at the first available opportunity.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
	• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i>		
	The Council of the College meets six times per year. At the conclusion of each meeting, Council members are provided a link to an on-line meeting evaluation. Responses are tabulated from the previous meeting and the results are provided to the Council at its next meeting as part of its Consent Agenda. An example can be found on pages 56-57 of the November 27, 2024, Meeting materials. It is important to note that not only do we provide the individual meeting evaluation but the ratings for all prior meetings held in the cycle to allow Council to see any trends. With respect to the Council itself, at the end of the Council year (April/May) the Council and Committee evaluation process is initiated. This process is described in the Council’s governance policy GP16 – Governance Evaluation whereby the Council evaluates itself as an entity, and each Council member evaluates themselves and their peers. Annually in July, the Council is presented with an evaluation report from an independent consultant supporting the process which sets out the findings regarding Council and Committee effectiveness, based on interviews and rating exercises conducted with Council and Committee members. Following Council review, the consultant meets with each Committee to review their overall committee assessment. An example of this review is available as item 7.01 on the July 31, 2024 meeting agenda.		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. - If yes, how often do they occur? - Please indicate the year of last third-party evaluation. Presently, the Council effectiveness process, or Governance Evaluation, is conducted annually by the Council and the Committees. The Council is currently using an independent consultant, Sandi Verrecchia of Satori Consulting to assist in the delivery of this evaluation. Information about this requirement can be found on the College website and is enshrined in the Council’s governance policy GP16 – Governance Evaluation. The most recent Governance Evaluation was completed at the end of July 2024. Council and Committee evaluations are available publicly on the College’s website. The next cycle will be initiated in April of 2025.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. The College has continued its process of providing a briefing on each major program of the College throughout its six-meeting cycle. The topics have included: • Program briefing on complaints, reports and the ICRC process. • Program briefing on the discipline process and hearings. • Program briefing on Quality Assurance. • Program briefing on the Inspection program and Committee. • Program briefing on the Registration program and Committee. • Program briefing on the Examination program. • Communication Key Messages • Regulated Health Professions Act, 1991 In addition, each new Council and Committee member has been required to complete and provide the College with a certificate of completion for the following training: • Human rights training (Ontario Human Rights Commission); • AODA training (Ontario Human Rights Commission); and • Bias and Diversity training (Canadian Centre for Diversity and Inclusion). In addition to this formal training, the Council is also provided with regular information from Steinecke Maciura LeBlanc (SML) Law. At each meeting, they receive as part of the consent agenda a Legislative update provided by Health Profession Regulators of Ontario (HPRO) as well as recent editions of Grey Areas published by SML Law. By way of an example, these can be seen on pages 30 to 35 of the Council meeting package of November 2024.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional):</i>
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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Since the establishment of the College’s EDI Committee in mid-2021, they have launched a number of important initiatives, most recently the launch of its EDIB Lens Tool in 2023, a process for analyzing, recognizing or anticipating the impact of the design and implementation of policies on under-served, marginalized and diverse individuals and groups, and to identify and eliminate barriers. It is a framework that helps the College to see things from a new or different perspective, provides a clearer focus and a more complete view, thereby improving effectiveness in all aspects of work. This tool continues to be used by all College Committees for education and establishing an inclusive language in the context of policy creation, review, and decision making. Furthermore, it can act as a filter during the creation of policy or one that prompts a policy to be reviewed. With respect to risk management, the Council has established a Risk Committee. The College’s Enterprise Risk Management Plan was completed at the end of 2024 In addition to the briefing materials, as part of each meeting’s consent agenda, the Council is provided with an overview of risk management concepts for their use in decision making (page 79-81 of the Council meeting package of January 2024.) Beyond these expectations, the College also believes that the ability of the College to serve and protect the public interest is highly important to the public. To assist the Council in understanding key considerations of the public interest, a tool is provided during each Council meeting for their use (please see page 83 of the Council meeting package of January 2024.)	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes

			<i>Additional comments for clarification (optional):</i>
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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:		
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
		• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The Council of the College has a robust set of Governance Policies that establish how it will govern the College. These include policies in four areas: 1. Ends Policies, which include an Ends Statement (the strategic objectives set by the Council) and the Ends Priorities (the prioritization of the objectives for operationalization by the CEO). 2. Governance Process Policies, of which there are 33 policies, that establish how the Council will govern itself. These policies include both a Council Code of Conduct and an Avoiding Conflict of Interest policy. 3. Executive Limitations Policies, of which there are 17, which limit the means by which the CEO can achieve the strategic objectives, such that the CEO can use any means within the limitations set by the Council. 4. Council-CEO Linkage Policies, of which there are three, which establish the way in which the Council and CEO will interact and work collaboratively. During each Council cycle of six meetings, each of these policies is reviewed in detail by both the Council and the Governance Policy Review Committee. The latter may bring recommendations for change forward, either based on feedback from the Council, the CEO or based on its own review. The Avoiding Conflict of Interest policy was last amended on January 25, 2023. The Council Code of Conduct was last amended on March 30, 2022 at which time changes were proposed by the Governance Policy Review Committee and accepted by the Council. These changes incorporated important elements surrounding Council and Committee members avoiding discrimination and bias, including unconscious bias (see section 12 of the policy).		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.	
			All these policies are available on the <u>College's website</u> in the Resource section. Specific links to each policy are provided in the preceding section.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			- Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR last evaluated/updated. - Please provide the length of the cooling off period. - How does the College define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR - Where not publicly available, please briefly describe the cooling off policy.	
			The College by-laws set out the eligibility for election to the Council and for appointment to a Council Committee either as a Registrant or Public Representative. These include reference to the cooling off period for individuals who were in positions deemed to be conflicting in nature. These by-law provisions were last reviewed in November 2023.	
			Under the College's new Volunteer Program, individuals seeking appointment to a Committee must complete an on-line Application Form , as well as make certain declarations surrounding their eligibility as set out in the by-laws. These applications and eligibility declarations are reviewed by the Governance Committee who ensures that the mandatory cooling off period of two years is adhered to. This period applies to anyone who was a director,	

		officer, or employee of either a professional association or educational program for naturopathy. These by-laws were established by the Council prior to 2015 but came into force on July 1, 2015, when the <i>Naturopathy Act, 2007</i> was fully proclaimed. For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including: • Nomination and Consent Form • Confirmation of Eligibility Form • Conflict of Interest Declarations for Nominees • Election Undertaking • Fiduciary Duties Acknowledgement and Undertaking • Agreement on Duties of Council members • Submission of a Personal Statement and Biography Although it may be more relevant in a later section of this reporting framework, both Committee candidates and potential nominees for election must also complete the Competency Self-Assessment. This is scored by the CEO and provided to the Governance Committee. As with Committee candidates, potential nominees for election are reviewed by the Governance Committee to ensure that they meet the eligibility requirements, including the mandatory cooling off period.
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The College has, since its inception, had a conflict-of-interest questionnaire that Council members must complete annually and that Committee volunteers would complete at the start of their volunteer work. Recently, this has been updated to require both Council and Committee members, as well as program volunteers such as examiners, inspectors, and assessors, to also complete an annual conflict of interest declaration. This declaration is now completed as an on-line form. A copy of all the questionnaires, as they relate to Council members, are assembled, indexed and posted to the College’s website for the availability of the public and stakeholders. This package is not provided to the Council at each meeting due to the overall size of Council materials. Instead, the College produces a summary for the Council of who has declared a conflict and the nature of the declaration. As an example, this summary may be found at page 166-167 of the November 27, 2024 Council meeting package. Council members are expected to update their Annual Declaration (resubmit it) whenever new conflicts arise (i.e., anytime during the year). When this occurs, the Summary document and the full package on the website is updated. On each Council agenda the Chair reviews with the Council the importance of declaring any conflicts of interest and invites Council members to declare any new conflicts or any conflicts that may unexpectedly have arisen from a specific meeting agenda item. These are noted in the minutes. Although the wording of the conflict questions is relatively generic, they do identify the most common conflicts that can arise within the naturopathic profession, such as providing continuing education courses, speaking at association conferences, or working with the educational program in various capacities.	

		The College has also taken initiatives in two additional areas to ensure that there are no potential conflicts that have not been addressed. The first, a governance process policy GP28-Registering Gifts, Benefits and Remuneration requires Council and Committee members and staff to declare any gift, benefit or remuneration that they may have received while engaged in regulatory activities or using their regulatory knowledge of such activities. This is intended not only to reduce risk of undeclared conflicts of interest but also increase transparency and accountability. Any such declarations will be posted to the College’s website although none have been received thus far. The second initiative is set out in governance process policy GP29-Participation in Outside Activities or Events which requires Council and Committee members to refrain from using any information that they learn as a part of the regulatory processes when they participate in outside events without prior approval. This ensures that the information that might be used as part of any such participation is information that would be in the public domain and to which all Ontarians would have access. In essence, individuals involved in College activities are to serve and protect the public interest and not benefit personally from information that that may learn from their work.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Met in 2023, continues to meet in 2024	
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.			
			On key decision items, the Council is provided with a briefing note on the issue. Briefing notes provide the background to the issue and the relevant discussion points, including evidence that supports any potential decisions to be taken. Additionally, the briefing provides a full analysis section that addresses: 1. The Risk Assessment. 2. Privacy Considerations. 3. Transparency. 4. Financial Impact. 5. Public Interest. 6. EDIB.			
			As noted in an earlier section, the public interest analysis is based on a tool developed by the College and included in the consent agenda materials for reference by the Council and the public. An example of the briefing format used by the College may be seen on Page 109 of the January 31, 2024 Council meeting package. The Public Interest Tool may be found at page 83 of the same package.			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (if needed)			

