



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #40

Draft Agenda

Date: March 27, 2024 (2023/24-06)

Time: 9:15 a.m. to 2:15 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 #40

March 27, 2024

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

APPROVED AGENDA

Sect/No.	Action			Item	Page	Responsible	
0	Pre-Meeting Networking (8:00 am to 9:00 am)						
		Networking	Information networking for Council members.			--	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 ¹						
	2.01	Approval	i.	Draft Minutes of January 31, 2024		8-13	J. Sokoloski
			ii.	Committee Reports		14-28	
			iii.	Information Items		29-55	
3	Main Agenda (9:20 am)						
	3.01	Approval	Review of Main Agenda			3	J. Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest			56-57	
4	Monitoring Reports						
	4.01	Acceptance	Report of the Council Chair			58	J. Sokoloski
	4.02	Acceptance	Report on Regulatory Operations			59-71	A Parr
	4.03	Acceptance	Variance Report & Unaudited Financial Statements for Q3			72-81	A Kupny
5	Council Governance Policy Confirmation						
	5.01	Discussion	Review/Issues Arising			--	B Lessard-Rhead
			i.	Executive Limitation Policies			
			ii.	Council-CEO Linkage Policies			
	5.02	Discussion	In-depth Review of Governance Process Policies (17-33)			82-88	
	5.03	Discussion	Proposed policy amendments				
6	Regular Business						
	6.01	Decision	Language Proficiency Policy Amendments			89-97	S Burns
	6.02	Decision	Registration Policy Amendments			98-119	S Burns
	6.03	Decision	Council Vaccine Statement			120-212	A Parr
	6.04	Acceptance	Annual Operational Plan			213-265	A Parr
	6.05	Acceptance	Capital and Operating Budgets			266-274	A Kupny
	6.06	Approval	College Performance Measurement Framework Report			275-379	J Quesnelle
	6.07	Discussion	Risk-based Regulation			380-415	A Parr
7	Education						
	7.01	Education	Program Briefing - Examinations			416-419	E. Laugalys
8	In Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)						
	8.01	Decision	CEO Cost of Living Adjustment			--	J. Sokoloski
	8.02	Decision	CEO 2024-25 Priorities & Development Plans			--	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 29, 2024			--	
10	Adjournment						
	10.01	Decision	Motion to Adjourn			--	J. Sokoloski

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

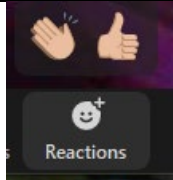
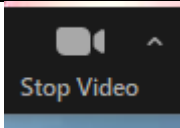
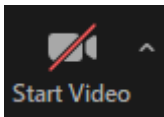
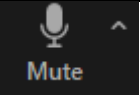
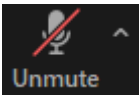
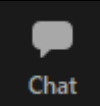
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

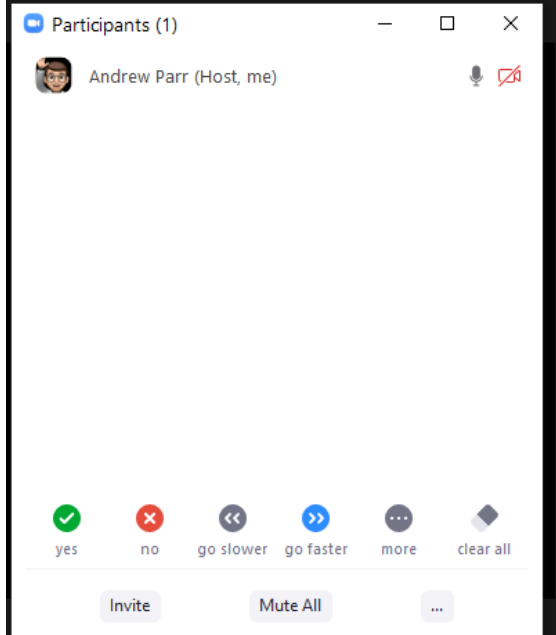
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

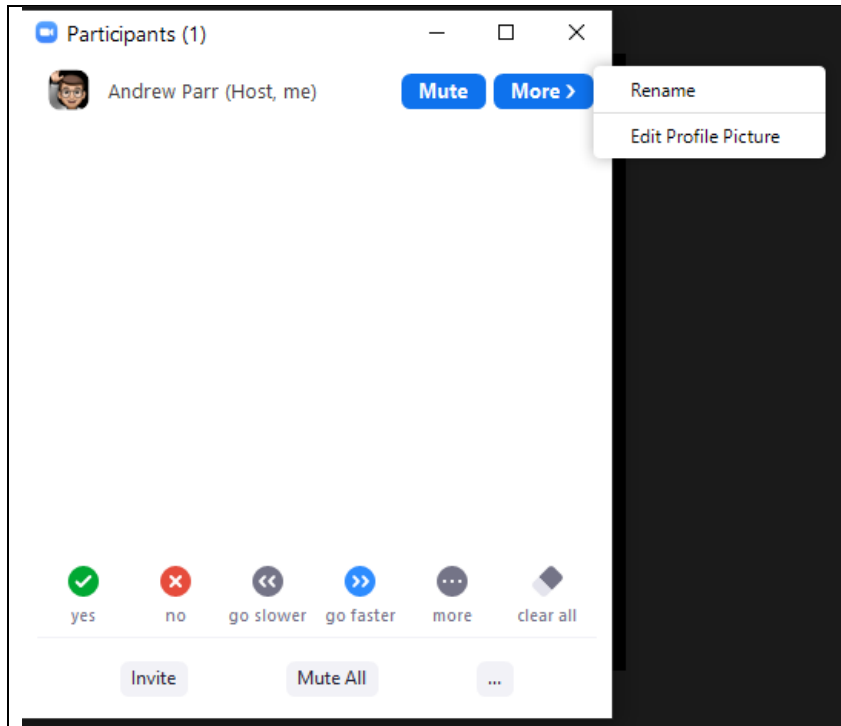
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom 'Participants (1)' window. At the top, there is a header bar with a blue speech bubble icon, the text 'Participants (1)', and window control buttons (minimize, maximize, close). Below the header, a list of participants is shown. The first participant is 'Andrew Parr (Host, me)' with a small profile picture. To the right of the name are two blue buttons: 'Mute' and 'More >'. A white dropdown menu is open from the 'More >' button, containing two options: 'Rename' and 'Edit Profile Picture'. Below the participant list, there is a row of six icons with labels: a green checkmark for 'yes', a red X for 'no', a double left arrow for 'go slower', a double right arrow for 'go faster', a three-dot menu for 'more', and a trash can for 'clear all'. At the bottom of the window, there are three buttons: 'Invite', 'Mute All', and a three-dot menu.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
January 31, 2024**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (3:5) *		Tiffany Lloyd
Dr. Shelley Burns, ND (5:5)		
Mr. Dean Catherwood (5:5)		
Dr. Amy Dobbie, ND (5:5)		
Mr. Brook Dyson (4:5)		
Ms. Lisa Fenton (5:5)		
Dr. Anna Graczyk, ND (5:5)		
Ms. Sarah Griffiths-Savolaine (4:5)		
Dr. Denis Marier, ND (5:5)		
Mr. Paul Phillion (4:5)		
Dr. Jacob Scheer, ND (5:5) **		
Dr. Jordan Sokoloski, ND (4:5)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Human Resources & Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

* left meeting at 10:24 a.m.

** joined meeting at 10:10 a.m.

Dr. Brenda Lessard-Rhead, ND (Inactive), GPRC Chair	
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1. Call to Order and Welcome

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

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

2. Consent Agenda

2.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The Chair asked if there were any items to move to the main agenda for discussion. Dr. Denis Marier, ND, noted a name spelling error within the motion for Agenda Item 3, this will be amended before the document is approved.

MOTION:	To approve the Consent Agenda as amended.
MOVED:	Dean Catherwood
SECOND:	Shelley Burns
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Lisa Fenton
SECOND:	Amy Dobbie
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 Report of the Council Chair was circulated in advance of the meeting. The Chair reviewed the report with Council. He welcomed and responded to questions from the Council.

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

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

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

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Denis Marier
SECOND:	Paul Phillion
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation Policies

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

5.01(ii) Ends Policies

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

5.01(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 at this time.

5.02 In-dept Review of Governance Process Policies (Part 1 – GP01-GP16)

Dr. Brenda Lessard-Rhead, ND (Inactive), Governance Policy Review Committee (GPRC) Chair, presented the results of the GPRC's survey to Council members regarding GP01-GP16 and provided supporting information as to why which responses were appropriate. For example, referencing direct language found within a given policy corresponding to the survey question.

In addition, she provided a summary of the information within each of the policies and responded to any questions throughout her presentation. Lastly, the GPRC requested feedback from Council on ways they could make the policy reviews more interactive, for instance, case studies, scenario based and additional surveys.

The Chair thanked Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, for her presentation.

5.03 Committee Terms of Reference Direction

Mr. Parr explained to the Council members that at this time the GPRC is seeking their feedback and insights on how they feel about GPRC making amendments to certain Terms of References, specifically for Committees with the requirement to have a Public member present at a Panel meeting. He provided the rationale as to why they are suggesting removing this requirement, for instance, it would impede the Panel from having the ability to make a decision(s) on the matter at hand, should the Public member not be available. He assured the Council members that Public members will still be appointed to a Panel where appropriate.

In addition, Mr. Parr and Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, informed the Council that there would be no changes to requirements established in law, for instance, from the Code or Regulations, the changes would be to the previous requirements established by Council.

After a thorough discussion, the Council agreed to review suggested changes made by the GPRC at a subsequent meeting for changes to Terms of References for various Committees.

6. Business

6.01 Council Evaluation Process

Mr. Parr advised the Council members that the College's contract with Satori Consulting Inc. has expired and therefore is seeking direction from the Council for next steps. For example, if they wish to enter into another agreement with Satori Consulting Inc., or if not, the College will need to issue a Request for Quotation. During a detailed discussion, the Council determined it was best suited to enter into another agreement with Satori Consulting Inc. for an additional three-year term.

MOTION:	To direct the College CEO to enter a sole source contract with Satori Consulting Inc.
MOVED:	Denis Marier
SECOND:	Paul Phillion
CARRIED.	

Furthermore, Mr. Parr reviewed possible new formats to have the evaluations conducted, for example, having Council complete their assessment annually or bi-annually.

After a fulsome discussion, the Council agreed it would be beneficial to have only two types of assessments completed each year. Thus, in 2024 and every second year afterwards, Council members would assess themselves based on their overall performance against established measures, as well as complete a self-assessment and peer-assessment of each of their colleagues. In 2025 and every second year afterwards, Committee members would conduct an assessment of the Committees based on their overall performance against established measures, as well as conduct a self-assessment and peer-assessment of each of their colleagues on one of their assigned committee.

MOTION:	To accept the proposed amended approach to conducting Council and Committee Evaluations, and for GPRC to make the corresponding amendments to GP16 - Governance Evaluation Policy.
MOVED:	Dean Catherwood
SECOND:	Shelley Burns
CARRIED.	

7. Council Education

7.01 Program Briefing – Registration Program

A Briefing Note highlighting the Registration Program was circulated in advance of the meeting. Ms. Erica Laugalys, Director, Examinations & Registration, attended the meeting to responded to any questions asked by Council.

7.02 Program Briefing – Inspection Program Briefing

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

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 Meeting Evaluation

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

9.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for Wednesday, March 27, 2024. This meeting will be held virtually via video conference.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:36 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Brook Dyson

Recorded by: Monika Zingaro
Human Resources & Administration Coordinator
January 31, 2024



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 27, 2024

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT
January 1, 2024 – February 29, 2024

During the reporting period the Audit Committee was not required to undertake any activities and did not meet.

Brook Dyson
Chair
Audit Committee
March 2024



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT **Period of January 1, 2024 to February 29, 2024**

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

This report is for the period from 1 January to 29 February 2024 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of February 29th, 2024 there were two ongoing matters before the Committee (DC22-04 and 22-05).

Discipline Hearings and Decision & Reasons

One contested hearing (DC22-05) involving Dr. Michael Um, ND, was held on January 22, 25, 26 and February 26, 28, 2024. The hearing is ongoing and will likely continue in May 2024.

There were no Decision and Reasons released during the reporting period.

New Referrals

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

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair
18 March 2024

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The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

Period of January 1, 2024 to February 29, 2024

For the reporting period of January 1 to February 29, 2024, the Equity, Diversity, and Inclusion Committee (EDIC) met once on February 13, 2024. Staff of the College provided the Committee with a verbal update on the current status of the rollout of the EDIB lens tool and the Committee workplan. The Committee discussed items that may be considered for updates to the Committees workplan and the next steps in collecting feedback from College Committees on the EDIB lens tool.

The Committee is scheduled to meet on June 12, 2024, to review the Lens Tool feedback.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
March 2024

Dr. Shelley Burns, ND
Co-Chair
March 2024



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

January 1 - February 29, 2024

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

The Exam Appeals Committee met on January 31, 2024 and reviewed one appeal of the September 7, 2023 Ontario Biomedical Examination.

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

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

Respectfully,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

March 12, 2024



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of January 1, 2024 to February 29, 2024

This serves as the Chair report of the Executive Committee for the period of January 1 to February 29, 2024.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
18 March 2024



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

March 2024

The Governance Committee met twice (January 18th & February 29th) during the January 1, 2024 – February 29, 2024 reporting period.

At those meetings, the Committee reviewed:

- the EDI Lens Tool and Checklist;
- the Volunteer Self-Assessment Questionnaire;
- Volunteer Application Documents;
- Nominee packages for the upcoming Council elections from Districts 2, 4 & 6.

As of the writing of this report, the Committee is scheduled to meet again on April 11, 2024.

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

Respectfully submitted,

Hanno Weinberger, Chair
March 2024



The College of Naturopaths of Ontario

**GOVERNANCE POLICY REVIEW COMMITTEE (GPRC)
BI-MONTHLY REPORT
Period of January 1, 2024, to February 29, 2024**

Meetings and Attendance

The Governance Policy Review Committee met on one occasion (January 10, 2024) between January 1 and February 29, 2024, via video conference. Attendance continues to be excellent with no concerns regarding quorum experienced.

Activities Undertaken

At its January meeting, as part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed the Governance Policies GP01-GP06. No feedback was received from Committee members on the policies under review in advance of the meeting, and after further discussion, no changes to these policies were proposed at this time. The Committee also discussed how to apply the EDIB checklist to policy reviews.

In anticipation of the Chair's Training presentation on Governance policies GP01-GP16 at the January Council meeting, the Committee decided to again prepare survey questions that would be sent to Council members and after receiving the results, the Chair would prepare the presentation based on those results.

Discussion continued on the Committee Terms of Reference, including feedback shared by the CEO including the opinion of Legal Counsel. A briefing note was prepared to present to Council for direction on how it wished to proceed. The feedback from Council will be reviewed and the Terms of Reference will be discussed at the next Committee meeting in March.

Next Meeting Date

March 5, 2024

Respectfully submitted,

Dr Brenda Lessard-Rhead, ND (Inactive)

Chair

March 5, 2024

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

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The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

March 2024

Between January 1 and February 29, 2024, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 11 and February 8.

January 11, 2024: 7 matters were reviewed, ICRC members drafted 1 report for ongoing investigation, and approved 2 Decisions and Reasons.

February 8, 2024: 11 matters were reviewed, ICRC members drafted 4 reports for ongoing investigation, and approved 1 Decision and Reasons.

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

Dr. Erin Psota, ND
Chair
March 19, 2024

INSPECTION COMMITTEE REPORT **January-February 2024**

Committee Update

Since the last Council meeting the Inspection Committee has met once by teleconference on January 18th, 2024.

Inspection Outcomes

The outcomes were as follows:

The Committee reviewed reports for 4 premises.

- Part II new premises
 - 1 pass with 7 recommendations
- Existing premises 5 Year Inspections
 - 1 pass with no recommendations
 - 1 pass with 2 recommendations
 - 1 pass with 1 condition, and 6 recommendations

Inspection outcomes in response to submissions received:

- Submissions were received from 4 premises that had a preliminary outcome of a pass with conditions. Following a review of the submission the final outcome was a pass. One premises that received a preliminary outcome of a pass with conditions did not make a submission, the final outcome for this premises was a pass with conditions.

Type 1 Occurrence Reports

- The Committee reviewed 8 Type 1 occurrence reports (5 were deferred from the December 2023 meeting) at the January meeting.
- the administration of an emergency drug to a patient immediately after IVIT was performed - 2
- Referral of a patient to emergency services within five days following IVIT – 5
- The death of a patient within 5 days following IVIT – 1

Closing Remarks

We have had a warm start to the year, but winter is still here! The IVIT Committee looks forward to a safe spring for all.

Sincerely,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
March 20/2024



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE CHAIR REPORT
Period of January 1, 2024 to February 29, 2024

During the reporting period the Patient Relations Committee met once on January 17, 2024.

All Committee Members were present. The Committee received an update on the current funding for therapy/counselling and reviewed their program policies and continued its work on extensions to the funding for therapy and counselling program.

The Committee's next scheduled meeting update is May 8, 2024.

Respectfully submitted

Dr. Gudrun Welder, ND
Chair
March 2024



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period January 1, 2024 to February 29, 2024

Meetings and Attendance

Since the date of our last report to Council in January, the Quality Assurance Committee has met on one occasion, via teleconference, on February 20th. The January meeting had been deferred due to seasonal illness of some members and staff.

Activities Undertaken

At the February meeting, the Committee first received a presentation by staff on the new Equity, Diversity, Inclusion and Belonging (EDIB) Policy that has been introduced for implementation across the organization. It was decided that the accompanying EDIB Lens Tool documents would be reviewed and discussed at the next meeting.

The Committee then reviewed and made determinations with respect to 6 Registrant submissions on how they had addressed discrepancies identified in their Peer and Practice Assessments completed earlier.

The Committee then reviewed and approved the recommendations from staff with respect to the implementation of the Peer and Practice Assessment component of the Quality Assurance Program for 2024/25.

The Committee also received an update on the status of the follow up to the Group III CE Reporting results and reviewed and made a determination with respect to one CE Reporting amendment request.

In addition, the Committee participated in a review and feedback session discussion led by staff on the CANRA Competencies document.

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

Next Meeting Date

March 19, 2024.

Respectfully submitted by,

Barry Sullivan, Chair,
March 12, 2024.

REGISTRATION COMMITTEE REPORT (March 2024)

At the time of this report, the Registration Committee met once on February 21, 2024.

Applications For Registration

The Committee reviewed one application for registration under subsection 3(1) of the Registration Regulation to determine eligibility for registration with the College.

Application TLC Removal

The Committee reviewed one application for removal of a Term, Condition or Limitation (TCL) under subsection 6(3)(a) of the Registration Regulation.

CANRA Entry to Practise Competency Profile

The Committee reviewed a copy of the CANRA Entry to Practise Competency Profile and provided feedback for consideration.

Currency Consultation Feedback Review & Registration Policy Amendments

The Committee reviewed received currency consultation feedback and approved the proposed draft amendments to the Registration Policy.

IVIT Training Course Amendments

The Committee reviewed additions to course materials specific to ALA and L-tyrosine from College-approved IVIT training course providers.

Danielle O'Connor, ND
Chair
Registration Committee
March 19, 2024



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of January 1, 2024 to February 29, 2024

During the reporting period the Standards Committee met once on February 7, 2024.

The Committee reviewed the amended standards of practice and requested that staff circulate the documents internally to the various College Committees for review and requested their consideration of anything that may be missing and whether the standards represent current naturopathic practice. The Committee is next scheduled to meet on May 15, 2024 when it will review any feedback from College committees.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
March 2024



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 27, 2024

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. 287 & 288)	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 (January 2024)	This is an update provide by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda Package.
3.	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following,

No.	Name	Description
		Understanding the Public Interest, Understanding the Rush Analysis Terminology and Understanding Transparency.
4.	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from the January 2024 Council meeting.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Uncompassionate Regulation

by Anastasia-Maria Hountalas

February 2024 - No. 287

Regulators are increasingly moving towards “compassionate regulation”. [These initiatives](#) sometimes follow instances of self-harm by registrants facing complaints, investigation, and discipline.

A recent [Coroner's Inquest report](#) in the United Kingdom has highlighted the need to apply compassionate regulation principles to inspections. While the concepts sometimes overlap, true inspections tend to be different from misconduct processes and quality assurance assessments.

Unlike misconduct processes, inspections and quality assurance assessments are often initiated in the absence of a specific concern. They are typically conducted pursuant to a schedule or even randomly. Sometimes their frequency is influenced by risk data.

However, unlike quality assurance assessments, inspections are often compliance-driven rather than a collaborative, confidential, continuous improvement process.

Inspections generally apply detailed, and often fairly objective, criteria to assess whether a registrant or facility is compliant with specific requirements. The result is a report and, often, a score, along with notification of any corrective steps that must be completed. Increasingly, regulators are expected to publicly post the results of inspections on their website. Regulators sometimes also require registrants and facilities to post a copy of the report in their work premises.

In the UK, the Office for Standards in Education, Children's Services and Skills (Ofsted) conducts inspections of programs that provide education and skills services, such as through schools, to children. Recently a Coroner issued a report on the death by suicide of a school principal, Ruth Perry, following an Ofsted inspection. A summary of the tragic facts reads as follows:

This was the first Ofsted inspection that Caversham Primary School ('CPS') had had for 13 years. There was previously a policy which meant

that schools which had been rated outstanding were not inspected in line with usual timescales....

CPS underwent an Ofsted inspection on the 15th and 16th of November 2022, after receiving a phone call to notify them of this at 1pm on 14th November 2022. Ruth's mental health deteriorated significantly during and after the inspection. She displayed suicidal ideation and planning a few days after the inspection. She sought mental health support, but felt unable to discuss the likely outcome of the inspection in any detail. Ruth had no relevant past mental health history. The records and evidence set out very clearly what the cause of her mental health deterioration was. She took her own life on 8th January 2023.

The Coroner concluded it was "likely that the Ofsted inspection contributed more than minimally to Ruth Perry's mental health deterioration and death."

The Coroner expressed the following concerns about the inspection process:

1. The score of "inadequate" applied, without differentiation, to schools with easily remedial safeguarding concerns (which was the case for CPS) and to a school that was "dreadful in all respects".
2. Parts of the inspection "were conducted in a manner which lacked fairness, respect and sensitivity."
3. There was also no "clear path to raise concerns during an inspection if these cannot be resolved directly with the lead inspector."
4. "There was no written policy, regarding management of school leader anxiety during inspections." Nor was there training of inspectors on this concern.

5. Ofsted's policies did not provide for pausing an inspection "for reason of school leader distress."
6. The Ofsted confidentiality requirements were interpreted by Ruth Perry as preventing her from obtaining the support she needed.
7. In terms of publicly posting inspection outcomes, "Transparency and ease of message to parents is not currently weighed against teacher welfare."
8. The delay in finalizing the report, and its publication, aggravated the situation.
9. Ofsted did not have a mechanism for reviewing and learning from inspection challenges.
10. The municipality overseeing the school provided insufficient support to Ruth Perry.

The Coroner stated that both Ofsted and the municipality should take action "to prevent future deaths".

Ofsted [announced](#) that it would pause future inspections until it implemented a comprehensive and ongoing training program for inspectors.

The Coroner's observations and recommendations tie in closely with compassionate regulation initiatives associated with complaints, investigations, and discipline processes. These include improved and less legalistic communications (especially at the beginning and at the end of the process), training to recognize and respond to wellness concerns, having specialized staff available to intervene when wellness concerns arise, offering support services to registrants, and improved timeliness.

Some of the recommendations are unique including those relating to the wording and publication of the outcomes and not imposing confidentiality expectations that prevent a registrant from obtaining support.

In evaluating these recommendations, regulators, generally, must balance competing considerations. Take, for example, the suggestion that the regulator should consider the circumstances of the registrant in any publication of results. While this has value where the registrant is experiencing distress, regulators are legitimately wary of “negotiating” the content of publication with registrants. Experience has taught that such discussions can be protracted and difficult. Consensus is sometimes impossible to achieve. Further, members of the public might perceive that they are not receiving the “straight goods”. For that reason, some regulators refuse to “bargain” on the wording of publication.

Of course, even the issue of registrant input on the wording of the publication is not an all or nothing proposition. Regulators could provide one opportunity to registrants to make submissions on the content of the publication, while keeping the final decision with the regulator.

The Coroner did not specifically address the tricky issue of how inspection results are communicated. This is not surprising as that issue may be beyond the expertise of most Coroners. Having the inspector provide information about the outcome right at the end of the inspection has the advantage of immediacy. Minor issues can be explained verbally, in the form of informal and constructive feedback and questions can be

answered. This might be a suitable approach where any deficiencies are relatively minor and the criteria to be met are relatively objective.

On the other hand, there are several disadvantages to the inspector providing the results immediately. The manner and content of communication would likely not be consistent across inspectors. There would be no verification and clarification of results by an independent person or committee beforehand to reduce subjectivity and promote consistency across inspections. The interaction could become confrontational. Non-inspection information, from the regulators’ files would generally not be considered (and could not be if it was withheld from the inspector with the aim of enhancing their objectivity). An opportunity for considered submissions by the registrant after the results were already provided could seem like the outcome has already been prejudged.

For these latter reasons, it might be preferable not to communicate preliminary results immediately, at least where there are more serious concerns.

This tragic incident demonstrates that compassionate regulation should not be limited to the complaints, investigation, and discipline process.

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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Learning from Other Regulatory Systems

by Julie Maciura

March 2024 - No. 288

Canadian policy makers and regulators have been looking to other countries for insights into, and alternative ways of, regulating professions. Generally, the systems examined are from the United Kingdom, Australia, New Zealand, and the United States. To a lesser extent, regulators have looked to the European Economic Community. Rarely have regulatory systems elsewhere been examined in detail.

A recent exception is the open access article by McGivern, G., Wafula, F., Seruwagi, G. et al. entitled Deconcentrating regulation in low- and middle-income country health systems: a proposed ambidextrous solution to problems with professional regulation for doctors and nurses in Kenya and Uganda. *Hum Resour Health* 22, 13 (2024). <https://doi.org/10.1186/s12960-024-00891-3>.

In setting out the background to the article, the authors state:

However, there is a human-resources for health crises in many LMICs. There are too few health

workers. Pay is often poor and irregular. Many health workers are demotivated. Strikes, absenteeism, nepotism and malpractice are widespread.

We examine how regulation of health workers may contribute towards or mitigate these problems. Regulation can enhance health workers' professional practice. However, it is often weakly implemented and enforced in LMIC health systems. This is due to reasons including regulators having limited resources, regulatory capture, and corruption *[citations omitted]*

Canadian health practitioners and regulators face some similar issues, as well, albeit to a different degree and in different ways. For example, the shortage of health care practitioners in Canada has undoubtedly resulted in greater political involvement in modifying registration requirements and registration policies and procedures. (A rapidly emerging dashboard measurement of effectiveness of Canadian health profession

regulators is whether they are registering more applicants, especially internationally trained ones, than in previous years.) However, the concept of professional regulatory staff having the authority to arrest registrants for misconduct is inconceivable in Canada (as is mentioned in passing in the article).

The authors used various research methods to obtain data including interviews, surveys, and focus groups. The following themes emerged:

- “Regulation in both the Kenyan and Ugandan health systems was generally perceived as ‘weak’. Kenyan and Ugandan regulators were seen to have inadequate resources and staff, to be ‘remote’, ‘out of touch’ with clinical practice ‘on the ground’, and more focused on collecting licencing fees than regulating professional practice.”
- “Interviewees also described weak regulation and declining standards of training, internships, supervision, and mentoring of health professionals. This was seen to be undermining professionalism, skills, and knowledge.”
- “Interviewees were also positive about regulation where they had relationships with accessible local regulators.”

The research produced some novel findings:

First, online (re)licencing was seen as quick, easy, and effective. Second, health professionals were more positive about regulation where they had relationships with accessible regulators. These novel findings reflect ‘responsive’ and ‘relational’ regulation theory, which hypothesise that good regulatory relationships enhance understanding of how and why people should comply, so increase compliance, and improve

regulators’ understanding of compliance levels and how to improve regulation. *[citations omitted]*

The authors proposed a new organizational model for professional regulation.

We propose deconcentrating regulation by developing subnational regulatory offices connected to a common national structure. This is distinct from decentralisation, which involves independent governance at subnational level. Our findings raise concerns about decentralised independent regulators lacking resources, expertise and undermining common national standards of professional regulation and practice. Deconcentrating regulation would also bring regulators closer to professional practice, enabling them to better detect and address problems, but while sharing national resources, expertise, information, learning and standards. Common problems in subnational areas could then be addressed by improving national regulatory standards, training, or guidance in ways reflecting learning in responsive regulation theory. *[citations omitted]*

Some Canadian regulators have retained or adopted strategies that may partially reflect this concept. For example, some regulators have local chapters, carried over from the days when the regulator was also the professional association, that can provide local input and communication. Many regulators conduct “road shows”, now often done remotely, when consulting on and implementing major policy changes. Some regulators use local registrants and staff to conduct inspections and quality assurance assessments, which is often better received than sending representatives from capital cities.

This deconcentrating regulation model may become more important if Canada moves to the national regulation of health professions.

This research into regulation of professions in other countries has a collateral benefit for Canadian regulators. With the rapid increase in the registration of internationally trained applicants, Canadian regulators can advance the orientation services they

provide to new registrants that appreciates educational, cultural, and regulatory diversity to better bridge inclusion within the Canadian system.

Regulators can benefit from learning from the regulatory systems around the globe.

FOR MORE INFORMATION

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From Julie Maciura

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Ontario Bills

(www.ola.org)

The Legislature is in recess.

Proclamations

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

There were no relevant proclamations in January.

Regulations

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

There are no relevant regulations posted in January.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Psychology and Applied Behaviour Analysis Act, 2021 – The emergency class of registration regulation will be expanded, in part to include behaviour analysts. Comments are due by February 22, 2024.

Integrated Community Health Services Centres Act, 2023 – Proposed regulations would name Accreditation Canada as the new inspecting body for Integrated Community Health Services Centres that perform surgeries, procedures and diagnostic imaging outside of hospitals. The inspection roles of the College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario would be removed. These facilities would also be outside of the separate CPSO facility inspection program. Comments are due by February 16, 2024.

Bonus Features

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

No Duty to Negotiate

In *Bengeri v. College of Physicians and Surgeons (P.E.I.)*, 2024 PESC 3 (CanLII), a physician attempted to postpone a discipline hearing while challenging the referral to discipline. The physician's argument was that the regulator had not negotiated a consent order before making the referral. Under the legislation certain discipline orders can be made at the complaints screening stage if the registrant consents. The regulator made a proposal which the physician rejected. The physician made a counter proposal that was unacceptable to the regulator who then referred the allegations to discipline. The physician appeared to be arguing that these provisions created a duty of procedural fairness to explain why the counter-proposal was unacceptable and provide a further opportunity to respond.

The Court expressed serious doubts that the regulator was required to negotiate (further) before making the referral to discipline. In any event, the Court found that the inherent stress and publicity of having to go through a discipline hearing did not create irreparable harm. The Court did not seem to be impressed with the physician's argument that the stress might result in compromised care for patients (the physician was an anaesthetist and had no restrictions on their practice pending the hearing). In the further alternative, the balance of convenience favoured the regulator in proceeding with its statutory duty to hold a hearing compared to the physician's interests in interrupting the proceedings.

An Argument of Last Resort

Is the failure to follow the formalities in initiating an investigation always fatal? British Columbia's highest court exercised its discretionary remedial jurisdiction to, in effect, deny judicial review so as to permit a complaint to proceed even though the formalities were not followed: *British Columbia (Police Complaint Commissioner) v. Sandhu*, 2024 BCCA 17 (CanLII).

The background is that, in a courthouse hallway, a police officer attempted to intimidate a Crown Attorney prosecuting criminal charges against the nephew of Sgt. Sandu. Sgt. Sandu was present in the courthouse when the incident occurred and apparently communicated with witnesses during the investigation of the police officer and allegedly provided false statements during that investigation. The relevant Chief directed that Sgt. Sandu be investigated for interfering with the investigation rather than asking the Commissioner to initiate the inquiries. The Court said that this was a technical oversight, and that the investigation was fair.

The enabling statute was unusual and complex. Sending the matter back to be investigated again following a proper procedure would not serve the public interest. The Court emphasized the exceptional nature of its decision, so it is truly an argument of last resort.

When is a Complaint Serious?

Most bodies that screen complaints use a variation of a two-part test in determining whether a discipline hearing is indicated:

1. Is the complaint serious enough to warrant a referral to discipline?
2. Is there a reasonable prospect of proving the allegations?

If the answer to either of those questions is “no”, then there is usually a discussion of whether the concerns warrant some sort of remedial action, perhaps to prevent similar concerns from arising in the future.

In [*Kyambadde v Calgary Police Service*](#), 2024 ABKB 13 (CanLII), there was extensive discussion of the first part of the screening test.

An employee of Walmart took off their store vest while on break. At the same time, police were in the store searching for a group of thieves who had assaulted victims in the past. The police mistook the employee as a member of the group and without warning violently detained him, including putting him in a choke hold and punching him several times. The employee was kept in handcuffs in public for about 15 minutes, even after the police realized their mistake, while they searched for other suspects. The employee, who was Black, made a formal complaint about the police, alleging that they were the victim of racial profiling.

The Chief of Police screening the complaint decided to take no action, noting the perceptions of the police officers at the time, including their statements that the employee was resisting them. On judicial review, the Court was concerned about the Chief’s handling of the seriousness part of the screening test. In particular:

- In his reasons, the Chief did not specifically address the seriousness part of the screening test. Even if it could be inferred that the Chief considered the issue, they did not explain why that part of the test was not met.
- To be serious, a complaint must be “‘important, demanding consideration’; and ‘not slight or negligible’”.
- The Chief seemed focussed on the second part of the test – the quality of the evidence in support of the allegation – by accepting the information provided by the police officers without explaining why the contrary information of the complainant and another witness (e.g., whether the employee resisted) was not accepted. By doing so, the Chief failed to consider the seriousness of the complaint itself, as required, but only the seriousness of the conduct that the Chief felt actually occurred. This conflation of the two parts of the test meant that the Chief was not addressing the conduct as alleged when evaluating its seriousness.
- The Court agreed that in assessing the seriousness of the complaint, the conduct should be viewed from the “lens of policing” rather than from the perception of the complainant. Complainants would likely view their complaints as serious. However, the policing lens was not the only consideration and the Chief should also take into account:

“... the need to maintain the reputation of the police service” and “the perception that an objective observer would have of the events” (para 50). Ignoring such factors, when relevant, would be an unreasonable approach to determining whether an alleged contravention was not of a serious nature. Particularly that is so when, as here, the decision is addressed to the complainant as a member of the public.

- The Court observed that the more limited the remedial options under the legislation (e.g., if registrant consent is required), the more likely that a less serious complaint would warrant a referral to discipline.
- The Court noted that there were concerning circumstances that were also not addressed in the Chief’s reasons regarding seriousness. These included that it was agreed that the police had not identified themselves before beginning to apprehend the complainant, the use of the choke hold, the number of punches to the complainant, the complainant’s assertion that they had not resisted the detention once the police identified themselves, the public setting (including in front of shoppers and coworkers), the delay in releasing the complainant after identifying their employee status, and the concern that the conduct may have involved racial profiling.

The Court returned the matter for a new decision with direction to address the seriousness test.

Regulators screening complaints should identify the test they use and systematically address the components of that test in their reasons for decision. Screening committees need to ensure that they do not conflate the two parts of the test and recognize that they are distinct. Even if the regulator determines not to refer a complaint to discipline in light of the second part of the test (i.e., no reasonable prospect of proving it), it would be prudent to indicate that it is, therefore, unnecessary to address the first part of the test.

From Whose Perspective?

As the saying goes, perspective is everything. What lens should a regulator use when assessing whether a school play presented to Grade 8 students about bullying and school violence warrants a referral to discipline for those responsible for its production? The answer is that it must be through an objective lens, and not through the personal perspective of the complainant, according to [Fuchigami v. Ontario College of Teachers](#), 2024 ONSC 106 (CanLII).

A teacher complained about the school’s drama teacher, Principal, and Superintendent involved in the play and its aftermath. The complaint was about the decision to put on the play, the preparation of the students who were going to see it, and the adequacy of the support for students after the complainant teacher indicated that the play had “triggered” significant mental consequences for him. The regulator took no action on the complaint finding that those involved had exercised professional responsibility in choosing its content, notifying teachers in advance of the sensitive nature of the play so that the students attending were prepared for its content (and could opt out if desired, although none did), and following up with students when the complainant teacher expressed concerns about its impact on him.

The complainant teacher sought judicial review. The Court held that the complainant teacher did not have standing to challenge the substance of the decision. While the complainant teacher initiated the complaint, its determination then became primarily a matter between the regulator and those complained against. The complainant teacher was only entitled to procedural fairness, which was afforded by offering him the opportunity to make submissions to the screening committee. The application for judicial review could have been decided on this basis alone.

As an aside, the Court's discussion on standing recognized that the decision could be impacted by enabling legislation. For instance, a different approach is taken where the complainant is given the explicit right to have the complaints disposition reviewed for reasonableness by an independent tribunal, such as in Ontario's [Regulated Health Professions Act, 1991](#). Conferring that right to complainants by statute appears to result in a broader scope of judicial review of the tribunal's decision.

The Court did discuss, in the alternative, the reasonableness of the complaints screening decision. The Court said:

The Applicant appears to have brought this application, at least in part, to obtain confirmation of the injuries he has experienced from watching the play. It bears making this point to the Applicant firmly: this is not a claim, by him, for a remedy for his injuries. The subject-matter of the complaints was the conduct of the respondent Members, and whether that conduct met professional standards, and not about whether the Applicant was “triggered” by the play and suffered as a result. The subjective impact of the play on the Applicant was a question of fact the Respondent could consider, together with all the other facts presented, but the focus of the Respondent's decision was, and had to be, an objective assessment of the respondent Members' conduct, and not the subjective experience of the Applicant.

The reasons below must be read with this observation in mind. The Respondent found that the play was within the range of curriculum offerings for Grade 8 students, and that the respondent Members exercised their reasonable professional judgment in connection with the play and issues arising after its performance. The Respondent made no finding as to whether the play “triggered” the Applicant, but rather, in effect, concluded that even if it did, this unfortunate result was not the professional responsibility of the respondent Members. These conclusions were reasonable and borne out by the record before the Respondent, and there would be no basis for this court to intervene, even if the Applicant had standing to raise these issues.

The Court also commented on the wording of the reasons of the screening committee when discussing the complainant teacher's reaction to the play:

The consequences for the Applicant do not raise issues of professional responsibility because, objectively, the play was an acceptable production for a Grade 8 class. If the play “caused” or contributed to the Applicant's subsequent distress, that arose because of his pre-existing condition, and not because the play was unsuitable for a school setting.

I appreciate that the Panel may have been trying to spare the Applicant's feelings by expressing their findings as they did. It would have been better to state – clearly and unambiguously – that

the Applicant's subjective reaction to the play was not the focus of inquiry. He reported being triggered, and his mental health challenges were real – these facts put school authorities on notice that they should make inquiries to ensure that others who watched the play were not at risk. They did these things, and no other person reported a problem.

The proper perspective for assessing a complaint is through the lens of objective professional standards.

Integrity Gatekeepers

Seventy pieces of Ontario legislation provide for regulators of professions and industries to scrutinize the integrity of applicants for registration or licensure. Ontario's Divisional Court urged that a common approach should be taken to interpreting that legislation in [Yarco Developments Inc. v. Home Construction Regulatory Authority \(Registrar\)](#), 2024 ONSC 93 (CanLII). In particular, the Court was of the view that integrity is integral to the registration of applicants and that regulators have an important gatekeeping function in order to protect the public.

In *Yarco*, the License Appeal Tribunal ("LAT") was tasked with reviewing a proposal to refuse the renewal of a new home builder's licence primarily on the basis of the applicant's integrity. The applicant's sole owner and director had engaged in various concerning conduct and had been convicted of serious crimes in the past. He had previously been licensed under earlier legislation. LAT, noting that new legislation applied, carefully contrasted the language of the current and previous integrity and honesty provisions. LAT noted that the test was switched from the negative (i.e., applicants are not entitled to registration where their conduct affords reasonable grounds for belief that they will not carry out their activities "in accordance with law and with integrity and honesty") to the positive (i.e., applicants are entitled to registration where their conduct affords reasonable grounds for belief that the applicant will carry out its activities "in accordance with law and with integrity and honesty"). As a result, LAT concluded that the applicant only had to show there were reasonable grounds for belief they would carry on business with integrity, and if they did, the Registrar would have the onus on appeal to show the applicant was not entitled to a licence. Further, LAT was of the view that the reference in the provision to "past and present" conduct, from just "past" conduct, mandated a broader review of the applicant's current integrity.

LAT concluded that the applicant had "current integrity". The convictions, though serious, were 15 years old. LAT accepted the applicant owner's testimony that they had turned their life around. Their criminal convictions were fully declared on the application form. LAT found that "the onus was on the Registrar to prove, on a balance of probabilities, that granting a licence was not in the public interest" and the Registrar had not done so. LAT ordered that the applicant's licence be renewed.

The regulator appealed the LAT decision. The Court on appeal viewed the interpretation of the test for scrutinizing integrity by regulators as a question of law that was subject to review on the basis of correctness. The Court concluded that the tribunal had made three errors of law.

The first error was failing "to take the modern approach to statutory interpretation". As this was consumer protection legislation, the interpretation should not be based on the wording of the provision alone. Instead, one had to look at its purpose and statutory framework. "A literalist approach 'presupposes the

impossible — that meaning can in fact be constructed in the absence of context”. The Court said: “discerning the ordinary meaning of the words in a text is only the beginning of the interpretive exercise.”

The Court said:

“... the use of positive as opposed to negative language and the reference to both past and present conduct is immaterial to the interpretation of a provision.... Any criteria framed in the negative can be reframed in positive terms and *vice versa*. This should have no impact on the gatekeeping purpose or function.”

Noting that there were 70 integrity screening provisions in the various provincial statutes, the Court said:

Regardless of these wording differences, courts and tribunals have recognized that all these gatekeeping provisions have the same purpose and function and read them consistently to permit the gatekeeper to deny certification or licensure on a “reasonable grounds for belief” standard.

The second error was related to who had the onus of demonstrating integrity or lack thereof. The Court said:

“... the [tribunal] interpreted this provision to place on the Registrar the onus to disprove an applicant’s entitlement to a licence if there is some evidence that its business will be carried on in accordance with the law and with integrity and honesty. To read the provision this way ignores the language in s. 38(1)(b)(iii) that shows that the legislator intended the Registrar to play a meaningful gatekeeper role.”

The approach taken by LAT “led to an interpretation clearly inconsistent with the intent of the New Licensing Act, that is, the enhancement of consumer protection and strengthening of the licensing regime.”

The third error related to the basis upon which the regulator could act. The phrase “reasonable grounds for belief”, while more than mere suspicion, is less demanding than a balance of probabilities:

“In short, the text, history, purpose, and statutory context of s. 38(1)(b)(iii) all indicate a legislative intent to increase the consumer protection. This supports an interpretation that gives the Registrar the ability to deny a licence or licence renewal where it believes, on some objective basis based on compelling and credible information, that the applicant will not conduct itself with integrity and honesty. The legislative intent is inconsistent with an interpretation that assumes that an applicant will conduct itself appropriately, unless the Registrar can prove otherwise.”

The Court said an approach with “... robust gatekeeping powers is supported by the interpretation given to similar integrity and honesty provisions in other regulatory legislation.” The Court, in urging a consistent approach across regulators, reviewed similar provisions in other legislation in very different contexts, such as for the registration of physicians.

However, in terms of the actual decision on this application, the Court deferred to the adjudicator and returned the matter for consideration by a differently constituted panel.

One can expect many regulators, when exercising their integrity gatekeeping role, to refer to a belief founded on “some objective basis based on compelling and credible information.”

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

Duty to Cooperate Immediately

The message from Ontario’s highest court to regulated professionals under investigation is to cooperate first and ask questions later.

In [College of Physicians and Surgeons of Ontario v. Kilian](#), 2024 ONCA 52 (CanLII), the registrant, a physician, was investigated for issuing COVID exemption certificates and prescribing unapproved drugs for COVID. The physician declined to cooperate on various grounds including the absence of reasonable and probable grounds to initiate the investigation, the privacy of patient health information, and the purported unconstitutionality of the process and provisions. The regulator obtained a court order to cooperate (similar to an injunction) requiring the registrant to cooperate. The registrant appealed.

The Court upheld the order to cooperate without addressing the registrant’s arguments. Allowing the registrant’s challenge would interrupt an ongoing process. Absent exceptional circumstances, the regulatory process must first conclude before a court will interfere. This important administrative law policy principle does not change where constitutional issues are raised. Intervening at this stage “would substantially undermine the effective and efficient regulation of health care professionals....” The registrant must first raise these grounds at any discipline hearing that results from the investigation.

The Court said, “For these reasons, we find the College did not need to prove its demand for production of documents was lawful before making the order.” All that is required for the court order is for the regulator to establish that “the requests for information that the investigators have made are within the scope of their investigatory powers.... and [the registrant] was not cooperating with the investigation.”

Regulators will welcome this decision as it will enable them to proceed with investigations with less interruption. (This investigation had begun more than three years before the Court’s decision.) However, the downside for regulators is that it appears to condone at least some challenges to the investigation and referral process at the discipline hearing itself. Some previous court decisions suggested that these were not proper issues for the discipline panel to address and that they should be addressed separately in court: [Krop v. College of Physicians and Surgeons of Ontario](#), 2002 CanLII 53258 (ON SCDC). As a result, discipline hearings may become more complicated.

Competence Is Not a Defence

It is not a defence to an allegation of illegal practice that one provides excellent services.

In [*College of Dental Technologists v. Ahmed*](#), 2024 ONSC 638 (CanLII), the Court ordered an individual to stop operating a dental laboratory contrary to the [*Regulated Health Professions Act*](#). The individual submitted that they had operated legally for years until their supervising registered dental technologist left, that there had been no complaints about their work, that they limited their services to less elaborate services, and that registered persons reviewed their work before it was dispensed to patients. The Court held, based on the expert evidence of the regulator, that the individual was operating “a functioning dental laboratory engaged in the practice of dental technology” contrary to the law. The competence of the individual was irrelevant.

The order was made even though the Court accepted that the individual had stopped operating the laboratory. However, in all the circumstances, the Court did not award costs to the regulator despite its success on the application.



The College of Naturopaths of Ontario

Understanding the Public Interest

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

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

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

Serving the public interest means ensuring the following.

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

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

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

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

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

Considerations/Questions to ask oneself during deliberations include:

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

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

What the public interest is NOT!

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

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

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

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

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

Risk Treatment or Mitigation Techniques

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

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

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

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

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

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

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



The College of Naturopaths of Ontario

Council Meeting Evaluation
January 2024
9 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	1 @ 1 0 @ 2 0 @ 3 3 @ 4 5 @ 5	4.2
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	0 @ 1 0 @ 2 1 @ 3 3 @ 4 5 @ 5	4.4
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	1 @ 1 1 @ 2 0 @ 3 2 @ 4 5 @ 5	4.0
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 6 @ 5	4.6
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	0 @ 1 0 @ 2 0 @ 3 2 @ 4 7 @ 5	4.7
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	0 @ 1 0 @ 2 1 @ 3 3 @ 4 5 @ 5	4.4
Group Preparedness	Please rate how you feel the level of preparedness of your Council	0 @ 1 0 @ 2 1 @ 3	4.3

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	colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4 @ 4 4 @ 5	
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 6 @ 5	4.6
What Worked Well	From the following list, please select the elements of today's meeting that worked well.		
	• Meeting agenda		7/9
	• Council member attendance		7/9
	• Council member participation		9/9
	• Facilitation (removal of barriers)		8/9
	• Ability to have meaningful discussions		8/9
	• Deliberations reflect the public interest		8/9
	• Decisions reflect the public interest		8/9
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.		
	• Meeting agenda		2/9
	• Council member attendance		2/9
	• Council member participation		0/9
	• Facilitation (removal of barriers)		1/9
	• Ability to have meaningful discussions		1/9
	• Deliberations reflect the public interest		1/9
	• Decisions reflect the public interest		1/9
Things we should do	Having meaningful discussion about how to better implement policies and see if there are areas of regulation being missed.		
Final Feedback	It seems like a waste of time to have us read a governance policy document, then ask questions in advance only to then go over the policy again and ask questions again during the meeting. How is it that CONO has been in operation for 10 yrs and we are still re-writing the same policies over and over? This does not seem to be a good use of resources.		

Comparison of Evaluations by Meeting 2023-2024

	2022/23 Overall	2023-2024						
Topic		May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	4.7	4.6	4.7	4.5	5.0	4.2		4.6
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.9	5.0	4.7	5.0	5.0	4.4		4.8
Time Management 1 - Not at all managed to 5 - Very well managed.	4.8	5.0	4.6	4.6	4.3	4.0		4.5
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.9	4.9	4.8	5.0	5.0	4.6		4.8
Right People 1 - None of the right people to 5 - All of the right people.	4.7	4.7	4.8	5.0	5.0	4.7		4.8
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.6	4.5	4.6	4.6	5.0	4.4		4.6
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.5	4.7	4.2	5.0	4.8	4.3		4.6
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.7	5.0	4.7	5.0	4.8	4.6		4.8
Number of Evaluations	7.7	8	8	7	6	9		7.6



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2023-2024**

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

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

16.01 Definition

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

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2023 to March 31, 2024.

Elected or Appointed Positions

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

Interests or Entities Owned

Council Member	Interest	Explanation
	None	

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
None		

Existing Relationships

Council Member	Interest	Explanation
None		

Council Members

The following is a list of Council members for the 2023-25 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

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

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

Updated: June 13, 2023

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



The College of Naturopaths of Ontario

**Report from the Council Chair
Period of January 1, 2024 to February 29, 2024**

This is the fifth Chair's Report of six for the current Council cycle and provides information for the period from January 1, 2024 to February 29, 2024.

The stakeholder meeting with the OAND was rescheduled from January to May of this year, however we continue to work collaboratively with the OAND and ongoing dialogue continues to be supportive and productive. Andrew and I extended a virtual congratulations to the new OAND Board Chair Dr. Audrey Sasson, ND who we look forward to meeting in May.

Andrew and I have met 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
18 March 2024



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

The following are the highlights of the Regulatory Operations Report presented for the period ending February 29, 2024.

Registration

As of February 29, 2024, the College had 1673 registrants in good standing who held a General class certificate of registration and 168 who held an Inactive class certificate of registration. There are also 26 Life Registrants. These numbers reflect the pre-renewal period which began on February 14, 2024, and will conclude on March 31, 2024.

Professional Corporations

It is interesting to note that in this period, eight applications for certificates of authorization for professional corporations were received, the highest number of new applications this year. Twenty certificates were renewed, and one was revoked. Unlike Certificates of Registration for registrants who are renewed at the same time, certificates of authorization for professional corporations are renewed on the anniversary date on which the certificate was first issued. At the end of this reporting period, there were 127 professional corporations.

Entry-to-Practice

In this period, there were six new applications for registration received and 16 certificates of registration issued. There are presently 21 applications in process.

Examinations

The College examinations are operating as anticipated. In January-February the College held a sitting of the Ontario Clinical Sciences Examination (OCSE), with 35 candidates, and the Ontario Clinical Practical Examination (OCPE), with 11 candidates sitting the examination. As a reminder, the OCSE is written on-line while the OCPE is an in-person, demonstration-based examination.

Quality Assurance

In this reporting period, three Peer & Practice Assessments were completed. The original pool of randomly selected registrants included 100 individuals; however, 12 were removed based on deferrals, change of class or retirement and three assessments were ordered by the Committee. This means a total of 91 assessments are required to be completed for the year and 89 of those have been completed.

Inspection Program

This program presently conducts inspections for two distinct purposes. The first purpose involves the inspections of new premises, which occur in two parts. Four Part I inspections and two Part II inspections were completed in this period.

The second purpose of the inspections involves those that are conducted on or after the 5th anniversary of the initial inspection as required by the Regulation. A total of 56 premises were inspected in the initial inspections. Of these, 24 were inspected in the last reporting year and 32 premises required inspections this year. Of these, 30 have been completed this year with the final two having inspections scheduled in the next bi-monthly reporting period. It is also important to note that every premises that is registered with the College requires a subsequent inspection on the 5th anniversary of its initial (new premises) inspection.

Under this program, the College also receives occurrence reports when patients have adverse reactions to the administration of IVIT. A total of four Type 1 occurrence reports were received in this reporting period with all occurrences reflecting that the patient was referred to emergency services within five days of receiving IVIT. All Type 1 Occurrence Reports are reviewed by the Inspection Committee to determine whether further action is required.

Type 1 occurrence reports will form a part of the Risk-based Regulation (RbR) program being launched. Looking at the reports received in this reporting period, we have seen an increase in the number of reports over the course of the year, all of which reflect that the patient was referred to emergency services within five days. The new program might consider whether there was any consistency in the occurrences and whether any information sharing, or educational opportunities might reduce these in the future.

Complaints and Reports

Typically, each year the College will receive approximately 20 complaints and initiates another 20 of its own investigations. In the period January-February 2024, the College received seven new complaints, doubling the number of complaints received this year to 14. Most common concerns in the new complaints were ineffective treatment, boundary issues and unprofessional conduct.

Three files were completed by the ICRC in this period. All resulted in outcomes that included both an Oral Caution and a Specified Continuing Education and Remediation Program (SCERP); however, none of these were referred to the Discipline Committee.

There are presently 20 ongoing matters before the ICRC.

Hearings

Three matters had been referred to the Discipline Committee in the prior year, one of which was completed in July/August. No pre-hearing conferences were held during this reporting period. In November of 2023 the first of two contested hearings was initiated and in this reporting period, that hearing continued, and the second contested hearing was initiated. Both hearings are expected to continue into the next two reporting periods.

Regulatory Guidance and Education

During this period, 115 inquiries were received under the Regulatory Guidance Program, a number that is consistent with prior reporting periods. The areas of inquiry illustrate a jump in questions surrounding the scope of practice of the profession and the inspection program.

Regulatory Education Program data has been added to the report for the full reporting period. While no sessions were delivered in January-February 2024 (the first session for 2024 was held on March 11, 2024), five sessions have been delivered this year with a total number of 342 attendees for the live sessions. An additional 193 individuals have registered for the recorded sessions.

The 2024 schedule was announced in this reporting period, however, no sessions were delivered.

The first scheduled session was held on March 11, 2024, the data for which will be provided in our next report.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
March 2024



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD	
1.1 Regulatory Activity: Registration									
Registrants (Total)		1859	-9	3				1891	
	General Class (Total)	→ → → → → → → → → → → → → → → →							1689
	<i>In Good Standing</i>	1633	-3	2	25	16		1673	
	<i>Suspended</i>	20	-3	0	3	-4		16	
	Inactive Class (Total)	→ → → → → → → → → → → → → → → →							176
	<i>In Good Standing</i>	170	0	1	-1	-2		168	
	<i>Suspended</i>	12	-3	0	-1	0		8	
	Emergency Class (Total)	→ → → → → → → → → → → → → → → →							0
	<i>In Good Standing</i>	0	0	0	0	0		0	
	<i>Suspended</i>	0	0	0	0	0		0	
	Life Registrants	24	0	0	1	1		26	

Changes in Registration Status Processed (Total)								59
	Suspensions	8	0	1	3	3		15
	Resignations	2	0	3	1	3		9
	Revocations	5	2	0	0	1		8
	Reinstatements	1	0	0	4	3		8
	Class Changes (Total)	→ → → → → → → → → → → → → → →						19
	General Class to Inactive Class	5	1	2	1	2		11
	Inactive Class to General Class	1	1	1	2	1		6
	Any Class to Life Registrant Status	0	0	0	1	1		2
	Emergency Class to General Class	0	0	0	0	0		0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
Professional Corporations (Total)								127
Professional Corporations approved from prior periods		→	→	→	→	→	→	113
New applications approved		2	0	3	1	8		14
PC Renewals								
Renewed		20	19	13	24	20		96
Not Yet Renewed in this period		→	→	→	→	→	→	15
Revoked		0	0	1	0	1		2
Resigned/Dissolved		0	0	0	0	0		0

1.2 Regulatory Activity: Entry-to-Practise

Total ETP Applications								6
On-going applications from prior period(s)		→	→	→	→	→	→	21
New applications received		9	0	20	20	6		55
Certificates issued		22	3	2	27	16		70

Applications Currently before the Registration Committee								0
Referrals from prior period		→	→	→	→	→	→	0
New referrals		3	1	1	1	2		8
Decisions Issued		3	1	1	1	2		8

Registration Committee Outcomes								8
Approved		3	1	1	1	1		7
Approved – TCLs		0	0	0	0	0		0
Approved – Exams required		0	0	0	0	0		0
Approved – Education required		0	0	0	0	1		1
Denied		0	0	0	0	0		0

Prior Learning and Recognition Program Activities in Process								0
Applications from prior period		→	→	→	→	→	→	1
New applications received		0	0	0	0	0		0
Decisions rendered on applications		0	0	1	0	0		1

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.3 Regulatory Activity: Examinations								
Examinations Conducted								
Ontario Clinical Sciences Examination								
	Exam sittings scheduled	0	1	0	0	1		2
	Exam sittings held	0	1	0	0	1		2
	Number of candidates sitting exam	0	77	0	0	35		112
Ontario Biomedical Examination								
	Exam sittings scheduled	0	0	1	0	0		1
	Exam sittings held	0	0	1	0	0		1
	Number of candidates sitting exam	0	0	78	0	0		78
Ontario Clinical Practical Examination								
	Exam sittings scheduled	0	1	1	0	1		3
	Exam sittings held	0	1	1	0	1		3
	Number of candidates sitting exam	0	53	43	0	11		107
Ontario Therapeutic Prescribing Examination								
	Exam sittings scheduled	1	0	1	0	0		2
	Exam sittings held	1	0	1	0	0		2
	Number of candidates sitting exam	45	0	46	0	0		91
Ontario Intravenous Infusion Examination								
	Exam sittings scheduled	1	0	0	1	0		2
	Exam sittings held	1	0	0	1	0		2
	Number of candidates sitting exam	22	0	0	22	0		44
Examination Appeals								
Ontario Clinical Sciences Examination Appeals (Total)								1
	Appeal Granted	0	0	0	1	0		1
	Appeal Denied	0	0	0	0	0		0
Ontario Biomedical Examination Appeals (Total)								3
	Appeal Granted	0	0	0	2	1		3
	Appeal Denied	0	0	0	0	0		0
Ontario Clinical Practical Examination Appeals (Total)								0
	Appeal Granted	0	0	0	0	0		0
	Appeal Denied	0	0	0	0	0		0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
Ontario Therapeutic Prescribing Examination								0
Appeal Granted		0	0	0	0	0		0
Appeal Denied		0	0	0	0	0		0
Ontario Intravenous Infusion Examination Appeals (Total)								0
Appeal Granted		0	0	0	0	0		0
Appeal Denied		0	0	0	0	0		0

Exam Questions Developed (Total)								93
CSE questions developed		0	0	0	0	0		0
BME questions developed		0	93	0	0	0		93

1.4 Regulatory Activity: Patient Relations								
Funding applications								
New applications Received								0
Funding application approved		0	0	0	0	0		0
Funding application declined		0	0	0	0	0		0
Number of Active Files								
Funding Provided		\$691	\$1,610	\$500	500	\$530		\$3,831

1.5 Regulatory Activity: Quality Assurance								
Peer & Practice Assessments (Remaining for Year)								2
Pool selected by QAC		→	→	→	→	→	→	100
Deferred, moved to inactive or retired (removed from		0	-8	-4	0	0		-12
Assessments ordered by QAC, i.e. outside of random		1	2	0	0	0		3
Total Number of Assessment for the Year.		→	→	→	→	→	→	91
Completed (Y-T-D)		0	14	47	25	3		89

Quality Assurance Committee Reviews								
Assessments reviewed by Committee		0	0	0	0	6		11
	Satisfactory Outcome	0	0	5	0	4		9
	Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	2		2

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
CE Reporting								
	Number in group	0	0	464	0	0		464
	Number received	0	0	463	1	0		464
	Number of CE Reports with deficiencies	0	0	0	0	0		
QAC Referrals to ICRC								
		1	0	0	0	0		1
1.6 Regulatory Activity: Inspection Program								
Registered Premises (Total Current)								156
	Total Registered from prior year (as of May 1)	→	→	→	→	→	→	148
	Newly registered	4	2	3	5	3		17
	De-registered	6	0	0	0	3		9
Inspections of Premises								
	New Premises							
	Part I Completed	3	3	1	2	4		13
	Part II Completed	6	1	2	2	2		13
	5-year Anniversary Inspections							
	Premises requiring 5-year inspection	→	→	→	→	→	→	32
	Completed	8	4	10	5	3		30
Inspection Outcomes								
	New premises-outcomes (Parts I & II)							
	Passed	6	8	4	5	3		26
	Pass with conditions	5	4	0	1	0		10
	Failed	0	0	0	0	0		0
	5-year Anniversary Inspection Outcomes							
	Passed	8	5	5	8	5		31
	Pass with conditions	3	4	1	4	2		14
	Failed	0	0	0	0	0		0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
Type 1 Occurrence Reports (Total Reported)								16
Patient referred to emergency		2	1	3	3	4		13
Patient died		0	0	0	1	0		1
Emergency drug administered		1	0	1	0	0		2

1.7 Regulatory Activity: Complaints and Reports								
Complaints and Reports (Total On-going)								20
Complaints carried forward from prior period(s)		→	→	→	→	→	→	10
Reports carried forward from prior period(s)		→	→	→	→	→	→	6
New Complaints		3	2	2	0	7		14
New Reports		0	3	1	1	0		5
Matters returned by HPARB		2	0	0	0	0		2
Complaints and Reports completed		5	2	3	4	3		17
ICRC Outcomes (files may have multiple outcomes)								
Letter of Counsel		0	1	1	2	0		4
SCERP		0	0	0	0	0		0
Oral Caution		0	1	1	0	0		2
SCERP & Caution		3	0	1	2	3		9
No action needed		1	0	0	0	0		1
Referred to DC		0	0	0	0	0		0
Summary of concerns (files may have multiple concerns)								
Advertising		0	2	2	1	0		5
Failure to comply		0	0	0	0	0		0
Ineffective treatment		3	1	2	0	2		8
Out of scope		0	0	0	1	0		1
Record keeping		0	0	0	1	0		1
Fees & billing		2	1	1	0	0		4
Lab testing		0	0	1	0	0		1
Delegation		0	0	0	0	0		0
Harassment		0	0	0	0	0		0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
	QA Program comply	0	1	0	0	0		1
	C&D compliance	0	0	0	0	0		0
	Failure to cooperate	0	0	0	0	0		0
	Boundary issues	0	0	0	0	2		2
	Practising while suspend.	0	1	0	0	0		1
	Unprofessional, unbecoming conduct	0	0	0	0	3		3
	Other	0	0	0	0	0		0

1.8 Regulatory Activity: Unauthorized Practitioners

Cease and Desist Letters

	Letters Issued	2	1	1	1	1		6
	Letters signed back by practitioner	1	0	0	1	1		3

Injunctions from Court

	Sought	0	1	0	0	0		1
	Approved	0	0	0	0	0		0

1.9 Regulatory Activity: Hearings

Matters Referred by ICRC

	Referrals to the Discipline Committee (Total)							3
	Referrals from prior period	→	→	→	→	→	→	→
	New referrals	0	0	0	0			0
	Referrals to the Fitness to Practise Committee (Total)							0
	Referrals from prior period	→	→	→	→	→	→	→
	New referrals	0	0	0	0			0

Disciplinary Matters

Pre-hearing conferences

	Scheduled	1	1	0	0	0		2
	Completed	0	2	0	0	0		2

Discipline hearings

	Contested	0	0	0	1	0		1
	Uncontested	0	1	0	0	0		1

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
Outcomes of Contested Matters								
	Findings made	0	0	0	0	0		0
	No findings made	0	0	0	0	0		0
FTP Hearings								
	Finding of incapacitated	0	0	0	0	0		0
	No finding made	0	0	0	0	0		0

1.10 Regulatory Activity: Regulatory Guidance & Education								
Regulatory Guidance								
Inquiries Received (Total)								502
	E-mail	65	49	57	53	65		289
	Telephone	38	24	55	46	50		213
Most Common Topics of Inquiries								
	Scope of practice	9	5	7	6	12		39
	Conflict of interest	4	3	0	0	0		7
	Tele-practice	11	9	5	9	0		34
	Inspection program	0	4	5	4	11		24
	Patient visits	7	0	6	5	7		25
	Advertising	0	0	0	3	0		3
	Lab testing	6	9	6	11	6		38
	Notifying patients when moving	0	0	0	0	6		6
	Fees & billing	0	4	15	9	9		37
	Record keeping	9	4	8	9	6		36
	Consent and Privacy	5	0	0	4	8		17
	Grads Practising with Registrant	0	0	7	0	0		7
	Injections	7	0	0	3	0		10
	Discharging a patient	0	0	0	0	0		0
	Registration & CPR	0	0	0	0	4		4
	Prescribing	4	4	0	0	0		8
	Delegation and Referrals	6	3	6	0	0		15
	Endorsements	0	3	0	0	0		3

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
Regulatory Education								
Live Sessions								
Session Delivered		0	2	2	1	0		5
Registrations		0	192	299	66	0		557
Attendees		0	133	161	48	0		342
Recorded Sessions								
Registrations		0	25	93	23	52		193

1.11 Regulatory Activity: HPARB Appeals

Registration Committee Decisions before HPARB								0
Appeals carried forward from prior period		→	→	→	→	→	→	
New appeals filed with HPARB		0	0	0	0	0		0
Files where HPARB rendered decision		0	0	0	0	0		0
HPARB Decisions on RC Matters								
Upheld		0	0	0	0	0		0
Returned		0	0	0	0	0		0
Overturned		0	0	0	0	0		0
ICRC Decisions before HPARB (Total current)								
Appeals carried forward from prior period		→	→	→	→	→	→	2
New appeals filed with HPARB		0	1	1	0	2		4
Files where HPARB rendered decision		2	0	0	0	1		3
HPARB Decisions on ICRC Matters								
Upheld		0	0	0	0	1		1
Returned		2	0	0	0	0		2
Overturned		0	0	0	0	0		0

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



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 12, 2024

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director of Operations

RE: Variance Report – Q3 Unaudited Financial Statements

I am pleased to provide this Variance Report and the Unaudited Financial Statements of the College of Naturopaths of Ontario as of December 31, 2023, which represents the third quarter (Q3) of our fiscal year 2023-2024.

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, as of December 31, 2023.

At the end of Q3 the College remains in a good financial position.

The College has a total of \$184,198 in accounts receivable. Of this, \$147,930 represents the final payment for annual fees from the Payment Plan Program and \$79,283 in Ordered Costs of the Discipline Committee. An allowance for doubtful accounts in the amount of \$43,015 is also included in these statements representing an estimate of the funds due to the College from registrants that will not be paid.

The balance of our pre-paid account is \$66,788.46 which is comprised of annual membership and license fees that are billed annually and then pro-rated month over month.

Under liabilities the Accounts Payable account has a balance of \$23,629.88. With the majority of payments clearing by the end of this quarter, this relatively small balance is made up of legal costs.

The small amount noted in accrued liabilities of \$697.03 are remaining monies for vacation time that staff are permitted to roll over. There are two staff remaining, one of which has prebooked their time off for January and the other employee will schedule their time off in March, which will clear this balance.

HST Payable is remitted on a monthly basis and all submissions are made on time and are up to date.

All line items in Equity with the exception of Current Earnings are stable throughout the year and are adjusted at the College's year end dependent on whether the College will complete its fiscal year with a positive or negative balance.

Retained earnings remain at (\$332,150), this is the amount in which the College started its fiscal year and gets adjusted by our Auditors at the end of each fiscal year. The retained earnings is currently in the negative because at the end of last fiscal year the College did not end the year in a surplus and therefore was unable to transfer any funds to the reserves.

Statement of Operations

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

- **Blue**- notes actual budget and actual expenditures for Q3 only.
- **Green**- is a calculation of how much was spent in Q3 versus the Q3 budget.
- **Yellow**- historical data from the previous year to illustrate actual expenditures versus the budget.
- **Purple**- captures the budget and actual expenditures compounding from quarter to quarter. In this report the table includes data for Q1, Q2 and Q3.
- **Pink**- illustrates the actual annual budget and the percentage of the budget received or spent to date.

Revenue

Total Year-to-Date actual revenue was \$3,613,823. This compares to the Year-to-Date budget of \$3,574,942 resulting in a favourable balance of \$38,881. At the end of the quarter the College has exceeded its year-to-date budgeted targets by 1%; however we are anticipating a small shortfall of 1.5% from meeting our projected annual budget in the range of \$55,000 to \$75,000 at the end of the fiscal year.

This quarter all items generated revenue with the exception of ordered recovery costs, inspection fees not meeting budgeted targets as set out in the following table. The line items being presented are all either under or over 10% materiality.

Line Item	Current 2023-2024 Fiscal Year			Prior 2022-2023 Fiscal Year		
	Year to Date Actual Revenue at Q3	Year to Date Budget at Q3	Q3 actual as % of Budget at Q3	Actual Revenue at Q3	Budget at Q3	Q3 actual % of Budget at Q3
Incorporation Fees	\$24,555	\$21,400	115% of budget	\$10,150	\$5,300	192% of budget
Ordered Costs Recovered	\$4,338	\$90,000	5% of budget	\$11,300	\$49,000	23% of budget
Inspection Fees	\$95,100	\$127,500	75% of budget	\$31,700	\$42,500	75% of budget
Interest	\$17,906	\$1,800	995% of budget	\$2,040	\$600	340% of budget
Investment Income	\$51,665	\$14,700	351% of budget	\$11,453	\$900	1273% of budget
Miscellaneous Income	\$26,035	\$300	8678% of budget	\$0	\$0	-

Incorporation Fees (115% of YTD Budget)– This quarter there were thirty-nine certificates of authorization for professional corporations which were renewed and two new applications. The fees for Incorporations are billed based on the anniversary date on when the corporations were first incorporated. This line item is anticipated to meet its budgeted allocation.

DC Ordered Costs (5% of YTD Budget)- One Registrant has made partial payments against the orders issued by the Discipline Committee. Payments on two other orders have not been made and remain outstanding.

Inspection Fees (75% of YTD Budget)- This quarter the College completed eight 5-year premise inspections and six new premise inspections; however, year-to-date figures indicate a shortfall of \$32,400 in inspection fees which is due to over-estimating the number of premises to be inspected. It is not anticipated that this program will meet its annual budgeted targets.

Interest (995% of YTD Budget)- The College has two operating accounts, a chequing which is non-interest bearing and a savings account which does generate interest. The College has been able to retain a larger amount of funds in its savings account for longer periods enabling a higher interest rate of return than budgeted. This line item has met its annual budgeted allocation.

Investment Income- (351% of YTD Budget)- The College's investment portfolio includes a GIC and Mutual funds which have both been renewed this quarter for a one-year term. Due to Bank of Canada interest rate increased, the College has benefited with an increased return on its investments. This line item has exceeded its annual budgeted allocation.