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Partially
		<u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. The College’s Strategic Plan 2023-2027 has risk management embedded, which is further supported by an Enterprise Risk Management Program policy to support operations. A total of eleven risk registers have been developed as part of the College’s Enterprise Risk Management Plan, including Governance, Registration, Finance and Quality Assurance. Risk registers have been completed with the collaboration of all departments. The College has adopted the ISO 31000 standard that is being used to provide the College with a comprehensive illustration of risk and the prioritization of those risks. Each individual risk register is assigned to a responsible party and timelines who oversees a quarterly review of any new and emerging risks, the identification of any changes and the rationale for those changes. The individual risk registers are then consolidated and shared with the Risk Committee on a quarterly basis and semi-annually with the Council	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	
			. The full Enterprise Risk Management Program will be implemented in the summer of 2025.	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
			Met in 2023, continues to meet in 2024
			- Please insert a link to the webpage where Council minutes are posted. - Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. The College posts all Council meeting minutes as soon as they are approved at the next meeting of Council. To further promote transparency, the College also posts Highlights of Meetings within two days of the meeting. Action items from the prior meeting are included as part of the minutes of the meeting. The web page that hosts the Council meeting materials also includes information on how to request records of the Council meetings from the College.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item. Additional comments for clarification (optional)

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council	The College fulfills this requirement:	Yes
			Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. On January 27, 2021, the Council amended the Terms of Reference for the Executive Committee to reflect that it would only meet on urgent matters as determined by the Chair of Council. At this time, new disclosure provisions were added such that the Committee must post notice of its meeting on the College’s website, along with any meeting materials and minutes of the meeting following the meeting.	
			Should the Executive Committee be required to meet, any decisions of the Executive Committee would be required to be ratified by the Council at its next available meeting and would be included in the Council meeting materials.	
			The Executive Committee was not required to meet in 2024.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.

		or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	<i>Additional comments for clarification (optional)</i>
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Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence		College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Meeting materials for the Council meeting are posted to the College website one week prior to the meeting, on the same day that they are transmitted to the Council for review. Presently, meeting materials are available back to April 2017.	
	The College also invites individuals who are seeking materials or information that is not included on the website or from an earlier timeframe to contact the College.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Please insert a link to the College’s Notice of Discipline Hearings. The College website has a webpage for Scheduled Hearings of Panels of the Discipline Committee (DC). This page lists all matters that have been referred to the Discipline Committee by the ICRC including the name of the Registrant, the date the matter was referred, the hearing dates (as soon as they are set), the Notice of Hearing (as soon as it is delivered to the Registrant) and an indication of the “Status” of the matter, as well as a summary of the allegations. In terms of the timing of the notice of hearing dates, these dates are normally set weeks if not months prior to the hearing. As soon as the dates are scheduled, the College also posts a notice in the News sections of the main page of the website, as well as a link to the Scheduled Hearings page and a	

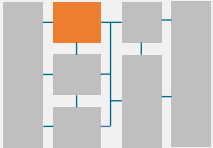
		link to the online registration form (available in English and French) for attending virtual hearings. With respect to the “status” the College provides a link to a separate webpage that describes the six steps in the disciplinary process to ensure that the public understands where the College is on any given referral to the DC.
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		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.								
		<i>Additional comments for clarification (optional)</i>									
		Measure:									
		3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.									
		Required Evidence	College Response								
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. The College’s DEI Action Plan was drafted and approved by the EDI Committee in December 2021, using the general objectives set out in the EDI Committee’s terms of reference. Further refinements to the action plan were approved by the Committee in July 2022 and included the following: • Drafting a Council statement on EDIB and an EDIB Governance Policy, and engaging College recruited focus groups for feedback on both (completed September 2022) • Review of environmental scan information on EDI lens tools and drafting an EDIB lens tool for use by College Committees in their drafting and review of policies, standards, and guidelines to ensure a standardized approach is taken (completed November 2022) In November and December 2022, the Council met as a Committee of the Whole to conduct strategic planning. Three half-day meetings were held under the guidance of an external consultant. The importance of and issues surrounding DEI were discussed extensively and form the basis of the Strategic Plan itself which was approved in January 2023. The College’s Operational Plan for the period April 2023 to March 2027 sets out specific initiatives surrounding DEI and reviewing the College’s regulatory framework, including the training of committee members and staff liaison on DEI issues and the use of the DEI tool being developed to guide these on-going reviews. </td></tr><tr><td></td><td></td><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Yes	• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. The College’s DEI Action Plan was drafted and approved by the EDI Committee in December 2021, using the general objectives set out in the EDI Committee’s terms of reference. Further refinements to the action plan were approved by the Committee in July 2022 and included the following: • Drafting a Council statement on EDIB and an EDIB Governance Policy, and engaging College recruited focus groups for feedback on both (completed September 2022) • Review of environmental scan information on EDI lens tools and drafting an EDIB lens tool for use by College Committees in their drafting and review of policies, standards, and guidelines to ensure a standardized approach is taken (completed November 2022) In November and December 2022, the Council met as a Committee of the Whole to conduct strategic planning. Three half-day meetings were held under the guidance of an external consultant. The importance of and issues surrounding DEI were discussed extensively and form the basis of the Strategic Plan itself which was approved in January 2023. The College’s Operational Plan for the period April 2023 to March 2027 sets out specific initiatives surrounding DEI and reviewing the College’s regulatory framework, including the training of committee members and staff liaison on DEI issues and the use of the DEI tool being developed to guide these on-going reviews.				<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes										
• Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. The College’s DEI Action Plan was drafted and approved by the EDI Committee in December 2021, using the general objectives set out in the EDI Committee’s terms of reference. Further refinements to the action plan were approved by the Committee in July 2022 and included the following: • Drafting a Council statement on EDIB and an EDIB Governance Policy, and engaging College recruited focus groups for feedback on both (completed September 2022) • Review of environmental scan information on EDI lens tools and drafting an EDIB lens tool for use by College Committees in their drafting and review of policies, standards, and guidelines to ensure a standardized approach is taken (completed November 2022) In November and December 2022, the Council met as a Committee of the Whole to conduct strategic planning. Three half-day meetings were held under the guidance of an external consultant. The importance of and issues surrounding DEI were discussed extensively and form the basis of the Strategic Plan itself which was approved in January 2023. The College’s Operational Plan for the period April 2023 to March 2027 sets out specific initiatives surrounding DEI and reviewing the College’s regulatory framework, including the training of committee members and staff liaison on DEI issues and the use of the DEI tool being developed to guide these on-going reviews.											
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.								

			<i>Additional comments for clarification (optional)</i>
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		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:		Yes
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.		
			The EDI Committee has developed an Equity Lens Tool to be used by all Committees of the College to assess the College’s regulations, by-laws, and policies and procedures. The Lens Tool was rolled out to all College Committees in 2023 and in 2024 was utilized in reviewing and assessing program materials. Feedback from the various College Committees was sought in 2024 and amendments to the wording of the tool was updated to ensure clarity and consistency in its usage. The Lens Tool is currently included in all College Committee meeting packages and utilized in reviewing program materials, policies and decision making.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: Yes - Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.
		<u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College Council engaged in a process of strategic planning in November and December of 2022. This process culminated in the development of a new Strategic Plan for the College. Additionally, since the Council operates on a policy governance model, its strategic objects are also articulated in its Ends Statements policy. Both documents were approved in January 2023 and are available on the College's website. A third document, the Council's Ends Priorities policy was approved in November 2023. Based on these strategic documents from the Council, the senior management team of the College develops an Operational Plan that it presents to Council annually. The plan sets out the operational activities of the College over the next four years to coincide with the Strategic Plan. The Council is asked to accept this plan as the means by which the College will move forward to achieve the objectives set by the Council. A copy of the Operational Plan may be found in the Council meeting materials for March 27, 2024 beginning on page 213-265. The Operational Plan is laid out in precisely the same manner as the Ends Statements to allow the Council and the public to see which activities are intended to meet which goals. Within that plan, budget allocations are set out to allow a correlation to be drawn to what is being done, to the costs associated with it and where it supports the strategic goals. In preparation of the College's annual budget, the College reviews the Council's Strategic Plan to determine which initiatives are currently under way and will continue, what new initiatives may be needed and what, if anything, should no longer be undertaken. For each regulatory and program activity, detailed budget sheets are developed in concert with the program areas, and these coalesce into the comprehensive budget that is presented to the Council for acceptance. The budget presented to the Council is for the upcoming fiscal year along with estimates for the subsequent two years. A copy of the most recent budget at the time of preparing this report can be found on page 266 of the March 2024 meeting materials package.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Partially
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Choose an item.		
			The College EL17.03 Restricted Reserve Funds policy was revised and approved by Council in September 2024. At the end of every fiscal year any surplus identified via the College’s annual Audit is used to top up the restricted reserves funds in accordance with the Council’s Executive Limitation policy. In April 2024, the College was in a position to top up its reserve funds nominally. The movement of monies to the Restricted Reserves is included in the Auditors Report. The College Restricted Reserve funds continue to have a shortfall from the desired levels established.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			<i>Additional comments for clarification (if needed)</i> Over time, the College is intending to ensure that any surplus funds generated at the end of the fiscal year are automatically used to top up the restricted reserve funds in accordance with the Council’s Executive Limitation policy.		

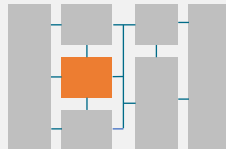
		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
			• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The Council receives several reports from the Chief Executive Officer allowing it to properly fulfill its oversight responsibilities in these areas. At each of the six meetings held, the Council receives a Regulatory Operations Report which provides the Council with data on the College’s key regulatory functions. A copy of the Regulatory Operations Report may be found on page 169 of the November 2024 Council meeting materials package . The College’s Operating Plan includes both ongoing human resources activities, including maintaining equitable hiring practices that consider existing staff first, staff training and engagement initiatives, as well as a commitment to fair and transparent compensation model with staff retention being a primary objective, as well as a Human Resources Plan for the next five years of the College. This plan sets out the anticipated new positions the College will need to retain in order to ensure its ability to perform its role and ensure its long-term sustainability. Twice each year, the Council receives an Operating Report of the College. This report sets out for the Council the College’s progress on the activities set out in the Operational Plan. The mid-year Report may be found on page 181 of the November 2024 Council meeting materials package. It is within this report that the Council receives information about the College’s human resource complement and status and the College’s hiring practices. Please see page 194 through 196 of the above noted package. With respect to senior leadership succession planning, the Council has two policies that are in place. The first is an Executive Limitations Policy that requires the CEO to have a designated Emergency Replacement (EL02 – Emergency CEO Replacement). Under this policy, the CEO is required to select one or more members of the senior management team to act in their absence if they will be absent for a period of up to three months. The CEO also ensures that this person, today the Deputy CEO, is well briefed on all College activities. The Council has also made an allocation of funds in EL17- Restricted Reserve Funds policy for Succession Planning. The second relevant policy is a Governance Process policy setting out that the Council will appoint an interim CEO in the event that the CEO is going to be absent for a period of more than three months (GP17 – Appointing an Interim CEO). Finally, if and when the Council determines that for any reason the CEO will not be returning to their position, in addition to having appointed an Interim CEO, they would initiate the process for hiring a new CEO under their Governance process policies (GP26 – Hiring the Permanent CEO).	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			- Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. The College Council is regularly briefed on the College’s data and technology plan and any related issues. In December 2022 the College transitioned from physical servers to cloud storage. Cloud Storage includes: •All staff are set up with a VPN to access the cloud, •All staff have enhanced security with multi-factor authentication, •Full account verification is required anytime a staff member logs in from an alternative device or IP address, •Password length and complexity of required characteristics is more robust, •Increased ability to create user libraries and directories and corresponding permissions, •Data is backed up at regular intervals and in multiple locations, •Decreased risk of losing data from a physical server due to fire, water damage etc., and •Increased ease of compliance reports. •Audit trail. The College also sub-contracts an IT company which in addition to regular IT support includes: alerts being set up when a staff may attempt to perform a certain function, a special reporting icon for when staff suspect a phishing e-mail and dark web monitoring. The College also has various firewalls and anti-malware in place. The Director of Operations meets annually with the IT Account Manager to discuss the College needs, current state, and review recommendations. In 2024 the College implemented the following additional cybersecurity measures: •Set up of Geo-Blocking; employees can access Office 365 in Canada, but require prior approval/permission for an exemption to access outside of Canada, •Advance Office 365 defender policies: Set up of advanced Safe-Attachments, Safe-Links, Anti-phishing, Anti-Spam and Anti-malware policies for email communications to help prevent from attacks like spoofing, •SOC Monitoring: receive a notification of any malicious logon activities from a staff’s account, and •Staff cannot directly share information from OneDrive or SharePoint with external entities. All staff continue to be required to participate in Cyber Security training which is handled in three ways: introductory training as new staff are onboarded, annual education including a special campaign every October, and regular spoof emails being sent to staff for testing and alertness. The College also uses a collaborative software tool called Smartsheet. Existing processes continue to be re-evaluated on an ongoing basis and many	

current processes are now electronic having been integrated into Smartsheet; these include both internal processes such as staff attendance reporting, document approvals and authorizations, and staff alerts when resource materials have been updated, and external processes such as submission of expense reports by Council and Committee members College volunteer forms, and Registrant applications to change or resign their certificate of registration. The College introduced Basecamp in 2022, a collaborative tool which allows for secure posting of content and supports discussions between College staff and various committees and the Council. This software is permission based, allowing for applicable access to both staff and volunteers. The College has revamped its website with WordPress. WordPress is open source; however, the College has enhanced its security settings to better safeguard the contents posted to the website. There are also a limited number of staff that are provided with access to make any changes to the website. The College also has a formal reporting process in which it maintains a tracking log of any staff outside of the Communications department who removes, adds or changes information to the website. To improve the search capabilities and the functionality of the Resource Library on our website as of January 2024 the College transitioned to a new third-party organization to assist with this work and to continue to maintain and monitor the College’s website. Lastly, to support the user experience to our website the College has an add-on plug-in called AccessiBe. This application allows for our website to be inclusive and accessible for all users.	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	
	Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> Regulatory Colleges: Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) and its members. Through this alliance and its individual members, the College has been continuing to address entry requirements, movement under labour mobility legislation, alignment of practice expectations as well as locating and preventing unauthorized practitioners. CANRA – ETP Examination With CANRA, the College has been working toward the goal of creating a single entry-to-practice clinical practical examination. In line with this, a set of national competencies were developed in 2023, circulated for public consultation and feedback, and finalized and approved in 2024.	

	Regulatory Colleges: Ontario Health Regulators In partnership with several other health regulatory authorities in a variety of ways to improve the regulation of the profession and professional oversight. The College continues to share and received information about unauthorized practitioners and Cease and Desist letters issued by the College with other healthcare colleges in and outside of Ontario. Ontario College of Pharmacists – Prescribing within the Scope of Practice and Amending prescriptions In Collaboration with the Ontario College of Pharmacists both organizations provided information to its registrants regarding ensuring that prescribing is done in accordance with the Scope of Practice and consistency with regards to situations where prescriptions require amendment. College of Massage Therapists of Ontario – CPR & First Aid The College provided information and policies related to CPR and First Aid requirements for NDs in Ontario College of Physiotherapists of Ontario – Registration Regulation The College provided documentation including the Registration regulation amendments and consultation documents for the inclusion of the new Emergency class. Health and Supportive Care Providers Oversight Authority – HFO The College provided information and assistance regarding the method by which it reports Health Professions Database data using its Alinity database. System Partners: Health Profession Regulators of Ontario The College participates in various activities of HPRO and contributes wherever it can. This includes: • Participation of the CEO as a member of the Board of Directors of HPRO • Participation in the Investigations and Hearings Group • IPAC Regulatory College Working Group • Participation of the Director of Operations in the “Enterprise Risk Management and Business Continuity” working group • The College continues to participate in HPRO as a means of providing input on system-wide regulatory issues and assisting in setting future directions. System Partners: CNAR/CLEAR The College supports and maintains membership in these two important organizations that support regulators in Canada and around the world as a means to align investigative practices, discipline processes, and quality improvement across the health system. In the reporting period a number of College staff attended the annual CNAR and CLEAR conferences to learn of best practices and innovations of other regulatory colleges.
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	System Partners: Information and Privacy Commissioner of Ontario The College collaborated with the IPC/O for the development and delivery of a Regulatory Education Program on Health Information Privacy and Reporting on November 29, 2024. System Partners: Standing Drug Regulation Committee The College of Naturopaths of Ontario participated in a multi-faceted group including other health regulators and association representatives to review, assess and ensure that best practices in prescribing, administrating, dispensing, compounding and selling for the benefit of Ontarians are adhered to and applied in the regulatory and legislative scheme with respect to RHPA colleges. The College withdrew from the working group in September due to not agreeing with the outcomes set out in the developed White Paper. System Partners: Ontario Association of Naturopathic Doctors (OAND) & Canadian College of Naturopathic Doctors (CCNM) The College regularly engages with the Association as a system partner. The senior leadership (CEO/Senior elected official) of the organizations meet regularly three to four times annually to discuss issues of mutual concern. Additionally, the CEOs meet regularly to share information and updates on activities. The College established the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) that included the College, CCNM and the OAND as part of the College’s Risk-based Regulation Program
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	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> In Conversation With The College has engaged with a key partner in regulation, the profession itself, to ensure that the general expectation of the public is that every registrant is aware of their regulatory responsibilities. While this happens in a number of ways, in the past year the College has continued its where it engages stakeholders using a fireside chat format. “In Conversation With...” was created with the intention of allowing the profession and stakeholders to pose important questions about the regulatory processes and the College to better increase their understanding. In 2024 in order to ensure that the program was not duplicating the Regulatory Education Program yet still remained useful to registrants the College amended the focus of the “In Conversation With...” to provide background, intent, guidance and overviews of the various consultations taking place throughout the year. The consultation focused In Conversation With series continued throughout 2024 with sessions that included: • Volunteer Program – March 21, 2024 • Standards of Practice Consultation – October 28, 2024 • Prospective Naturopathic Therapies Regulation – Preliminary Consultation – December 4, 2024 • Data Collection Requirements relating to the Standards of Practice for Therapeutic Prescribing – December 18, 2024 Regulatory Education Program The College continues to engage with both registrants and the public in providing access to free virtual educational programming that is focused directly on key regulatory concepts and rules. It is intended to allow registrants and the public to learn more about the regulatory framework which governs NDs in Ontario and to help NDs not only comply, but to avoid potential issues that present a risk of harm to the public.
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	In 2024, the College offered 7 REP sessions including: • Complaints and Investigations: Converting Retreat into Advance • The Giving and Receiving of a Delegation • Drugs and Substances for Ontario NDs • Regulated Health Professionals and the Patient’s Pathway • Understanding Ontario’s Complex Mandatory Reporting Requirements • Changing Perspectives on Record Keeping • Health Information Privacy and Reporting A total of 1827 registrations were received for the seven events, of which 725 were unique individuals. Satori Consulting and the Council Evaluation Processes The College and Council continued a partnership with Satori Consulting Inc. relating to the Council and Committee Evaluation Process. It has long been noted that regular evaluations of the Council and its Committees are not only in the public interest but an expectation of the public in the context of good governance. With Satori Consulting, the College completed its third multi-faceted evaluation process that included a) an evaluation of the Council and each Committee, b) an evaluation of each Council and Committee member (self-evaluation and peer evaluations); and c) a report and action plan for each committee and the Council as well as each Committee and Council member. The individual reports and action plans are confidential between Satori Consulting and the Council/committee member; however, the Council and Committee evaluation reports are available on the College’s website. The outcomes from this process have been an improved understanding of the performance of the Committees Recognition of Multiculturalism and French Language Requirements The College has partnered with a number of organizations to assist in making important strides to recognize Ontario’s multicultural make-up as well as the French language community and Ontario’s commitment to supporting diversity. In recognition that the staff of the College continue to represent many diverse cultures, the College publishes staff language capabilities as part of its staff directory to allow Ontarians to speak with any individual in their language of choice. The in-house capabilities of the College include Arabic, Farsi, French, German, Hindi, Polish, Spanish, Tamil, Urdu and Vietnamese. Additionally, the College has continued to partner with All Languages, a multi-language company that provides a number of services to the College, including live translation services. In terms of interaction with the public by telephone, any call in any language that cannot be handled in-house can be linked with All Languages within 60 minutes or less with a qualified translator to assist us. All Languages is also continuing to partner with the College in the translation of our key materials, including our resources library on the website and the on-line forms used by the College for registration, renewals, the public directory and information gathering. This is in recognition not only of Government expectations but also the expectations of the public about the importance of the French language to Ontarians and Canadians, especially in the context of the role the College plays.
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System automation