Miscellaneous Income- (8678% of YTD Budget)- This quarter the College received a large deposit in the amount of \$26,000. This is the return of a retainer that the College had with a vendor who no longer provides services to the College and returned the retainer.

Expenses

Total Year-to-Date expenses were \$2,535,459 versus the Year-to-Date budget of \$3,107,388, which is 82% of the year-to-date budgeted expenses at the end of Q3. This has resulted in a favorable variance of \$571,929. There were two-line items that exceeded budget, namely legal fees-General and Hearing costs.

The accounts with the greatest cost savings this quarter include: Legal Complaint Fees, Consulting Fees Inquires and Complaints, Office and General, Exam Fees and Expenses, Public Education, Education and Training and Legal Discipline fees.

The following table highlights all the line items that at year to date are line items either under or over 25% materiality. This is based on the assumption of expenses being spent at 25% each quarter. This is applicable for consistent monthly payments such as salaries and rent, whereas other line items are billed based on the scheduling of an activity such as a complaint being initiated resulting in investigative costs or from the time a document is sent for translations, to the time it takes to have it translated and then billed.

Line Item	2023-2024				2022-2023	
	Year to Date Actual Expenses at Q3	Year to Date Budget at Q3	Q3 actual as % of Budget at Q3	Actual Expenses at Q3	Budget at Q3	Q3 actual % of Budget at Q3
Office and General	\$107,335	\$204,245	53% of budget	\$29,634	\$55,591	53% of budget
Consulting Fees Inquires and Complaints	\$41,993	\$99,750	42% of budget	\$4,702	\$32,250	15% of budget
Exam Fees and Expenses	\$163,802	\$249,385	66% of budget	\$140,290	\$64,989	216% of budget
Legal Fees-General	\$14,489	\$14,000	103% of budget	\$7,901	\$11,358	70% of budget
Legal Fees-Complaints	\$32,830	\$85,000	39% of budget	\$10,286	\$47,700	22% of budget
Legal Fees-Discipline	\$153,487	\$220,000	70% of budget	\$83,160	\$92,000	90% of budget
Hearings	\$25,996	\$23,830	109% of budget	\$25,562	\$15,000	170% of budget
Public Education	\$65,628	\$97,685	67% of budget	\$28,132	\$16,168	174% of budget
Education and Training	\$9,016	\$13,475	67% of budget	\$0	\$750	0% of budget

Office and General (53% of YTD Budget)- At the end of Q3, with the College continuing to work on a hybrid model, less fees are being incurred for office supplies and janitorial services. The majority of credit card fees will be processed in March as March 31 of every year is the deadline for the payment of annual registration fees. The College is anticipating year-end cost savings in this line item of approximately \$65,000.

Consulting Fees- Complaints and Inquires (42% of YTD Budget)- This line represents the costs of external investigators retained by the College on behalf of the ICRC. This year, there are fewer complaints and reports being undertaken than anticipated within the budget. The College is anticipating year-end cost savings in this line item of approximately \$75,000 and a total utilization rate of 42%.

Exam Fees and Expenses (66% of YTD Budget)- This program experienced cost savings in several line items including translation, examiner per diems, and room rentals. In Q4 we will be in receipt of our quarterly monthly exam maintenance invoices. This line item is expected to finish the year end with a small surplus.

Legal Fees-General (103% of YTD Budget)- This quarter the costs of legal fees throughout the various departments have been low or have not been incurred by certain programs including: Standards, Entry to Practise, Quality Assurance, Inspections and Professional

Corporations. Although minimal legal costs have been incurred this quarter, our year-to-date assumptions are at 103% of the budget, as no legal fees for this line were budgeted for. The College is anticipating year-end cost savings in this line item of approximately \$8,000.

Legal Fees-Discipline (70% of YTD Budget)- In this quarter, the first of two contested hearings was initiated. This quarter the costs of legal fees have increased due to the duration of two contested hearings. Both of these hearings will be over five business days each rolling over into Q4. One hearing day with all the preparatory work and actual day of hearing costs the College close to \$10,000 per day. At the end of the fiscal year, it is anticipated that the College will meet this budgeted target, as there are currently two contested hearings underway.

Legal Fees- Complaints (39% of YTD Budget)- This quarter the College opened five new complaints and closed six complaints. The College is anticipating year-end cost savings in this line item of approximately \$50,000 and a total utilization rate of 50% as a number of the complaints received were resolved internally by College staff.

Hearings (109% of YTD Budget)- There were two contested hearings held in Q3 that will continue into Q4. This small overage is due to translation costs and investigative consulting fees. In this quarter this line item exceeded budget due to the translation of a Decision and Reason. Although this quarter hearings have exceeded its budgeted allocation, it is on track to end the year with a small surplus.

Public Education (67% of YTD Budget) – At the end of this quarter some of the website work the College had proposed was put on hold due to a change of vendors. At the start of Q4 the College will be working with a new vendor to commence work to the website. The majority of cost savings from this program have been in translations. The College is anticipating year-end cost savings in this line item of approximately \$27,000 and a total utilization rate of 76%.

Education and Training (67% of YTD Budget) – The roll out of bi-annual training for all staff with the Canadian Centre for Diversity and Inclusion (CCDI) has been rolled out this quarter. There is an allocation of an additional \$800 to be used in Q4 for staff education. The College is anticipating year-end cost savings in this line item of approximately \$4,000 and a total utilization rate of 71%.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q3 are 97% of the budget. Examinations and Incorporation fees are on track to achieving budgeted expectations. Overall expenses are at 62% of the budget, which is lower for the end of the quarter using the benchmark of 75%.

Capital Expenditures

This quarter there was no capital expenditures. At the end of Q3 there is a total balance remaining of \$39,692.87. It is anticipated that in Q4 approximately \$10,000 will be utilized for office furniture purchases and a new laptop. The overall capital costs savings at the end of the year will be approximately \$29,693.

Year-End Projections

At the end of this quarter the College's total revenue is \$3,613,823 and is anticipated to have additional earnings of approximately \$70,000 but will fall short by approximately 1.5% from the annual budgeted revenues.

Total expenditures are \$2,535,459 at the end of this quarter and the forecasted year end expenditures are \$3,582,610. The College's expenses on a quarterly basis are between \$750,000 to \$800,000. However, in our year end projections due to the number of hearing dates being held, and the breakdown of payroll, projections for the year end for expenses are nearing \$1,000,000 in expenses.

For capital expenditures we have used \$7,307 and by the end of the year anticipate the usage of an additional \$10,000 for a total of \$17,307.

Total Projected Revenue	\$3,683,823
Total Projected Capital Expenses	(\$17,307)
Total Projected Expenses	<u>(\$3,582,610)</u>
Year End Total	\$83,906

At the end of this fiscal when we look at actual revenue – actual expenditures, we are anticipating ending the year with a surplus of approximately \$83,906.

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, 2023 (Q3)
75% of Fiscal Year

ASSETS

Chequing / Savings		
Bank - Operating Funds	\$	81,500.58
Bank - Savings	\$	457,752.03
Petty Cash	\$	500.00
Refund Clearing	\$	(1,454.54)
<i>Total Chequing / Savings</i>		<u>\$ 538,298.07</u>

Accounts Receivable		
Accounts Receivable	\$	147,930.87
Allowance for Doubtful Accounts	\$	(43,015.68)
Ordered DC Costs	\$	79,283.04
<i>Total Accounts Receivable</i>		<u>\$ 184,198.23</u>

Other Current Assets		
Prepaid Expenses	\$	66,788.46
Investment in Mutual funds	\$	1,650,793.92
Accrued Interest	\$	8,233.51
Investment in GIC	\$	515,388.75
<i>Total Other Current Assets</i>		<u>\$ 2,241,204.64</u>

Fixed Assets		
Construction	\$	-
Computer Equipment	\$	96,417.47
Furniture and Fixtures	\$	150,050.08
Accumulated Amortn - Computers	\$	(69,265.18)
Accumulated Amortn - Furniture	\$	(129,388.69)
<i>Total Fixed Assets</i>		<u>\$ 47,813.68</u>

TOTAL ASSETS		<u>\$ 3,011,514.62</u>
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LIABILITIES AND EQUITY

Accounts Payable		
Accounts Payable	\$	23,629.88
Credit cards	\$	(864.71)
<i>Total Account Payable</i>		<u>\$ 22,765.17</u>

Other Current Liabilities		
Accrued Liabilities	\$	697.03
Accrued Liabilities-Discipline	\$	-
Deferred Income	\$	-
HST Payable	\$	13,339.40
<i>Total Current Liabilities</i>		<u>\$ 14,036.43</u>

Equity		
Retained Earnings	\$	(332,159.76)
Patient Relations Fund	\$	90,385.13
Business Continuity Fund	\$	1,083,877.00
Investigations and Hearing Fund	\$	1,004,246.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	1,078,364.65
<i>Total Equity</i>		<u>\$ 2,974,713.02</u>

TOTAL LIABILITIES AND EQUITY		<u>\$ 3,011,514.62</u>
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The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q3 commencing October 01, 2023 to December 31, 2023

	Q3						12 MONTH ENDING MARCH 31, 2023						ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Oct-Dec'23 Budget	Oct-Dec'23 Actual	BUDGET FAV (UNFAV) VARIANCE		Oct-Dec'22 Actual	Oct-Dec'22 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE					
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%	\$	%		
Revenue														
Registration and Member Renewals	42,546	42,527	(19)	100%	53,206	18,796	3,033,492	3,124,774	91,282	103%	3,049,041	102%		
Examination Fees	41,875	68,175	26,300	163%	64,225	31,325	285,750	269,450	(16,300)	94%	337,625	80%		
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%		
Incorporation Fees	7,550	10,805	3,255	143%	10,150	4,850	21,400	24,555	3,155	115%	29,000	85%		
Ordered Costs Recovered	45,000	1,200	(43,801)	3%	11,300	(37,700)	90,000	4,338	(85,663)	5%	135,000	3%		
Inspection Fees	42,500	30,900	(11,600)	73%	31,700	(10,800)	127,500	95,100	(32,400)	75%	170,000	56%		
Interest	600	5,568	4,968	928%	2,040	1,440	1,800	17,906	16,106	995%	2,400	748%		
Investment Income	3,500	18,061	14,561	516%	11,453	10,553	14,700	51,665	36,965	351%	18,200	284%		
Miscellaneous Income	-	26,035	26,035	100%	-	-	300	26,035	25,735	8678%	400	65009%		
Total Revenue	183,571	203,270	19,699	111%	184,074	18,464	3,574,942	3,613,823	38,881	101%	3,741,666	97%		
Expenses														
Salaries and Benefits	558,363	614,005	(55,642)	110%	480,633	(28,311)	1,639,074	1,516,543	122,531	93%	2,112,864	72%		
Rent and Utilities	51,600	38,744	12,856	75%	74,921	19,043	139,700	134,485	5,215	96%	191,300	70%		
Office and General	57,942	43,319	14,623	75%	29,634	25,957	204,245	107,335	96,910	53%	258,173	42%		
Consulting Fees-General	3,700	3,753	(53)	101%	3,145	27,255	16,400	14,337	2,063	87%	57,750	25%		
Consulting Fees-Complaints and Inquires	32,250	11,606	20,644	36%	4,702	27,548	99,750	41,993	57,757	42%	132,000	32%		
Consulting Fees-Assessors/Inspectors	24,000	22,167	1,833	92%	25,569	(6,669)	46,500	35,028	11,472	75%	65,000	54%		
Exam Fees and Expenses	61,423	39,997	21,426	65%	140,290	(75,301)	249,385	163,802	85,583	66%	319,283	51%		
Legal Fees-General	-	7,701	(7,701)	0%	7,901	3,458	14,000	14,489	(489)	103%	28,400	51%		
Legal Fees-Complaints	48,000	6,147	41,854	13%	10,286	37,414	85,000	32,830	52,170	39%	104,000	32%		
Legal Fees-Discipline	115,000	74,792	40,208	65%	83,160	8,840	220,000	153,487	66,513	70%	300,000	51%		
Council Fees and Expenses	23,641	29,275	(5,635)	124%	43,390	(8,274)	166,074	132,200	33,874	80%	193,694	68%		
Hearings (Discipline, Fitness to Practice)	11,915	10,736	1,179	90%	25,562	(10,562)	23,830	25,996	(2,166)	109%	42,945	61%		
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	28,425	0%		
Insurance	-	-	-	0%	-	-	36,000	33,448	2,552	93%	36,000	93%		
Equipment Maintenance	12,690	13,119	(429)	103%	12,632	70	38,270	37,491	779	98%	50,960	74%		
Audit Fees	-	-	-	0%	-	-	17,000	16,400	600	96%	17,000	0%		
Public Education	15,470	9,170	6,300	59%	28,132	(11,964)	97,685	65,628	32,057	67%	112,555	58%		
Education and Training	1,250	3,101	(1,851)	248%	-	750	13,475	9,016	4,459	67%	13,975	65%		
Printing and Postage	331	355	(24)	107%	357	(90)	1,001	953	48	95%	1,327	72%		
Total Expenses	1,017,574	927,986	89,588	91%	970,313	9,165	3,107,388	2,535,459	571,929	82%	4,065,650	62%		
Total Revenue over Expenses	(834,003)	(724,716)	(69,889)	87%	(786,239)	9,299	467,554	1,078,364	(533,048)	231%	(323,984)			



The College of Naturopaths of Ontario

Statement of Operations

	2023-2024			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Dec'23 Budget
REVENUES				
Registration and member renewal fees	\$ 3,049,041	\$ 3,124,774	102%	\$ 3,033,492
Examination fees	\$ 337,625	\$ 269,450	80%	\$ 285,750
Defferred capital funding	\$ -	\$ -	0%	\$ -
Incorporation fees	\$ 29,000	\$ 24,555	85%	\$ 21,400
Ordered costs recovered	\$ 135,000	\$ 4,338	3%	\$ 90,000
Inspection fees	\$ 170,000	\$ 95,100	56%	\$ 127,500
Interest	\$ 2,400	\$ 17,906	746%	\$ 1,800
Investment Income	\$ 18,200	\$ 51,665	284%	\$ 14,700
Miscellenous	\$ 400	\$ 26,035	6509%	\$ 300
TOTAL REVENUES	\$ 3,741,666	\$ 3,613,823		\$ 3,574,942
EXPENSES				
Salaries and benefits	\$ 2,112,864	\$ 1,516,543	72%	\$ 1,639,074
Rent and utilities	\$ 191,300	\$ 134,485	70%	\$ 139,700
Office and general	\$ 258,173	\$ 107,335	42%	\$ 204,245
Consulting fees				
Consultants - general	\$ 57,750	\$ 14,337	25%	\$ 16,400
Consultants - complaints and inquiries	\$ 132,000	\$ 41,993	32%	\$ 99,750
Consultants - assessors/inspectors	\$ 65,000	\$ 35,028	54%	\$ 46,500
Exam fees and expenses	\$ 319,283	\$ 163,802	51%	\$ 249,385
Legal fees				
Legal fees - general	\$ 28,400	\$ 14,489	51%	\$ 14,000
Legal fees - complaints	\$ 104,000	\$ 32,830	32%	\$ 85,000
Legal fees - discipline	\$ 300,000	\$ 153,487	51%	\$ 220,000
Council fees and expenses	\$ 193,694	\$ 132,200	68%	\$ 166,074
Hearings (Discipline, Fitness to Practise)	\$ 42,945	\$ 25,996	61%	\$ 23,830
Amortization/Depreciation	\$ 28,425	\$ -	0%	\$ -
Insurance	\$ 36,000	\$ 33,448	93%	\$ 36,000
Equipment maintenance	\$ 50,960	\$ 37,491	74%	\$ 38,270
Audit fees	\$ 17,000	\$ 16,400	96%	\$ 17,000
Public education	\$ 112,555	\$ 65,628	58%	\$ 97,685
Education and training	\$ 13,975	\$ 9,016	65%	\$ 13,475
Postage & Courier	\$ 1,327	\$ 953	72%	\$ 1,001
TOTAL EXPENSES	\$ 4,065,650	\$ 2,535,459		\$ 3,107,388
EXCESS OF REVENUES OVER EXPENSES	\$ (323,984)	\$ 1,078,365		\$ 467,554



2023-24 Capital Statement

Line Item	Total Budget (April 2023-March 2024)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$14,000.00		\$4,939.92			\$2,367.21								\$7,307.13	\$6,692.87
Furniture & Fixtures	\$3,000.00													\$0.00	\$3,000.00
Leasehold Improvement	\$30,000.00													\$0.00	\$30,000.00
Total	\$47,000.00													\$7,307.13	\$39,692.87



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 21, 2024

TO: Council members

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

RE: Recommended amendments to Governance Process Policies on GP07-GP12

Given the size and scope of the policies, including the Committee Terms of Reference, the Governance Policy Review Committee has adopted a more extended timeframe for review of the policies for recommended changes.

In its March meeting, the GPRC reviewed Governance Process policies 7 through 12. At the conclusion of its review, amendments to four policies are being brought forward to the Council.

GP07.03 – Cost of Governance

The GPRC members identified several concerns with the policy, including the use of the word assure in the introductory statement, the limited reference to training only of statutory committee members and the conflict between the policy and reality when it comes to the budgeting process.

Recommendations

After a discussion, the Committee recommends the following.

1. To amend the introductory statement to refer to “fulfilling its regulatory and governance responsibilities”, removing reference to “assure”.
2. To amend the definition of “Direct expenses” to delete everything after the word training.
3. To amend paragraph 1 to “The CEO will present to Council, for its consideration, an annual budget for Council expenses associated with fulfilling its broad regulatory objectives and activities in support of good governance.”
4. To reframe the policy in the context of costs rather than Council activities.

A proposed amended policy is attached for reference.

GP10.02 – Conflict Resolution

The GPRC members noted that in paragraph 7, the CEO would be accountable for conflicts even if the CEO was not involved in them. They were of the opinion that this was not likely the intention of the Council.

Recommendation

After a discussion, the Committee recommends the following.

1. Amend paragraph 7 to replace “shall” with “may”.

A proposed amended policy is attached for reference.

GP11.02 – Avoiding Conflict of Interest

The GPRC members noted that the policy’s emphasis reflects involvement with 'external or other organizations' and does not include conflicts arising from personal or professional relationships or association with 'other individuals' which more often come up during Statutory Committee proceedings, i.e., a registrant member of committee is a friend or works with another registrant who is under review.

Recommendation

After a discussion, the Committee recommends the following.

1. Amend paragraph 2 to refer to “involvement or relationship with external organizations and individual registrants of the College”.

A proposed amended policy is attached for reference.

GP12.01 - Confidentiality

The GPRC members identified concerns with the definitions which related to “*telephone sales techniques*” and “*sales and*” which are not activities within the College. It was also noted that the definition of confidential information was potentially in conflict with the Regulated Health Professions Act, 1991, which identifies all information before the College as confidential information.

Recommendation

After a discussion, the Committee recommends the following.

1. The definitions should be removed as the confidential information definition conflicts with the policy and personal information is not used in the policy.
2. Paragraph #3 should be removed.

A proposed amended policy is attached for reference.

Respectfully submitted,

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES Item 5.03
	Title	Policy No. GP07.043
	Cost of Governance	Page No. 1

The Council will invest in ensuring that Council skills, processes and supports ~~will remain~~are sufficient to ~~fulfill its assure their~~ regulatory and governance responsibilities.

Definitions	Direct expenses	Means meeting costs, legal advice, witness expenses, third party monitoring of regulatory performance, external support, and training of statutory committee members.
	Regulatory work	Means all activities associated with regulating Registrants of the profession, including all statutory functions of the College.

Accordingly,

- 1 The ~~CEO will present to~~ Council, ~~for its consideration,~~ ~~will determine~~ an annual budget for ~~Council and Committee direct~~ expenses associated with fulfilling its broad regulatory Council objectives ~~and activities in support of good governance.~~ As such, ~~the CEO shall budget for:~~
 - ~~a) Chairs of Statutory Committee's will propose an annual work plan and budget which will be submitted to the Chief Executive Officer (CEO) as part of their budget cycle;~~
 - ~~a) The CEO will budget for the direct e~~ Expenses associated with ~~internal College governance, including~~ meeting expenses of the Council and its Committees.
 - ~~b) Orientation, training, and retraining of Council members and candidates for election to Council.~~
 - ~~c) Outside monitoring assistance to enable Council to exercise confident control over organizational performance.~~
 - ~~d) Outreach mechanism to ensure Council's ability to gather and assess external viewpoints.~~
 - ~~e) Evaluation processes for the Council and Committees to ensure an understanding of overall effectiveness as a whole and as individual Council and Committee members.~~

- 2 ~~Council skills, processes and supports will be sufficient to assure governing with excellence. In this regard, the Council commits to the following duties and responsibilities:~~
~~Training, retraining and mentoring to orient Council members and candidates for Council membership, as well as maintaining and increasing existing Council member skills and understanding in all areas.~~
~~Outside monitoring assistance will be arranged so that the Council can exercise confident control over organizational performance. This includes but is not limited to a financial audit.~~
~~Outreach mechanisms will be used as needed to ensure the Council's ability to gather and assess other viewpoints.~~
~~Evaluation processes for the Council will be conducted to understand its effectiveness as a whole and as individual members of the Council.~~

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP10.032
	Conflict Resolution	Page No. 1

Conflict will naturally occur in any organization. Such conflict requires a fair and reasoned approach to ensure a resolution that is in the best interests of the organization and considers the views of all parties. Conflict will occur within the organization between Council members, Council members and Registrants, staff and Registrants, staff and Council members.

Accordingly,

- 1 When conflict has occurred, the Council Chair shall be notified in order to activate this policy. The responsibility to notify the Council Chair rests with:
 - a) Council members when the conflict is between
 - i. two or more Council members;
 - ii. the CEO and one or more Council members.
 - b) The CEO when the conflict is between
 - i. staff and one or more Council members or
 - ii. the CEO and one or more Registrants.
- 2 Issues of conflict shall be addressed by the Executive Committee of the Council.
 - a) Where a member of the Executive Committee is directly involved in the conflict, they shall absolve themselves of the matter, in which case the Executive Committee may ask another member of Council to participate in the conflict resolution process.
 - b) Where a majority of the Executive Committee members are involved, the matter shall be referred to the full Council.
- 3 The parties to the conflict shall be notified as soon as possible following the reporting of the conflict that the matter has been referred to the Executive Committee.
- 4 The Executive Committee shall review the matter that has become a point of conflict and shall seek the input of all parties individually to develop an understanding of the issues.
- 5 The Executive Committee shall work with all parties, by whatever means possible, to affect a resolution of the issue that is acceptable to all parties.
- 6 If an acceptable resolution is not possible, the matter shall be referred to the Council for evaluation within the context of its policies.
- 7 Information obtained during the process of conflict resolution, including any remedial actions taken on the part of the CEO, shall may be considered by the CEO Review Panel as a part of the annual CEO Performance Review process.
- 8 When conflict is between Registrants and staff other than the CEO, the matter shall be referred to the CEO.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP11.023
Avoiding Conflict of Interest		Page No. 1

All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a conflict of interest.

Definitions **Conflict of Interest** Means a situation 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, direct or indirect.

Accordingly, all Council and Committee members,

- 1 Have a duty to uphold and further the intent of the Act to regulate the practice and profession of naturopathy in Ontario, and not to represent the views of advocacy or special interest groups.
- 2 Must immediately declare any conflicts that arise from their involvement with external organizations [and individual registrants of the College](#) and take the appropriate action in accordance with section 16 of the by-laws.
- 3 Must annually complete the Conflict of Interest Questionnaire provided by the CEO in which they shall disclose any other organizations of which they are an owner, director, officer, member, or employee and return it to the CEO by the date required.
- 4 Who believe that a matter that has come before the Council or their Committee where there is a conflict of interest ensure that they have taken the necessary measures to consult with the Council Chair or Chair of the Committee, decline to take part in the discussion, recuse themselves from the discussion and make no attempts to influence the decision-making of the Council or Committee.
- 5 Will declare all conflict of interests, which will be recorded in the minutes of the Council or the Committee meeting where the declaration is made.
- 6 Must refrain from using College property or information of any kind to advance his or her own interests, direct or indirect.
- 7 Must, when participating in organizations other than the College, including but not necessarily limited to professional associations, carefully consider the appropriateness and impact of expressing opinions and when deciding to express their opinion, must state that the opinion is their own opinion and not that of the Council or the College.
- 8 Shall review and sign the "Acknowledgment and Undertaking regarding Fiduciary Duties" prior to assuming their responsibilities and duties on behalf of the College.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.03</i>
	Title	Policy No. GP12.012
	Confidentiality	Page No. 1

All members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of the information that comes before them in the course of discharging their duties.

Definitions	Confidential Information	Means personal information and trade secrets concerning the business of the College and its members and stakeholders including, without limitation, member and stakeholder lists, telephone sales techniques, training seminars and programs, financial and contractual relations, sales and financial information, documents recording College products, volumes, procedures, research, development, engineering, manufacturing, purchasing and other aspects of the College's operations.
	Personal information	Means recorded information about an identifiable individual, including, —(a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual, —(b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved, —(c) any identifying number, symbol or other particular assigned to the individual, —(d) the address, telephone number, fingerprints or blood type of the individual, —(e) the personal opinions or views of the individual except where they relate to another individual, —(f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, —(g) the views or opinions of another individual about the individual, and —(h) the individual's name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.¹

Accordingly,

1

All Council and Committee members, and persons appointed by the College to perform duties on behalf of the College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person.

2

Subsection 36(1) of the *Regulated Health Professions Act, 1991* permits the disclosure of information in certain circumstances. All Council and

¹ Freedom of Information and Protection of Privacy Act, RSO 1991, c.F31

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP12.012
	Confidentiality	Page No. 2

Committee members and appointees of the College are expected to understand when those exceptions apply and seek advice of the Chief Executive Officer (CEO) and Legal Counsel.

3

~~Shall review and sign the “Acknowledgment and Undertaking regarding Fiduciary Duties” or a Confidentiality Agreement provided by the CEO prior to assuming their responsibilities and duties on behalf of the College.~~

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



The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Language Proficiency Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's Language Proficiency Policy.

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

Activity:	Review and discussion of policy revisions.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers.	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

On October 30, 2014, the then transitional Council of the College of Naturopaths of Ontario approved a policy which established the language requirements for registration with the College.

In March 2022, the Ministry of Health began consultations on proposed changes to the *Regulated Health Professions Act, 1991* (RHPA) which included changes to the language testing requirements for regulatory health Colleges.

In September 2022, amendments were made to the Language Proficiency Policy to comply with anticipated changes to the RHPA (which came into effect August 2023) and associated fair access legislation, which oblige regulators with language proficiency testing requirements, to accept the tests that are approved under the *Immigration and Refugee Protection Act* (Canada), in an effort to reduce unnecessary barriers created through duplication of requirement or costs, for those seeking to meet the professional standard in their profession for the purpose of registration. While regulators must accept tests approved by Immigration, Refugees and Citizenship Canada (IRCC) under the *Immigration and Refugee Protection Act* (Canada), regulators may continue to set the required score that needs to be achieved on each recognized language test in order for the applicant or PLAR applicant's language skills to be considered proficient.

In February 2023, the College was advised that IRCC added a new test: the Pearson Test of English (PTE). Proposed amendments to the policy (enclosed) account for the addition of the PTE to the roster of language tests accepted by the College as well as the potential for ongoing

additions to the list of language tests by the IRCC.

DISCUSSION POINTS:

IRCC Added Language Tests

In light of a recent addition to the IRCC's list of approved language tests, the policy has been amended to remove all noted tests from the policy and instead stipulate that the College accepts all language tests approved by IRCC under the *Immigration and Refugee Protection Act (Canada)* and that the list of College accepted language tests is published and maintained on the College website. This amendment allows language testing information to be updated immediately and prevents the need for a policy amendment each time the IRCC updates their list.

Required Scores - PTE

As noted above, while regulators are required to recognize and accept IRCC approved language tests, they are not required to accept the same language testing result or Canadian Language Benchmark (CLB) level as the IRCC. In keeping with the previously established CLB level 8 scoring (all skills) requirement noted in the policy, upon approval of amendments to the policy, the College will publish the following required score information on its website for the PTE:

- Reading: minimum 69-77
- Writing: minimum 79-87
- Listening: minimum 71-81
- Speaking: minimum 76-83

Equivalency information of the PTE to a CLB level 8 is set out in the Government of Canada's [Language Test Equivalency Charts](#), used by the IRCC.

Added and Amended Definitions

Minor amendments and additions have also been made to the definitions section to provide additional clarity.

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:
 - Reputational: Confidence and trust in the organization from stakeholders, the public, applicants and PLAR applicants occurs when the College demonstrates that its practices and procedures are accurate, consistent, and up to date. Conversely, if failing to approve changes to the policy, the College may face reputational risk for not complying with the RHPA and fair access legislation around language.

Privacy Considerations –There are no privacy considerations. If approved, information provided in this briefing along with the draft amendments will be included in the Council package in March 2024 which is posted on the College website.

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

- Relevant, credible, and accurate information: The College provides accurate and relevant information about language proficiency requirements by informing the public, applicants and

PLAR applicants that language tests approved under the *Immigration and Refugee Protection Act (Canada)* will be accepted.

- Timely, accessible and contextual: The information presented, which is made publicly available on the College website as part of the Council package, seeks to provide the public, and applicants with timely, accessible and contextual information of the changes made.
- Consistent approaches: The College's compliance with the approved amendments to language requirements for regulatory Colleges under the RHPA demonstrates compliance and cooperation.

Financial Impact – There is no financial impact at issue 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.

- The continued robust assessment of language proficiency of applicants and PLAR applicants ensures the safe and professional provision of naturopathy to Ontarians. The recognition that any language test approved by the IRCC under the *Immigration and Refugee Protection Act (Canada)* is accepted by the College ensures the processes for assessing language proficiency remain fair and transparent.

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 as it applies to the additional cost and undue barriers that are created when requiring applicants and PLAR applicants to undergo additional language testing, barriers which the proposed policy amendments seek to prevent.

RECOMMENDATIONS

- That the Council approve revisions to the Language Proficiency Policy.

ACTION ITEMS

- If approved, the updated policy, and scoring information for the PTE, will be posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

March 13, 2024

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. R04.04
	Language Proficiency	Page No. 1

Intent/Purpose To establish a policy governing Language Proficiency requirements of the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Canadian Language Benchmarks (CLB) / Niveaux de compétence linguistique canadien	Means the standard used by the IRCC to describe, measure, and recognize the English or French language ability of immigrants and prospective immigrants who plan to live and work in Canada.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA.
	CNME	Means the Council on Naturopathic Medical Education - the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Immigration, Refugees and Citizenship Canada (IRCC)	Means the department of the Government of Canada with responsibility for matters dealing with immigration to Canada, refugees, and Canadian citizenship or its successor organization.
	Language Skills	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.
	Language Test	Means a test designated in this policy that can be relied upon to test the language proficiency of an applicant.

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 28, 2022

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. R04.04
	Language Proficiency	Page No. 2

PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR process.
Prior Learning Assessment and Recognition (PLAR) process	Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program.
Pre-Registration	Means a process whereby an individual who intends to seek registration with the College provides the College with information to establish themselves with the College before formally applying for registration.
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 Chief Executive Officer. Panel(s) of this statutory committee are responsible for all registration matters as set out in the Health Professions Procedural Code.
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the Regulated Health Professions Act, 1991, as amended from time to time.

General Policy	English or French	It is a requirement for registration with the College that “the applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.” (section 3(3) of the Registration Regulation).
		This requirement reflects the need for effective communication between the registrant and their patients and staff and to ensure effective inter-professional collaboration. This requirement also assumes effective communication based on language skills as defined in this policy.
	PLAR Applicants	As an assessment process to establish a PLAR applicant's competency to practise, language proficiency is assessed as part of the eligibility criteria to initiate the PLAR program, in accordance with the College's PLAR Program Policy.
Language Proficiency	Requirements Deemed to be Met	An applicant or PLAR applicant who can establish that they are fluent in English or French, and that their education was
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conducted in English or French, shall be deemed to meet the language proficiency requirements of the College as set out in section 3(3) of the Regulation.

Evidence of Language Proficiency

In order to be deemed to have met language proficiency requirements, an applicant or PLAR applicant must provide two of the following evidentiary documents:

- a signed declaration with the College which attests that they can comprehend, and communicate fluently (both written and orally) in English or French; and
- a Letter of Standing supporting naturopathic registration in another regulated Canadian jurisdiction; or
- an academic transcript noting successful completion of a CNME-accredited program in naturopathy; or
- a Letter or transcript from the program in which their formal education pursuant to section 5(1), and in accordance with the College's PLAR Program Policy, was obtained which confirms their education was provided in either English or French.

Requirements Deemed Not to be Met

An applicant or PLAR applicant who does not satisfy the language proficiency requirements is required to undertake, at their cost, one of the accepted language tests.

Language Testing	Accepted Minimum Scores	The results of a successfully completed language test must be equivalent to a level 8 for all skills based on the Canadian Language Benchmarks (CLB) published by IRCC.
	Accepted Language Tests	The College recognizes all language tests approved by the IRCC under the Immigration and Refugee Protection Act (Canada). A complete list of College recognized language tests, and each test's CLB-8 equivalency score, is maintained on the College website.
	Submission of Test Results	Minimum test scores for all language proficiency test components must be achieved during one complete sitting of the selected test. Combined scores from more than one test or from multiple sittings of the same test are not accepted. Test results are valid for two years from the date of the applicant or PLAR applicant passing the test and must be sent directly to the College by the testing agency. Test results submitted directly by applicants or PLAR applicants are not accepted.
Outcomes	Sufficient Language Proficiency	Applicants and PLAR applicants who demonstrate that they have met the language proficiency requirements, either by virtue of their declaration and naturopathic registration in another regulated Canadian jurisdiction, formal education or by meeting the minimum accepted test scores on an
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accepted language test, will continue to provide the information necessary for the assessment of their eligibility for registration or PLAR.

Insufficient Language Proficiency

Applicants who do not meet the language proficiency requirements outlined in this policy may:

- withdraw their application or, with the agreement of the Chief Executive Officer (CEO), place their application in abeyance while they remediate their language skills through an appropriate educational program and subsequently, retake an acceptable language test under this policy; or
- proceed with their application in which case the CEO may refer the matter of the applicant not meeting the language proficiency requirements, along with any other relevant issues with respect to their application, to a panel of the Registration Committee on the basis that they have doubts that the applicant has met the requirements.

PLAR applicants, who do not meet the language proficiency requirements outlined in this policy will be notified that they cannot move forward in the PLAR process until they have met this requirement.

Exemptions

Exemption Criteria

An applicant or PLAR applicant who is unable to establish language proficiency as set out in this policy, but who believes that they can demonstrate a degree of proficiency through alternative objective evidence may seek an exemption.

Review of Exemption Request

Exemption requests will be reviewed by a panel of the Registration Committee (the Panel) on an individual basis.

For applicants, such reviews will be conducted as part of a formal referral made under the Code.

In its review, the Panel will consider:

- to what degree the alternative objective evidence provides proof of language proficiency that is substantially equivalent to the requirements set out in this policy; and
- whether the granting of such an exemption will pose a risk to public safety or effective care.
- in the case of PLAR, whether the granting of such an exemption will unduly hinder the PLAR applicant from being able to competently complete each component of the PLAR program.

Alternative Objective Evidence

The following may be provided as alternative objective evidence of language proficiency:

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- documentation of the language tests and scores the applicant or PLAR applicant has achieved to date, provided as an original hard-copy document, fax or as a PDF.
- evidence of experience with verbal communication, validated by letters of support, sent directly from third parties to the College. These may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- evidence of related health care employment where written documentation was required, validated by letters sent directly from third parties to the College. These may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- evidence of successful, functional communication as demonstrated and validated in a previous supervised practice experience (e.g., completed through an externship or similar). This should be provided directly to the College as an original document, fax, or PDF, signed by a preceptor and/or supervisor.
- other evidence as presented by the applicant or PLAR applicant.