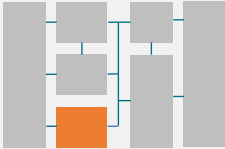
The College has also continued its engagement of Smartsheet as a system partner. The Smartsheet platform is a work platform that allows for easy management of projects and, automation of workflows among other benefits. Through Smartsheet, the College has been able to automate the collection and management of data in a large number of areas, reduce our carbon footprint and reduce monotonous work tasks. The processes that the College has automated may be too many to list here; however, here are some of the key ones accomplished in this past year:

- Quality Assurance: The College continues to utilize various SmartSheets for management of the Quality Assurance Program. This includes processes relating to [registrants seeking an extension on CE Reporting](#), registrants seeking an [Extension on their Peer & Practice Assessment](#), and registrants providing [feedback on their Peer & Practice Assessments](#). The College also uses on-line processes for seeking declarations of conflicts of interests between each of assessors and registrants, however, these forms cannot be made available as they provide confidential information.
- Inspections: The College’s inspection program is extensive and involves three separate types of on-line processes. The first of these relates to reporting requirements, where premises report [Type 1 Occurrences](#) and the annual collection of data within [Type 2 Occurrences](#) set out in the Regulation. The second set of processes relates to the management of the premises themselves and include three on-line vehicles including an on-line process for indicating that the premises will [cease to perform IVIT](#), an on-line process for reporting [changes in personnel](#) in the premises and finally, a [New Premises Registration](#) process. The third and final set of processes relating to the inspection program include processes relating to the inspections themselves. These include the [Pre-Inspection collection of information, Post-Inspection Premises Questionnaire, Post-Inspection Inspector Questionnaire](#) and an on-line Registrant Conflict of Interest form which cannot be made publicly available as it lists the names of the inspectors involved in our program.
- Hearings Registrations: The College continues its process to allow individuals to register for the hearings and receive the links to view the hearing online. This brought about the new Hearings Registration form which is available in both [English](#) and [French](#).
- [Data Reporting – Therapeutic Prescribing](#): in 2024 the College announced that beginning on January 1, 2025 it will begin collecting specific data related to Therapeutic Prescribing. In support of the this, the College created a [Therapeutic Prescribing Data Collection Support Program](#).

Equity, Diversity, Inclusion and Belonging

The College has continued its partnership with both the Canadian Centre for Equity and Diversity and the Ontario Human Rights Commission to provide important training to staff and volunteers of the College. It is an expectation of the public that decision-makers, volunteers, and staff of the College act in ways that are free from discrimination and bias, including unconscious bias. These organizations assist the College by providing important training in these areas, as well as in human rights, and access for Ontarians with disabilities.

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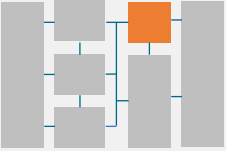
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Yes
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has established a Privacy Code that governs the collection, use, retention and disclosure of personal information. The Code also sets out how registrants can access their personal information and how to reach the College’s Privacy Officer for assistance. The College also has a Terms of Use policy governing its website. This sets out the agreed upon terms and conditions of use of the College’s website, copyright and limitations of liability.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and	The College fulfills this requirement:	Yes
		iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College has the following cybersecurity measures against unauthorized disclosure: - Staff have a confidentiality clause in their Employment Contract, which is also noted in the College’s Personnel Policy. - Staff receive both College onboarding which covers Privacy, and Cyber Security training as well as ongoing training on these topics. - Staff are regularly tested with spoof e-mails to test their cyber security knowledge. - One team member of the College is the designated Privacy Officer that provides guidance on any privacy matters to all staff of the College. - Use of a two-step verification methodology for identifying a caller prior to any information provided. - Multi-factor authentication is in place for the College’s database and Office data/e-mail systems. - Policy and procedures are in place with role accountabilities and authorizations in accordance with the College’s IT Corporate Permissions policy. - Policy and procedures in place regarding use of the College website (e.g., what may be posted). - Policy and procedures in place about what is permitted on the College’s IT equipment (terms of use). - College has a month-long Cybersecurity campaign every October. In the event of an accidental disclosure or privacy breach the Privacy Officer is responsible for developing an action plan to address the disclosure based on the level of disclosure. This includes: - Re-education of staff. - Liaising with the College’s insurance company which has cybersecurity coverage. - Investigating the root cause via a third-party Cybersecurity organization (CyberClan). - Networking with the College’s legal firm for advice and assistance on any formal communications. - Briefing Council on the privacy breach and the outcomes. - Informing the party whose information has been disclosed/ breached. - Potentially reporting to the Office of the Privacy Commissioner of Canada depending on the level of the breach. - Offer the party whose privacy has been breached support tools such a one-year subscription to monitoring accounts and credit standing. - Liaising with various vendors to explore any additional safeguards available to prevent a re-occurrence. - In the event of an emergency, a media statement may also be released (in consultation with a contracted third-party) in accordance with the College’s robust Media Press policy.	

Benchmarked Evidence

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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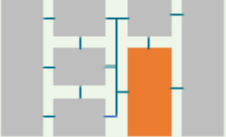
		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. <i>Benchmarked Evidence</i>	The College fulfills this requirement:
			Met in 2023, continues to meet in 2024
			Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The Council’s Standards Committee, whose role is outlined in the approved Terms of Reference, is delegated the responsibility to develop, undertake consultations on, and approve Standards of Practice, Guidelines and policies governing the profession. In addition, the Standards Committee annually reviews and makes recommendations to the Council for any new additions, or amendments to the Regulations made under the <i>Naturopathy Act, 2007</i> and the by-laws as they pertain to the Standards of Practice of the profession. The Inspection Committee (IC), which oversees the IVIT Program and standards within IVIT premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval. All Standards, guidelines and policies are posted on the College’s Website. All Committee Terms of Reference are posted on the College’s Website. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. Benchmarked Evidence	The College fulfills this requirement: Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, polices: Documentation Collection and Review Preliminary Draft Line by Line Review and Edit by Committee Second Draft Line by Line Review and Edit by Committee Public Consultation Feedback Review and Edit by Legal Counsel Third Draft Line by Line Review and Edit by Committee Final Draft submitted for Council Approval The Council established a Standards Committee tasked with the reviews and/or development of standards of practice, guidelines and policies. The process typically undertaken by the Committee, generally begins with staff of the College initiating extensive research to determine where best practices may lie or where there is evidence to support current programming or programming changes. This often includes, but is not limited to, collection of information from other Ontario Health Regulatory Colleges, review of educational requirements and curriculum details, information from other naturopathic jurisdictions, government reports and research/studies. Following the compiling of documentation, a draft is created for review by the committee (which includes both members of the profession and the public). The preliminary draft is focused on the content, specifically whether it reflects current practice and/or trends in practice, the public interest and protection and whether the draft material mitigates the risk to the public. Following the line-by-line review and edit by the Committee, the draft is often circulated to other relevant College committees, including the EDI Committee, to seek their feedback on the impact, equitability, public perspective or unintended consequences of the draft material. Based on the feedback of other College committees, a second draft is created, and a line-by-line wording review completed. Depending on the document, the Committee may also initiate a public consultation and seek legal advice as necessary. All consultation feedback is provided to the Committee who will consider and amend the draft as necessary. A final line-by-line wording review is undertaken and where applicable, submitted to Council for consideration and approval. If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	Yes
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		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:		Yes
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.		
			The College’s EDI Committee whose role, as outlined in the approved Terms of Reference, includes ensuring that appropriate policies are developed that reflect the values of the Council and its commitment to equity, diversity, inclusion and an environment that is free of bias, discrimination and racism, as well as reviewing the College’s regulatory framework and processes to ensure that they are equitable to all individuals within society. In 2023, the College in conjunction with the EDI Committee, began the rollout and usage of a lens tool for use by all College Committees to equip them with a tool for thoroughly considering equity, diversity, inclusion and belonging when undertaking review of existing policies, guidelines, and standards, and when developing new materials. All newly developed standards, guidelines, policies and program materials are being provided to the College’s EDI committee for review and consideration in order to promote Equity, Diversity and Inclusion in all College materials. In addition the Quality Assurance Committee, in collaboration with the EDI Committee developed an online Self-Assessment on EDI for registrants to use to help consider EDI in their practice and to foster a discussion and consideration of EDI principles and values.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Registration Program policies set out the documentation required to support the assessment of whether an applicant has met the requirements for registration. For each document, specifics pertaining to “validity” (what must be completed and by when for it to be recognized as valid), format (e.g., whether original hardcopy is required or softcopy is accepted), and the means for submission (e.g., which documents must be sent from the issuing body as opposed to those which may be provided by the applicant) are noted. This information is further defined in supporting applicant materials (e.g., Application for Registration Handbook). Applications for registration are handled as a 3-step process, with specific information and documentation to allow for the assessment of an applicant's eligibility for issuance of a certificate, being collected and verified at each given stage. Where deemed necessary, additional information or clarification is sought from third parties (e.g., other regulatory bodies where the applicant currently holds or has held registration, former employers who have provided evidence of practise on the applicant's behalf, police agencies who have issued a CPIC, etc.). Registration staff utilize an entry-to-practise checklist which aligns with the requirements set out in the Registration Policy and in the Registration Regulation, for logging receipt of application documentation and assessing whether an applicant has met set eligibility criteria for issuance of a certificate of registration, or whether a referral to a panel of the Registration Committee is required based on reasonable doubt of the applicant having satisfied any of the requirements. In the review of applicant files, a three-tiered review and verification process is employed (reviewed by the Coordinator, Manager and Director) of all submitted documentation, requiring an approval at the Manager and Director level before the applicant is eligible to move forward in the process. In the case of referred applications for registration to a panel of the Registration Committee, this is extended to a four-tiered review with the addition of the CEO who must sign-off on the referral.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under

any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The criteria for assessing whether an applicant meets registration requirements are set out in the Registration Program policies approved by the Council. These policies are reviewed on a semi-regular basis by staff and by the Registration Committee, with any amendments approved by the Committee provided to Council as part of its consent agenda. Supporting operating policies, which are internal, procedural documents to assist staff in carrying out registration duties are reviewed within the department and approved by the Senior Management Team of the College as updates are made to program policies, or the systems used by the College (e.g., a change in database which impacts a procedure). Outside of scheduled reviews, policy reviews may be triggered based on a need identified by a third party, such as the Office of the Fairness Commissioner, a change in regulation, EDIB consideration or by staff of the College. When proceeding to amend existing or draft new policies, staff of the College review the policies of other Colleges, and/or conduct an environmental scan which may include seeking additional input through the Ontario Regulators for Access Consortium (ORAC) group or through direct communiques with specific Colleges (e.g., those who have similar Registration Regulation requirements) to determine best practices. Registration Criteria Last Reviewed/Updated Registration Policy (last updated March 2024) Language Proficiency Policy (last reviewed and updated March 2024) Proof of Identify Policy (last reviewed and updated March 2022) Good Character (last reviewed and updated July 2021) Alternative Documentation Policy (last reviewed March 30, 2022)	