Exemption Request Outcomes

Applicants who do not satisfy 3(3) of the Registration Regulation, but have demonstrated a degree of proficiency that would, with supervision, provide adequate safeguarding of public safety and competent care, may be granted a temporary exemption from the requirement, and may have Terms, Conditions, and/or Limitations (TCLs) placed on the certificate of registration. The TCLs may include but are not limited to:

- requiring the registrant to disclose to all potential employers that they have not yet met the College's language proficiency requirement; and/or
- imposing conditions for supervision (e.g., written documentation, verbal communication); and/or
- imposing limitations regarding practice settings or controlled acts.

PLAR applicants who are unable to satisfy language proficiency requirements but whose alternative objective evidence demonstrates a sufficient degree of proficiency to enable them to competently complete the PLAR may be granted an exemption to be permitted to proceed with initiating the PLAR program.

This exemption may be reviewed again at point of application

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for registration to determine whether a TCL on a certificate of registration is required. In such instances, the PLAR applicant will be provided with an opportunity to provide additional documentation to address 3(3) of the Registration Regulation.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Registration Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's Registration Policy.

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

Activity:	Review and discussion of policy revisions.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers.	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

Section 6(1) of Registration Regulation made under the *Naturopathy Act, 2007* requires that every registrant in the General Class practice the profession for a minimum of 750 hours over each three-year period, meaning that each year the College looks at a registrant's practise hours accrued over the preceding three years. The intent of this provision in the Regulation is to ensure that Ontarians have access to safe, competent, and ethical care from Ontario's Naturopathic Doctors, the primary mandate of the College. It accomplishes this by ensuring that registrants practice naturopathy for a minimum amount of time to maintain the necessary clinical competencies, knowledge, skill and judgment.

In August 2023, following the College's first audit of currency hours, the Registration Committee of the College (the Committee) undertook a review of the currency requirements set out in the Registration Policy, specifically those requirements related to direct patient care. A consultation on proposed amendments to the Registration Policy related to currency was initiated on October 30, 2023, and ran until January 31, 2024, with a total of 14 registrants and two organizations providing feedback directly to the College on the proposed draft amendments.

Additionally, in August 2023 amendments to the Registration Regulation, to include an emergency certificate class, came into force. While this class will only be opened under two very specific circumstances (i.e., the Minister requests that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it, or the Council determines, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency class

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certificates), the College is required to ensure emergency certificates of registration can be issued and that appropriate policy pieces are in place for regulating registrants in the emergency class if/when the class is ever opened.

Proposed amendments to the policy (enclosed) aim to support the profession in understanding and meeting certificate maintenance requirements, both in the General and emergency class, mitigate risk to the public by ensuring that registrants are current in their knowledge and skill for providing direct patient care, and assist the College in carrying out its legislated obligations.

DISCUSSION POINTS:

Direct Patient Care Hours (General and emergency class)

It is a recommendation that the 750-hour “practising the profession” minimum, as set out under section 6(1) of the Registration Regulation, for General class registrants be in direct patient care.

In coming to this recommendation, the following information was considered by the Committee:

- the wide scope of practise afforded to Ontario naturopaths in the General class, allowing registrants to engage in different treatment modalities and clinical care, thus affording them a greater opportunity to accrue direct patient care hours.
- the fact that registrants of the College have registration options available to them which allow them to work in a role related to naturopathy (through registration in the Inactive class), or in a non-clinical capacity (with the application of a non-clinical Term, Condition or Limitation on one's certificate of registration, as has been set out in the Registration policy since 2018), options that are not available to all regulated health professions.
- the fact that many healthcare professions who have an Inactive or non-practising category of registration also have specific currency requirements involving direct patient care for their practising category practitioners (e.g., homeopaths, acupuncturists/TCM practitioners, registered massage therapists, and midwives), seemingly with a similar expectation that if not engaging in direct patient care that one move into a non-practising category of registration.
- that continued professional competency is not achieved through Continuing Education alone.
- that issues arise when a registrant holding a General class certificate of registration, without a non-clinical Term, Condition or Limitation, does not engage in direct patient care (e.g., the inability of a registrant to pass a Peer and Practice assessment being unable to successfully complete the file review portion of the assessment); and
- that atrophy of skill carries risk to the public.

As was provided in the [consultation materials](#) released by the College, in a random sampling of registrants across different practise years, on average, registrants reported having practised more than 1500 hours of direct patient care over the preceding 3-year period (2020-2022). New registrants, who had not yet completed their initial three years of practise, reported on average 371 hours of direct patient care in their initial two years of practise time, indicating that on average, General class registrants should not be unduly impacted by this change. While there will be some registrants who are unable to meet requirements, it is the duty of the College to ensure all registrants holding a General class certificate of registration have the knowledge, skill, and judgment to practise the profession safely and competently. Additionally, the options set out in legislation for addressing currency hour deficiencies are not unduly punitive, costly or ones which create unnecessary barriers.

As per recent amendments to the Registration Regulation, registrants in the emergency class will be required to practise the profession for a minimum of 250 hours over each 12-month period that they hold a certificate in the emergency class. In keeping with the proposed amendment for General class registrants, which would see 100% of their minimum required practise hours being

in direct patient care, a similar recommendation is being proposed for emergency class certificate holders, with the full 250 hours being recommended to be in direct patient care. It is important to note that provisions in the regulation allow emergency class certificate holders (over two years) to move to the General class without the need to complete entry to practise examinations (with the exception of Jurisprudence) provided they are able to demonstrate that they have the requisite knowledge, skill and judgment expected of a registrant in the General class, highlighting the importance of ensuring competence through clinical practice.

Transition Period for Enforcement of Direct Patient Care Hours (General class)

In recognition that going from an unspecified number of direct patient care hours to a set number will be a shift for some registrants, a 'transition' provision is also being proposed to give registrants in the General class sufficient time (i.e., three years) and notice to meet the new requirement. Annual audits occurring prior to the noted transition date will continue to assess that registrants have accrued the minimum 750 practise hours over each preceding three-year period, and that those hours include "some" direct patient care.

Direct Patient Care Activities and Evidence (General and emergency class)

Based on feedback received from registrants who were audited this year, and Registration staff involved in the audit, amendments are being proposed to the list of activities that would be considered as those related to direct patient care, not those activities which can be applied to the wider definition of "practising the profession." In relation to this, edits are also being proposed to types of evidence that would be accepted to support one's declared currency hours and activities, informed in part by what was found during the audit to be useful in substantiating practise hours and activities, and what was not.

As all registrants in the emergency class are required to be supervised as a Term and Condition of their certificate of registration, proposed acceptable evidence of currency includes a letter from the supervising ND(s) to detail specifics of the registrant's practise time.

Currency Audits - Registrants Returning to the General class

Some minor wording amendments are also being proposed to ensure that class changes from Inactive to General adhere to the rolling three-year currency cycle (i.e., that there is no gap in currency) and to ensure that class changes don't become a means for registrants to avoid being audited.

Currency Hours not Met – emergency class

As with General class registrants, wording has been added to the policy to note the options available for emergency class certificate holders who do not meet practise hour requirements, as set out in the Registration Regulation.

Professional Liability Insurance (PLI), Public Register Photos and CPR- emergency class

As with General class registrants, additional provisions have been added to reiterate the requirements noted in the Regulation (i.e., PLI, and CPR certification) and in the College by-laws (i.e., photo for the public register) that apply to emergency class certificate holders, including the various circumstances when registrants in this class will be required to supply the College with this information.

Removal of CPR Exemption Provision -General class

With the August 2023 amendment to the Registration Regulation, requirements for CPR were enshrined as a Term and Condition of every General class and emergency class certificate of registration. Based on this, and on the advice of the College's legal counsel, it was determined that the College could no longer offer an exemption route for registrants with respect to CPR certification. It should be noted, however, that at least three Ontario CPR course providers have confirmed their ability to offer accommodations for course participants with disabilities without affecting the course content.

Removal of Supervision Information – General and emergency classes

With the addition of a new supervised class of registration (i.e., the emergency class), the supervision of registrants by other registrants requires additional information and clarification both for supervisors and supervisees. As such, the supervision/supervisor provisions in this policy have been removed to be further fleshed out in a separate Supervision Policy.

ANALYSIS

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

- Strategic risk: With any changes to registration requirements, the College faces criticism from the profession who may be change adverse or feel that new requirements are unduly punitive. Alternatively, if failing to approve changes to the policy, the College may face reputational risk for not putting the mandate of public protection at the forefront and/or not regulating to the full extent of the updated Registration Regulation.
- Process risk: Not approving proposed amendments to the Registration Policy's currency requirements may result in an impact to College operations, e.g., allowing registrants to practise the profession for only a few hours per year can have a trickledown effect with respect to Peer and Practise assessments and potential complaints and discipline orders (e.g., an ordered file review). Additionally, not approving proposed amendments to include emergency class provisions, may result in an impact to College operations with respect to issuing and renewing emergency class certificates of registration, as well as monitoring currency compliance of emergency class registrants, if/when the class is opened.

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

Transparency – The transparency assessment is based on the document 'Understanding the College's Commitment' to Transparency, a copy of which is included in the Council package. Only those risks that have been identified will be addressed.

- The information presented on currency was made publicly available on the College website at point of consultation, which sought to provide the public, registrants, applicants and stakeholders with timely, accessible, and contextual information regarding the proposed changes.

Financial Impact – There is no financial impact.

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

- Proposed amendments to the Registration Policy ensures there are appropriate standards for the profession and that the operations are fair, objective, transparent and accountable.

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. EDIB, as it applies to cost and undue barriers with proposed changes to currency requirements, and to the removal of the CPR exemption provision, has been addressed in this briefing

RECOMMENDATIONS

- That the Registration Committee approve the proposed draft amendments to the Registration Policy.

ACTION ITEMS:

- If approved, the updated policy will be posted on the College website and information related to currency requirements will be used to help inform College advisory and educational materials (e.g., letters to registrants, news articles, In Conversation With material, etc.).

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

March 4, 2024

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	Title	Policy No. R01.05
	Registration Policy	Page No. 1

Intent/Purpose To establish a policy governing the Registration Program and related activities within the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time.
	Applicant	Means an individual who has made an application to be issued a certificate of registration.
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	Certificate of Registration	Means a document issued by the College, in the General class, emergency class or Inactive class, which demonstrates to the public that the holder is a registrant of the College, registered in the class set out on the certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the certificate.
	Certificate of Standing	Means a document issued by a regulatory body, which outlines full details about a registrant's status and registration history, discipline history and ongoing complaints and investigations, if any.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	CPR, Certificate	Means a document issued by a recognized cardiopulmonary resuscitation (CPR) certification course provider, which shows the date of course completion, level of CPR certification, the applicant or registrant's name and the name of the course provider.
	CPR, Recognized Certificate Course	Means an in-person training course in CPR procedures taught in compliance with the Heart & Stroke Foundation of Canada's most current Guidelines for CPR and Emergency Cardiovascular Care (ECC).
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA.

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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.
Direct Patient Care	Means patient interactions, or the supervision of patient interactions, and any patient case-specific administrative activities or research conducted in the course thereof.
Emergency Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.
Former Registrant	Means an individual who previously held a certificate of registration with the College and who is no longer a registrant by virtue of having retired, resigned, being deceased, or having had their certificate of registration revoked by the College.
General Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
Good Character	Means the personal characteristics of an applicant or registrant, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
Standing	Means the status assigned to a registrant that reflects fees and dues and information requirements.
Inactive Class	Means a registrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.
In Good Standing	Means the registrant's status with the College is a positive one reflecting that all of their registration fees are paid and information due to be provided to the College is complete, no other outstanding fees are on record and the individual's certificate of registration is not suspended or revoked.
Language Skills	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.

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Language Test	Means a test designated in this policy that can be relied upon to test the language proficiency of an applicant.
Patient Interaction	Means a patient encounter that includes an assessment and/or diagnosis, treatment and/or monitoring of a patient or patient's condition in accordance with the standards of practice of the profession.
Pre-registration	Means the process whereby an individual who intends to seek registration provides the College with information to establish themselves before submitting an application for registration.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , as amended from time to time.
Register	Means an electronic, searchable database system that provides the public with information about registrants, as set out under section 23 of the Code.
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 all registration matters as set out in the Code.
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
Supervision	Means the active process of directing, assigning, delegating, guiding, and monitoring an individual's performance of an activity to influence its outcome..
Supporting Documentation	Means official records provided by a court, tribunal, educational institution, licensing or regulating body, or other government sanctioned organizations or an authorized individual which provides details surrounding, and the outcome of, an event.
Term, Condition or Limitation (TCL)	Means a term, condition, or limitation (TCL) placed upon a certificate of registration which limits or restricts a registrant's activities within the practice of the profession.

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Code, the
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Registration Regulation, and the College by-laws		
Good Character	General	Assessments of Good Character are managed in accordance with the College's Good Character Policy.
Currency	Minimum Requirements - General Class	A registrant who holds a General class certificate of registration is required to practise the profession for at least 750 hours over each three-year period to maintain currency, in accordance with section 6(1) of the Registration Regulation. For the purposes of administering this program, the currency year runs from January 1st to December 31st annually. Year 1 of the three-year cycle begins on January 1st of the registration year in which the registrant became registered.
	Minimum Requirements- Emergency Class	A registrant who holds an emergency class certificate of registration is required to practise the profession for 250 hours during each 12-month period that they hold registration in the emergency class. in accordance with paragraph (1) of section 6.1 of the Registration Regulation.
	Declaration	During annual registration renewal, registrants must declare their currency hours and activities for the previous calendar year.
	Currency Auditing	Except for a new General class registrant who has not completed their initial three-year cycle, currency is audited annually for each preceding three-year period, or each preceding 12-month period if registered in the emergency class. Registrants who are registered in the Inactive class, or who become inactive (e.g., due to suspension) will be audited on their practise hours for the year they return to the General class as well as their practise hours for the two years preceding their period of inactivity.
	Practising the Profession - General Class Certificate	Registrants holding a General class certificate of registration without a non-clinical TCL are expected to be actively practising the profession in the capacity of a clinical practitioner within the scope of practice of the profession.

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To be considered as having met currency requirements, currency hours must include a minimum of 750 hours of direct patient care over each three-year period, acquired through any of the following activities:

- Patient interactions, and any administrative activities (e.g., billing or charting) or patient case-specific research conducted in the course thereof.
- Supervision of patient interactions.

Transition Period for Minimum Hour Requirements for Direct Patient Care

Starting April 1, 2027, currency audits of declared practise hours and activities for registrants in the General class will include an assessment of whether the registrant has accrued the required minimum number of direct patient care hours, as set out in this policy.

Audits of currency hours and activities conducted prior to April 1, 2027 will require that a registrant's practise of the profession include direct patient care hours, however, will not enforce a specified number.

Practising the Profession - General Class Certificate with a Non-Clinical TCL

A registrant holding a General class certificate of registration with a non-clinical TCL does not engage in direct patient care but may be working in non-clinical areas related to practising the profession.

Such registrants may meet their currency hours as defined in section 6(1) of the Registration Regulation through involvement in the following non-clinical activities, as determined by their primary job:

- Administration of an educational program in naturopathic medicine or a naturopathic clinic.
- Naturopathic research.
- Regulatory/government work.
- Natural health product development/promotion.

In accordance with paragraph 5 of section 23(2) of the Code, any restrictions on a registrant's certificate of registration as a result of the registrant's limited practise would be noted on the register for public protection.

Practising the Profession - Emergency Class

Registrants holding an emergency class certificate of registration are expected to be actively practising the profession in the capacity of a supervised clinical practitioner with limitations, as set out in section 6.1 of the Registration Regulation.

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To be considered as having met currency requirements, currency hours must include a minimum of 250 hours of supervised direct patient care over each 12-month period.

In accordance with paragraph 5 of section 23(2) of the Code, any restrictions on a registrant's certificate of registration as a result of the registrant's limited practise would be noted on the register for public protection.

Evidence of Currency

The CEO may request evidence from a registrant to support their declaration of currency hours.

Appropriate evidence would depend on the nature of the registrant's practice but may include the following:

- For a registrant holding a General class certificate of registration:
 - Appointment book/schedule.
 - Letter of employment, including hire date and hours worked per week/month.
 - Confirmation of services provided, such as invoices, and/or letters from patients for whom direct services were provided.
 - Patient record/case notes.
- For a registrant holding a General class certificate of registration with a non-clinical TCL:
 - Work schedule.
 - Letter of employment, including hire date and hours worked per week/month.
 - Confirmation that the duties and responsibilities outlined in a job description were performed.
 - Research articles.
 - Teaching plan.
- For a registrant holding an emergency class certificate of registration:
 - Appointment book/schedule
 - Letter from supervising ND(s) providing confirmation of services provided and number of patient visits.
 - Patient record/case notes.

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Currency
Requirements Not
Met-General Class

Registrants in the General class who do not meet the currency requirements as set in this policy at the end of any three-year reporting period must elect one of the following courses of remediation:

- Complete a refresher program that has been approved by the Registration Committee.
- Complete a change to their class or registration from General to Inactive.
- Enter into an undertaking not to practise the profession, i.e., a non-clinical TCL.

Registrants who do not elect any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own expense, as set out in Schedule 3 of the by-laws.

As per section 6(3) of the Registration Regulation, Registrants in the General class who have reported 0 practise hours and/or 0 hours of direct patient care over their three-year reporting period and who elect to either change their class of registration to Inactive, or enter into an undertaking not to practice the profession, will be required to undergo a review by a panel of the Registration Committee at point of applying to return to the General class, or when seeking to have the terms of the undertaking expired, having not practised the profession in over two years.

Currency
Requirements Not
Met-Emergency Class

Registrants in the emergency class who do not meet the currency requirements as set in this policy at the end of any 12-month reporting period must elect one of the following courses of remediation:

- Complete a refresher program that has been approved by the Registration Committee.
- Resign their emergency class certificate of registration.

Registrants who do not elect any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own expense, as set out in Schedule 3 of the by-laws.

Language Proficiency	English or French	Sufficient language proficiency in either English or French is an essential requirement for entry-to-practise. All applicants must meet the requirements set out in the College's Language Proficiency policy.
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Professional Liability Insurance (PLI)	Coverage Required	Maintaining Professional Liability Insurance (PLI) coverage in the amount and form required in the by-laws is a condition of every certificate of registration.
	Proof of Coverage for Applicants	All applicants for registration with the College shall be required to provide proof of PLI before a certificate of registration is issued.
	Proof of Coverage for Registrants	Upon the annual renewal of their certificate of registration with the College, all registrants shall be required to sign a PLI declaration, affirming that the registrant's coverage meets all the minimum requirements set out in the by-laws. The registrant will also provide the College with information related to their insurance coverage (coverage amount, term, broker, and insurer) as required on a form established by the CEO and, at the same time, shall consent to the College verifying and collecting information from third parties, including but not limited to their insurer, broker and/or relevant professional associations through which coverage might have been obtained.
	Proof of Coverage for Registrants (Inactive-five years or more)	Inactive class registrants who have not practised the profession for five (or more) years are not required to carry PLI in accordance with section 19.03 of the by-laws. Upon the annual renewal of their certificate of registration, Inactive registrants who have met the above criteria shall be required to sign a declaration, attesting that the registrant has not practised the profession for five (or more) years.
	Proof of Coverage at Change of Class	A registrant who is applying to change to a different class of registration (e.g., General to Inactive class) will be required to provide proof of insurance coverage at the discretion of the CEO.
	Proof of Coverage at Reinstatement of Certificate of Registration	A suspended registrant who is applying for a reinstatement of their certificate of registration may be required to provide proof of insurance coverage at the discretion of the CEO.
	Proof of Coverage at Name Change Request	A registrant who is applying for a name change may be required to provide proof of insurance coverage that matches the registrant's new name as per section 20.12 of the by-laws.

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Changes in Coverage

As per section 4(6) of the Registration Regulation, a registrant must notify the College within two days of any changes to coverage information, such as broker, policy number or coverage amount, or if the registrant no longer has the necessary insurance coverage as outlined in the by-laws.

Refresher Programs, Additional Education and Supervision	General	An applicant or registrant may be required by a panel of the Registration Committee to undertake a refresher program, or additional education if one of the following conditions exist: • An applicant for registration in the General class where more than two years have passed since either their successful completion of a CNME-accredited program or the College's Prior Learning Assessment & Recognition (PLAR) program, and where the applicant has not been practising the profession for 750 hours in the three years preceding their date of application, may be required to complete such further education or training as required by a panel of the Registration Committee [Registration Regulation, section 5(2)]. • A General class registrant who in the preceding three years has not practised the profession for a minimum of 750 hours, and who elects to undergo this program as a means of addressing the deficiency. [Registration Regulation, section 6(2)]. • An emergency class registrant who in the preceding 12-months has not practised the profession for a minimum of 250 hours, and who elects to undergo this program as a means of addressing the deficiency. [Registration Regulation, section 6.1(2)] • A registrant who has held a General class certificate of registration with a non-clinical TCL for a period of more than two years and who wishes to have the TCL removed or expired. [Registration Regulation, section 6(3)]. • A registrant who has been in the Inactive class of registration for a period of more than two years and who wishes to return to the General class [Registration Regulation, section 10(1)(6)].
	Acceptable Courses	Individual refresher programs, further education and training are determined on a case-by-case basis and subject to approval of a panel of the Registration Committee. Education relevant to the practice of the profession and based on identified areas of

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deficiency with respect to the individual's competencies will be considered.

In order to be approved, a course or courses should meet one or more of the following criteria:

- Offered by a recognized University or College.
- Offered by a CNME-accredited program.
- Has been approved or meets the criteria for approval by the Quality Assurance Committee of the College for Category A continuing education credits under the Quality Assurance Program.

Supervision

While individual refresher programs and further education and training are subject to approval by a panel of the Registration Committee, a registrant may be required, as a condition of their registration, as set out in the Registration Regulation or as mandated by the Panel, to be supervised in practice. Requirements for supervised practice are managed in accordance with the College's Supervision policy.

Terms, Conditions, and Limitations	Initial Registration	Where the CEO believes it is in the public interest to have a TCL imposed on an initial certificate of registration, the matter shall be referred to a panel of the Registration Committee for review in accordance with sections 15(2)(a.1) and 15(4) of the Code.
	Non-Clinical TCL	Registrants registered in the General class who do not engage in direct patient care, and who are employed in one of the following non-clinical areas, may apply to have a non-clinical TCL placed on their certificate of registration: • Administration of an educational program in naturopathy or a naturopathic clinic. • Naturopathic research. • Regulatory/government work. • Natural health product development/promotion.
Good Standing	Applicant Registered with Another Regulatory Body	A Certificate of Standing must be provided from each regulatory authority, in any jurisdiction, with whom an applicant is currently or was previously registered. Certificate(s) of Standing must indicate that the applicant was in good standing at the time of making their application to the College, or if no longer registered with that body, at the time they ceased being registered.
	Confirmation Requirements	Confirmation of Good Standing must: • Be on an official form from the regulatory authority(ies) and be signed and dated by (a)
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designated staff person(s) employed by the regulatory authority(ies).

- Indicate the applicant has paid all fees, dues, and penalties owed to the regulatory authority(ies).
- Indicate there are no outstanding matters relating to professional misconduct or incapacity which have been referred for formal adjudication by the regulatory authority(ies).
- Be received by the College directly from the regulatory authority(ies).

Criminal Record Check	General	The following individuals will be required to submit a name-based Police Criminal Record Check using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP: • Applicants for initial registration with the College. • Former registrants seeking registration with the College.
	Timing	The report must show the search of the CPIC database was conducted no more than six months before the date of application.
	Scope of Report	The name on the report must match the name appearing on the applicant's registration application (legal name) as well as all names the applicant currently uses or has ever used, including first, middle, and last name(s), name at birth as listed on their proof of identity document, maiden name, or any other former or assumed names. The report must include records of discharge which have not been removed from the CPIC system in accordance with the <i>Criminal Records Act, 1985</i>, and records of outstanding criminal charges of which the police are aware.
	Document Requirement	A hard copy of the CPIC report must be mailed to the College. Where the issuing policy agency has discontinued hard copies, electronic (soft copy) CPIC reports may be accepted if: • the CPIC report contains a security feature embedded in the report; • the CPIC is not printed (printed copies render the CPIC authenticity invalid); • the original CPIC report e-mail the applicant received from the issuing policy agency is forwarded to the College; and • the issuing police agency has a third-party verification code, or the issuing police
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agency confirmed the validity of the report with College staff.

Exclusion

Online checks by commercial vendors will not be accepted.

CPR	General	All registrants holding a General class or emergency class certificate of registration must maintain valid, Health Care Provider level CPR certification which includes training on automated external defibrillation (AED) pursuant to section 6.2 of the Registration Regulation
	Validity and Renewal	A CPR certificate must be valid (not expired) at all times and be renewed no less than every two years through an in-person course. The professional and ethical responsibility for maintaining current CPR certification rests with the registrant.
	Initial Registration CPR Requirements	Applicants for registration with the College must provide a CPR certificate issued within the preceding 12 months at the time of submitting their application for registration.
	Proof of CPR Certification	The Standard for Emergency Preparedness requires registrants to be appropriately trained and competent in relevant emergency procedures including maintaining valid, healthcare provider level CPR. In support of this, registrants shall provide proof of valid CPR certification as follows: • General class and emergency class registrants in good standing: every two years, calculated from the date CPR certification training was completed. • Inactive class registrants, at the time of submitting an Inactive to General class change application to the College. • Emergency class, at the time of submitting an Emergency to General class change application to the College. • Suspended General class registrants seeking reinstatement, as part of curing the default which resulted in the suspension, and prior to reinstatement of the registrant's certificate of registration. • As requested in accordance with section 20.12 of the by-laws

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Public Register Photo	General	The CEO has established and maintains the public register in accordance with the Code and the College by-laws.
	Photo Submission	Pursuant to section (iii) of 20.05 of the by-laws, the public register shall include a current photograph of the registrant, which is suitable for publication and will enable the public to verify a registrant's identity. A commercial photographer must take the photo. Applicants must provide a photo for the public register prior to issuance of a certificate of registration. Registrants must provide a new photo for the public register as follows: • General class registrants in good standing: on a schedule set by the CEO. • Inactive class registrants, at the time of submitting an Inactive to General class change application to the College. • Emergency class registrants, at the time of submitting an emergency to General class change application to the College. • Registrants holding a non-Clinical TCL at the time of submitting a request to the College to have the non-Clinical TCL removed from the registrant's certificate of registration. • Suspended General class registrants seeking reinstatement: as part of curing the default which resulted in the suspension, and prior to reinstatement of the registrant's certificate of registration.
Out of Province Certificates	General	Under the Canadian Free Trade Agreement (CFTA) and the Registration Regulation, individuals who have been issued a certificate of registration in the General class in another regulated Canadian province and have practised the profession to the extent as would be expected of a registrant holding a General class certificate of registration in Ontario who wish to become registered with the College may apply under labour mobility provisions to be issued a certificate of registration in the General class subject to certain criteria. Individuals who are registered in another regulated Canadian jurisdiction but not practising the profession (i.e., in an Inactive class) are not eligible to become registered with the College.
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Application Process

Naturopaths wishing to be registered under these labour mobility provisions shall:

- Submit a completed application for registration along with the associated application fees stipulated in Schedule 3 of the by-laws.
- Provide proof of sufficient language fluency in accordance with the Language Proficiency Policy.
- Provide proof of identity in accordance with the Proof of Identity Policy.
- Provide such information and sign declarations with respect to good character in accordance with the Good Character Policy.
- Obtain a criminal record check in accordance with this policy.
- Obtain from their current regulatory authority, or regulatory authorities as the case may be, a Letter of Standing.
- Provide proof of valid CPR certification in accordance with this policy.
- Provide proof of PLI in the form and amount as stipulated in the by-laws.
- Provide proof of evidence that they have practiced the profession to the extent as would be expected of a registrant holding a General class certificate of registration.

Extent of practise

For the purposes of this policy, an applicant has practiced the profession, to the extent as would be expected of a registrant holding a General class certificate of registration, provided the applicant has practised in accordance with the "Practising the Profession – General Class" currency requirements stipulated in this policy.

Evidence of Professional Practise

In addition to a Letter of Standing, the College will require evidence to support an applicant having practiced the profession to the extent as would be expected of a registrant holding a General class certificate of registration. Such evidence must include:

- A written attestation by a colleague, registered in good standing with a regulatory body within the same Canadian jurisdiction where the applicant is currently registered, who can confirm that the applicant was practising at a named practice location subject to the specifics set out below.
- Any of the evidentiary materials set out in the "Evidence of Currency" provisions within the Currency section of this policy.

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The following information must be included in the written attestation:

- The full name, professional designation, and registration number of the individual providing the attestation.
- The names, and full address of the practice location.
- The dates or range of dates the applicant practised at the practice location.
- The approximate number of patients the applicant saw.
- Any additional activities other than direct patient care, the applicant performed as part of their practice related duties.

Review

Applications received under this process shall be reviewed in the same manner as applications for initial registration, including applying all good character provisions under the Registration Regulation.

Examinations

With the exception of those referred to a panel of the Registration Committee under section 7(3) of the Registration Regulation, and completion of the Ontario Jurisprudence Examination, applicants from other regulated jurisdictions in Canada are exempt from completing any further registration examinations.

Substantial Equivalency

Notwithstanding real or perceived differences in the scope of practice of the profession between regulated Canadian provinces, the College recognizes the entry-to-practice requirements are substantially equivalent across Canada. As a result, no additional educational requirements nor TCLs will be placed on the certificate of registration of an applicant from another regulated Canadian jurisdiction except where such is warranted, either on the basis of disclosures made during the application process or as a result of a review conducted by a panel of the Registration Committee in accordance with section 7(3) of the Registration Regulation.

The CFTA does not require the College to recognize post-registration certificates. However, in the interest of fair registration practices, the College will recognize the following related to the College's Standard of Practice for Prescribing:

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- An applicant having obtained prescriptive authority from the College of Naturopathic Physicians of British Columbia (CNPBC).
- An applicant having successfully completed a recognized Prescribing & Therapeutics course and examination, under the College of Naturopathic Doctors of Alberta (CND), no more than two years prior to their date of application for registration to the College.

Post Registration Certificate – IVIT

Upon issuance of a General class certificate of registration with the College, registrants registered in another jurisdiction, where the regulatory authority attests to the registrant having met one of the above criteria, will be deemed to have met the College's Standard of Practice for Prescribing upon completion of the course module relating to Ontario's drugs and substances. No additional examination will be required.

Due to substantial differences in scope, and training between the different jurisdictions, and the higher risk associated with the practise of intravenous infusion therapy (IVIT), the College does not recognize IVIT certifications obtained in other jurisdictions.

Guidance to Registrants

Individuals who become General class registrants of the College by virtue of having practised in another regulated Canadian jurisdiction shall be issued appropriate guidance related to minor differences in scope between the jurisdictions, where applicable. This advice shall include:

- Registrants of the College must always practise within the Scope of Practice of the Profession and as such, IVIT chelation, minor surgery, ozone therapy, and hyperbaric oxygen therapy are excluded from the practice of the profession in Ontario.
- Registrants of the College must always practise within the limits of their own knowledge, skill, and judgment.
- Registrants of the College are required to practise in a manner which meets the Standards of Practice of the profession as detailed in the General Regulation and on the College's website.
- A registrant must have met the Standard of Practice for Prescribing before they may access any of the drugs or substances identified in the General Regulation or perform any of the controlled acts of administering a substance by

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injection or inhalation and prescribe, dispense, compound, or sell a drug.

- A registrant must have met the Standard of Practice for IVIT and the Standard of Practice for Prescribing and be practising in premises registered with the College's Inspection Program before the registrant may administer a substance by IVIT.
- Registrants will be reminded that they may not perform acupuncture in Ontario unless they have been deemed by their regulatory body to have met the post-registration certification for acupuncture, or until they obtain sufficient education and training in acupuncture in accordance with the College's Clinical (Practical) Examinations Policy.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Re-Consideration of the CoNO COVID Vaccine Statement

PURPOSE: To consider whether the Vaccine Statement of the Council of the College of Naturopaths of Ontario should be revoked.

OUTCOME A decision on whether to revoke the statement.

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

PROCESS:

Activity:	The Council will review the information related to the College's Vaccine Statement.		
Results:	Decision		
Overall Timing:	40 minutes		
Steps/Timing:	1.	Opening Remarks	10 minutes
	2.	Review of briefing	10 minutes
	3.	Q&A/Discussion	15 minutes
	4.	Motion and Vote	5 minutes

BACKGROUND:

The Council Chair and Chief Executive Officer (CEO) received an email in January 2024 from Dr. Jonathan Beatty, ND, (Council member) asking that several items be added to the agenda for the March Council meeting. Among them was the reconsideration of the Council's vaccination statement issued in November 2021. This request was reiterated in a February 2024 email.

Under normal circumstances, the Council would only reconsider an item previously decided upon if new information had been brought forward. While neither the Council Chair nor the CEO believe this to be the case with respect to the vaccination statement, the decision was made to add this item to the agenda for several reasons:

1. The Council member has been prolific in his communication to the Chair and CEO on this topic and the Council should be aware of the matter.
2. Although it has not been done previously, a Council member can require an item be added to the agenda of the meeting as set out in section 11.04 of the by-laws (see below).
3. At the close of nominations for election to the Council position for District 6 on February 20, 2024, the Council member had not submitted a nomination. As a result, the Council member will not be continuing on Council. It is therefore prudent that the Council dispose of his concerns while he remains a Council member.

As noted, the Council member could have given notice to the Council that they were adding this item pursuant to section 11.04 of the by-laws which states:

11.04 Business at Meetings

Council may only consider or transact at a regular meeting:

- (i) matters on the agenda;
- (ii) matters brought by a Committee of the Council or the CEO;
- (iii) repealed;
- (iv) matters for which notice was given by a Council member at the preceding meeting or where written notice was given at least thirty days in advance of the meeting; and
- (v) such other matters, not included on the agenda, as the majority of Council members in attendance determine to be of an urgent nature.

In preparation for this meeting, the Council Chair asked the Council member to provide his comments to be shared with the Council as part of this briefing note. An email setting out the position of the Council member was received on March 9, 2024. A copy of that is attached as Appendix 1.

Although the Council member limited his comments in his March email to a few issues, the Council member was advised that all his communications on this topic would be provided to the Council as part of this briefing. On February 23, 2024, the Chair wrote "Briefing materials that include your correspondence with us on the topic will be provided to Council in advance of the meeting. If you would like to provide material on the subject to be distributed in the package, please email it to Andrew no later than end of day on Friday March 8th."

A summary of all communication from the Council member on the topic of COVID-19 and the Council's Vaccine Statement is attached as Appendix 2 and, where appropriate, copies of the actual communications are further attached as appendices identified in this document.

Given the extensive commentary and varying nature of the comments and questions provided, it may not be possible to address each and every concern. Every effort has been made to cover all the issues and wherever possible, these have been grouped into concerns of a similar nature.

Although the Council member has indicated his desire to "review and amend/withdraw" the Council's vaccination statement, no proposed amendments have been provided by the Council member. As a result, the question to be determined by the Council is whether to withdraw the statement.

DISCUSSION POINTS:

About the Statement

On November 25, 2021, the Council released the "[COVID-19 Vaccine Statement from the Council of the College of Naturopaths of Ontario](#)". The statement continues to be available on the College's website, although it is not promoted or referenced in any current communication materials.

Application of the Statement

The statement issued by the Council was neither a position statement nor a policy governing the profession, but merely a recommendation of the Council to its registrants that they be vaccinated. It was also not a mandate that required registrants of the College to be vaccinated.