	Registration Regulation (January 2023, updated August 2023)	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		

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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.			
c.	A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
		• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.	
		To maintain their certificate of registration, registrants registered in the General or 'practising' class must practise the profession for a minimum of 750 hours every three years. All registrants must be of good character, as set out in Section 4 of the Registration Regulation and includes similar provisions to those required of applicants for registration. Currency and competency requirements were determined through staff research, Committee and Council discussion, and consultations (both public and Ministry related) as part of drafting and finalizing the Registration Regulation prior to proclamation of the <i>Naturopathy Act, 2007</i> in 2015.	
		Requirements regarding currency hours, as set out in the College’s Registration policy, were updated in 2024 to stipulate that 100% of the minimum practise hours required of NDs in the General and Emergency classes must be in the provision of direct patient care. An onboarding provision, to allow registrants in the General class a period of time to adjust their practise to meet these new requirements, was also added to the Registration policy.	
		Registrants are required to provide self-declared information regarding currency (number of practise hours, breakdown allocation of activities related to practise of the profession) on an annual basis (at registration renewal) and good character on a continual basis, i.e., both annual declarations at renewal which are flagged by the system for staff review, and Registrant reporting requirements, which require a Registrant to notify the College within 30 days of receipt of notice of a finding or similar issue affecting good character as per 4(2) of the Registration Regulation.	
	At close of renewal each year, a currency report is run and reported currency hours are audited to allow staff to identify registrants who will have satisfied the requirement over each three-year reporting period and those who may be deficient. Registrants who have not met currency requirements are provided with the following options: a) elect to be referred to the Quality Assurance Committee for a Peer & Practise assessment, b) move to the Inactive class of registration, c) enter into an Undertaking not to practise the profession, e.g., to have a non-clinical Term, Condition or Limitation (TCL) applied to their certificate of registration or d) be referred to a panel of the Registration Committee for a determination of necessary additional training or education (i.e. “refresher program”) which must be completed by the Registrant.		

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)		

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
	- Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: Choose an item.	
	Based on the OFC’s last assessment of the College’s registration practices, the College has been assigned a “low risk” rating under the OFC’s Risk Informed Compliance Framework (applicable for the period April 1, 2024-March 31, 2026).	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Met in 2023, continues to meet in 2024
			- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided - Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> In 2024 the College’s Standards Committee initiated a public consultation on updates and amendments to 19 Standards of Practice. In support of this consultation the College created overview and summary materials and held an “In Conversation With...” open to all registrants and members of the public that answered questions, discussed the intent of the consultation and provided a summary of the major amendments. In 2024, the College continued its Regulatory Education Program to provide registrants and members of the public with access to education and information about the regulations and standards of the College. This program aligns with the Council’s Strategic Plan and included a number of sessions, conducted on-line, each 60-90 minutes in duration where key regulatory concepts were discussed. These included important concepts like informed delegation, record keeping, mandatory reporting and the patient’s pathway. These sessions were recorded live and available for later access by registrants. As noted above, the College received a total of 1827 registrations for the seven live REP events, of which 725 were unique individuals.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item. Additional comments for clarification (optional)

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Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;	The College fulfills this requirement:
		Met in 2023, continues to meet in 2024
		• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • <i>If yes, please insert link to the policy.</i> The Quality Assurance Program policy requires the Quality Assurance Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer & Practice Assessment. In making its determination, the Quality Assurance Committee reviews the prior year’s assessment outcomes, Complaint and Discipline data in the most recent Council report, annual data from the College’s Annual Report and statistical information from the Manager of Professional Practice related to areas of inquiry from the public and the profession to determine areas of concern to be proactively addressed.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item. Additional comments for clarification (optional)

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> – <i>Public</i> Choose an item. – <i>Employers</i> Choose an item. – <i>Registrants</i> Choose an item. – <i>other stakeholders</i> Choose an item. The Quality Assurance Regulation and Program policies outline that each year the Quality Assurance Committee shall randomly select registrants to undergo a peer and practice assessment. This selection process is random in nature and excludes any Registrant who: • Holds an Inactive certificate of registration. • Has a certificate of registration under suspension. • Has held a general class certificate of registration for less than 3 years. • Has completed a College Peer & Practice assessment in the previous 5 years. Following a completed assessment, where deficiencies are noted, the Committee provides the Registrant with a list and details of the identified deficiencies and an opportunity to remedy any concerns in advance of requiring additional remediation activities. The College has implemented a right touch approach to CEO investigations, has established a number of operating policies and regularly follows up with suspended registrants to remind them about their advertising. This helps to avoid initiating investigations into advertising/practising while suspended. Minor items, which may be considered low risk with little to no impact directly on a patient, where there is no formal complaint, are reviewed by staff and referred to Manger, Professional Practice who provides information to the Registrant on the potential concern and possible ways to remedy the deficiency.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. • Peer & Practice Assessors utilize a 1-4 scale to rate a Registrant’s response to the various components of the Peer & Practice Assessment program. Quality Assurance Policies outline the potential for remediation depending on the rating. Any rating of 3 or 4 is referred to the Quality Assurance Committee for consideration. During the Assessment, the Peer Assessor discusses any identified deficiencies with the Registrant and possible methods to self-remediate. As previously noted, the Quality Assurance Committee provides all registrants with an opportunity to self-remediate prior to requiring specific action. Where the self-remediation actions are deemed to be insufficient, the Committee may require an individual to participate in a Specified Continuing Education or Remediation Program, direct the CEO to impose Terms, Conditions or Limitations or disclose the name of the Registrant to the Inquiry, Complaints & Reports Committee. To date the Quality Assurance Committee has not had to require any of these remediations based on the outcome of a Quality Assurance Assessment.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Registrants who do not complete their Continuing Education (CE) requirements by submitting their CE and professional development log by the annual September 30th deadline are reviewed by the Quality Assurance Committee. In 2024, the Quality Assurance Committee granted all registrants who failed to submit or were deficient in meeting their CE requirement an extension until February 28, 2025, to remedy and complete the requirement. Registrant CE logs are reviewed by College staff and those that fail to meet the extension requirement are referred to the Quality Assurance Committee who may either grant the Registrant a further extension or deem them as non-compliant with the Quality Assurance Program and require them to undergo a Peer & Practice Assessment. As noted under Domain 6, Measure 9.2, registrants deemed not to have met currency requirements under section 6(1) of the Registration Regulation may elect to complete a refresher program approved by the Registration Committee. In its decision, the Registration Committee sets out a specific deadline for refresher program completion (typically no more than 6 months from point of review). Deadlines are monitored by Registration staff via a currency audit tracker. Registrants who fail to complete their approved refresher program are referred by the CEO to the Quality Assurance Committee for a Peer and Practice Assessment in accordance with section 6(2) of the Registration Regulation.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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DOMAIN 6: SUITABILITY	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy);	The College fulfills this requirement: Yes • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. The College’s website provides several resources about the formal policies and procedures followed for the complaint process, including: • Complaints-Investigations. • Complaints Process. • How to file a Complaint. • Complaints-Discipline for NDs. • Alternative Dispute Resolution. • Patient Therapy & Counselling Fund. Staff in the Professional Conduct area of the College spend a great deal of time one on one with complainants and registrants to explain the complaint process and this includes ensuring that complainants are fully informed and aware of all steps in the process, understand their role, the role of the Registrant, College staff, and the committee, and potential outcomes. During a complaint investigation, College staff maintain regular contact with complainants providing updates when the status of a complaint changes and explanation of any process delays. If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

		and;	<i>Additional comments for clarification (optional)</i>
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The Inquiries, Complaints and Reports Committee (ICRC) maintains Program Policies and detailed Procedure Manuals that outline the information required for formal complaints and includes template letters and procedures for requesting additional information. As each complaint is different, a panel of the ICRC reviews all materials received and determines if additional relevant information may be required.	
		Benchmarked Evidence	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			The College responds to inquiries within 5 business days 100% of the time.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
		• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available.		
		The College ensures that all of its materials related to the complaints process are available online and in English and French. The College provides all information about the process, options (including alternative dispute resolution), potential outcomes and resources are made available to all complainants and registrants either upon request prior to the filing of a formal complaint or, if no inquiry is made in advance, upon receipt of the formal complaint.		
		The College has available a telephone translation provider who can provide direct verbal translation over the phone, and the College website staff directory provides information on languages staff members can effectively communicate in for additional assistance		
		The College continues to maintain on its website summaries of current and closed complaint and report matters. The summaries provide an update on the allegations and the current status of the matter.		
		The College’s website has undergone usability testing as well as plain language reviews to ensure comprehension for all about the processes. The College has created a number of resources and flowcharts for visual summaries of expectations in the complaints process.		
		In the interest of providing resources and support to both complainants and registrants the College also created a webpage providing guidance to registrants on how to formulate and submit a response to a complaint.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		

		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.	
			The Complaints process on the College website describes expected timeframes and communication to be sent by the College. Confirmation letters issued to complainants contain contact information for the College’s relevant staff and reasons for any potential delay. These notices are sent in accordance with s. 28 of the HPPC. In addition to regular notices regarding the status of complaints and discipline matters, the College also maintains a listing of all complaints and reports under investigation and discipline matters in process. The webpages are publicly available and include a summary of the matter and the current stage of the process.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		Additional comments for clarification (optional)	
		Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			The College’s ICRC receives annual training from legal counsel ensuring that the Committee is up to date and aware of the most recent changes to legislation and case law.	
The ICRC Program policies were last revised and approved by the Committee in 2023. The Committee made amendments to align with the Terms of Reference and included information related to the information provided to HPARB and College representation at case conferences.				
		The College maintains the ICRC decision-making matrix and risk categories on its website and are used when making a decision with regards to a matter. Incoming complaints/concerns are reviewed by senior staff. Where the matter is of an urgent nature and public safety is at question, emergency ICRC meetings are scheduled, and action considered by the panel.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
		Choose an item.		

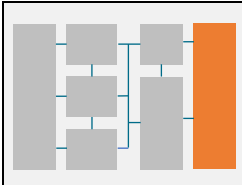
			<i>Additional comments for clarification (optional)</i>
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DOMAIN 6: SUITABILITY	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
			The College relies on the exceptions in section 36 of the Regulated Health Professions Act which allows for the disclosure and sharing of information under certain circumstances. In 2024 the College has shared information in the following contexts: • Other Ontario Regulators for the purposes of: ○ Providing information about other regulated health providers holding out as naturopaths and copies of Cease-and-Desist Letters; ○ Providing information about College registrants that may be holding out as other registered practitioners; and ○ Coordinating investigations of complaints filed about dual registrants • Other Canadian Regulators: ○ When a Registrant applies for registration in another jurisdiction, the College shares information about investigations, decisions and reasons and records of investigations where applicable to suitability to practice; and ○ Provides information about practitioners in another jurisdiction who may be holding out as being able to practise in Ontario. • Police Services	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	

			<i>Additional comments for clarification (if needed)</i>
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		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response		
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. For its evaluation the College uses KPI’s that are in the annual Operational Plan. The Operational plan ensures we fulfill our core mandate to protect the public and oversee the practice of naturopathy. To achieve this, each indicator in the Operational Plan is weighted equally. This plan is broken out into four components: Part 1: Regulate the Profession. This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature and must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and their key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting. Part 2: Governance This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff, work to move the College forward. Part 3: Corporate Activities This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College. The operational indicators also include quarterly financial reporting (budget against actual expenses) including a variance report which explains any line item that has a greater variance than 10% of the budget. </td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
The College fulfills this requirement:	Met in 2023, continues to meet in 2024				
Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. For its evaluation the College uses KPI’s that are in the annual Operational Plan. The Operational plan ensures we fulfill our core mandate to protect the public and oversee the practice of naturopathy. To achieve this, each indicator in the Operational Plan is weighted equally. This plan is broken out into four components: Part 1: Regulate the Profession. This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature and must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and their key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting. Part 2: Governance This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff, work to move the College forward. Part 3: Corporate Activities This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College. The operational indicators also include quarterly financial reporting (budget against actual expenses) including a variance report which explains any line item that has a greater variance than 10% of the budget.					

			Part 4: Program Development This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year, as well as the priority projects identified by the Directors and Managers within the College. In 2024, the above format continued to be used to align with the Operational Plan for that year.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

-

		Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against:	The College fulfills this requirement:
		i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);	Met in 2023, continues to meet in 2024
		ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and	Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The Council receives the Regulatory Operations Report six times per year as part of each of its meetings. As part of this report, the Chief Executive Officer (CEO) reminds the Council that this oversight report is provided to allow them to ensure that all regulatory activities are being undertaken as required and provides explanations when they are not. Trending information that can be elicited from the report, based on its design, also allows the Council to look at regulatory activities from a risk-based regulation perspective. What issues are arising with more frequency, what kinds of matters are increasingly becoming the basis for complaints and what is the intention of the CEO to address these matters. A copy of the Regulatory Operations Report may be found on page 87 of the January 2024 Council meeting materials package. In addition to the Regulatory Operations Report, the Council also receives a broader Operations Report that provides information to the Council about all operational activities of the College. This report is provided following the conclusion of the sixth and then the 12th month of the operations covered by the plan and allows the Council to see what progress has been made on broader College activities, receiving information as to what has been happening to impact these activities and to make inquiries of the CEO. Again, from a risk perspective, the Council can determine whether activities that are not on track present a risk to the College. The mid-year report may be found on page 181 of the November 2024 Council meeting materials package. Finally, to-date, the Council’s risk management approach has been to consider risk as part of the reports that it receives as well as within the briefing on issues and matters being brought before the Council. At page 90 of the May 29, 2024 Council meeting materials package includes an example of how briefing notes brought to the Council form a part of the Council’s risk management approach.
		iii. its risk management approach.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	

[illegible]

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. Benchmarked Evidence	The College fulfills this requirement:	Yes
	Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
	Improvement opportunities are presented to the Council for every item on its agendas throughout the year. The following summarizes these opportunities.	
	- When the Council receives the draft Operational Plan and the draft Capital and Operational budgets, it is presented with the opportunity to consider the work of the prior year as has been reported and to identify any areas where improvements might be needed. - When the Council receives the Regulatory Operations Report at each of its meetings, it can identify the activities being completed and those not undertaken, assess its risk and direct that improvements be made to those activities. It can also direct that the reports be modified to provide any information that it feels will be helpful in performing its oversight role. - When Council receives the mid-year and end of year Operations Report, it can review the activities that have been undertaken and those that have been deferred or delayed, assess the risk and direct that improvements be made.	
If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Please insert a link to the College’s dashboard or relevant section of the College’s website. All reports tabled with the Council are made available presently as part of the Council meeting materials agenda and packages on the website. In addition, the Operational Plans are also made available in the resource library of the College’s website.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

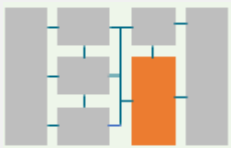
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Self-Assessment	1645		
ii. Continuing Education Reporting	525		
iii. Peer & Practice Assessments	141		
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
-			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i>	

Table 2 – Context Measures 2 and 3

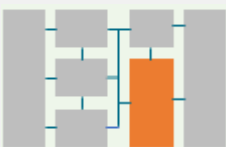
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2024	2301	--	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	1	0.04%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

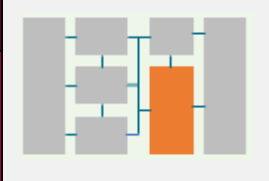
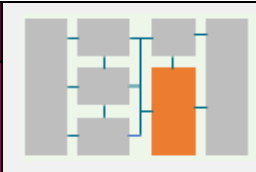
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.			
Additional comments for clarification (if needed)			
One registrant was referred to the Quality Assurance Committee (QAC) to undergo remediation for failure to complete the Continuing Education Component of the QA Program. The registrant failed to comply with the QAC ordered remediation and was referred to the Inquiries Complaints and Reports Committee for investigation for failure to comply with the QA Program.			

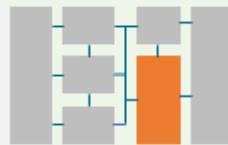
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	1	2	3	33.5	
II. Billing and Fees	5	12	0	0	
III. Communication	11	25	0	0	
IV. Competence / Patient Care	15	34	0	0	
V. Intent to Mislead including Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	6	14	2	22	
VII. Record keeping	1	2	0	0	
VIII. Sexual Abuse	2	4.5	0	0	
IX. Harassment / Boundary Violations	2	4.5	0	0	
X. Unauthorized Practice	0	0	1	11	
XI. Qther <please specify> IVIT	1	2	3	33.5	
Total number of formal complaints and Registrar’s Investigations**	25	100%	4	100%	

Formal Complaints NR Registrar’s Investigation <i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

-

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	25		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	4		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	4		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	1	3.5	
II. Formal complaints that were resolved through ADR	1	3.5	
III. Formal complaints that were disposed of by ICRC	5	17	
IV. Formal complaints that proceeded to ICRC and are still pending	18	62	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	3.5	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	20						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	1	5	3	0	0	
II. Billing and Fees	1	0	3	4	0	0	
III. Communication	1	3	0	1	0	0	
IV. Competence / Patient Care	1	2	3	3	0	0	
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	
VI. Professional Conduct & Behaviour	1	1	6	4	0	0	
VII. Record Keeping	0	1	1	1	0	0	
VIII. Sexual Abuse	0	0	0	0	0	0	
IX. Harassment / Boundary Violations	0	0	0	1	0	0	

X.	Unauthorized Practice	0	0	0	0	0	0
XI.	Other <please specify>						
• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions. NR							
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.							
Additional comments for clarification (if needed)							

Table 7 – Context Measure 11

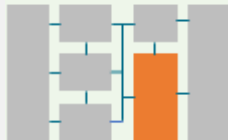
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2024	304	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2024	218		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

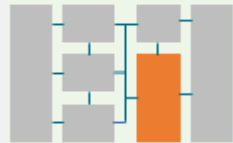
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2024	0		
II. A contested discipline hearing in working days in CY 2024	0		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

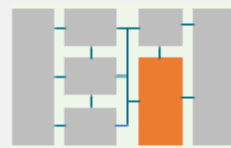
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

<i>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</i> <u>NR</u>
<i>Additional comments for clarification (if needed)</i>

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	0		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-[Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar’s Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant’s Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to “revoke” the certificate which terminates the registrant’s registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant’s Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory College’s website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



The College of Naturopaths of Ontario

BRIEFING NOTE Election of Officers of the Council 2025-26

PURPOSE: To present to the Council information about the upcoming election of Officers for 2025-26.

OUTCOME Acceptance

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

PROCESS:

Activity:	The CEO will provide the highlights of the process for the elections.		
Results:	Council is asked to be aware of the information and process.		
Overall Timing:	10 minutes		
Steps/Timing:	1.	Review of Election Process	7 minutes
	2.	Q & A from Council members	3 minutes

BACKGROUND:

In accordance with its annual planning cycle and the College by-laws, the Council will be electing the Council Officers at its next meeting, May 28, 2025. The positions being elected include:

- Council Chair,
- Council Vice-Chair,
- Officer-at-Large (3).

Together, these positions form the Executive Committee of the Council.

Composition

In accordance with the by-laws, one of the Council Chair or Council Vice-Chair must be a Public member and the other a Professional member. As the Executive Committee must have 2 Public members, one of the three Officer-at-Large positions must be held by a Public member and the other two by Professional members.