As noted, the intent of the statement was to encourage registrants, as regulated health professionals, to be vaccinated in support of public health efforts and other regulated health professionals and to reduce the spread and impact of the virus. The statement also noted that for the College to perform its role, it needed to have access to examination venues, which at the time were requiring proof of vaccination before individuals could access the venues.

The statement today carries no more weight than it did at the time; however, it is an accurate reflection of the situation at the time and has some historic benefit.

Access to Examination Venues

As noted, at the time the College was having difficulty in the delivery of its examinations through the Canadian College of Naturopathic Medicine (CCNM) as that venue was required to and implemented a policy that stipulated anyone entering the premises needed to provide proof of vaccination for COVID-19 or a test result showing a negative outcome within the prior 48-hour period. Every examination candidate, College staff person and College volunteer (i.e., examiners, who are registered NDs, and invigilators) had to meet these requirements. At the time, the College was having a high degree of difficulty in finding examiners who were vaccinated or would provide the necessary proof of testing (even with the College agreeing to pay the costs of the test). This jeopardized the ability of the College to perform one of its key regulatory functions, to register qualified candidates seeking access to the profession.

Today, as Government rules have been relaxed, CCNM no longer has this requirement in place and has relaxed many of the restrictions on the assembly of larger groups at its venue. This has allowed the College to return to its normal schedule for examinations and size of examination cohorts.

Notwithstanding CCNM's current approach, other potential venues, such as the Michener Institute, continue to have vaccination policies in place to access them. While the College is not presently using other venues that require vaccination, the possibility of having to access such a venue in the future cannot be ruled out.

Whether the Vaccine Statement is Outside of the Scope of Naturopathy

Vaccines in general and the COVID-19 vaccines are outside of the scope of practice of the profession. This is in keeping with the Council's Vaccine Policy and Standard of Practice on Scope of Practice.

Due to the fact that originally testing was limited to authorized individuals and that the only treatment was care of a physician and hospitalization, the College initially took the position that treatment of COVID-19 itself was outside of the scope of practice of the profession. However, recent developments in the prevention and treatment of COVID-19 have allowed the College to [adjust this position in February 2023](#) such that NDs now do in fact have a role to play in the prevention and initial treatment of COVID-19.

Who Interprets Matters Related to Established Scope

Questions have been raised about who makes decisions about what is within or outside of the established scope of practice of the profession. This is a much more complex question that might first be thought.

Initial questions raised by registrants and the public on a day-to-day basis are initially addressed by the staff of the College. The senior staff of the College are highly familiar with the regulations and standards (having been involved in crafting them). These individuals, alone or with advice from legal counsel, various committees (Standards, Quality Assurance) or ND experts available to them, will provide their interpretation. Their determinations are based on the scope of practice statement and the controlled acts authorized to the profession in the *Naturopathy Act, 2007*. They will also consider the Standards of Practice and the tables in the General Regulation which set out the various drugs authorized to registrants to prescribe, dispense, compound and sell or to administer by injection or inhalation as well as the substances to be administered by

IVIT. Finally, consideration is given to whether the profession has access to the necessary testing to properly diagnose a disease, disorder or dysfunction and to monitor treatment of the patient. This is guided in part by the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* as well as by other relevant legislation such as the *Healing Arts Radiation Protection Act*.

On a higher level, the Inquiries, Complaints and Reports Committee (ICRC) will screen complaints and reports brought before it and in so doing will often begin to identify what is within the scope. Where it believes a registrant is acting outside of the scope of practice, it may advise the registrant, or it may refer the matter to the Discipline Committee.

Panels of the Discipline Committee are the penultimate arbiter of scope questions. During hearings, they will receive information about why an area may be interpreted by the College to be outside of scope and will also receive information as to why it might not be from a registrant whose conduct is being evaluated. Decisions of the panels of the Discipline Committee work together to establish findings that elaborate on what is or is not within the scope of practice of the profession.

Whether the Vaccine Statement is Outside of the Scope of the College Council

In many communications, the Council member has stated that the Vaccine Statement is outside of the scope or mandate of the College. This is repeated in paragraph 4 of the March 9, 2024, email. In some instances, there is reference to vaccines being outside of the scope of the profession and therefore also being outside of the mandate of the College. In other instances, the Council member refers to very specific publications of the College where we set out the four roles of the College “in support of its mandate.”

The duties and responsibilities of the Council of the College of Naturopaths of Ontario are not the same as those of the Naturopathic Doctors whom it regulates. While the scope of the profession is set out in the scope of practice statement and the controlled acts authorized to the profession in the *Naturopathy Act, 2007*, these do not apply to the Council or its role. To put it simply, the Council and the College do not provide naturopathic services to Ontarians. While some Council members are NDs, when they perform their role with the College they do not do so as NDs, as they are not treating patients. Their work may be informed by the knowledge of the profession, but they do not act in their professional capacities.

The mandate of the College and its Council are articulated in sections 3(1) and 3(2) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991*, a copy of which is provided at Appendix 3.

The overall duty of the College is to serve and protect the public interest (section 3(2)) of the Code. From within the Objects of the College (section 3(1) of the Code), the following provisions are relevant to the College Council’s decision to issue its vaccination statement:

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.
5. To develop, establish and maintain standards of professional ethics for the members.
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.
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.

There should be no doubt in the minds of Council members that the Council not only has the authority, but also has the duty to provide advice and recommendations to the registrants of the College on the matter of being vaccinated, both in the public interest but also in the interests of the ability of the College to properly regulate the profession and perform its regulatory duties and responsibilities.

While the College may, from time to time, summarize how it performs its role, namely through the performance of four functions, this content in no way minimizes the obligations placed on the College and the Council in the Code.

The Role and Influence of the Minister and Ministry of Health

A general theme within the various communications of the Council member cast doubt on the role of the Minister and the Ministry of Health, including public health requirements placed on the College. To be clear, at no time did the Minister or Ministry of Health communicate to the College that the Council needed to issue the Vaccine Statement at issue today.

During the period in which COVID-19 was a public health emergency, there were regular meetings of the Colleges, the professional associations, public health and Ministry of Health personnel. In addition to weekly briefings, there were also regular meetings of the Colleges with the Health Workforce Regulatory Oversight Branch. During many of these meetings, in particular at the time the vaccinations were being launched, the Ministry asked the Colleges to work with the public health units to deliver vaccine information available locally to its registrants given that health professionals were among the primary targets for vaccination to protect the overall health care system. This College sent out approximately 15 messages to registrants about vaccine availability through their local public health unit.

The Ministry was also asking all Colleges to provide information to registrants about volunteering in other areas of the health care system to ensure the integrity of the system. This College published this information on its website and sent out messaging to registrants about providing this support and many responded.

Notwithstanding the cooperative relationship that existed between the Colleges and the Ministry of Health, it needs to be made clear that the Minister of Health has considerable authority over this College.

For example, section 5 (1) of the RHPA includes in paragraph (d) the authority to “require a Council to do anything that, in the opinion of the Minister, is necessary or advisable to carry out the intent of this act, the health professions Acts, the *Drug and Pharmacies Regulation Act* or the *Drug interchangeability and Dispensing Fee Act*. Thus, when the Minister instructs the College Council to “jump”, the only questions should be “how fast?” and “how high?”

A College Council that refuses to do something the Minister has asked them to do, or conversely as history has shown us when the Minister asks a Council not to do something and

yet they do it, the Minister has the authority, through the Lieutenant Governor in Council, to appoint a supervisor to assume the authority of the Council, the CEO or both.

As we have seen during the height of the COVID-19 pandemic, when the Ministry of Health calls to ask to meet and requests the support of the College in any activity it deems appropriate, the Ministry personnel do so with the authority of the Minister behind them.

Vaccine Statement Traumatic to Unvaccinated Individuals

In his email of February 22, 2024, the Council member stated that the Vaccine Statement “is traumatic to those unvaccinated Individuals who experienced systematic discrimination for their medical status”. In his email of January 25, 2024, the Council member noted that he found the statement “to be a micro-trauma”. In his email of March 9, 2024, the Council member said that the Vaccine Statement was unwelcoming and may be “traumatic to current employees or board members and may prevent people from wanting to work with/for or volunteer with/for CONO”.

The Vaccine Statement was a recommendation. It was not a mandate for registrants to be vaccinated nor did the College reduce or restrict services to registrants based on their vaccination status. In fact, the College did not collect any information regarding vaccination status about its registrants, including from its volunteers. A survey about whether registrants were vaccinated or intended to be vaccinated in the future was conducted anonymously. Furthermore, in support of its registrants, the College [recommended to registrants](#) that they be cautious about disclosing their own personal vaccine status to patients and on social media.

The College Council and its staff are not able to comment on whether the Vaccination statement causes trauma or micro-trauma to individuals as none of us are qualified mental health practitioners. Any individual who might feel that the statement has or does cause them trauma should seek the support of a qualified mental health professional.

We can comment on whether the statement was discriminatory as we are guided by the Ontario Human Rights Code. That Code does not establish vaccination status as a ground on which discrimination can be claimed; however, even if it did, the question would be determined based on whether the vaccination statement itself restricted the rights or privileges of registrants of the College.

The College did not discriminate against any registrant based on their vaccination status and the statement itself did not limit any service or information for any registrant based on their vaccination status. The College did not chastise nor refer any matter related to an individual's vaccine status to the ICRC and from the ICRC to the Discipline Committee.

Whether the vaccination policies and mandates of the Governments of Canada and Ontario caused trauma or systemic discrimination are matters that are beyond the scope of the College Council.

In his correspondence of January 25, 2024, the Council member suggested that the unvaccinated population suffered “some of the worst institutional discrimination in the history of this country (and continue to be discriminated against)”. It is important to note that there can be considerable debate about institutional discrimination in Canada. That efforts around vaccination mandates were “some of the worst” may be considered objectionable by other groups including members of the Canadian Jewish Community, Japanese Canadians from their experience during WWII, members of the LGBTQ2+ communities and Indigenous people in Canada.

The Vaccine Statement does not have any force of law for registrants or for volunteers or the staff of the College. The College, in fact, does not have a vaccine requirement for its staff or

volunteers. At no time has the Vaccine Statement been referenced by any potential or current employee or volunteer of the College as a reason for not wanting to work with or for the College or as making them feel unwelcomed.

Informed Consent

The Council member raises the notion that the vaccination program of both the Ontario and Canadian Governments violated the *Health Care Consent Act, 1996*. Without trying to seem petty, the *Health Care Consent Act, 1996* is an act of the Ontario legislature. It does not apply to the Canadian Government. Additionally, the Act does not apply to governments at all but rather, it applies to individual regulated health care professionals in Ontario.

The underlying principle being espoused is that the experimental nature of the vaccines was never disclosed to Canadians and the risks were not properly explained therefore informed consent could not be given.

The Council member goes on to put forward the idea that CoNO's support of the vaccination programs in Ontario and Canada contradicts our requirement for informed consent of registrants.

This argument is a typical straw man fallacy where the argument or position of one group is distorted to make it easier to refute, and is best addressed by considering the facts:

- The Vaccine Statement encouraged registrants to receive the COVID-19 vaccine. It was not a vaccine mandate nor did it indicate support for the vaccine mandates of the Governments of Ontario and Canada but merely acknowledged that they existed and were impacting College operations.
- Registrants who took the vaccine would have been required to have consented to receiving that vaccine, including having provided informed consent to the provider who gave them the vaccine.
- Since the Council did not require a registrant to consent to receive the vaccine, the Council cannot have forced uninformed consent and therefore has in no way contradicted its requirements for registrants to obtain informed consent from their patients.

The question of whether the Governments' vaccination program violated health care consent requirements is a fundamental argument put forward by the Council member and many others repeatedly. As noted above, it is based on the notion that the vaccines were experimental drugs and that the programs used Canadians as participants in use of an experimental drug program without disclosing this to them. This was said at the time to be first a violation of the Nuremberg Code and more recently a violation of the Declaration of Helsinki.

Violation of the Declaration of Helsinki (formal version of the Nuremberg code)

The concern being expressed is that the COVID-19 vaccination is a violation of the [Declaration of Helsinki](#) (the Declaration), not the Council's Vaccination statement. The point being made is that because the vaccine violates the declaration, the Vaccine Statement should be withdrawn or represents hypocrisy on the part of the Council.

The Declaration addresses ethical principles for medical research involving human subjects and it requires, among other considerations, consent to participate in medical trials. Much like the earlier arguments that the vaccine violated the Nuremberg Code, the premise being put forward is that the vaccines were experimental, and their use was subjecting people to clinical trials without informed consent.

CTV News on [September 7, 2021](#) addressed the issue of the Nuremburg Code and “experimental nature” of the vaccines noting that, among other things, the vaccines were long past their experimental stage as all of the vaccines approved for use in Canada underwent large scale clinical trials. Using experts in the field, CTV essentially debunked the myth of the Nuremburg Code, and by extension, the Helsinki Declaration claims. Apart from clinical trials held in other jurisdictions, a list of the various clinical trials authorized by Health Canada can be found [here](#).

Clinical Trials and COVID Vaccines

Drug approval falls within the jurisdiction of Health Canada and its regulatory processes. The process is admittedly complex and can be difficult to fully understand unless it is an area in which you work with great regularity.

Information about this process can be found on the [Drug and vaccine authorizations for COVID-19](#) page on Health Canada’s website. This page notes not only the process but also the prioritizing of COVID-19 applications that remains in place today. As the experts noted in the CTV News article referenced above, the vaccines did undergo clinical trials before being authorized for use in Canada. When authorized for use, the vaccines were not experimental drugs. This has been addressed time and time again.

On-going Safety and Efficacy Efforts

The Council member provides a link to a health product monograph for Comirnaty noting that the work on the safety and efficacy of the vaccines is on-going. By extension, this information is used to bolster the argument that the vaccines were and are experimental.

From a public safety and protection perspective, it should be anticipated that on-going monitoring of performance of any drug would be undertaken, not only by Health Canada but also by drug manufacturers and researchers. Over the course of history, many drugs once approved for use have later been removed from the market due to safety concerns or due to other more efficacious drugs being developed. A study by Joel Lexchin, a consult to a law firm acting for Apotex and [published on PubMed](#) reviewed drugs withdrawn from the Canadian market between January 1, 1990 and December 31, 2009 found that 22 (4.2%) of 528 new drugs approved during that period were later withdrawn from the market due to safety reasons.

There is an expectation that drugs, including vaccines, will be monitored for safety and efficacy over time and that despite best efforts and clinical trials, some drugs will be removed from the market. While this has not yet happened for COVID-19 vaccines, there is an understanding that there is always a level of risk when taking any drug, including vaccines. Health Canada continues to publish information about the safety of the [COVID-19 vaccines](#), including the rates of [adverse reactions](#).

The Council member also refers to a Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report* from January 2022 suggesting that natural immunity from exposure to COVID-19 might be more beneficial than the vaccinations. Nonetheless, the article still concludes that vaccination is “recommended for all eligible persons”. It also notes that “the findings in this report are subject to at least seven limitations.”

At the time the Council issued the Vaccine Statement and still today, the Council and the College must rely on the experts who regulate drugs and vaccines in Canada. At the time and still today, it is recommended that the vaccines have more benefit to the population than they have risks. Without a doubt, there are risks associated with the vaccines and the data in this regard has been shared widely by Governments across the world and internationally, including

significant information from the [World Health Organization](#), and [Johns Hopkins University](#) (up to March 10, 2023) among others.

Recently, a number of research articles have been published in various journals about the safety and efficacy of COVID-19 vaccinations. The Toronto Star published an article on February 23, 2024, titled "[Canadian Scientists helped run the world's largest COVID-19 vaccine safety study. Here is what they found](#)", which in the opinion of the multinational team of researchers behind it concluded that the COVID vaccines are very safe. The Guardian ran an article on March 6, 2024, titled "['Hypervaccinated' man reportedly received 217 Covid jabs without side effects](#)" where researchers who studied the man found that while it is not recommended to receive such a large number of vaccines, it demonstrated "how well tolerated the vaccines generally are". Finally, the Journal of Heart, released a study on The role of COVID-19 vaccines in preventing post-COVID-19 thromboembolic and cardiovascular complications. The study included 10.17 million vaccinated people and 10.39 million unvaccinated people in the UK, Spain and Estonia. The conclusions of the study were:

"COVID-19 vaccination reduced the risk of post-COVID-19 cardiac and thromboembolic outcomes. These effects were more pronounced for acute COVID-19 outcomes, consistent with known reductions in disease severity following breakthrough versus unvaccinated SARS-CoV-2 infection". A copy of the study is attached as Appendix 5.

The only condition for which CoNO has an official position

In his January 2024 email, the Council member noted that the Vaccine Statement is the only condition for which CoNO has an official position. In his March email, the Council member stated that "COVID is the only condition for which CONO has an official vaccination statement, suggesting it is motivated more by politics than anything else. There may be many things that a person should do in the public interest but if they fall outside the scope of the regulator, positions should be left for those organizations. We do not have a seatbelt policy, a quitting smoking policy, or a junk food policy, nor do we have a tetanus vaccine policy."

It is worth noting that COVID-19 thus far is the only condition for which there has been a pandemic since the establishment of the College. It is unclear whether other pandemics may arise or perhaps even an epidemic that might occur which impacts the public interest. For example, we are presently hearing that measles is becoming rampant in Europe and there are indications of spreading in Ontario. Might this be the next public health crisis in Ontario? It is very difficult to predict. The point here is that COVID-19 was not merely a condition, it was a condition that was happening on a global pandemic level and was impacting the College's ability to properly regulate the profession and as such warranted consideration.

No Other Public Health Related Position Statements

The Council member noted in January 2024 that while they understood that the College's position was in keeping with public health recommendations, there were many other public health recommendations for which there is no official position.

Again, the Vaccine Statement was not a position statement on the vaccine but rather a statement encouraging its registrants to be vaccinated. That said, while the College itself is not a public health agency, where public health matters intersect with regulation of the profession, it is reasonable to foresee that the College may need to act in the public interest on issues that relate to public health.

Furthermore, the College does work in several ways that impact the public health of Ontarians. For example, the College promotes to registrants the requirements for mandatory reporting.

This includes the requirements for reporting communicable and reportable diseases to Public Health as required under the *Health Protection and Promotion Act*.

The Policy violates the Council's own DEIU position as it is discriminatory.

Discrimination in Ontario is defined by the Ontario Human Rights Code. As previously noted, vaccine status is presently not a protected ground under the Code. Furthermore, to suggest that unvaccinated individuals are facing discrimination based on the Council's Vaccine Statement, is not tenable. The statement encouraged/recommended registrants be vaccinated. It did not restrict their rights and privileges under the regulatory framework.

The Council's Equity, Diversity, Inclusion and Belonging statement commits the Council to these principles and commits to examining racism and discrimination in our regulatory policies, this "includes a commitment to listening to, and learning from, individuals and communities that have been and may be harmed by racism and discrimination." It is unclear how the statement recommending registrants be vaccinated discriminated against any registrant, as no services or information was ever denied to a registrant, and it was not based on race or any other ground of discrimination.

Our System Partners

The issue at hand is not whether the vaccines were or are safe or efficacious but whether the Council wishes to withdraw its statement recommending that registrants be vaccinated.

In considering this question, it is important to bear in mind the positions of the College's system partners on this subject. The Canadian College of Naturopathic Medicine (CCNM) has, for some time, supported the need for vaccinations. Additionally, CCNM presently has a Vaccination Policy in place for both its [Toronto](#) and [Boucher](#) Campuses that strongly encourages and/or requires vaccination for its personnel.

In December 2021, following the release of the College statement encouraging registrants to be vaccinated, the Ontario Association of Naturopathic Doctors (OAND) issued a similar statement to its members. The OAND was of the view that recommending its members be vaccinated was consistent with naturopathic medicine and the overall desires of the profession to be a part of the Ontario health care system. A copy of the OAND statement is attached as [Appendix 4](#).

Considering the consistencies in approach between the three system partners, careful consideration would need to be given by the Council to the impact of any potential change in the Council's position.

Our third system partner is, of course, the Ministry of Health. It is very clear that the Ministry of Health and Public Health Ontario continue to strongly recommend that Ontarians receive not only the COVID-19 vaccine but also regular boosters. This is particularly prominent in at-risk populations. The Council should give consideration to the impact of deciding at this time to withdraw its vaccine statement and what the implications may be. For example, is the College Council no longer supporting public health efforts? Is the College taking a position against vaccinations? What will the view of the Ministry be of both the College and the profession it regulates?

Impact on the Profession

Serious consideration should be given to the impact of withdrawing the vaccine statement on the profession itself. As noted in the OAND's statement, it is important that the profession be seen as acting in the best interests of public safety and the safety of their patients. In order for the profession to be seen as being part of the health care system, it was thought to be important

to support the health care system as a whole and to support the work of other professions. Is it in the best interests of the profession then, for any of the leadership organizations to step back, in particular, in the absence of clear and cogent evidence that the vaccines are causing harm?

Whether the Council can Reconsider its Decision

The Council, like any Board of Directors, does not reconsider earlier decisions unless there is new information that warrants reconsideration. If this were not the case, most Boards would review past decisions endlessly limiting their overall effectiveness. It does not appear that the Council member is raising new information or evidence to warrant a change in the Council's position.

Additionally, in normal circumstances where the Council has a policy or position statement, when a decision is made to change it, the original document is replaced with a new or amended document. In this instance, revoking the statement will result in its removal from the College's website. This will not change the fact that it was issued and will not change the fact that it may continue to be accessible through other means, such as web-based searches and information captures.

Implications of a Retraction

If Council decides to retract the vaccine recommendation from November 2021, consideration should be given to the implications of the decision. For example:

- Will this negatively impact the College's reputation with the Ministry of Health and Public Health Ontario?
- Will this create a negative perception among other stakeholders, including the public?
- Will this negatively impact registrants of the College who acted on the recommendation in 2021 but which the Council no longer stands behind?
- Would the Council be saying that it made an error at the time?
- Will this open the Council up to changing other decisions that have been made but with which an individual Council member disagrees?

In addition, which other COVID-19 related materials should the College also be withdrawing from its website? Should we also revoke:

- [Treating Patients and COVID-19.](#)
- [Letters for COVID-19 Vaccination Exemptions.](#)
- [Disclosing your COVID-19 vaccination status.](#)
- [When will the COVID-19 vaccine be available to NDs?](#)
- [Providing immune support to patients during COVID-19.](#)

Or perhaps the College should remove the entire [COVID-19 section](#) on the College's website?

Whether the Council No Longer Supports Registrants being Vaccinated

Regardless of how we arrived at this deliberation in March 2024, the question for the Council is whether it no longer supports the principle that registrants should be vaccinated. While the pandemic has been declared over, COVID-19 continues to exist. According to the [World Health Organization](#), for the 28 day period ending on February 11, 2024, there were 417,507 cases worldwide, of which 9,468 were in Canada. This is for reported cases at a time when testing is significantly decreased and many people who are infected do not seek treatment.

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 risks relate to loss of key people, damage or destruction of property, liability for claims or defense claims and net income loss. From among these, there may be a concern that key people may choose to leave, not over the change in statement but rather the impact on morale overall if Council reconsiders something such as this statement, in particular given the amount of work that has gone into its development. While legal counsel will advise that there are sufficient protections from loss due to liability, there may be a small risk that some registrant who took the vaccine that would not have otherwise had the statement not been made could attempt legal action resulting in defense claims.
- Operational risk related to the people running the organization, the procedures and practices of the organization, the systems technology and external events such as suppliers or consultants. Among these, the impact on our volunteers who we rely on to run many of our regulatory programs may be considered. Those who took vaccines because of the vaccine statement and their role within the College might become upset by a change in position. Additionally, Council members themselves who see this matter as not warranting further discussion may become concerned about the decision to discuss this issue.
- Financial risk relates to market factors such as interest rates and liquidity risks, credit risks such as people defaulting on money owed to the College or price risk, the risk to of prices for College services. No risks are noted in this area.
- Strategic risk relates to the economic environment, such as inflation and financial crises, changing demographics such as an aging population, political risk based on changes in government and damage to the College's reputation. By far, the most serious risk relates to the College's reputation. Changing this position risks alienating at least one of the system partners who issued a similar statement about being vaccinated. It also carries the risk of damaging the College's relationship with the Ministry of Health who have relied on all Colleges to support the promotion of the vaccines. The initial statement by the Council was issued, in part, because of public concerns. Withdrawing that statement may impact how the public views the College and its public interest mandate.

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. Given our public protection and safety mandate, Council should consider whether this decision provides the public with better information and provides them protection and safety.
- Relevant, credible, and accurate information – while we achieve transparency in part through public release of documentation and public debate, a decision to withdraw the statement will suggest that the reasons put forward for withdrawing it were relevant, credible and accurate. Does the information being provided support the withdrawal of the statement in meeting this criteria?
- Consistent approaches – is a decision to withdraw the vaccine statement consistent with other regulatory colleges?

Financial Impact – There are no financial considerations.

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. While determining the public interest can be challenging at times, as suggested by former legal

counsel Richard Steinecke, asking yourself who is the primary beneficiary of an initiative can often reveal in whose interests the matter lies. The public is not protected by a withdrawal of the vaccine statement. A group from among the registrants who believes that they have had their rights limited will benefit most. Does this matter relate to the College's objectives?

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, the vaccine statement applied equally to all registrants and all registrants have access to the vaccine. Other considerations regarding EDIB have been outlined in this briefing.

RECOMMENDATIONS

It is recommended that the Council **NOT** withdraw the vaccine statement issued on November 25, 2021.

Andrew Parr, CAE
Chief Executive Officer
March 2024

From: Beatty Naturopathic
To: Andrew Parr; Jordan Sokoloski
Subject: COVID policy review
Date: Saturday, March 9, 2024 2:38:27 PM

Hi Andrew and Jordan, please find attached my concerns with the policy recommending COVID 19 vaccines for all naturopaths.

I wish to review and amend/withdraw the statement from CONO recommending that all naturopaths receive the COVID vaccine. I have the following concerns with this being an official position of the college.

1. To unvaccinated people these policies are a reminder of the systemic government lead discrimination enacted on them. This results in a feeling of being unwelcome in the environment of CONO due to personal medical decisions. It may be traumatic to current employees or board members and may prevent people from wanting to work with/for or volunteer with/for CONO. This may lead to biased public representation.
- 2) Policies like this ignore the well studied and proven immunity provided by natural infection. Natural infection provides superior immunity to that granted by the vaccine. Thus, in the previously infected population, vaccination provides only risk, not benefit. Therefore, this generalized policy may actually promote harm. (https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s_cid=mm7104e1_w)
- 3) The vaccination program implemented by the Ontario government and Federal government violated the Health Care Consent Act 1996, thus CONOs support of this initiative is in contradiction of CONOs requirement for informed consent from its registrants. This hypocrisy, reduces trust in the college from some members. Ontario banned unvaccinated individuals from travel, from entering government buildings, and from eating in restaurants. They even encouraged discriminatory hiring and employment policies thus coercing the population into medical treatment. The government also made claims about the vaccine that they could not demonstrate with scientific evidence that receiving the vaccine would prevent the vaccinated person from spreading covid. This has now been shown not to be true, thus also violating that consent cannot be obtained through misrepresentation or fraud. The vaccine was also given emergency approval and the clinical trial to evaluate safety and effectiveness was not entirely complete at the time of the approval. This makes consent for a treatment impossible to obtain as the material benefit, risks, and side effects are incompletely understood. In this case it would be appropriate to inform recipients that the safety and effectiveness is incompletely understood, as opposed to the messaging that the vaccine is safe and effective, when we now know that there are confirmed risks. Yes I have read the CONO official position on COVID 19 vaccines and would request you to provide any evidence backing up the claim that the clinical trial was complete at the time of approval. (<https://health-infobase.canada.ca/covid-19/vaccine-safety/>)
- 4) This policy has nothing to do with the mandate of CONO (see below). Vaccination is outside the scope of Naturopathy and as such CONO should heed the advice they provide to members and merely refer to public health. COVID is the only condition for which CONO has an official vaccination statement, suggesting it is motivated more by politics than anything else. There may be many things that a person should do in the public interest but if they fall outside the scope of the regulator, positions should be left for those organizations. We do not have a seatbelt policy, a quitting smoking policy, or a junk food policy, nor do we have a tetanus vaccine policy.

Protecting the public. Supporting safe practice.

The College regulates naturopaths in Ontario in the interest of the public. Our mandate is to support patients' rights to receive safe, competent and ethical naturopathic care.

The 4 Key Functions of Regulation

We achieve our mandate through four key functions:

1. Registering Safe, Competent and Ethical Individuals

We establish requirements to enter the profession, set and maintain examinations to test individuals against these requirements and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. Setting Standards

We set and maintain standards of practice that guide our Registrants and the public to ensure naturopaths provide safe, ethical and competent patient care.

3. Ensuring Continuing Competence

We create and manage a variety of continuing education and professional development programs to ensure that naturopaths maintain their skills which helps assure the provision of safe, competent and ethical naturopathic care.

4. Providing Accountability through Complaints and Discipline

We hold naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement (i.e. competency); and we have held those who may have faltered to be accountable for their decisions.

Consent as per Ontario Law:
Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A

11 (1) The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

Informed consent

(2) A consent to treatment is informed if, before giving it,

(a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and

(b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).

Same

(3) The matters referred to in subsection (2) are:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment. 1996, c. 2, Sched. A, s. 11 (3).



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine

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Attention: Please note that as of January 1, 2016, email consultations, including *requested medical advice* for Dr. Jonathan Beatty ND, will be charged a fee (starting at \$30). If you require an emailed response for these types of concerns, it will be considered a consultation. If you are updating us, do not require a response, need

brief clarification on *ongoing treatment*, or are requesting supplement refills, *no fee will be charged*. This fee does **not** apply to doctor to doctor communication.

Note: Email communication should not replace recommended in-person appointments.

This email contains confidential information and is intended only for the individual named. If the reader is not the intended recipient or the agent thereof, you are hereby notified that any dissemination, distribution or copying of this e-mail is strictly prohibited. Please notify the sender immediately by return email if you have received this email by mistake and delete this e-mail from your system. E-mail transmission cannot be guaranteed to be secure or error free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission.

Appendix 2

Copies of Past Relevant Communications

This appendix captures all the past communications from the Council member on COVID-19 to provide context to the overall opposition to the Council's COVID-19 vaccination statement.

Comments	Date
I would like to address the following question: How do we advise our registrants to act, when the directives being given by the Ministry of Health violate the Declaration of Helsinki (actual document of the "Nuremberg Code") and multiple Canadian laws regarding research on human subjects without consent? Ex. public mask use Ex. Social distancing Ex. Approval of Covid Vaccine in children 12 yrs of age and up, when this intervention has not been studied in this group. This is a major ethical consideration that I feel has not been addressed by the college, if it has, none of this has been communicated to the registrants. Response provided by CEO	May 17/21 Appendix A, page 3 Appendix A, page 2
One of my concerns is that currently the mandates from public health force Naturopaths to act in violation of the standards of practice, that our inaction drives incompetence within the profession and that if we are in violation of the laws of our country, how can we, in good conscience, ask our registrants to violate said laws. Our profession is currently asking our registrants to violate informed consent in both treatment and research when we are implementing untested mandates that go in opposition of the current scientific evidence. I will ask that these topics get added to the next agenda and will attach a relevant list of resources regarding my concerns. I think it is also pertinent that we discuss standards as they relate to freedom of speech in regards to the CPSO issuing a statement to members that they would be fined/suspended for questioning mandates. This statement created significant backlash within the Ontario medical community - with over 4000 doctors signing a petition in opposition of these threats from their college. The scientific approach specifically requires the questioning of our world and silencing this removes the science from medicine. I feel it would be pertinent to address this topic proactively. Response provided by CEO	May 19/21 Appendix A, page 1 May 21/21 Appendix B, page 2

Comments	Date
, in relation to COVID - why is it outside the scope? I know it is, but why is this coronavirus outside the scope but treating all other viral infections including other corona viruses within the scope? This really does not seem to meet the public interest when there is only one approved treatment in Canada for this infection. COVID may be outside the scope but the public health mandates doctors are required to enforce in their offices are an experiment. This means that we are asking registrants to engage in experimentation on our patients without proper informed consent. This has a deep relevance to what we do as the declaration of Helsinki and Canadian laws - section 11 of Ontario's Health Care Consent Act, 1996 states that the following are the elements required for consent to treatment: (a) consent must relate to the treatment; (b) consent must be informed; (c) consent must be given voluntarily; and, (d) consent must not have been obtained through misrepresentation or fraud. In these situations consent is not given voluntarily. Our standards of care require informed consent - we are now asking members to violate our duties. This also means that the Ministry of Health and their officers could potentially be open to legal charges. Our college as directing our registrants to obey these orders could also potentially be open to charges as well. The Nuremberg trials specifically stated that "following orders" does not excuse criminal activities. I think yesterday's decision by our government to tie the return of Charter protected freedoms to hitting a certain number of vaccinations our college, needs to reflect on how much we can follow the dictates of the ministry of health as they are now openly violating the Nuremberg Code. I know Colleges don't usually have to deal with topics like this and it makes everyone uncomfortable to "rock the boat" but our mandate is protecting the public. I do not believe we can trust the Ministry of Health and I believe it to be the duty of all Naturopaths to inform their patients that coercion of this kind is illegal. We have a duty to report another practitioner to their college when they are violating their standards, how do we act when the very regulatory colleges supposed to protect the public are attempting to censor their own members (CPSO) from speaking out against public health measures, even when these measures violate the laws and rights to informed consent. As such it becomes the duty of other practitioners to inform the public of their rights and to informed consent. No regulatory college has ever had to endure times like these. We are at a crossroads for the profession and for the freedom of the public to choose their medical care - at this point it is being forced upon them. These freedoms have been upheld repeatedly by the Supreme Court.	May 21/21 Appendix B, page 1
Hi Andrew, with the recent move by the Ford government to mandate vaccines for certain healthcare workers I feel it is important to address how this may affect registrants and the implications this has with regards to the right to informed consent as is our standards but also as is a fundamental right guaranteed by the charter of rights and freedoms in this country. This mandate creates a volatile situation for regulatory colleges as we are to follow the directives of the ministry of health, yet these same directives violate our own professional standards and the rights of our registrants whom these policies may be enforced against. I think proactively we should also address the situation that may arise if the government mandates these vaccines in order to work in the healthcare sector in this province. I would like to table this to the agenda for the next meeting. Some of our registrants work in the affected healthcare settings and are also members of the public who it is our duty to protect. Response provided by CEO	Aug 17/21 Appendix C Appendix D