All positions are elected for a one-year term commencing on May 28, 2025 and ending on or about May 27, 2026.

The formal Call for Nominations will be issued to Council members in early April 2025 with a deadline for nominations set as 5:00 pm on Wednesday May 21, 2025.

DISCUSSION POINTS:

Process for Nominations and Consent

Step 1: Expressing an interest in being nominated.

For those interested in seeking election for an Officer position on the Executive Committee, your first step is to arrange for two Council members to support your nomination. To do so, it is strongly recommended that you contact these individuals directly to confirm their support for the nomination. Contact information provided by Council members may be found [here](#).

With the names of the Council members who support the nomination in hand, you may then submit their “Expression of Interest” in being nominated for election using an on-line form. You will be asked to provide the following information:

1. Your name.
2. Your status (Professional or Public member).
3. The position in which they are interested (selected from a drop-down menu).
4. Information about their first nominator (selected from a drop-down menu).
5. Information about their second nominator (selected from a drop-down menu).

While an individual may only hold one Officer position, they can seek nomination for two or more positions; however, to do so, they must submit their expression of interest for each position, separately.

Once the information is entered, you can submit your “Expression of Interest”. You are now herein referred to the Interested Person.

Step 2: Formal Support from First Nominator

The first Council member identified by the Interested Person as someone who will support their nomination receives an automated e-mail asking them whether they agree to the nomination. An on-line form is provided to allow them to agree or to decline.

If they agree, the process moves to Step 3. If they decline, the Interested Person will be notified. If there is sufficient time before the close of nominations, the Interested Person may submit a new “Expression of Interest” form.

Step 3: Formal Support from Second Nominator

The second Council member identified by the Interested Person as an individual who will support their nomination now receives an automated e-mail asking them whether they agree to the nomination. An on-line form is provided to allow them to agree or to decline.

If they agree, the process moves to Step 4. If they decline, the Interested Person will be notified. If there is sufficient time before the close of nominations, the Interested Person may seek to resubmit a new “Expression of Interest” form.

Step 4: Consent to Nomination

Assuming both the first and second nominator have agreed to support the nomination, the Interested Person is now formally asked to consent to the Nomination. The Interested Person will receive an automated e-mail asking them whether they consent to be nominated. An on-line form is provided to allow them to consent or not. Consenting to the nomination is a critical step and one that is most often missed.

Accepting the nomination will result in notification of official nomination for election to the specified position. Declining the nomination will result in no nomination being made and no further action being taken.

Process for Election

GP23 – Process for Election of Officers (copy attached) sets out the rules governing this election. For clarity, the following dates apply:

Date	Activity
April 7, 2025	Call for Nominations is released.
May 14, 2025	List of nominations received to-date circulated to Council.
May 21, 2025	Deadline for submission of nominations for election (5:00 pm ET)
May 23, 2025	List of eligible candidates for election to the offices is circulated.
May 28, 2025	Election of Officers during Council meeting.

Although a Council member may be nominated for more than one Officer position, they may only hold a single office. Therefore, in accordance with GP23, the election of Officers will begin with the position of Chair, followed by Vice-Chair, Officers-at-Large (Public members), and finally Officers-at-Large (Professional members). All Council members, including newly elected members, are eligible for election to an officer position.

If only one person is nominated for a position, they will be deemed elected by acclamation. If no nominations are received for a position, a process for nominations from the floor will be initiated. In this case, a motion to nominate an individual is made, a seconder to the motion and the consent of the nominee are required for the motion to be valid.

Eligibility for Nomination

As noted above, two officer positions must be filled by Public members and three filled by Professional members of the Council. One of the Chair or Vice-Chair must be a Public member; however, there are no restrictions as to which of the two must be represented by a Public member.

It is also noted that a person can only hold an Officer position for three consecutive years. Once they have maximized their terms, they are ineligible for that position although they may seek an alternate Officer position.

Roles of the Officer Positions

A detailed description of the roles and likely time commitment of each position is attached as an appendix to this briefing; however, this discussion of the Council provides an ideal opportunity to seek further clarification from incumbents.

ANALYSIS

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

- Strategic risk:
 - Reputation risk is contingent on the ability of the Council to elect officers as failure to be able to do so would breach the legislative framework. There is a general assumption that those who are elected will continue to be highly supportive of the public interest mandate of the College and Council.

Privacy Considerations – There are no privacy considerations given this is a democratic election for the Officer positions.

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. The public election process ensures transparency and accountability.
- Consistent approaches. The election process is consistent across Colleges although some eligibility requirements may vary.

Financial Impact – There are no financial implications on this matter.

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.

- It is a statutory requirement that the Officer positions be elected annually and in accordance with the College by-laws.
- The Officer positions are a key element of serving the public interest as they become the leadership of the organization.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered by ensuring equal access by all Council members to the election process, ensuring that all Council members are briefed on the eligibility and work requirements of the positions.

Andrew Parr, CAE
Chief Executive Officer
March 2025

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 6.04
	Title	Policy No. GP23.04
	Process for Election of Officers	Page No. 1

Annually at the first meeting following the regular election of Council members, and, in the event that the Officer positions become vacant as set out in the by-laws, the Council will hold democratic and open elections for the positions of Officers of the Council.

- Accordingly,
- 1 The elections will be supervised by the CEO.
 - 2 The CEO may appoint scrutineers to assist in the election.
 - 3 Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, or should a position become vacant, the CEO shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large to indicate so, in writing to or on a form set by the CEO.
 - 4 A Council member's intent to seek office must be supported by two other Council members either electronically or on a form set by the CEO no later than 5:00 p.m. on the day one week before the meeting of Council when the election of Officers shall take place.
 - 5 Where no candidate is nominated for a position or, in the case of Executive Committee members at large where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.
 - 6 The CEO shall, prior to the deadline indicated in section 4 but not more than one week prior to that deadline, inform all Council members about any Council members' intent to seek election that has been submitted up to the point.
 - 7 At least five (5) days prior to the meeting of Council when the election of officers shall take place, the CEO shall circulate to the Council a list of the eligible candidates for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large.
 - 8 A Council member may withdraw as a candidate at any time before the election.
 - 9 At the meeting of Council when the election of officers shall take place, the CEO shall present the names of eligible candidates who have indicated their interest for the position of Council Chair.
 - a) Where there is only one nominee for a position, that person shall be elected by acclamation.
 - b) In the event that there is more than one candidate for the office, the voting will be conducted by ballot or by electronic voting means, with the result being tabulated and then recorded and reported by the CEO.
 - c) Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot).
 - d) The election of a candidate shall be confirmed by a majority vote of those present and voting.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 6.04
	Title	Policy No.
	Process for Election of Officers	GP23.04
		Page No.
		2

- e) Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot or electronic voting means, vote on the remaining candidates until one candidate receives a majority vote.
 - f) In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.
- 10 The results of each election will be tabulated and reported by the CEO, with the number of votes accorded to each candidate to remain confidential.
 - 11 Once the Council Chair is elected, the Council Vice-Chair shall be nominated and elected in a similar manner.
 - 12 Once the Council Vice-Chair has been elected, the Officer-at-Large positions shall be filled in a similar manner, with the following modifications.
 - a) Council shall first elect the Officer-at-Large position(s) to be filled by Registrants(s).
 - b) Once the required number of Registrants has been elected, Council shall elect the remaining Officer-at-Large position(s) to be filled by Public member(s).
 - c) Where two or more positions are available for a Registrant or a Public Member, they may be elected on one ballot.
 - d) The required number of candidates who receive the most votes cast on the ballot shall be declared elected and a majority vote is not required.
 - 13 Once the election is completed, the CEO shall call for a motion to destroy the ballots or any record of the electronic voting system.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	March 29, 2023



The College of Naturopaths of Ontario

The Executive Committee and the Roles of the Officers

As the Council of the College of Naturopaths of Ontario heads into the election of the Officers and the Executive Committee, the following information is provided to allow Council members an opportunity to understand the roles of the Committee, the Officers, and the time commitment that is involved.

Executive Committee

The following summary of the role of the Executive Committee has been provided by Richard Steinecke, now retired Partner, Steinecke, Maciura, LeBlanc:

- **Priority:** Coordinates Council and Committee work between Council meetings.
- Makes any decision that Council could make that is considered an emergency by the Council Chair (other than making by-laws and regulations).
- **Reporting:** To Council.

Time commitment:

- Periodic meetings of Executive Committee on urgent matters (per diem).
- Each Committee member will also sit on a second Committee (per diem).
- Review e-mail daily for urgent matters raised by the CEO or Council Chair (unpaid).
- Respond to approximately 2-3 e-mail inquiries per month (unpaid).

Role of the Council Chair

The Council Chair is the Chair of Council meetings and the Chair of the Executive Committee. They are also the primary contact with the CEO, who oversees the operations of the College and performs the duties of the “registrar” as set out in the Code. The Council Chair is also traditionally one of two spokespersons for the College, along with the CEO. Finally, the Chair will represent the Council in regular meetings with system partners such as the Association and the Ministry of Health.

Time commitment:

- Six half-day meetings of Council and one full day of training (per diem).
- Preparation time for meeting, up to a half day (per diem).
- Periodic urgent meetings of the Executive Committee as needed (per diem).
- Preparation time for Executive Committee meeting (per diem).
- Full day meetings as a sitting member of a second Committee (per diem).
- Three to four half-day meetings of CEO Performance Review Panel (per diem)
- Preparation time up to a half-day for completion of CEO’s Annual Performance Appraisal forms (per diem)
- Responding to e-mail inquiries from the CEO, 3-4 hours per month (unpaid).
- Teleconference meetings with members of Council and staff, 1-2 hours on average per month (unpaid).
- Representing the Council at meetings with stakeholders, 1-2 hours on average per month (per diem).
- Regular liaison with Council Vice-Chair, 1-2 hours per month (unpaid).
- Attending up to four, 90-minute meetings per year with each of the three key stakeholders including the Ministry of Health, Ontario Association of Naturopathic Doctors, and Canadian College of Naturopathic Medicine (per diem).

Role of the Council Vice-Chair

The Council Vice-Chair is the alternate Chair of the Council and Executive Committee. As such, there is an expectation that the Council Vice-Chair will be aware of and conversant on major issues facing the Council. The Council Vice-Chair role also, traditionally, assumes the role of championing the development and implementation of appropriate governance structures and strategic planning initiatives.

Time commitment:

- Six half-day meetings of Council (per diem).
- Preparation time for meeting, up to a half day (per diem).
- Periodic urgent meetings of the Executive Committee as needed (per diem).
- Preparation time for Executive Committee meeting (per diem).
- Full day meetings as a sitting member of a second Committee (per diem).
- Three to Four half day meetings of CEO Performance Review Panel (per diem)
- Preparation time up to a half day for completion of CEO's Annual Performance Appraisal forms (per diem)
- Responding to e-mail inquiries from the CEO, 2-3 hours per month (unpaid).
- Teleconference meetings with members of Council and staff, 1-2 hours per month (unpaid).
- Regular liaison with Council Chair, 1-2 hours per month (unpaid).
- Reviewing governance and strategic planning matters, 1-2 hours per month (unpaid).
- Attending meetings on behalf of the Council Chair when they are unable to attend (per schedule above).

Role of Officers-at-Large

In addition to the Council Chair and Council Vice-Chair, the Executive Committee is comprised of three additional Council members. These Council members are deemed under the by-laws to be Officers-at-Large and they attend Executive Committee meetings and fulfill the responsibilities outlined above. They are also asked to review e-mails and respond to inquiries from the CEO.

Time commitment and remuneration:

- Six half-day meetings of Council (per diem).
- Preparation time for meeting, up to a half day (per diem).
- Periodic urgent meetings of the Executive Committee as needed (per diem).
- Preparation time for Executive Committee meetings (per diem).
- Full day meetings as a sitting member of a second Committee (per diem).
- Responding to e-mail inquiries from the CEO, 2-3 hours per month (unpaid).
- Teleconference meetings with members of Council and staff, 1-2 hours per month (unpaid).

Updated: March 19, 2025



The College of Naturopaths of Ontario

**Council Meeting
March 26, 2025**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (6:6)		Dr. Brenda Lessard-Rhead, ND (Inactive) (2:6)
Dr. Amy Armstrong, ND (6:6)		
Mr. Dean Catherwood (5:6)		
Ms. Lisa Fenton (6:6)		
Ms. Sarah Griffiths-Savolaine (6:6)*		
Dr. Denis Marier, ND (6:6)		
Ms. Marjia Pajdakowska (2:2)		
Mr. Paul Phillion (6:6)		
Dr. Jacob Scheer, ND (4:6)		
Dr. Jordan Sokoloski, ND (6:6)		
Dr. Erin Walsh (Psota), ND (6:6)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director, Operations		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

*Left meeting at 10:15 a.m.

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:17 a.m. and welcomed everyone to the meeting. He noted that due to Mr. Andrew Parr's, CEO, illness, Mr. Jeremy Quesnelle, Deputy CEO, Regulation, and Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, will be speaking on his behalf throughout 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:	Erin Psota
SECOND:	Denis Marier
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 changes to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Lisa Fenton
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded the Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members were 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. He welcomed and responded to questions from the Council.

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

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

The Report on Regulatory Operations at February 28, 2025, from the CEO was circulated in advance of the meeting. Mr. Quesnelle 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 February 28, 2025, from the Deputy CEO, Regulation on behalf of the CEO.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3

The Variance Report and the Unaudited Financial statements ending December 31, 2024 (Q3) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director, Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter ending at December 31, 2024, as presented.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitations Policies

Council members were asked if they had any questions or matters to note with respect to the Executive Limitations policies based on the 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) 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.

5.02 Detailed Review (as per GP08) – Governance Process Policies (Part 2 - GP18-GP33)

The Chair, Dr. Jordan Sokoloski, ND, a member of the Governance Policy Review Committee (GPRC), gave a presentation regarding GPRC's survey results that were completed by Council members regarding GP18-GP33 in advance of the meeting and supporting information to clarify submitted questions in relation to a given policy. For instance, explaining that 'determine by lot' means that should there be a tie in the election of an officer position, someone will be chosen by random (i.e. shortest straw wins) in reference to GP23.04 - Process for Election of Officers. In addition, he provided a summary of the information within each of the policies and responded to any questions throughout the presentation.

5.03 Revised Committee Structure

The Chair, Dr. Jordan Sokoloski, ND, member of GPRC, provided a detailed overview of the proposal to consolidate and reduce the number of Committees of the Council on behalf of the GPRC as outlined in the Briefing Note, and highlighted the amendments to the related Terms of Reference which were included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to consolidate and reduce the number of Committees of the Council and the corresponding amendments to the related Terms of Reference as presented.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

6. Business

6.01 Annual Operational Plan

A comprehensive Briefing Note and the updated Operational Plan 2025-2028 were circulated to the Council members before the meeting. Ms. Laugalys provided a review of the operational plan and highlighted some projects and activities continuing into the coming fiscal year 2025-2026. She also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the updated Annual Operational Plan 2025-2028 as presented.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

6.02 Annual Capital and Operating Budgets 2025-2026 Fiscal Year

A detailed Briefing Note and the draft Capital and Operating budgets were included in the Council materials circulated before the meeting. Ms. Laugalys and Ms. Kupny highlighted the main components within each program area, i.e., Operations, Volunteer Program and Examinations, during a detailed presentation and responded to any questions or concerns that arose during the discussion that followed.

The Council noted its concerns about the deficit in the budget for all three years and the impact on the College. It recognized that detailed discussions as they relate to discipline could not yet be entertained; however, the Council expressed its views that the College should consider the impact of the deficits on the long-term sustainability of the College.

MOTION:	To accept the Capital and Operating budgets for fiscal year 2025-2026 as presented.
MOVED:	Jacob Scheer
SECOND:	Erin Psota
CARRIED.	

6.03 College Performance Measure Framework Report (CPMF)

Mr. Quesnelle reviewed in detail the CPMF Report for 2024 distributed to Council in advance of the meeting. He informed the Council that once approved, the report will be submitted to the Ministry of Health and uploaded to the College's website for the public's viewing. In addition, he responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the College Performance Measure Framework Report for 2024 as presented.
MOVED:	Denis Marier
SECOND:	Lisa Fenton
CARRIED.	

6.04 Officer/Executive Committee Election Process

A thorough Briefing Note, Governance Process Policy (GP23.04 – Process for Election of Officers) and a document highlighting the roles of the Executive Committee and Officers were circulated to the Council members before the meeting. Ms. Laugalys provided a detailed review of the upcoming election taking place at the May 2025 Council meeting and the required processes to seek nomination to be elected as an Officer/Executive Committee member.

In addition, she congratulated Dr. Denis Marier, ND (District 1) and Dr. Jacob Scheer, ND (District 3) for their re-election to the Council for another three-year term. She also responded to any questions or concerns that arose during the discussion that followed.

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

7.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:40 a.m.

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

8. Other Business

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

9. Meeting Evaluation and Next Meeting

9.01 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 no areas of concern were raised.

9.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting will be held in-person over two days beginning on Tuesday, May 27th, 2025, for a full day and ending on Wednesday, May 28th, 2025, around noon. More information will be provided shortly as the College staff is currently reviewing proposals from potential vendors in the downtown area to host the meeting.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:34 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Denis Marier
SECOND:	Erin Psota

Recorded by: Monika Zingaro
Human Resources Coordinator
March 26, 2025

Approved: May 28, 2025



The College of Naturopaths of Ontario

Council Highlights March 26, 2025 (Meeting #46¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, March 26, 2025, from 9:17 a.m. to 11:34 a.m.; six of the seven elected professional members and all five of the public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Counsel, Rebecca Durcan, of the law firm Steinecke Maciura LeBlanc. The agenda and supporting materials for the meeting were released via the [College's website](#) on March 19, 2025, and continue to be available there.

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

Report on Regulatory Operations – The Council reviewed and accepted the Report on Regulatory Operations at February 28, 2025. This report provides the Council with the assurance that the regulatory activities of the College are being undertaken in compliance with legislation.

Q3 Unaudited Financial Statements and Variance Report – The Council considered and accepted the unaudited financial statements and variance report as presented for Q3 (October 1 – December 31, 2024).

Governance Process Policies (Part 2 – GP18-GP33) – The Governance Policy Review Committee (GPRC) presented Part 2 of the Governance Process policies review. Several policies were highlighted for the Council based on the Council's survey results and questions that were completed and submitted in advance of the meeting.

Committees of the Council Restructuring – The Council reviewed and accepted the proposal from the GPRC to consolidate and reduce the number of Committees of the Council and approved corresponding new and amended Committee Terms of Reference as presented.

Annual Operational Plan 2023-2027 – The Council reviewed and accepted the updated Operational Plan for fiscal years 2023-2027 as presented, this can be found [here on our website](#).

Annual Capital and Operating Budgets 2025-2026 – The Council reviewed and accepted the draft Capital and Operating Budgets for fiscal year April 1, 2025 – March 31, 2026. Both budgets were approved as presented and can be found [here on our website](#).

¹ This is the 46th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.



The College of Naturopaths of Ontario

College Performance Measure Framework (CPMF) Report – The Council reviewed and accepted the CPMF Report for 2024 as presented. The Report will be submitted to the Ministry of Health by March 31, 2025. This can be found [here on our website](#).

Council Election Results – The Council was advised that at the close of nominations on February 21, 2025, the following registrants were nominated in each of their respective districts:

- Dr. Denis Marier, ND (District 1), and
- Dr. Jacob Scheer, ND (District 3).

As only one nomination was received for each district, both incumbents have been re-elected by acclamation and will begin their new three-year term at the start of the May 2025 Council meeting.

Officer/Executive Committee Election Process – The Council received a detailed overview of the upcoming election taking place at the May 2025 Council meeting and the required processes to seek a nomination to be elected as an Officer/Executive Committee member.

In-camera Portion – The Council held an in-camera portion of their meeting pursuant to paragraph (d) of section 7(2) of the HPPC to discuss personnel matters.

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

Andrew Parr, CAE
Chief Executive Officer
April 2, 2025