Comments	Date
Good morning, I am wondering if we can revisit the College's position on recommending covid vaccination to our members at our November meeting. Recently at an inquest run by the European Commission - Pfizer openly admitted that their product does not stop transmission nor was it even tested to do so. The recommendations from PHAC and Health Canada were that it did. Now that a medical fraud has been uncovered regarding the claims around this product I think it is important that the college clarify their position. It is my opinion that we should suspend having a definitive position on this topic until can be clarified what PHAC and health Canada based their recommendation on. the Surgeon General of Florida has recommended against males 18-38 from receiving the product due to post marketing analysis showing an 80% increase in mortality. This would not apply to all members but a subset, where we may be violating our duty to protect the public by recommending an intervention that increases their risks. I realize this is a polarizing issue and can be emotional, but our mandate is to follow the evidence to make the best policies to protect the public. Response of the Council Chair – October 21, 2022	Oct 14/22 Appendix E Appendix F
I have attached a document with my position I would like to discuss with council at our next meeting regarding our COVID vaccine position statement. (Please see attached statement) Response of the Council Chair – November 24, 2022	Nov 3/22 Appendix G Appendix H
Council member email to Chair I am more just wanting more information about some of the specific scope of CONO and where we get all of our directives etc. This is related to a number of topics/points of interest regarding self governance. A brief list: 1) How does a vaccine position relate to CONOs mandate? This letter is being taken by some in the profession as a discriminatory aggression against those who chose not to be vaccinated. As Canadian society somehow decided that an apartheid system was acceptable, those who chose not to be vaccinated were systematically discriminated against by government and health institutions, CONO having a statement supportive of this particular intervention and no others is why it is viewed as an aggression. Maybe not how it was intended but this is how it is impacting some members of the profession/public. 2) Who is the specific person or committee that decided that COVID should be outside of the scope of Naturopathy? As with a novel pathogen, it seems counter to the public interest that as a country/province we did not have as many people trying to solve this concern as possible. This is especially clear with the rising evidence of the role of vitamin D status related to outcomes. 3) Questions regarding some of the recent activity related to the CPSO and how that may affect naturopathy regulation - questions that may not be appropriate during a regular council meeting but do have an impact on health regulatory corporations. 3a) Dr A Khan criminally charging the investigators from the CPSO (was this because they are accused of criminal activity outside their role with the college? Do you happen to know any specific details - of some concern for those on discipline committee) 3b) CPSO recommending psychotherapy and/or medication for vaccine hesitant patients. Curious to this from a regulatory side - I recognize that this does not pertain specifically to CONO but in this case a regulatory college is creating a new "condition". Administering a treatment without a diagnosis would be considered malpractice in my understanding, yet vaccine hesitancy is not a listed disorder. This essentially changes the process of consent	Nov 30/22 Appendix I

Comments	Date
within that college as a patient asking for more details before agreeing to a treatment may be offered medication as part of that process. For comparison, it would be us offering St. John's wort and counseling to someone asking us to explain the risks and benefits of acupuncture for a knee injury. I recognize that these are not comfortable topics to discuss and people have passionate opinions about them but in a truly democratic society, it is important for these discussions to take place. I am trying to find answers in a way that is least disruptive to CONO but also makes sure CONO is true to its principles.	
Council member email to the CEO/Deputy CEO Hi Andrew and Jeremy, here are the questions I wanted to discuss with you previously but we could not manage to find a meeting time that worked for everyone. After a few rescheduling attempts I have written them down to be addressed. These are questions that have been brought to me by registrants that wish to remain anonymous. I feel like that alone shows a need to build trust with the profession through honest conversation. I hope you have both been having a good summer. Jonathan Beatty ND (Please see attached questions) Response: Hi Jonathan, Neither Jeremy nor I will be responding to these questions. It is not your role as a member of the Council to speak for or advocate on behalf of any individual or group of Registrants of the College. If Registrants have questions of the College, they should contact the College directly. I would strongly urge you to attend the Council's training session this September so that you can get a clearer idea of the mandate of the College and your role is as a Director of the corporation. I believe that Dil Madeira has contact you to provide you with information regarding hotel room bookings.	Aug 28/23 Appendix J Appendix K
Council member email to CEO I would like to submit these questions personally as a registrant. Not related to my role in CONO. The lack of information provided to registrants around the COVID pandemic was one of the main reasons I wanted to get involved in the college. I feel it is my right as a registrant to have these concerns addressed and although some of these are not my original questions, I feel the answers to them are required for me to maintain trust in the institution that is the College of Naturopaths of Ontario. CEO Response	Aug 28/23 Appendix L Appendix M
Council member email to CEO I understand the role of the College is to protect the public and serve the public in their interest. As a member of the public, and I realize this is difficult as I also serve on the college, but I am also a registrant and a citizen of Ontario. Can you direct me to the name of the person from the Ministry of Health that provides directives to the college. As a member of the public I am concerned about how the government handled the pandemic response and would like to advocate for myself to ensure my access to the healthcare of my choice in anticipation of a future pandemic. I also agree with you that misinformation is dangerous to	Aug 30/23 Appendix N

Comments	Date
the public, but may disagree with you about the approach to handling misinformation. It is my belief that by actually providing the public access to the information they request, that you can then prevent speculation and can provide direct evidence to counter any misinformation that may appear. I am hoping to be able to lobby the ministry (as a registrant, not council member) to involve the profession in future responses as there is a great deal of evidence that therapies available to Naturopaths could have helped with the response to COVID and this in my personal (not college) opinion would have been in the public interest. I do believe we all have the same goal here, to protect the public, even if we do not always agree on the method. I apologize for my previous request as it was made from a moment of frustration. I have been approached by many in the profession with questions about the College's COVID response as I am well known in the profession and network quite a bit. I realize my role on council is not to advocate or act on behalf of registrants and I directed the registrants to ask the college directly. They declined to do this for fear of retribution (which is, as we know, not how the college operates and I instructed them of this, but they could not be swayed). At that point I mentioned I would look into this for them, not as my role on council but as a fellow registrant. I have since reached out to the interested parties and advised they need to contact the college directly with their queries. CEO Response and subsequent exchanges	Appendix N

Comments	Date
Council member email to Chair & CEO As an unvaccinated person (and I wish there was a circumstance where I would not have to disclose my medical information) I find the college's statement on this to be recurrent micro-trauma. The unvaccinated population of this country suffered some of the worst institutional discrimination in the history of this country (and continue to be discriminated against). I was barred from eating in restaurants, barred from government buildings, and held captive in this country - barred from travel by air or ship and barred from land access to the United States. I will point out that this is the only condition for which CONO has an official position - suggesting that it is a politically motivated, more than scientifically motivated position. Early on I suggested we simply refer people to public health on this matter as vaccination falls outside the scope of Naturopathy, and as such there is not a single person on the board or employed by CONO that is licensed to discuss vaccination. I understand that CONO's position is in keeping with Public Health recommendations, but there are many Public Health recommendations that we do not have official position statements on. I also feel that this statement may also create a discriminatory bias in finding upcoming directors for the CONO positions as similarly unvaccinated NDs may be reluctant to join an organization with such a position. I would also draw your attention to the fact that the very nature in which these injections were rolled out violated the very informed consent that is required in our own and every other medical profession - the main issue here being coercion via the above noted discrimination. This very policy, in my belief, violates our own DEIU position as it is discriminatory against those that choose not to vaccinate. The current vaccine available in Ontario has also never had a human clinical trial (amounting to an experiment). I believe it is every Ontarian and Naturopaths right to choose to be vaccinated or not, without pressure or coercion. I am not an anti-vaxxer as some may label me. I am an "informed consentor" and believe everyone should be allowed to decline the vaccine or accept it without coercion or penalty or benefit. The safety of these injections has also changed over the time since the initial position statement was implemented where now there is admission of risk of myocardial injury and other injuries. This is an issue of medical ethics in which it is my belief that the college is behaving unethically by providing a "guidance" that may be construed as coercive considering the environment and considering this is the only vaccine where CONO has an official position. CEO Response – January 26, 2024	Jan 25/24 Appendix O Appendix P
Council member email to Chair & CEO I am writing as I would like to propose some additions to our March meeting. As I expressed previously I would like to review the position statement the college has on recommending COVID vaccination. My concerns regarding this statement: 1) this is outside the scope of Naturopathy 2) it is traumatic to those unvaccinated Individuals who experienced systematic discrimination for their medical status 3) it has never had a completed clinical trial and was approved based on inferred safety. This violates the Declaration of Helsinki (formal version of the Nuremberg code) of which Canada is a signatory, that prevents experimentation on people without consent. (Link below)	Feb 22/24 Appendix Q

Comments	Date
4) this violates the standard of informed consent I would also as such like to review and clarify the standard on informed consent for Naturopaths. I think this is prudent considering the rapidly changing climate on this topic and public experimentation. The FDA in the US, just recently changed their requirement for informed consent in health research, no longer requiring it for many trials and this may have impacts on the definition of informed consent as it applies to Naturopaths going forward. On a different note, I also think it would be pertinent to look at the standards regarding disciplinary actions in regards to the finding by the College of Psychologists relating to the well publicized Jordan Peterson finding. The concerns I have is that there needs to be a statement suggesting a specific measure of completion in a discipline finding. I suggest we review and adapt our standard to include a more comprehensive definition that any remedial education discipline have a measurable end point to determine completion of the disciplinary action. In the Jordan Peterson case there is discussion of possible further legal challenges against the college of psychologists for not including a measure by which Dr Peterson's education can be deemed complete. His penalty was left open ended - that he be entered into a SCERP coaching program with no specified end point. In CONOs interest, I think that having a requirement for a specified and measurable end point in any disciplinary finding be added to prevent potential future legal costs. This document from Health Canada is where you may find the statements that safety data on the current COVID vaccines available in Ontario is inferred. It will also clearly show that the experiments to evaluate the safety and efficacy of these products is ongoing and incomplete, which is of ethical concern regarding informed consent. https://covid-vaccine.canada.ca/info/pdf/comirnaty-original-omicron-ba4ba5-pm-en.pdf Chair's Response	Appendix R

Comments	Date
Council members email to Chair & CEO To unvaccinated people these policies are a reminder of the systemic government lead discrimination enacted on them. This results in a feeling of being unwelcome in the environment of CONO due to personal medical decisions. It may be traumatic to current employees or board members and may prevent people from wanting to work with/for or volunteer with/for CONO. Policies like this ignore the well studied and proven immunity provided by natural infection. Natural infection provides superior immunity to that granted by the vaccine. Thus, in the previously infected population, vaccination provides only risk, not benefit. Therefore, this generalized policy may actually promote harm. (https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s_cid=mm7104e1_w) The vaccination program implemented by the Ontario government and Federal government violated the Health Care Consent Act 1996 Ontario banned unvaccinated individuals from travel, from entering government buildings, and from eating in restaurants. They even encouraged discriminatory hiring and employment policies thus coercing the population into medical treatment. The government also made claims about the vaccine that they could not demonstrate with scientific evidence that receiving the vaccine would prevent the vaccinated person from spreading covid. This has now been shown not to be true, thus also violating that consent cannot be obtained through misrepresentation or fraud. The vaccine was also given emergency approval and the clinical trial to evaluate safety and effectiveness was not entirely complete at the time of the approval. This makes consent for a treatment impossible to obtain as the material benefit, risks, and side effects are incompletely understood. I have read the CONO official position on COVID 19 vaccines and would request you to provide any evidence backing up the claim that the clinical trial was complete at the time of approval. (https://health-infobase.canada.ca/covid-19/vaccine-safety/) This policy has nothing to do with the mandate of CONO Vaccination is outside the scope of Naturopathy and as such CONO should heed the advice they provide to members and merely refer to public health. COVID is the only condition for which CONO has an official vaccination statement, suggesting it is motivated more by politics. We do not have a seatbelt policy, a quitting smoking policy, or a junk food policy, nor do we have a tetanus vaccine policy. There may be many things that a person should do in the public interest but if they fall outside the scope of the regulator, positions should be left for those organizations	Mar 9/24 Appendix S

From: [Beatty Naturopathic](#)
To: [Andrew Parr](#)
Cc: [Kim Bretz](#)
Subject: Re: Council Meeting May 26
Date: Wednesday, May 19, 2021 7:52:19 AM

Hi Andrew and Kim, with respect to these topics I would argue that these directives by our public health bodies affect items 2 through 4 of the role of the college. In future, I will attach reasonable papers etc upon which to base an agenda topic. I was unaware that papers/resources were required in advance as I assumed that the purpose of the discussion would be to develop a plan of action as to how to address these concerns. One of my concerns is that currently the mandates from public health force Naturopaths to act in violation of the standards of practice, that our inaction drives incompetence within the profession and that if we are in violation of the laws of our country, how can we, in good conscience, ask our registrants to violate said laws. Our profession is currently asking our registrants to violate informed consent in both treatment and research when we are implementing untested mandates that go in opposition of the current scientific evidence. I will ask that these topics get added to the next agenda and will attach a relevant list of resources regarding my concerns. I think it is also pertinent that we discuss standards as they relate to freedom of speech in regards to the CPSO issuing a statement to members that they would be fined/suspended for questioning mandates. This statement created significant backlash within the Ontario medical community - with over 4000 doctors signing a petition in opposition of these threats from their college. The scientific approach specifically requires the questioning of our world and silencing this removes the science from medicine. I feel it would be pertinent to address this topic proactively.



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On Tue, May 18, 2021 at 10:26 AM Andrew Parr
<Andrew.Parr@collegeofnaturopaths.on.ca> wrote:

Hi Jonathan,

Thank you for your e-mail. Unfortunately, the agenda has been set and approved by the Chair and the final materials are being assembled for dissemination today or tomorrow. A couple of things to note about the agenda. It is set by me in consultation with the Council Chair and is typically driven by the Council's annual planning cycle and program/Committee needs. In addition, when topics are placed on the agenda, in almost all cases, they must include a background paper to provide the Council with the necessary information that it needs to decide or take a position.

With respect to your suggested discussion topic, I would suggest that it would likely not make it on to an agenda for several reasons.

1. It deals with matters that are beyond the role of the College, namely public health orders of the Province, international law and human rights of individuals, none of which fall within our domain. I have outlined our role below.
2. As the matter itself a public health matter, it is best addressed by individuals with expertise in public health. The Council has no such individuals on it (either among the professional members or the public appointees to the Council) and the College has no such individuals within the organization.
3. It speaks to advocating for the rights of Registrants of the College which is not the role of the College but rather is the role of the professional association.

The College's role is to regulate naturopathic doctors in the public interest. We do so by performing four key roles:

1. Ensuring that those who wish to enter the profession have the necessary knowledge, skill, and judgment to practise the profession safely, competently, and ethically.
2. Setting and maintaining (reviewing and updating as needed) the standards of practice of the profession.
3. Delivering a program that ensures on-going competence among the profession.
4. Holding the profession accountable for their actions and decisions.

I trust that this is helpful. As is the protocol of the Council, I have copied Council Chair, Dr. Kim Bretz, ND for her information.

Kind regards,

Andrew

Andrew Parr, CAE

Chief Executive Officer

Tel: 416.583.6013

Fax: 416.583.6011

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From: Beatty Naturopathic <beattynaturopathic@gmail.com>
Sent: May 17, 2021 3:24 PM
To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Subject: Council Meeting May 26

Hi Andrew, I am hoping that the final agenda is not yet 100% complete. I have a request for discussion topic at the meeting. I am assuming it is yourself I would address this with, please forward to the correct person if this is incorrect.

I would like to address the following question:

How do we advise our registrants to act, when the directives being given by the Ministry of Health violate the Declaration of Helsinki (actual document of the "Nuremberg Code") and multiple Canadian laws regarding research on human subjects without consent?

Ex. public mask use

Ex. Social distancing

Ex. Approval of Covid Vaccine in children 12 yrs of age and up, when this intervention has not been studied in this group.

This is a major ethical consideration that I feel has not been addressed by the college, if it has, none of this has been communicated to the registrants.



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From: [Beatty Naturopathic](#)
To: [Andrew Parr](#)
Cc: [Kim Bretz](#)
Subject: Re: Council Meeting May 26
Date: Friday, May 21, 2021 10:00:48 PM

Hi Andrew and Kim, in relation to COVID - why is it outside the scope? I know it is, but why is this coronavirus outside the scope but treating all other viral infections including other corona viruses within the scope? This really does not seem to meet the public interest when there is only one approved treatment in Canada for this infection. COVID may be outside the scope but the public health mandates doctors are required to enforce in their offices are an experiment. This means that we are asking registrants to engage in experimentation on our patients without proper informed consent. This has a deep relevance to what we do as the declaration of Helsinki and Canadian laws - section 11 of Ontario's Health Care Consent Act, 1996 states that the following are the elements required for consent to treatment: (a) consent must relate to the treatment; (b) consent must be informed; (c) consent must be given voluntarily; and, (d) consent must not have been obtained through misrepresentation or fraud. In these situations consent is not given voluntarily. Our standards of care require informed consent - we are now asking members to violate our duties. This also means that the Ministry of Health and their officers could potentially be open to legal charges. Our college as directing our registrants to obey these orders could also potentially be open to charges as well. The Nuremberg trials specifically stated that "following orders" does not excuse criminal activities.

I think yesterday's decision by our government to tie the return of Charter protected freedoms to hitting a certain number of vaccinations our college, needs to reflect on how much we can follow the dictates of the ministry of health as they are now openly violating the Nuremberg Code. I know Colleges don't usually have to deal with topics like this and it makes everyone uncomfortable to "rock the boat" but our mandate is protecting the public. I do not believe we can trust the Ministry of Health and I believe it to be the duty of all Naturopaths to inform their patients that coercion of this kind is illegal. We have a duty to report another practitioner to their college when they are violating their standards, how do we act when the very regulatory colleges supposed to protect the public are attempting to censor their own members (CPSO) from speaking out against public health measures, even when these measures violate the laws and rights to informed consent. As such it becomes the duty of other practitioners to inform the public of their rights and to informed consent. No regulatory college has ever had to endure times like these. We are at a crossroads for the profession and for the freedom of the public to choose their medical care - at this point it is being forced upon them. These freedoms have been upheld repeatedly by the Supreme Court.



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On Wed, May 19, 2021 at 8:04 AM Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca> wrote:

Thanks for your e-mail, Jonathan.

As you will see when you receive the Council meeting materials, we do not simply give Council links to resources to read but rather, we provide a full briefing that sets the relevance of the issue being discussed, the key discussion areas, and an assessment (risk, financial, transparency, public interest).

Second, I am a bit confused as to the relevance of this matter to the Council, under the standards (#2) and holding the profession accountable (#4). COVID-19 is clearly outside of the scope of practice of the profession, as are all vaccinations (including COVID-19 generally and for children under 12). This position has nothing to do with the masking and vaccination policies of the Government but rather is based on the scope of practice of the profession and the diagnostic and treatment protocols which are not available to the profession.

Cheers

Andrew

Andrew Parr, CAE

Chief Executive Officer

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Sent: May 19, 2021 7:52 AM
To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Cc: Kim Bretz <kimbretznd@yahoo.ca>
Subject: Re: Council Meeting May 26

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On Tue, May 18, 2021 at 10:26 AM Andrew Parr
<Andrew.Parr@collegeofnaturopaths.on.ca> wrote:

Hi Jonathan,

Thank you for your e-mail. Unfortunately, the agenda has been set and approved by the Chair and the final materials are being assembled for dissemination today or tomorrow. A couple of things to note about the agenda. It is set by me in consultation with the Council Chair and is typically driven by the Council's annual planning cycle and program/Committee needs. In addition, when topics are placed on the agenda, in almost all cases, they must include a background paper to provide the Council with the necessary information that it needs to decide or take a position.

With respect to your suggested discussion topic, I would suggest that it would likely not make it on to an agenda for several reasons.

1. It deals with matters that are beyond the role of the College, namely public health orders of the Province, international law and human rights of individuals, none of which fall within our domain. I have outlined our role below.
2. As the matter itself a public health matter, it is best addressed by individuals with expertise in public health. The Council has no such individuals on it (either among the professional members or the public appointees to the Council) and the College has no such individuals within the organization.
3. It speaks to advocating for the rights of Registrants of the College which is not the role of the College but rather is the role of the professional association.

The College's role is to regulate naturopathic doctors in the public interest. We do so by performing four key roles:

1. Ensuring that those who wish to enter the profession have the necessary knowledge, skill, and judgment to practise the profession safely, competently, and ethically.
2. Setting and maintaining (reviewing and updating as needed) the standards of practice of the profession.
3. Delivering a program that ensures on-going competence among the profession.
4. Holding the profession accountable for their actions and decisions.

I trust that this is helpful. As is the protocol of the Council, I have copied Council Chair, Dr. Kim Bretz, ND for her information.

Kind regards,

Andrew

Andrew Parr, CAE

Chief Executive Officer

Tel: 416.583.6013

Fax: 416.583.6011

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From: Beatty Naturopathic <beattynaturopathic@gmail.com>
Sent: May 17, 2021 3:24 PM
To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Subject: Council Meeting May 26

Hi Andrew, I am hoping that the final agenda is not yet 100% complete. I have a request for discussion topic at the meeting. I am assuming it is yourself I would address this with, please forward to the correct person if this is incorrect.

I would like to address the following question:

How do we advise our registrants to act, when the directives being given by the Ministry of Health violate the Declaration of Helsinki (actual document of the "Nuremberg Code") and multiple Canadian laws regarding research on human subjects without consent?

Ex. public mask use

Ex. Social distancing

Ex. Approval of Covid Vaccine in children 12 yrs of age and up, when this intervention has not been studied in this group.

This is a major ethical consideration that I feel has not been addressed by the college, if it has, none of this has been communicated to the registrants.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator
Amanda Beatty, Nutrition & Health Coach, Clinic Manager

BeattyNaturopathic@gmail.com

905-240-7361 | fax: 1-888-970-1580 | 126 Scott St, Whitby L1N 3L3

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From: [Dr Jonathan Beatty ND](#)
To: [Andrew Parr](#)
Subject: Vaccine mandates
Date: Tuesday, August 17, 2021 4:43:17 PM

Hi Andrew, with the recent move by the Ford government to mandate vaccines for certain healthcare workers I feel it is important to address how this may affect registrants and the implications this has with regards to the right to informed consent as is our standards but also as is a fundamental right guaranteed by the charter of rights and freedoms in this country. This mandate creates a volatile situation for regulatory colleges as we are to follow the directives of the ministry of health, yet these same directives violate our own professional standards and the rights of our registrants whom these policies may be enforced against. I think proactively we should also address the situation that may arise if the government mandates these vaccines in order to work in the healthcare sector in this province. I would like to table this to the agenda for the next meeting. Some of our registrants work in the affected healthcare settings and are also members of the public who it is our duty to protect.

Jonathan beatty

Sent from ProtonMail for iOS

From: [Andrew Parr](#)
To: [Dr Jonathan Beatty ND](#)
Cc: ["Kim Bretz"](#)
Subject: RE: Vaccine mandates
Date: Wednesday, August 18, 2021 12:53:00 PM

Hello Jonathan,

This will acknowledge receipt of your e-mail. I have responded to various components below in red. It is not my intention to initiate a dialogue on this topic but rather to provide you with some context. Everyone has their own personal beliefs or opinions related to COVID-19 and the vaccines; however, that does not make it is part of the mandate of the College.

I urge you to register for one of the upcoming training sessions the College is running for its volunteers, including Council members. It will be widely beneficial to you as it has been for all who have participated thus far.

Kind regards,

Andrew

Andrew Parr, CAE (he/him)
Chief Executive Officer
A/Director of Communications
Tel: 416.583.6013
Fax: 416.583.6011

#RegulationMatters

#RegulatorsKnowRegulation

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From: Dr Jonathan Beatty ND <JTBND@protonmail.com>
Sent: August 17, 2021 4:43 PM
To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Subject: Vaccine mandates

Hi Andrew, with the recent move by the Ford government to mandate vaccines for certain healthcare workers I feel it is important to address how this may affect registrants and the implications this has with regards to the right to informed consent as is our standards

The standard of practice on consent relates to how NDs must seek the informed consent from their patients when initiating investigations and treatments on their patients and related activities. The

standard has absolutely no bearing on decisions of the Ontario Government to mandate vaccinations or regular testing. A copy of the standard is attached for your review and reference.

but also as is a fundamental right guaranteed by the charter of rights and freedoms in this country.

The comments being made by a number of groups on this topic suggest that their Charter rights are being somehow infringed upon. Section 1 of the Charter states:

1. *The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.*

Many people today forget the limitations embodied with the Charter instead preferring to believe that they rights and freedoms are without limit and inalienable. While I am not a lawyer, I have sufficient experience with legal matters and legal documents to know that you have to read and implement a legal document in its entirety as there are always various limitations and caveats written in. The notwithstanding clause is another such caveat.

This mandate creates a volatile situation for regulatory colleges as we are to follow the directives of the ministry of health,

There is no volatility for the regulatory Colleges who clearly MUST follow the directives of the Ministry of Health. Perhaps you are suggesting that the volatility will come from a broad number of Registrants with the Colleges who will refuse to be vaccinated. However, as you will note below, that is not their only options. Furthermore, while there may be a sector of the profession who would prefer not to be vaccinated, the profession as a whole does not hold this view (based on anecdotal evidence received from Registrants seeking information on when and how they could be vaccinated).

yet these same directives violate our own professional standards and the rights of our registrants whom these policies may be enforced against.

The standards of practice of the profession primarily apply to the work of an ND in providing care to patients. With the exception of a few limited circumstances, such as being professional and behaving in a manner that is representative of a regulated health profession, the College has no direct impact on the personal lives of its Registrants.

I must also point out that the College's mandate does not include protecting the rights of its Registrants, other than ensuring due process for regulatory activities of the College with individual Registrants.

I think proactively we should also address the situation that may arise if the government mandates these vaccines in order to work in the healthcare sector in this province.

I agree that there are situations where being proactive is important; however, it must relate directly to the mandate of the College. By suggesting that the College Council discuss the current directives

of the Chief Medical Officer of Health, you are undertaking something generally referred to as mandate creep or expansion. I am certain that when you attended the HPRO Orientation session, this issue was covered and, of course, we will cover it briefly in the College's training when you register for one of the two upcoming sessions. Mandate creep or expansion is attempting to include areas within the College's mandate which are being the legislated mandate and relate more to professional or personal interest.

Regardless of any desire to expand the mandate of the College, the Council has no authority to make a decision that supersedes the Minister of Health or Chief Medical Officer of Health.

I would like to table this to the agenda for the next meeting.

As noted to you in previous communication, the agenda for Council meetings is set collaboratively between the Council Chair and the CEO. I will relay your request to Kim; however, I will also ensure that she is aware that I do not support this being added as the matter is not within the legislated mandate of the College.

Some of our registrants work in the affected healthcare settings and are also members of the public who it is our duty to protect.

Our duty is to serve and protect the public interest within the context of the provision of naturopathic care from Registrants. It is not the duty to protect the public with respect to matters beyond our mandate. Vaccinations, vaccines and public health measures are clearly well beyond the mandate of the College.

In closing, I think it is important to fully understand what the Government announced yesterday. It did not mandate that everyone be vaccinated. It did mandate that everyone either be fully vaccinated, have an exemption, OR do a COVID vaccine education session and create a policy where staff undergo regular routine PCR testing to ensure that they do not expose others to COVID-19. This, I'm sure, is a delicate balance between the rights of the individual and the rights of collective society. There continues to be much that is still unknown about this new directive and we will continue to monitor and provide guidance to the profession as it is needed.

Jonathan beatty

Sent from ProtonMail for iOS

From: [Dr Jonathan Beatty ND](#)
To: [Andrew Parr](#); [Jordan Sokoloski](#)
Subject: Upcoming meeting in Nov
Date: Friday, October 14, 2022 8:56:27 AM

Good morning, I am wondering if we can revisit the College's position on recommending covid vaccination to our members at our November meeting. Recently at an inquest run by the European Commission - Pfizer openly admitted that their product does not stop transmission nor was it even tested to do so. The recommendations from PHAC and Health Canada were that it did. Now that a medical fraud has been uncovered regarding the claims around this product I think it is important that the college clarify their position. It is my opinion that we should suspend having a definitive position on this topic until can be clarified what PHAC and health Canada based their recommendation on.

I think it is also important to note that the Surgeon General of Florida has recommended against males 18-38 from receiving the product due to post marketing analysis showing an 80% increase in mortality. This would not apply to all members but a subset, where we may be violating our duty to protect the public by recommending an intervention that increases their risks. Again, I think it is our duty to suspend having a position until these concerns can be cleared up.

I realize this is a polarizing issue and can be emotional, but our mandate is to follow the evidence to make the best policies to protect the public.

Sincerely, Jonathan Beatty

Sent from Proton Mail for iOS

From: [Jordan Sokoloski](#)
To: [Dr Jonathan Beatty ND](#)
Cc: [Andrew Parr](#)
Subject: Re: Upcoming meeting in Nov
Date: Friday, October 21, 2022 4:11:35 PM

Hi Jonathan,

Thanks again for your time this morning, it was good to connect with you. As I mentioned, we are prepared to add this discussion to the agenda for the November Council meeting. You will need to assemble any materials in support of your email for Council to review as part of the meeting package. As a reminder, the statement Council released last year can be [found here](#). Council will need to consider evidence demonstrating how this statement may be negatively affecting the public interest (not the profession's interest).

You should send these materials to Andrew no later than end of day **on Friday November 4th**. Before final approval, we will consider the materials to make sure that what you have claimed is substantiated.

Let me know if you have any questions. Have a good weekend,

Jordan

*Dr. Jordan Sokoloski, HBSc. ND (he/him)
Naturopathic Doctor*

Thunder Bay Naturopathic Clinic
219 Algoma Street South
Thunder Bay, ON P7B 3C3
(807) 683-7287
www.tbaynaturopathic.ca

Patients Please Note: Email communication should be used primarily to provide updates and generally should not require a response unless you need clarification on ongoing treatment, are providing documentation (imaging reports or blood work) or are requesting treatment refills. **I am unable to respond to emails daily.** In order to comply with the professional standards set by the [College of Naturopaths of Ontario](#), I cannot assess or make recommendations about a new complaint via email. If needed, please call the clinic to make an appointment. If your needs are urgent, visit a walk-in clinic or the emergency room.

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On Fri, Oct 14, 2022 at 8:56 AM Dr Jonathan Beatty ND <JTBND@protonmail.com> wrote:

Good morning, I am wondering if we can revisit the College's position on recommending covid vaccination to our members at our November meeting. Recently at an inquest run by the European Commission - Pfizer openly admitted that their product does not stop transmission nor was it even tested to do so. The recommendations from PHAC and Health Canada were that it did. Now that a medical fraud has been uncovered regarding the claims around this product I think it is important that the college clarify their position. It is my opinion that we should suspend having a definitive position on this topic until can be clarified what PHAC and health Canada based their recommendation on.

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I realize this is a polarizing issue and can be emotional, but our mandate is to follow the evidence to make the best policies to protect the public.

Sincerely, Jonathan Beatty

Sent from Proton Mail for iOS

From: [Beatty Naturopathic](#)
To: [Andrew Parr](#)
Subject: Re: Information re: vaccine memo discussion
Date: Friday, November 4, 2022 8:54:16 AM
Attachments: [Statement for consideration of COVID vaccine statement .docx](#)



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator
Amanda Beatty, Nutrition & Health Coach, Clinic Manager
BeattyNaturopathic@gmail.com
905-240-7361 | fax: 1-888-970-1580 | 24 Ontario Street, Port Hope, Ontario, L1A 2T6.
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On Fri, Nov 4, 2022 at 8:33 AM Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca> wrote:

Unfortunately, I cannot open the document as it is in a .pages format. Can you resend it as RTF?

Thanks

Andrew

Andrew Parr, CAE (he/him)

Chief Executive Officer

Tel: [416.583.6013](tel:416.583.6013)
Fax: [416.583.6011](tel:416.583.6011)

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From: Beatty Naturopathic <beattynaturopathic@gmail.com>
Sent: Thursday, November 3, 2022 10:57 PM
To: Jordan Sokoloski <sokoloski.jordan@gmail.com>; Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Subject: Information re: vaccine memo discussion

Good evening, I have attached a document with my position I would like to discuss with council at our next meeting regarding our COVID vaccine position statement.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator
Amanda Beatty, Nutrition & Health Coach, Clinic Manager
BeattyNaturopathic@gmail.com
[905-240-7361](tel:905-240-7361) | fax: [1-888-970-1580](tel:1-888-970-1580) | 24 Ontario Street, Port Hope, Ontario, L1A 2T6.
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To Council, I will begin by reminding us of our role in the health care field in Ontario. Our mandate that we are here to fulfill is as follows:

The College regulates naturopaths in Ontario in the interest of the public. Our mandate is to support patients' rights to receive safe, competent and ethical naturopathic care.

The 4 Key Functions of Regulation

We achieve our mandate through four key functions:

1. Registering Safe, Competent and Ethical Individuals

We establish requirements to enter the profession, set and maintain examinations to test individuals against these requirements and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. Setting Standards

We set and maintain standards of practice that guide our Registrants and the public to ensure naturopaths provide safe, ethical and competent patient care.

3. Ensuring Continuing Competence

We create and manage a variety of continuing education and professional development programs to ensure that naturopaths maintain their skills which helps assure the provision of safe, competent and ethical naturopathic care.

4. Providing Accountability through Complaints and Discipline

We hold naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement (i.e. competency); and we have held those who may have faltered to be accountable for their decisions.

No where in the above statement does our mandate say anything about accomplishing the objectives of the CPSO, PHAC, CNO etc.

Why then are we using the resources of our corporation, resources provided by our registrants, to message about issues outside of our scope. I have maintained that our sole position should be to direct registrants and the public alike to the appropriate regulatory colleges and public health sources for information on this topic.

We do not advertise safe driving practices, smoking recommendations, or even make a recommendation about polio vaccines. Why not? This is not our mandate (although we may be able to make an argument for the smoking issue as it does fall in our scope of practice).

Why are we deviating from our mandate for this - how long do we allow COVID to detour us from our ethics?

How long will it be that informed consent is "suspended"?

I have included a definition of informed consent below from our own standards on consent.

There have been discriminatory practices from our very own government on this topic and the repeated threats against the public about increasing restrictive measures if there is inadequate vaccine uptake is a coercive threat. Our very own Prime Minister questioning how much longer we can tolerate "these people" is discriminatory and may even be construed as hate speech.

Whether you agree or disagree with this, you must concede that these statements and the actions of our government and health authorities have violated the tenets of informed consent.

Emergency does not allow us to suspend our ethics - in fact it makes them more important.

There is a big difference in risk assessment between a treatment or therapy for an existing disease/condition and a preventive intervention (especially when that intervention is not completely neutralizing).

Vaccines are outside of our scope, COVID is outside of our scope and therefore our mandate. At most we should make a statement - "for information regarding COVID and COVID vaccines see Public Health Agency of Canada or Health Canada."

The research conducted to test the efficacy is of dubious quality many studies involve RMT-PCR test positive rating above 24 cycle lengths as demonstrated by Canadian Medical Laboratories to be the threshold for symptomatic infection.

This makes the claims used to recommend the intervention of questionable merit.

Early on data and numbers are near impossible to use/are useless as symptoms qualify as diagnosis without confirmatory test. Cough, headache, fatigue, nausea, loss of smell/taste (a symptom previously reported in up to , etc etc. Yet these were the tools used to approve the intervention. This may not be the venue for a discussion of the scientific merit but it is important when bringing into question the idea of fraudulent claims.

As a brief and simple example I present the adverse event information accessed on November 3 2022 from Health Canada:

Suspect Adverse event monitoring:

Source <https://health-infobase.canada.ca/covid-19/vaccine-safety/summary.html>

Report summary updated October 28, 2022

- A total of 91,350,384 vaccine doses have been administered in Canada as of October 14, 2022. Adverse events (side effects) have been reported by 51,714 people. That's about 6 people out of every 10,000 people vaccinated who have reported 1 or more adverse events.
 - Of the 51,714 individual reports, 41,213 were considered non-serious (0.045% of all doses administered) and 10,501 were considered serious (0.011% of all doses administered).
 - Most adverse events are mild and include soreness at the site of injection or a slight fever.
 - Serious adverse events are rare, but do occur. They include anaphylaxis (a severe allergic reaction), which has been reported 874 times (1 report per 100,000 doses administered) for all COVID-19 vaccines across Canada. That's why you may need to wait for a period of time after you receive a vaccination so that you can receive treatment in case of an allergic reaction.
 - 20 adverse event reports are following vaccination with Moderna Spikevax Bivalent (Original/Omicron BA.1) COVID-19 vaccine (0.001% of Moderna Spikevax Bivalent Original and Omicron BA.1 COVID-19 doses administered). Of these 20 reports, 7 were considered serious and all 20 are captured under original Moderna Spikevax throughout this report. As of October 14, 2022 we have not received any adverse event reports following vaccination with the Pfizer-BioNTech Comirnaty Bivalent (Original and Omicron BA.4/BA.5) COVID-19 vaccine.

- All serious adverse event reports undergo medical review to see if there are any safety issues needing further action. These processes include meeting regularly to review the data with provincial and territorial partners, the regulator, research networks and medical advisors. Any unexpected safety concerns are detected quickly and acted upon immediately.
- Adverse events may occur after being vaccinated with a COVID-19 vaccine, but they are not necessarily related to the vaccine.
- Evidence indicates that the benefits of COVID-19 vaccines continue to outweigh the risks of the disease.

It does not take much investigation to see an interesting trend in how adverse events are being reported and it is being done in a manner as to blur the reality. Illegal? No, but definitely suspect and misleading. There are not 91M Canadians, as of the census of 2021 there were just under 37M Canadians, of which not all have received a COVID vaccine. The above refers to number of adverse events per person vaccinated but it actually should read per dose administered. There are not 91M Canadians yet the report is stating adverse events happen at a rate of 6/10000 people based on 91M Canadians, the true number of adverse events per person is being deliberately hidden and cannot be ascertained from the information provided.

I will end by reminding the Council and CONO of our Standards which we have sworn to uphold to protect the public:

Our profession is also upheld to a standard not to practice outside of our scope and to refer to appropriate health care practitioner whose scope a practice would fall under. Why then does our college behave in a manner inconsistent with this?

Professional standards on Ethics:

“Refuse any influence or interference that could undermine professional integrity. Refuse to participate in or support practices that violate basic human rights.”

To patients:

“Recognize the patient’s right to accept or reject any health care recommended.”

“Provide the patient with the information they need to make informed decisions about their care, and answer questions appropriately.” (See above misleading risk statements)

To the profession:

“Behave in a manner that is beyond reproach.”

“Rely on ability and integrity to build a professional reputation. Refrain from endorsing any service or product for personal gain.” (I question why we have chosen this issue to suddenly deviate from our mandate)

To society:

“Strive to improve the standards of health care and promote health and safety for the individual, the public and the global community.”

Standard on Consent:

“Informed Consent: a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.”

“To be valid, consent:

- relates to the proposed intervention;
- is informed;
- is voluntary;
- is not obtained through fear, misrepresentation or fraud.”

Scope of Practice:

“4. Responding to General Health-Related Questions

A Member is restricted from treating or advising outside the naturopathic scope of practice, when it is reasonably foreseeable that serious bodily harm may result by section 30 (1) of the RHPA as follows:

30 (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them.

In responding to general health-related questions by patients that relate to controlled acts outside the naturopathic scope of practice (such as questions relating to a drug as defined in the DPRA not authorized to the profession, performing surgery and administering vaccinations), a member shall:

- Advise the patient that the performance of the act is outside the naturopathic scope of practice and refer the patient to a health professional who has the act within his/her scope of practice;
- Respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the naturopathic scope of practice; and
- Encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.”

“40 (1) Every person who contravenes subsection ... 30 (1) is guilty of an offence and on conviction is liable,

- (a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and
- (b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both.”

Mandatory Referral:

If treatment of the patient’s condition is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,

- a) a member of the College of Physicians and Surgeons of Ontario;
- b) a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class; or
- c) a member of another health profession College where the patient’s condition would fall within that member’s scope of practice under his or her health profession Act.

I have decided not to get into a scientific debate about the conflicting research now coming out about vaccine efficacy or the potential frauds committed by individuals in our public health

structures after Pfizer admitted to the Council of the European Union that they never tested for reduction in transmission. I do not believe that these concerns are worth addressing with CONO as the results of their outcomes do not affect the Naturopathic profession in Ontario.

From: [Jordan Sokoloski](#)
To: [Beatty Naturopathic](#)
Cc: [Andrew Parr](#)
Subject: Re: Information re: vaccine memo discussion
Date: Thursday, November 24, 2022 12:20:09 PM

Hi Jonathan,

Thank you for taking the time to make a submission to us on this topic, one that is clearly very important to you. I also want to apologize for the time it has taken me to reply to you, I have been dealing with a persistent chest and sinus infection that has set me back quite a bit this month.

Andrew and I have considered the information you provided and were able to discuss it at length. We also looped in the Executive Committee to allow for further perspective on the matter. Ultimately, we have decided **not** to move forward with this as an agenda item for several reasons.

Council does not reconsider a decision that it has made unless new information has come to light. This is to ensure that Council simply does not spend all of its time spinning its wheels and debating old decisions. However, should new information be provided on a topic and raised by a Council member, I believe it is important to be open to reconsidering the matter. In this case, based on your submission, there is no new information being provided that would make it a priority for Council to reopen this discussion. You also did not provide information demonstrating how the statement may be negatively affecting the public interest (not the profession's interest).

Your main argument is about whether or not it is ethical for the College to recommend vaccination for the profession if COVID is outside of scope for naturopathic doctors. Yes, COVID is outside of scope **for the profession**. But I must be clear that in our role as professional members on Council, we are not practicing the profession. We are regulating the profession, in the public interest. This is a critical distinction. It is well within the College's role to promote public health initiatives in concert with the Ministry of Health and this is reflected in the Code.

The statement released by the College was a recommendation to the members of the profession that they get vaccinated. This is in line with the public health messaging at the time. No one's ability to provide informed consent to vaccination was compromised through any action of the College -- in fact, no one was forced into getting vaccinated by the College at all.

I hope you find this context helpful. Thank you again for taking the time to bring this issue forward for our consideration.

See you next week,

Jordan

Dr. Jordan Sokoloski, HBSoc. ND (he/him)
Naturopathic Doctor

Thunder Bay Naturopathic Clinic
219 Algoma Street South
Thunder Bay, ON P7B 3C3
(807) 683-7287
www.tbaynaturopathic.ca

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On Thu, Nov 3, 2022 at 10:57 PM Beatty Naturopathic <beattynaturopathic@gmail.com> wrote:

Good evening, I have attached a document with my position I would like to discuss with council at our next meeting regarding our COVID vaccine position statement.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator
Amanda Beatty, Nutrition & Health Coach, Clinic Manager

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From: [Jordan Sokoloski](#)
To: [Andrew Parr](#)
Subject: Fwd: Information re: vaccine memo discussion
Date: Wednesday, November 30, 2022 2:15:10 PM

FYI -- the list of questions from Jonathan... I let him know that we would look at a date sometime after the strategic planning sessions have wrapped.

Jordan

Dr. Jordan Sokoloski, HBSc. ND (he/him)
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----- Forwarded message -----

From: **Beatty Naturopathic** <beattynaturopathic@gmail.com>
Date: Wed, Nov 30, 2022 at 1:46 PM
Subject: Re: Information re: vaccine memo discussion
To: Jordan Sokoloski <sokoloski.jordan@gmail.com>

Hi Jordan, yes this is ok. I am more just wanting more information about some of the specific scope of CONO and where we get all of our directives etc. This is related to a number of topics/points of interest regarding self governance.

A brief list:

1) How does a vaccine position relate to CONOs mandate? This letter is being taken by some

in the profession as a discriminatory aggression against those who chose not to be vaccinated. As Canadian society somehow decided that an apartheid system was acceptable, those who chose not to be vaccinated were systematically discriminated against by government and health institutions, CONO having a statement supportive of this particular intervention and no others is why it is viewed as an aggression. Maybe not how it was intended but this is how it is impacting some members of the profession/public.

2) Who is the specific person or committee that decided that COVID should be outside of the scope of Naturopathy? As with a novel pathogen, it seems counter to the public interest that as a country/province we did not have as many people trying to solve this concern as possible. This is especially clear with the rising evidence of the role of vitamin D status related to outcomes.

3) Questions regarding some of the recent activity related to the CPSO and how that may affect naturopathy regulation - questions that may not be appropriate during a regular council meeting but do have an impact on health regulatory corporations.

3a) Dr A Khan criminally charging the investigators from the CPSO (was this because they are accused of criminal activity outside their role with the college? Do you happen to know any specific details - of some concern for those on discipline committee)

3b) CPSO recommending psychotherapy and/or medication for vaccine hesitant patients. Curious to this from a regulatory side - I recognize that this does not pertain specifically to CONO but in this case a regulatory college is creating a new "condition". Administering a treatment without a diagnosis would be considered malpractice in my understanding, yet vaccine hesitancy is not a listed disorder. This essentially changes the process of consent within that college as a patient asking for more details before agreeing to a treatment may be offered medication as part of that process. For comparison, it would be us offering St. John's wort and counseling to someone asking us to explain the risks and benefits of acupuncture for a knee injury.

I recognize that these are not comfortable topics to discuss and people have passionate opinions about them but in a truly democratic society, it is important for these discussions to take place. I am trying to find answers in a way that is least disruptive to CONO but also makes sure CONO is true to its principles.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine

Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator

Amanda Beatty, Nutrition & Health Coach, Clinic Manager

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On Mon, Nov 28, 2022 at 5:13 PM Jordan Sokoloski <sokoloski.jordan@gmail.com> wrote:

Hi Jonathan,

Are you able to send a list of the things you need clarified? Or is it just generally regarding how the vaccine is related to CONO's mandate? Andrew has asked that you be as specific as possible. Once that is clarified, he will send out a Doodle poll. We are looking at a mid-December call, once the strategic planning sessions have wrapped up.

Sound ok?

Jordan

*Dr. Jordan Sokoloski, HBSc. ND (he/him)
Naturopathic Doctor*

Thunder Bay Naturopathic Clinic
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Thunder Bay, ON P7B 3C3
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On Mon, Nov 28, 2022 at 10:23 AM Beatty Naturopathic <beattynaturopathic@gmail.com> wrote:

Hi Jordan, thank you for your response. If possible I would like to schedule a call with yourself and Andrew in order to have some questions answered as I am really struggling to understand this issue and how it applies to CONO mandate. I recognize that these are unprecedented times but I would like some clarification as to the role of the college.

I additionally have some questions re: interactions with other regulatory colleges and how their policies may affect our own. I recognize that council meetings may not be the best venue for this, so I would like to discuss with you both so I may have more understanding. These are not things that were discussed in any of my HPRO trainings etc.



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I hope you find this context helpful. Thank you again for taking the time to bring this issue forward for our consideration.

See you next week,

Jordan

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Good evening, I have attached a document with my position I would like to discuss with council at our next meeting regarding our COVID vaccine position statement.



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From: [Jonathan Beatty](#)
To: [Jeremy Quesnelle](#); [Andrew Parr](#)
Subject: questions from our registrants
Date: Monday, August 28, 2023 1:18:57 PM
Attachments: [CONO COVID19 questions 2023.docx](#)

Hi Andrew and Jeremy, here are the questions I wanted to discuss with you previously but we could not manage to find a meeting time that worked for everyone. After a few rescheduling attempts I have written them down to be addressed. These are questions that have been brought to me by registrants that wish to remain anonymous. I feel like that alone shows a need to build trust with the profession through honest conversation. I hope you have both been having a good summer.

Jonathan Beatty ND

Dear College of Naturopaths of Ontario, I am writing this on behalf of a few professional members that would prefer to remain anonymous. In the interests of governmental and regulatory transparency there are a few questions that these individuals feel need to be answered in the public interest. These are questions that these individuals have themselves or have been asked by patients. As an organization whose mandate it is to protect the public interest, I feel it can only help to provide answers as honesty and openness will help to create trust with the public and profession.

- 1) Why after 3 years are Naturopaths in Ontario still not permitted to treat/discuss SARS-COV2/Covid19?
- 2) Who from the Ministry of Health in Ontario communicated that the treatment of SARS-COV2 was outside the scope of Naturopathy?
- 3) How was it determined that the treatment of SARS-COV2 would fall outside of the scope of Naturopaths, but not nurses or MDs, when there were no approved treatments available to any profession as it was a novel infection?
- 4) Why are Naturopaths in Ontario licensed to treat influenza and other coronaviruses but not SARS-COV2?
- 5) Did anyone at CONO attempt to have Naturopaths involved in the pandemic response as there was a shortage of healthcare workers? How was it in the public interest to not involve naturopathy?
- 6) Why is the College of Naturopaths of Ontario allowed to recommend the COVID vaccine when no licensed medical professional capable of recommending the COVID vaccine sits on the board or is employed by the college? Is this not a double standard with the members - who are not allowed to recommend it as it is outside their scope? Is this not the same as a professional corporation making a statement about the vaccine but not the specific doctors employed by that corporation?
- 7) With many studies now showing a variety of natural health products available to Naturopaths in Ontario are capable of lowering hospitalization and mortality of SARS-COV2, will any effort be made to allow naturopaths in Ontario to treat early mild infection with SARS-COV2? Would this not be in the public interest to reduce the burden on Ontario's medical system?
- 8) How does the College of Naturopaths of Ontario justify endorsing a vaccine program that very clearly violated a patient's right to informed consent? Our own standards show that informed consent requires that it be voluntary and consent cannot legally be obtained when someone is under duress. The restricted access to sections of society as well as restricted access to travel freely in one's own country would clearly be seen as causing duress. Additionally risk benefit analysis was not provided showing that although rare, death could be a potential outcome of the intervention. Why would the college expect its own registrants to follow policies that the college itself ignores?
- 9) How does CONO address the fact that the mRNA technology being promoted as a vaccine does not fit the definition of a vaccine by Health Canada? Although gene modifying technologies are outside the scope of Naturopathy, it would not be wrong to correct someone referring to the COVID vaccine and let them know it does not meet the definition of a vaccine. "Vaccines

Vaccines are complex biologic products designed to induce a protective immune response effectively and safely. An ideal vaccine is: safe with minimal adverse effects; effective in providing lifelong protection against disease after a single dose that can be administered at birth; inexpensive; stable during shipment and storage; and easy to administer. Some vaccines come closer to fulfilling these criteria than others. Although each vaccine has its own benefits and risks, and indications and contraindications, all vaccines offer protection against the disease for which they were created.

Vaccines are classified according to the type of active component (antigen) they contain and are most often categorized in two groups - live attenuated vaccines and non-live vaccines:

- Live attenuated vaccines contain whole, weakened bacteria or viruses. Since the agent replicates within the vaccine recipient, the stimulus to the immune system more closely resembles that associated with natural infection, resulting in longer lasting and broader immunity than can be achieved with other vaccine types. Because of the strong immunogenic response, live attenuated vaccines, except those administered orally, typically produce immunity in most recipients with one dose; however, a second dose helps to make sure that almost all vaccine recipients are protected, because some individuals may not respond to the first dose. Live vaccines require careful storage and handling to avoid inadvertent inactivation.
- Non-live vaccines contain whole inactivated (killed) bacteria or viruses, their parts, or products secreted by bacteria that are modified to remove their pathogenic effects (toxoids). Non-live vaccines cannot cause the disease they are designed to prevent. Because the immune response to non-live vaccines may be less than that induced by live organisms, they often require adjuvants and multiple doses. The initial doses prime the immune system and are called primary vaccination or the primary series. As protection following primary vaccination diminishes over time, periodic supplemental doses (booster doses) may be required to increase or boost antibody levels”

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-14-basic-immunology-vaccinology.html> - accessed Aug 21 2023

I look forward to the responses to these queries so that I may update our registrants.

From: [Andrew Parr](#)
To: [Jonathan Beatty](#)
Cc: [Jeremy Quesnelle](#); ["Jordan Sokoloski"](#)
Subject: RE: questions from our registrants
Date: Monday, August 28, 2023 1:31:00 PM

Hi Jonathan,

Neither Jeremy nor I will be responding to these questions. It is not your role as a member of the Council to speak for or advocate on behalf of any individual or group of Registrants of the College. If Registrants have questions of the College, they should contact the College directly.

I would strongly urge you to attend the Council's training session this September so that you can get a clearer idea of the mandate of the College and your role is as a Director of the corporation. I believe that Dil Madeira has contact you to provide you with information regarding hotel room bookings.

Kind regards

Andrew

Andrew Parr, CAE (he/him)
Chief Executive Officer
Tel: 416.583.6013
Fax: 416.583.6011
[#RegulationMatters](#)
[#RegulatorsKnowRegulation](#)
[#GoToTheSource](#)

Please note that due to the on-going COVID-19 pandemic, the College's office is closed to the public and all operations are being performed remotely. Courier packages cannot be received by the College. Please use regular or registered mail. All College email addresses, and telephone numbers are fully operational

From: Jonathan Beatty <jbeattynd@gmail.com>
Sent: Monday, August 28, 2023 1:18 PM
To: Jeremy Quesnelle <Jeremy.Quesnelle@collegeofnaturopaths.on.ca>; Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>
Subject: questions from our registrants

Hi Andrew and Jeremy, here are the questions I wanted to discuss with you previously but we could not manage to find a meeting time that worked for everyone. After a few rescheduling attempts I have written them down to be addressed. These are questions that have been brought to me by registrants that wish to remain anonymous. I feel like that alone shows a need to build trust with the profession through honest conversation. I hope you have both been having a good summer.
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From: [Beatty Naturopathic](#)
To: [Andrew Parr](#); jeremy.quesnelle@collegeofnaturopaths.ca
Subject: questions
Date: Monday, August 28, 2023 1:51:47 PM
Attachments: [CONO COVID19 questions 2023.docx](#)

I would like to submit these questions personally as a registrant. Not related to my role in CONO. The lack of information provided to registrants around the COVID pandemic was one of the main reasons I wanted to get involved in the college. I feel it is my right as a registrant to have these concerns addressed and although some of these are not my original questions, I feel the answers to them are required for me to maintain trust in the institution that is the College of Naturopaths of Ontario.



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- 9) How does CONO address the fact that the mRNA technology being promoted as a vaccine does not fit the definition of a vaccine by Health Canada? Although gene modifying technologies are outside the scope of Naturopathy, it would not be wrong to correct someone referring to the COVID vaccine and let them know it does not meet the definition of a vaccine. "Vaccines

Vaccines are complex biologic products designed to induce a protective immune response effectively and safely. An ideal vaccine is: safe with minimal adverse effects; effective in providing lifelong protection against disease after a single dose that can be administered at birth; inexpensive; stable during shipment and storage; and easy to administer. Some vaccines come closer to fulfilling these criteria than others. Although each vaccine has its own benefits and risks, and indications and contraindications, all vaccines offer protection against the disease for which they were created.

Vaccines are classified according to the type of active component (antigen) they contain and are most often categorized in two groups - live attenuated vaccines and non-live vaccines:

- Live attenuated vaccines contain whole, weakened bacteria or viruses. Since the agent replicates within the vaccine recipient, the stimulus to the immune system more closely resembles that associated with natural infection, resulting in longer lasting and broader immunity than can be achieved with other vaccine types. Because of the strong immunogenic response, live attenuated vaccines, except those administered orally, typically produce immunity in most recipients with one dose; however, a second dose helps to make sure that almost all vaccine recipients are protected, because some individuals may not respond to the first dose. Live vaccines require careful storage and handling to avoid inadvertent inactivation.
- Non-live vaccines contain whole inactivated (killed) bacteria or viruses, their parts, or products secreted by bacteria that are modified to remove their pathogenic effects (toxoids). Non-live vaccines cannot cause the disease they are designed to prevent. Because the immune response to non-live vaccines may be less than that induced by live organisms, they often require adjuvants and multiple doses. The initial doses prime the immune system and are called primary vaccination or the primary series. As protection following primary vaccination diminishes over time, periodic supplemental doses (booster doses) may be required to increase or boost antibody levels”

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-14-basic-immunology-vaccinology.html> - accessed Aug 21 2023

I look forward to the responses to these queries so that I may update our registrants.

From: [Andrew Parr](#)
To: [Beatty Naturopathic](#)
Cc: ["Jordan Sokoloski"](#)
Bcc: [Jeremy Quesnelle](#)
Subject: RE: questions
Date: Monday, August 28, 2023 2:47:00 PM

Thank you for your further email. Given you originally wrote to me “on behalf of a few professional members” and given the same letter is attached to this email, it cannot be considered for you to be asking solely on behalf of yourself.

Furthermore, in your letter you indicate that you “look forward the responses to these queries so that I may update our registrants.” It is not your role, either as a Director on the Council or as an individual Registrant, to communicate with Registrants of the College on behalf of the College. In fact, it creates a danger to the public and the profession as misinformation and poor communication can negatively impact the public interest.

It is of very high importance that you understand that, as set out in the legislative framework, the College of Naturopaths of Ontario is accountable to the Minister of Health on behalf of the people of the Province of Ontario. The Minister has established the appropriate mechanisms to ensure this accountability is achieved. The legislative framework does not establish accountability of the College to the Registrants of the College.

In addition, your rights as a Registrant are those that are set out in the *Naturopathy Act, 2007*, the *Regulated Health Professions Act, 1991*, regulations made under both of those statutes, and Schedule 2 of the RHPA. Together, this legislation allows NDs to perform certain controlled acts, including prescribing certain drugs and administering certain drugs by inhalation, injection and IVIT. The legislation also gives NDs the right to use the title “Dr.” when the initials “ND” follow the last name of the individual. All of this assumes that the NDs have met and maintain the standards of practice of the profession.

The legislation does not give any Registrant a right to demand to have specific concerns or questions addressed by the College. While the College does respond to reasonable and honest communications from Registrants, it does not respond to inappropriate communications or questions that do not rely on the known facts. When it comes to trust, the College’s primary responsibility is to ensure that we obtain and maintain the trust of the people of Ontario on whose behalf we regulate the profession. One of the ways in which we do this is by ensuring that we regulate in the public interest and do not advocate for the profession.

Given the nature of this communication, I have again copied the Council Chair so that his is aware of our communications.

Andrew

Andrew Parr, CAE (he/him)
Chief Executive Officer
Tel: 416.583.6013

Fax: 416.583.6011

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From: Beatty Naturopathic <beattynaturopathic@gmail.com>

Sent: Monday, August 28, 2023 1:51 PM

To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>;
jeremy.quesnelle@collegeofnaturopaths.ca

Subject: questions

I would like to submit these questions personally as a registrant. Not related to my role in CONO. The lack of information provided to registrants around the COVID pandemic was one of the main reasons I wanted to get involved in the college. I feel it is my right as a registrant to have these concerns addressed and although some of these are not my original questions, I feel the answers to them are required for me to maintain trust in the institution that is the College of Naturopaths of Ontario.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine

Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator

BeattyNaturopathic@gmail.com

905-240-7361 | fax: 1-888-970-1580 | 24 Ontario Street, Port Hope, Ontario, L1A 2T6.

www.beattynaturopathic.com

Attention: Please note that as of January 1, 2016, email consultations, including *requested medical advice* for Dr. Jonathan Beatty ND, will be charged a fee (starting at \$30). If you require an emailed response for these types of concerns, it will be considered a consultation. If you are updating us, do not require a response, need brief clarification on *ongoing treatment*, or are requesting supplement refills, *no fee will be charged*. This fee does **not** apply to doctor to doctor communication.

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From: [Beatty Naturopathic](#)
To: [Andrew Parr](#)
Subject: Re: one question
Date: Wednesday, August 30, 2023 9:58:25 PM

Thank you for your reply Andrew. I better understand your position on this and do intend to continue on council and allow other interested parties to pursue these questions. Please understand that these queries were not intended to be advocacy for the profession but advocacy for the public. I very much appreciate that there are ethical lines to follow with my role on council and that advocacy for the profession is not our role. I will see you in September at our training.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator

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On Wed, Aug 30, 2023 at 2:07 PM Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca> wrote:

Hi Jonathan,

Thank you for your email. While it is not my place to tell you what to do, I thought I might provide some thoughts for you to consider in this situation.

- It is not merely “difficult” for you as a Council member to advocate to the Ministry or Minister (whether on your own behalf or that of the profession), it is impossible to do so without being seen to be as acting as a Council member and speaking for the Council. This is because you are a Council member, an undeniable fact that cannot be ignored.
- Regardless of how you may preface any comments to the Minister or Ministry, they will know that you are on the Council and will perceive, in whole or in part, that you are speaking for the Council. Think of this as an inherent or subconscious bias that they will have because of your position.
- At a minimum, the Ministry will contact me to determine if you are speaking for the Council and even with our assurances that you speak for yourself, your commentary will be associated with the College and future interactions between the College and the Ministry will likely be coloured by the commentary.
- I would also add that if I were to provide you with the name of the person who provides directives to the College and you were to use that, you would be using your position as a Council member to have access to people that you would not otherwise have access. This would further associate your comments with the Council. It is for this reason that I would always recommend to any Registrant who wishes to correspond with the Ministry to write to the Minister of Health directly.
- Based on the latter part of your message, it is clear that you wish to advocate on behalf of the profession and the beneficial services the profession can provide in future pandemics. Such advocacy cannot be undertaken by the College or its Council as it runs contrary to our mandate. Taking this action could have far reaching implications for the College and its Council in terms of its reputation with the Ministry, in particular its credibility and the ability of the Ministry to rely on the College Council placing the public interest over professional interests.
- I would very much like to be clear that I have no objection to individuals or Registrants advocating to the Minister or Ministry of behalf of the profession, in fact, I quite encourage it. The difficulty arises when those individuals are directly associated with the College or its Council.
- Given your interest in advocating for the profession and your willingness to do so, you may want to consider whether the Council is the best fit for you. You may be better suited for working with the professional association where such advocacy is not only accepted but expected.

In closing, my unsolicited advice to you is this: what you want to do is not something that you should do as long as you are an elected Council member. Doing so may place the Council in difficulty and may also place you in some difficulty in the context of the Council’s governance policies. I believe that your best options are to either a) leave the matter for others to advocate to the Ministry or b) resign your position on Council to free yourself of the encumbrances your position entails.

I hope that this helps. Again, as is the Council’s policy, I have copied the Chair so that he is aware of our communications.

Kind regards,

Andrew

Andrew Parr, CAE (he/him)

Chief Executive Officer

Tel: [416.583.6013](tel:416.583.6013)

Fax: [416.583.6011](tel:416.583.6011)

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From: Beatty Naturopathic <beattynaturopathic@gmail.com>

Sent: Wednesday, August 30, 2023 10:33 AM

To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>

Subject: one question

Hi Andrew, I understand the role of the College is to protect the public and serve the public in their interest. As a member of the public, and I realize this is difficult as I also serve on the college, but I am also a registrant and a citizen of Ontario. Can you direct me to the name of the person from the Ministry of Health that provides directives to the college. As a member of the public I am concerned about how the government handled the pandemic response and would like to advocate for myself to ensure my access to the healthcare of my choice in anticipation of a future pandemic. I also agree with you that misinformation is dangerous to the public, but may disagree with you about the approach to handling misinformation. It is my belief that by actually providing the public access to the information they request, that you can then prevent speculation and can provide direct evidence to counter any misinformation that may appear. I am hoping to be able to lobby the ministry (as a registrant, not council member) to involve the profession in future responses as there is a great deal of evidence that therapies available to Naturopaths could

have helped with the response to COVID and this in my personal (not college) opinion would have been in the public interest. I do believe we all have the same goal here, to protect the public, even if we do not always agree on the method.

I apologize for my previous request as it was made from a moment of frustration. I have been approached by many in the profession with questions about the College's COVID response as I am well known in the profession and network quite a bit. I realize my role on council is not to advocate or act on behalf of registrants and I directed the registrants to ask the college directly. They declined to do this for fear of retribution (which is, as we know, not how the college operates and I instructed them of this, but they could not be swayed). At that point I mentioned I would look into this for them, not as my role on council but as a fellow registrant. I have since reached out to the interested parties and advised they need to

contact the college directly with their queries.



Dr. Jonathan Beatty, Doctor of Naturopathic Medicine
Michael Sharp, Nutrition & Health Coach, Naturopathic Assistant, Clinic Administrator

BeattyNaturopathic@gmail.com

[905-240-7361](tel:905-240-7361) | fax: [1-888-970-1580](tel:1-888-970-1580) | 24 Ontario Street, Port Hope, Ontario, L1A 2T6.

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From: [Dr Jonathan Beatty ND](#)
To: [Andrew Parr](#); [Jordan Sokoloski](#)
Subject: Upcoming meeting
Date: Thursday, January 25, 2024 8:19:17 PM

Dear Andrew and Jordan, I am reaching out in advance of our next meeting as I am hoping that we may revisit the college's position statement on Covid 19 vaccination. As an unvaccinated person (and I wish there was a circumstance where I would not have to disclose my medical information) I find the college's statement on this to be recurrent micro-trauma. The unvaccinated population of this country suffered some of the worst institutional discrimination in the history of this country (and continue to be discriminated against). I was barred from eating in restaurants, barred from government buildings, and held captive in this country - barred from travel by air or ship and barred from land access to the United States. I will point out that this is the only condition for which CONO has an official position - suggesting that it is a politically motivated, more than scientifically motivated position. Early on I suggested we simply refer people to public health on this matter as vaccination falls outside the scope of Naturopathy, and as such there is not a single person on the board or employed by CONO that is licensed to discuss vaccination. I understand that CONO's position is in keeping with Public Health recommendations, but there are many Public Health recommendations that we do not have official position statements on. I also feel that this statement may also create a discriminatory bias in finding upcoming directors for the CONO positions as similarly unvaccinated NDs may be reluctant to join an organization with such a position. I would also draw your attention to the fact that the very nature in which these injections were rolled out violated the very informed consent that is required in our own and every other medical profession - the main issue here being coercion via the above noted discrimination. This very policy, in my belief, violates our own DEIU position as it is discriminatory against those that choose not to vaccinate. The current vaccine available in Ontario has also never had a human clinical trial (amounting to an experiment). I believe it is every Ontarian and Naturopaths right to choose to be vaccinated or not, without pressure or coercion. I am not an anti-vaxxer as some may label me. I am an "informed consenter" and believe everyone should be allowed to decline the vaccine or accept it without coercion or penalty or benefit. The safety of these injections has also changed over the time since the initial position statement was implemented where now there is admission of risk of myocardial injury and other injuries. This is an issue of medical ethics in which it is my belief that the college is behaving unethically by providing a "guidance" that may be construed as coercive considering the environment and considering this is the only vaccine where CONO has an official position.

Wishing you both well, Jonathan

Sent from [Proton Mail](#) for iOS

From: [Andrew Parr](#)
To: [Dr Jonathan Beatty ND](#)
Cc: [Jordan Sokoloski](#)
Bcc: ["Rebecca Durcan"](#)
Subject: RE: Upcoming meeting
Date: Friday, January 26, 2024 8:00:00 AM

Good morning, Jonathan,

Jordan is currently heavily involved as the Chair of a Panel of the Discipline Committee and has held hearings for most of this week, including today. This means that he cannot weigh in on whether it is appropriate to bring this matter before the Council.

Additionally, the Council agenda for next week has been finalized and the materials are being assembled. They will be sent out later today (after my appearance at the hearing). We will not have time to create any background briefing into the materials for this meeting.

Altogether, if Jordan wishes this to come before the Council, it will need to be for the March meeting.

Kind regards,

Andrew

Andrew Parr, CAE (he/him)

Chief Executive Officer

Tel: 416.583.6013

Fax: 416.583.6011

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From: Dr Jonathan Beatty ND <JTBND@protonmail.com>
Sent: Thursday, January 25, 2024 8:19 PM
To: Andrew Parr <Andrew.Parr@collegeofnaturopaths.on.ca>; Jordan Sokoloski <sokoloski.jordan@gmail.com>
Subject: Upcoming meeting

Dear Andrew and Jordan, I am reaching out in advance of our next meeting as I am hoping that we may revisit the college's position statement on Covid 19 vaccination. As an unvaccinated person (and

I wish there was a circumstance where I would not have to disclose my medical information) I find the college's statement on this to be recurrent micro-trauma. The unvaccinated population of this country suffered some of the worst institutional discrimination in the history of this country (and continue to be discriminated against). I was barred from eating in restaurants, barred from government buildings, and held captive in this country - barred from travel by air or ship and barred from land access to the United States. I will point out that this is the only condition for which CONO has an official position - suggesting that it is a politically motivated, more than scientifically motivated position. Early on I suggested we simply refer people to public health on this matter as vaccination falls outside the scope of Naturopathy, and as such there is not a single person on the board or employed by CONO that is licensed to discuss vaccination. I understand that CONO's position is in keeping with Public Health recommendations, but there are many Public Health recommendations that we do not have official position statements on. I also feel that this statement may also create a discriminatory bias in finding upcoming directors for the CONO positions as similarly unvaccinated NDs may be reluctant to join an organization with such a position. I would also draw your attention to the fact that the very nature in which these injections were rolled out violated the very informed consent that is required in our own and every other medical profession - the main issue here being coercion via the above noted discrimination. This very policy, in my belief, violates our own DEIU position as it is discriminatory against those that choose not to vaccinate. The current vaccine available in Ontario has also never had a human clinical trial (amounting to an experiment). I believe it is every Ontarian and Naturopaths right to choose to be vaccinated or not, without pressure or coercion. I am not an anti-vaxxer as some may label me. I am an "informed consentor" and believe everyone should be allowed to decline the vaccine or accept it without coercion or penalty or benefit. The safety of these injections has also changed over the time since the initial position statement was implemented where now there is admission of risk of myocardial injury and other injuries. This is an issue of medical ethics in which it is my belief that the college is behaving unethically by providing a "guidance" that may be construed as coercive considering the environment and considering this is the only vaccine where CONO has an official position.

Wishing you both well, Jonathan

Sent from [Proton Mail](#) for iOS

From: [Dr Jonathan Beatty ND](#)
To: [Andrew Parr](#); [Jordan Sokoloski](#)
Subject: March meeting
Date: Thursday, February 22, 2024 8:46:39 PM

Hello Andrew and Jordan, I am writing as I would like to propose some additions to our March meeting. As I expressed previously I would like to review the position statement the college has on recommending COVID vaccination. My concerns regarding this statement:

- 1) this is outside the scope of Naturopathy
- 2) it is traumatic to those unvaccinated Individuals who experienced systematic discrimination for their medical status
- 3) it has never had a completed clinical trial and was approved based on inferred safety. This violates the Declaration of Helsinki (formal version of the Nuremberg code) of which Canada is a signatory, that prevents experimentation on people without consent. (Link below)
- 4) this violates the standard of informed consent

I would also as such like to review and clarify the standard on informed consent for Naturopaths. I think this is prudent considering the rapidly changing climate on this topic and public experimentation. The FDA in the US, just recently changed their requirement for informed consent in health research, no longer requiring it for many trials and this may have impacts on the definition of informed consent as it applies to Naturopaths going forward.

On a different note, I also think it would be pertinent to look at the standards regarding disciplinary actions in regards to the finding by the College of Psychologists relating to the well publicized Jordan Peterson finding. The concerns I have is that there needs to be a statement suggesting a specific measure of completion in a discipline finding. I suggest we review and adapt our standard to include a more comprehensive definition that any remedial education discipline have a measurable end point to determine completion of the disciplinary action. In the Jordan Peterson case there is discussion of possible further legal challenges against the college of psychologists for not including a measure by which Dr Peterson's education can be deemed complete. His penalty was left open ended - that he be entered into a SCERP coaching program with no specified end point. In CONOs interest, I think that having a requirement for a specified and measurable end point in any disciplinary finding be added to prevent potential future legal costs.

This document from Health Canada is where you may find the statements that safety data on the current COVID vaccines available in Ontario is inferred. It will also clearly show that the experiments to evaluate the safety and efficacy of these products is ongoing and incomplete, which is of ethical concern regarding informed consent.

<https://covid-vaccine.canada.ca/info/pdf/comirnaty-original-omicron-ba4ba5-pm-en.pdf>

Sent from [Proton Mail](#) for iOS

From: [Jordan Sokoloski](#)
To: [Dr Jonathan Beatty ND](#)
Cc: [Andrew Parr](#)
Subject: Re: March meeting
Date: Friday, February 23, 2024 4:31:57 PM

Hi Jonathan,

I have carefully considered your request and have reviewed your earlier communications on the vaccine statement and COVID-19 generally. It is clear that this issue is of great importance to you.

Andrew and I have taken some time to discuss the matter and I have decided to add it to the agenda for the March meeting. Briefing materials that include your correspondence with us on the topic will be provided to Council in advance of the meeting. If you would like to provide material on the subject to be distributed in the package, please email it to Andrew no later than end of day on **Friday March 8th**.

With respect to the other concerns you have raised, Council has delegated all decisions surrounding the development and maintenance of the standards of practice of the profession to the Standards Committee. As per Section 9.01.2:

9.01.2 Delegation of Standards Setting

The role of approving the Standards of Practice and any related guidelines for the profession, except any standard that is set out in Regulation, which would typically be performed by the Council, is delegated in full to the Standards Committee.

This means that any consideration of changes to the Standard of Practice on Consent falls to the Standards Committee. If you would like to draw any concerns to the attention of that Committee, please send those to [Jeremy](#) who is the senior staff person responsible for that committee.

The Jordan Peterson matter was a judicial review by Dr. Peterson of a decision of the Inquiries, Complaints and Reports Committee of the College of Psychologists of Ontario. It was not a penalty imposed by the Discipline Committee of that College but rather a SCERP which is an outcome determined by the ICRC. These outcomes are not findings of professional misconduct, incompetence or incapacity.

With respect to the specifics of disciplinary findings, that is a matter for the Discipline Committee and the panels of the Committee when they conduct hearings. The Discipline Committee, under the *Regulated Health Professions Act, 1991*, is independent of the Council of the College and the Council has no jurisdiction over that Committee nor can it impose any standards with respect to the outcome the panels may make as a result of a hearing. Should a

registrant believe the findings and penalties determined by a panel of the Discipline Committee are inappropriate or beyond reasonableness, they can appeal those findings to the courts for relief.

I hope this helps to address your concerns. Please don't hesitate to get back to me if you would like to discuss anything further.

Have a great weekend,

Jordan

Dr. Jordan Sokoloski, HBSoc. ND (he/him)
Naturopathic Doctor

Thunder Bay Naturopathic Clinic
219 Algoma Street South
Thunder Bay, ON P7B 3C3
(807) 683-7287
www.tbaynaturopathic.ca

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This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied or disclosed to anyone else. This communication may contain personal, confidential or privileged information which may be subject to the Health Information Act or other legislation. *If you have received this communication in error, please notify me immediately and permanently delete this email and its contents.*

On Thu, Feb 22, 2024 at 8:46 PM Dr Jonathan Beatty ND <JTBND@protonmail.com> wrote:
Hello Andrew and Jordan, I am writing as I would like to propose some additions to our March meeting. As I expressed previously I would like to review the position statement the college has on recommending COVID vaccination. My concerns regarding this statement:
1) this is outside the scope of Naturopathy

- 2) it is traumatic to those unvaccinated Individuals who experienced systematic discrimination for their medical status
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<https://covid-vaccine.canada.ca/info/pdf/comirnaty-original-omicron-ba4ba5-pm-en.pdf>

Sent from [Proton Mail](#) for iOS

From: [Beatty Naturopathic](#)
To: [Andrew Parr](#); [Jordan Sokoloski](#)
Subject: COVID policy review
Date: Saturday, March 9, 2024 2:38:27 PM

Hi Andrew and Jordan, please find attached my concerns with the policy recommending COVID 19 vaccines for all naturopaths.

I wish to review and amend/withdraw the statement from CONO recommending that all naturopaths receive the COVID vaccine. I have the following concerns with this being an official position of the college.

1. To unvaccinated people these policies are a reminder of the systemic government lead discrimination enacted on them. This results in a feeling of being unwelcome in the environment of CONO due to personal medical decisions. It may be traumatic to current employees or board members and may prevent people from wanting to work with/for or volunteer with/for CONO. This may lead to biased public representation.
- 2) Policies like this ignore the well studied and proven immunity provided by natural infection. Natural infection provides superior immunity to that granted by the vaccine. Thus, in the previously infected population, vaccination provides only risk, not benefit. Therefore, this generalized policy may actually promote harm. (https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s_cid=mm7104e1_w)
- 3) The vaccination program implemented by the Ontario government and Federal government violated the Health Care Consent Act 1996 , thus CONOs support of this initiative is in contradiction of CONOs requirement for informed consent from its registrants. This hypocrisy, reduces trust in the college from some members. Ontario banned unvaccinated individuals from travel, from entering government buildings, and from eating in restaurants. They even encouraged discriminatory hiring and employment policies thus coercing the population into medical treatment. The government also made claims about the vaccine that they could not demonstrate with scientific evidence that receiving the vaccine would prevent the vaccinated person from spreading covid. This has now been shown not to be true, thus also violating that consent cannot be obtained through misrepresentation or fraud. The vaccine was also given emergency approval and the clinical trial to evaluate safety and effectiveness was not entirely complete at the time of the approval. This makes consent for a treatment impossible to obtain as the material benefit, risks, and side effects are incompletely understood. In this case it would be appropriate to inform recipients that the safety and effectiveness is incompletely understood, as opposed to the messaging that the vaccine is safe and effective, when we now know that there are confirmed risks. Yes I have read the CONO official position on COVID 19 vaccines and would request you to provide any evidence backing up the claim that the clinical trial was complete at the time of approval. (<https://health-infobase.canada.ca/covid-19/vaccine-safety/>)
- 4) This policy has nothing to do with the mandate of CONO (see below). Vaccination is outside the scope of Naturopathy and as such CONO should heed the advice they provide to members and merely refer to public health. COVID is the only condition for which CONO has an official vaccination statement, suggesting it is motivated more by politics than anything else. There may be many things that a person should do in the public interest but if they fall outside the scope of the regulator, positions should be left for those organizations. We do not have a seatbelt policy, a quitting smoking policy, or a junk food policy, nor do we have a tetanus vaccine policy.

Protecting the public. Supporting safe practice.

The College regulates naturopaths in Ontario in the interest of the public. Our mandate is to support patients' rights to receive safe, competent and ethical naturopathic care.

The 4 Key Functions of Regulation

We achieve our mandate through four key functions:

1. Registering Safe, Competent and Ethical Individuals

We establish requirements to enter the profession, set and maintain examinations to test individuals against these requirements and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. Setting Standards

We set and maintain standards of practice that guide our Registrants and the public to ensure naturopaths provide safe, ethical and competent patient care.

3. Ensuring Continuing Competence

We create and manage a variety of continuing education and professional development programs to ensure that naturopaths maintain their skills which helps assure the provision of safe, competent and ethical naturopathic care.

4. Providing Accountability through Complaints and Discipline

We hold naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement (i.e. competency); and we have held those who may have faltered to be accountable for their decisions.

Consent as per Ontario Law:
Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A

11 (1) The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

Informed consent

(2) A consent to treatment is informed if, before giving it,

(a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and

(b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).

Same

(3) The matters referred to in subsection (2) are:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment. 1996, c. 2, Sched. A, s. 11 (3).



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Attention: Please note that as of January 1, 2016, email consultations, including *requested medical advice* for Dr. Jonathan Beatty ND, will be charged a fee (starting at \$30). If you require an emailed response for these types of concerns, it will be considered a consultation. If you are updating us, do not require a response, need

brief clarification on *ongoing treatment*, or are requesting supplement refills, *no fee will be charged*. This fee does **not** apply to doctor to doctor communication.

Note: Email communication should not replace recommended in-person appointments.

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1993, c. 37, s. 4 - 31/12/1993; 1998, c. 18, Sched. G, s. 10 - 01/02/1999
 2000, c. 42, Sched., s. 34 - 01/11/2001
 2006, c. 19, Sched. L, s. 11 (2) - 22/06/2006
 2007, c. 10, Sched. M, s. 17 (1, 2, 4) - 04/06/2009; 2007, c. 10, Sched. M, s. 17 (3) - 04/06/2007
 2009, c. 26, s. 24 (10) - 15/12/2009; 2009, c. 33, Sched. 18, s. 17 (2) - 15/12/2009
 2013, c. 9, s. 1 (1) - 06/11/2013
 2017, c. 11, Sched. 5, s. 6 - 01/05/2018

Statement of purpose, sexual abuse provisions

1.1 The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members and, ultimately, to eradicate the sexual abuse of patients by members. 2017, c. 11, Sched. 5, s. 7.

Section Amendments with date in force (d/m/y)

1993, c. 37, s. 5 - 31/12/1993
 2017, c. 11, Sched. 5, s. 7 - 01/05/2018

COLLEGE

College is body corporate

2 (1) The College is a body corporate without share capital with all the powers of a natural person. 1991, c. 18, Sched. 2, s. 2 (1).

Not-for-Profit Corporations Act, 2010

(2) The *Not-for-Profit Corporations Act, 2010* does not apply to the College, except as may be prescribed by regulation made under clause 43 (1) (n) of the *Regulated Health Professions Act, 1991*. 2010, c. 15, s. 241 (3).

Section Amendments with date in force (d/m/y)

2010, c. 15, s. 241 (3) - 19/10/2021

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.

Section Amendments with date in force (d/m/y)

2008, c. 18, s. 1 - 27/11/2008

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).

Section Amendments with date in force (d/m/y)

2007, c. 10, Sched. M, s. 18 - 04/06/2009

2009, c. 26, s. 24 (11) - 15/12/2009

College website

3.1 (1) The College shall have a website, and shall include on its website information as may be prescribed in regulations made under clause 43 (1) (h.2) of the *Regulated Health Professions Act, 1991*. 2007, c. 10, Sched. M, s. 19.

Paper or electronic form

(2) Upon request and, if required by the College, the payment of a reasonable fee, the College shall provide the information required to be posted under subsection (1) in paper or electronic form. 2007, c. 10, Sched. M, s. 19.

Section Amendments with date in force (d/m/y)

2007, c. 10, Sched. M, s. 19 - 04/06/2009

Council

4 The College shall have a Council that shall be its board of directors and that shall manage and administer its affairs. 1991, c. 18, Sched. 2, s. 4.

Terms

5 (1) No term of a Council member who is elected shall exceed three years.

Multiple terms

(2) A person may be a Council member for more than one term but no person who is elected may be a Council member for more than nine consecutive years. 1991, c. 18, Sched. 2, s. 5.

Quorum

6 A majority of the members of the Council constitute a quorum. 1991, c. 18, Sched. 2, s. 6.

Meetings

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).

Posting of meeting information

(1.1) The College shall post on its website information regarding upcoming meetings of the Council, including the dates of those meetings, matters to be discussed at those meetings, and information and documentation that will be provided to members of the Council for the purpose of those meetings. 2017, c. 11, Sched. 5, s. 8.

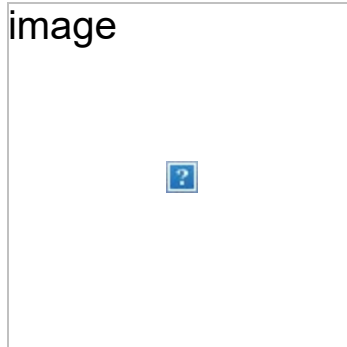
Items where public excluded

(1.2) If the Registrar anticipates that the Council will exclude the public from any meeting or part of a meeting under subsection (2), the grounds for doing so shall be noted in the information posted under subsection (1.1) and information and

From: [John Wellner](#)
To: [Andrew Parr](#)
Subject: Statement to OAND members
Date: Friday, December 17, 2021 12:07:49 PM

Andrew here is the statement that we just sent out.

John



A Statement from the OAND Board of Directors

The Ontario Association of Naturopathic Doctors (OAND) is a professional association that has been directed by the membership to advance the scope of practice for Ontario naturopathic doctors, advance the profession's interests for the health of Ontarians, and promote the value of naturopathic medicine by inspiring strong internal and external community and partnerships. Essential to this advancement is working collaboratively with the Ministry of Health and within the regulatory framework that they have set.

The OAND promotes compliance with regulations and guidelines set by the Regulated Health Professions Act, the Naturopathy Act, Public Health Ontario, and the College of Naturopaths of Ontario. With respect to COVID-19, the OAND recognizes the obligations of naturopathic doctors to act in the best interest of public safety and the safety of themselves and their patients. The OAND encourages naturopathic doctors as regulated health care providers to follow the current public health guidance regarding vaccinations, masking, infection prevention and control (IPAC), screening, and testing.

The OAND encourages every eligible naturopathic doctor in Ontario to get vaccinated against COVID-19. The OAND acknowledges that all such decisions must be based on voluntary and informed consent and pursuant to qualified medical advice.

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OAND 789 Don Mills Rd Suite 603 Toronto, Ontario M3C 1T5 Canada (416) 233-2001



OPEN ACCESS

Original research

The role of COVID-19 vaccines in preventing post-COVID-19 thromboembolic and cardiovascular complications

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► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/heartjnl-2023-323483>).

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Received 23 September 2023
Accepted 13 December 2023



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To cite: Mercadé-Besora N, Li X, Kolde R, et al. Heart Epub ahead of print: [please include Day Month Year]. doi:10.1136/heartjnl-2023-323483

ABSTRACT

Objective To study the association between COVID-19 vaccination and the risk of post-COVID-19 cardiac and thromboembolic complications.

Methods We conducted a staggered cohort study based on national vaccination campaigns using electronic health records from the UK, Spain and Estonia. Vaccine rollout was grouped into four stages with predefined enrolment periods. Each stage included all individuals eligible for vaccination, with no previous SARS-CoV-2 infection or COVID-19 vaccine at the start date. Vaccination status was used as a time-varying exposure. Outcomes included heart failure (HF), venous thromboembolism (VTE) and arterial thrombosis/thromboembolism (ATE) recorded in four time windows after SARS-CoV-2 infection: 0–30, 31–90, 91–180 and 181–365 days. Propensity score overlap weighting and empirical calibration were used to minimise observed and unobserved confounding, respectively.

Fine-Gray models estimated subdistribution hazard ratios (sHR). Random effect meta-analyses were conducted across staggered cohorts and databases.

Results The study included 10.17 million vaccinated and 10.39 million unvaccinated people. Vaccination was associated with reduced risks of acute (30-day) and post-acute COVID-19 VTE, ATE and HF: for example, meta-analytic sHR of 0.22 (95% CI 0.17 to 0.29), 0.53 (0.44 to 0.63) and 0.45 (0.38 to 0.53), respectively, for 0–30 days after SARS-CoV-2 infection, while in the 91–180 days sHR were 0.53 (0.40 to 0.70), 0.72 (0.58 to 0.88) and 0.61 (0.51 to 0.73), respectively.

Conclusions COVID-19 vaccination reduced the risk of post-COVID-19 cardiac and thromboembolic outcomes. These effects were more pronounced for acute COVID-19 outcomes, consistent with known reductions in disease severity following breakthrough versus unvaccinated SARS-CoV-2 infection.

INTRODUCTION

COVID-19 vaccines were approved under emergency authorisation in December 2020 and showed high effectiveness against SARS-CoV-2 infection, COVID-19-related hospitalisation and death.^{1 2} However, concerns were raised after

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ COVID-19 vaccines proved to be highly effective in reducing the severity of acute SARS-CoV-2 infection.
- ⇒ While COVID-19 vaccines were associated with increased risk for cardiac and thromboembolic events, such as myocarditis and thrombosis, the risk of complications was substantially higher due to SARS-CoV-2 infection.

WHAT THIS STUDY ADDS

- ⇒ COVID-19 vaccination reduced the risk of heart failure, venous thromboembolism and arterial thrombosis/thromboembolism in the acute (30 days) and post-acute (31 to 365 days) phase following SARS-CoV-2 infection. This effect was stronger in the acute phase.
- ⇒ The overall additive effect of vaccination on the risk of post-vaccine and/or post-COVID thromboembolic and cardiac events needs further research.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ COVID-19 vaccines proved to be highly effective in reducing the risk of post-COVID cardiovascular and thromboembolic complications.

spontaneous reports of unusual thromboembolic events following adenovirus-based COVID-19 vaccines, an association that was further assessed in observational studies.^{3 4} More recently, mRNA-based vaccines were found to be associated with a risk of rare myocarditis events.^{5 6}

On the other hand, SARS-CoV-2 infection can trigger cardiac and thromboembolic complications.^{7 8} Previous studies showed that, while slowly decreasing over time, the risk for serious complications remain high for up to a year after infection.^{9 10} Although acute and post-acute cardiac and thromboembolic complications following COVID-19 are rare, they present a substantial burden to the

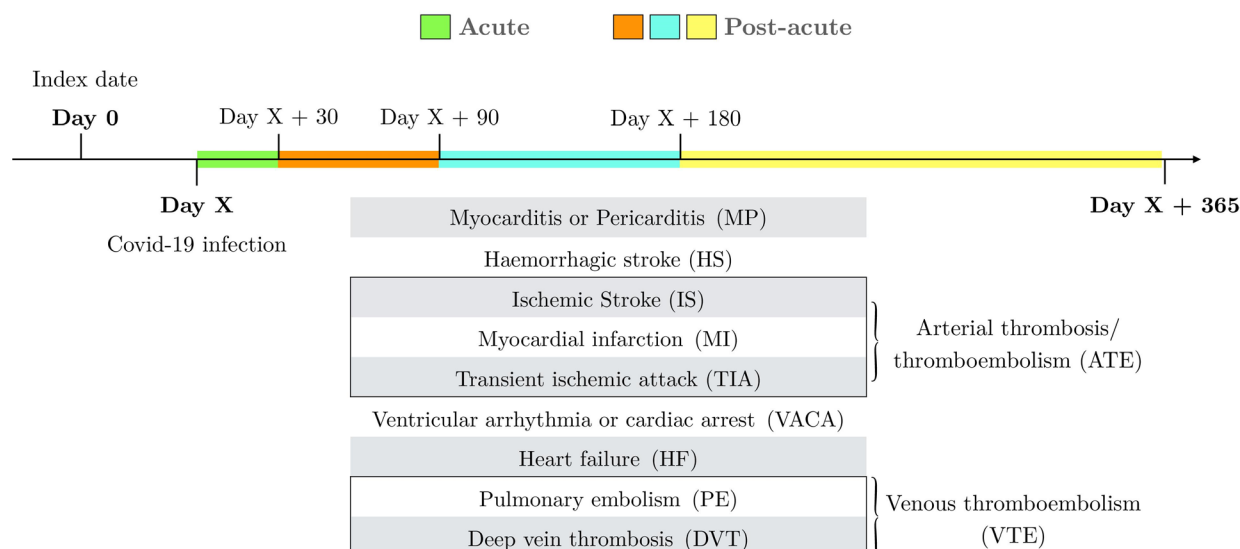


Figure 1 Study outcome design. Study outcomes of interest are defined as a COVID-19 infection followed by one of the complications in the figure, within a year after infection. Outcomes were ascertained in four different time windows after SARS-CoV-2 infection: 0–30 days (namely the acute phase), 31–90 days, 91–180 days and 181–365 days (these last three comprise the post-acute phase).

affected patients, and the absolute number of cases globally could become substantial.

Recent studies suggest that COVID-19 vaccination could protect against cardiac and thromboembolic complications attributable to COVID-19.^{11 12} However, most studies did not include long-term complications and were conducted among specific populations.

Evidence is still scarce as to whether the combined effects of COVID-19 vaccines protecting against SARS-CoV-2 infection and reducing post-COVID-19 cardiac and thromboembolic outcomes, outweigh any risks of these complications potentially associated with vaccination.

We therefore used large, representative data sources from three European countries to assess the overall effect of COVID-19 vaccines on the risk of acute and post-acute COVID-19 complications including venous thromboembolism (VTE), arterial thrombosis/thromboembolism (ATE) and other cardiac events. Additionally, we studied the comparative effects of ChAdOx1 versus BNT162b2 on the risk of these same outcomes.

METHODS

Data sources

We used four routinely collected population-based healthcare datasets from three European countries: the UK, Spain and Estonia.

For the UK, we used data from two primary care databases—namely, Clinical Practice Research Datalink, CPRD Aurum¹³ and CPRD Gold.¹⁴ CPRD Aurum currently covers 13 million people from predominantly English practices, while CPRD Gold comprises 3.1 million active participants mostly from GP practices in Wales and Scotland. Spanish data were provided by the Information System for the Development of Research in Primary Care (SIDIAP),¹⁵ which encompasses primary care records from 6 million active patients (around 75% of the population in the region of Catalonia) linked to hospital admissions data (Conjunt Mínim Bàsic de Dades d'Alta Hospitalària). Finally, the CORIVA dataset based on national health claims data from Estonia was used. It contains all COVID-19 cases from the

first year of the pandemic and ~440 000 randomly selected controls. CORIVA was linked to the death registry and all COVID-19 testing from the national health information system.

Databases included sociodemographic information, diagnoses, measurements, prescriptions and secondary care referrals and were linked to vaccine registries, including records of all administered vaccines from all healthcare settings. Data availability for CPRD Gold ended in December 2021, CPRD Aurum in January 2022, SIDIAP in June 2022 and CORIVA in December 2022.

All databases were mapped to the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM)¹⁶ to facilitate federated analytics.

Multinational network staggered cohort study: study design and participants

The study design has been published in detail elsewhere.¹⁷ Briefly, we used a staggered cohort design considering vaccination as a time-varying exposure. Four staggered cohorts were designed with each cohort representing a country-specific vaccination rollout phase (eg, dates when people became eligible for vaccination, and eligibility criteria).

The source population comprised all adults registered in the respective database for at least 180 days at the start of the study (4 January 2021 for CPRD Gold and Aurum, 20 February 2021 for SIDIAP and 28 January 2021 for CORIVA). Subsequently, each staggered cohort corresponded to an enrolment period: all people eligible for vaccination during this time were included in the cohort and people with a history of SARS-CoV-2 infection or COVID-19 vaccination before the start of the enrolment period were excluded. Across countries, cohort 1 comprised older age groups, whereas cohort 2 comprised individuals at risk for severe COVID-19. Cohort 3 included people aged ≥40 and cohort 4 enrolled people aged ≥18.

In each cohort, people receiving a first vaccine dose during the enrolment period were allocated to the vaccinated group, with their index date being the date of vaccination. Individuals who did not receive a vaccine dose comprised the unvaccinated group and their index date was assigned within the enrolment period, based on the distribution of index dates in the vaccinated group. People with COVID-19 before the index date were excluded.

Table 1 Characteristics of weighted populations in CPRD Aurum database, stratified by staggered cohort and exposure status. Exposure is any COVID-19 vaccine

Characteristics	Cohort 1			Cohort 2			Cohort 3			Cohort 4		
	Unvaccinated	Vaccinated	ASMD	Unvaccinated	Vaccinated	ASMD	Unvaccinated	Vaccinated	ASMD	Unvaccinated	Vaccinated	ASMD
No (individuals)	154864	154245		420707	420931		463495	462463		818917	827124	
Age, median (Q25–Q75)	80 (76–84)	80 (76–84)	0.000	58 (44–67)	58 (44–67)	0.005	50 (41–58)	52 (40–58)	0.003	34 (26–42)	34 (26–42)	0.004
Sex: female, N (%)	88349 (57%)	87639 (57%)	0.005	248156 (59%)	249561 (59%)	0.006	245248 (53%)	245600 (53%)	0.004	351435 (43%)	358688 (43%)	0.009
Years of prior history*, median (Q25–Q75)	24 (10–35)	24 (10–36)	0.006	18 (8–29)	18 (8–29)	0.003	14 (6–24)	14 (7–24)	0.008	8 (4–17)	7 (3–18)	0.001
Number of GP visits, median (Q25–Q75)	10 (5–18)	10 (6–17)		8 (3–15)	8 (5–14)		4 (1–11)	6 (3–11)		2 (0–6)	2 (0–6)	
Number of PCR tests, median (Q25–Q75)	0 (0–0)	0 (0–0)		0 (0–0)	0 (0–0)		0 (0–0)	0 (0–0)		0 (0–0)	0 (0–0)	
Comorbidity†, N (%)												
Anxiety	23200 (15%)	22789 (15%)	0.006	94390 (22%)	91644 (22%)	0.016	92820 (20%)	90807 (20%)	0.010	123055 (15%)	125202 (15%)	0.003
Asthma	16978 (11%)	16663 (11%)	0.005	95770 (23%)	94550 (22%)	0.007	79642 (17%)	78266 (17%)	0.007	63687 (8%)	61472 (7%)	0.013
Chronic kidney disease	36149 (23%)	36046 (23%)	0.001	28181 (7%)	29756 (7%)	0.015	10283 (2%)	10577 (2%)	0.005	3840 (0%)	3572 (0%)	0.006
COPD	13385 (9%)	13181 (9%)	0.003	17447 (4%)	17999 (4%)	0.006	6062 (1%)	5754 (1%)	0.006	1901 (0%)	1918 (0%)	0.000
Dementia	9483 (6%)	8517 (6%)	0.026	4182 (1%)	3879 (1%)	0.007	1361 (0%)	1392 (0%)	0.001	276 (0%)	495 (0%)	0.012
Depressive disorder	18632 (12%)	18547 (12%)	0.000	85280 (20%)	81945 (19%)	0.020	81891 (18%)	79804 (17%)	0.011	94373 (12%)	97053 (12%)	0.007
Diabetes	29365 (19%)	28831 (19%)	0.007	49408 (12%)	48562 (12%)	0.006	26616 (6%)	28628 (6%)	0.019	12787 (2%)	12539 (2%)	0.004
GORD	8718 (6%)	8515 (6%)	0.005	19907 (5%)	18924 (4%)	0.011	15646 (3%)	14982 (3%)	0.008	13882 (2%)	13893 (2%)	0.001
Heart failure	9349 (6%)	8851 (6%)	0.013	7284 (2%)	6502 (2%)	0.015	2660 (1%)	2470 (1%)	0.005	930 (0%)	816 (0%)	0.005
Hypertension	81563 (53%)	80806 (52%)	0.006	97707 (23%)	98193 (23%)	0.002	54649 (12%)	55798 (12%)	0.008	22925 (3%)	24450 (3%)	0.009
Hypothyroidism	15125 (10%)	15098 (10%)	0.001	25579 (6%)	25962 (6%)	0.004	17162 (4%)	17580 (4%)	0.005	12427 (2%)	12641 (2%)	0.001
Malignant neoplastic disease	33467 (22%)	33024 (21%)	0.005	30194 (7%)	35085 (8%)	0.043	14815 (3%)	14140 (3%)	0.008	6447 (1%)	5766 (1%)	0.011
Myocardial infarction	7824 (5%)	7731 (5%)	0.002	9964 (2%)	11319 (3%)	0.020	3787 (1%)	3664 (1%)	0.003	1315 (0%)	1069 (0%)	0.008
Osteoporosis	15275 (10%)	15373 (10%)	0.003	10626 (3%)	10718 (3%)	0.001	4113 (1%)	4131 (1%)	0.001	1376 (0%)	1472 (0%)	0.002
Pneumonia	8573 (6%)	7621 (5%)	0.027	11355 (3%)	10691 (3%)	0.010	6651 (1%)	6545 (1%)	0.002	5144 (1%)	5151 (1%)	0.001
Rheumatoid arthritis	3066 (2%)	3092 (2%)	0.002	6198 (1%)	6570 (2%)	0.007	2355 (1%)	3111 (1%)	0.021	1201 (0%)	859 (0%)	0.012
Stroke	7667 (5%)	7047 (5%)	0.018	8041 (2%)	8794 (2%)	0.013	3518 (1%)	3293 (1%)	0.006	1496 (0%)	1305 (0%)	0.006
Venous thromboembolism	9589 (6%)	9241 (6%)	0.008	11836 (3%)	12475 (3%)	0.009	6503 (1%)	8075 (2%)	0.028	4661 (1%)	2441 (0%)	0.042

The four cohorts represent vaccine rollout periods.

*Calculated as the days of previous observation in the database before index date.

†Assessed any time before index date.

ASMD, absolute standardised mean difference; COPD, chronic obstructive pulmonary disease; GORD, gastro-oesophageal reflux disease; GP, general practitioner; PCR, polymerase chain reaction.

Table 2 Number of records (and risk per 10000 individuals) for acute and post-acute COVID-19 cardiac and thromboembolic complications, across cohorts and databases for any COVID-19 vaccination

Cohort	Time window	Outcome	CPRD Aurum		CORIVA		CPRD Gold		SIDIAP	
			Unvaccinated	Vaccinated	Unvaccinated	Vaccinated	Unvaccinated	Vaccinated	Unvaccinated	Vaccinated
Cohort 1			n=346674	n=552602	n=23982	n=26736	n=169100	n=118507	n=223962	n=89941
	0 to 30 days	VTE	93 (2.68)	117 (2.12)	77 (32.11)	45 (16.83)	8 (0.47)	8 (0.68)	74 (3.30)	96 (10.67)
		ATE	22 (0.63)	70 (1.27)	110 (45.87)	81 (30.30)	6 (0.35)	7 (0.59)	77 (3.44)	208 (23.13)
		HF	59 (1.70)	198 (3.58)	395 (164.71)	299 (111.83)	10 (0.59)	9 (0.76)	302 (13.48)	640 (71.16)
	31 to 90 days	VTE	19 (0.55)	40 (0.72)	37 (15.43)	30 (11.22)	< 5	< 5	16 (0.71)	46 (5.11)
		ATE	5 (0.14)	43 (0.78)	33 (13.76)	47 (17.58)	< 5	< 5	41 (1.83)	130 (14.45)
		HF	30 (0.87)	113 (2.04)	151 (62.96)	170 (63.58)	< 5	8 (0.68)	89 (3.97)	298 (33.13)
	91 to 180 days	VTE	10 (0.29)	21 (0.38)	21 (8.76)	35 (13.09)	< 5	< 5	20 (0.89)	40 (4.45)
		ATE	11 (0.32)	28 (0.51)	31 (12.93)	52 (19.45)	< 5	6 (0.51)	30 (1.34)	112 (12.45)
		HF	37 (1.07)	95 (1.72)	162 (67.55)	220 (82.29)	< 5	5 (0.42)	87 (3.88)	252 (28.02)
	181 to 365 days	VTE	10 (0.29)	11 (0.20)	45 (18.76)	35 (13.09)	< 5	< 5	10 (0.45)	13 (1.45)
		ATE	10 (0.29)	23 (0.42)	55 (22.93)	82 (30.67)	< 5	< 5	42 (1.88)	53 (5.89)
		HF	40 (1.15)	58 (1.05)	268 (111.75)	321 (120.06)	< 5	6 (0.51)	86 (3.84)	149 (16.57)
Cohort 2			n=1975726	n=1563569	n=34317	n=4572	n=583399	n=486619	n=433151	n=819590
	0 to 30 days	VTE	241 (1.22)	220 (1.41)	79 (23.02)	7 (15.31)	31 (0.53)	24 (0.49)	258 (5.96)	400 (4.88)
		ATE	41 (0.21)	104 (0.67)	110 (32.05)	5 (10.94)	< 5	6 (0.12)	173 (3.99)	669 (8.16)
		HF	45 (0.23)	146 (0.93)	364 (106.07)	23 (50.31)	5 (0.09)	13 (0.27)	378 (8.73)	1331 (16.24)
	31 to 90 days	VTE	43 (0.22)	76 (0.49)	31 (9.03)	5 (10.94)	< 5	9 (0.18)	59 (1.36)	195 (2.38)
		ATE	18 (0.09)	93 (0.59)	32 (9.32)	< 5	< 5	9 (0.18)	85 (1.96)	444 (5.42)
		HF	27 (0.14)	103 (0.66)	149 (43.42)	19 (41.56)	< 5	7 (0.14)	138 (3.19)	643 (7.85)
	91 to 180 days	VTE	28 (0.14)	40 (0.26)	26 (7.58)	6 (13.12)	6 (0.10)	< 5	58 (1.34)	125 (1.53)
		ATE	17 (0.09)	43 (0.28)	32 (9.32)	< 5	< 5	< 5	91 (2.10)	417 (5.09)
		HF	22 (0.11)	69 (0.44)	166 (48.37)	21 (45.93)	< 5	< 5	110 (2.54)	579 (7.06)
	181 to 365 days	VTE	9 (0.05)	13 (0.08)	44 (12.82)	8 (17.50)	< 5	< 5	16 (0.37)	64 (0.78)
		ATE	12 (0.06)	18 (0.12)	53 (15.44)	< 5	< 5	< 5	63 (1.45)	178 (2.17)
		HF	20 (0.10)	35 (0.22)	259 (75.47)	33 (72.18)	< 5	< 5	81 (1.87)	246 (3.00)
Cohort 3			n=1510401	n=1528031	n=96423	n=24050	n=417996	n=462832	n=869497	n=954232
	0 to 30 days	VTE	245 (1.62)	142 (0.93)	115 (11.93)	9 (3.74)	27 (0.65)	17 (0.37)	325 (3.74)	180 (1.89)
		ATE	29 (0.19)	49 (0.32)	119 (12.34)	12 (4.99)	< 5	12 (0.26)	213 (2.45)	275 (2.88)
		HF	31 (0.21)	38 (0.25)	380 (39.41)	23 (9.56)	< 5	< 5	364 (4.19)	256 (2.68)
	31 to 90 days	VTE	44 (0.29)	46 (0.30)	50 (5.19)	10 (4.16)	< 5	7 (0.15)	85 (0.98)	92 (0.96)
		ATE	11 (0.07)	33 (0.22)	48 (4.98)	9 (3.74)	< 5	8 (0.17)	109 (1.25)	210 (2.20)
		HF	15 (0.10)	26 (0.17)	180 (18.67)	25 (10.40)	< 5	< 5	137 (1.58)	157 (1.65)
	91 to 180 days	VTE	24 (0.16)	26 (0.17)	43 (4.46)	11 (4.57)	< 5	< 5	64 (0.74)	101 (1.06)
		ATE	< 5	28 (0.18)	44 (4.56)	10 (4.16)	< 5	< 5	113 (1.30)	206 (2.16)
		HF	11 (0.07)	14 (0.09)	216 (22.40)	30 (12.47)	< 5	< 5	120 (1.38)	138 (1.45)
	181 to 365 days	VTE	< 5	11 (0.07)	72 (7.47)	17 (7.07)	< 5	< 5	34 (0.39)	26 (0.27)
		ATE	< 5	< 5	80 (8.30)	8 (3.33)	< 5	< 5	51 (0.59)	67 (0.70)
		HF	5 (0.03)	< 5	324 (33.60)	37 (15.38)	< 5	< 5	62 (0.71)	44 (0.46)
Cohort 4			n=2027763	n=2085598	n=147545	n=22245	n=469876	n=550437	n=1061634	n=880950
	0 to 30 days	VTE	334 (1.65)	50 (0.24)	116 (7.86)	< 5	36 (0.77)	11 (0.20)	350 (3.30)	98 (1.11)
		ATE	26 (0.13)	8 (0.04)	116 (7.86)	10 (4.50)	< 5	< 5	231 (2.18)	95 (1.08)
		HF	28 (0.14)	< 5	364 (24.67)	17 (7.64)	< 5	< 5	362 (3.41)	75 (0.85)
	31 to 90 days	VTE	58 (0.29)	22 (0.11)	54 (3.66)	< 5	5 (0.11)	< 5	91 (0.86)	49 (0.56)
		ATE	12 (0.06)	9 (0.04)	46 (3.12)	5 (2.25)	< 5	< 5	118 (1.11)	76 (0.86)
		HF	14 (0.07)	9 (0.04)	176 (11.93)	13 (5.84)	< 5	< 5	142 (1.34)	47 (0.53)
	91 to 180 days	VTE	26 (0.13)	10 (0.05)	49 (3.32)	5 (2.25)	< 5	< 5	71 (0.67)	60 (0.68)
		ATE	< 5	6 (0.03)	41 (2.78)	7 (3.15)	< 5	< 5	128 (1.21)	90 (1.02)
		HF	10 (0.05)	< 5	208 (14.10)	18 (8.09)	< 5	< 5	139 (1.31)	55 (0.62)
	181 to 365 days	VTE	< 5	< 5	77 (5.22)	< 5	< 5	< 5	46 (0.43)	12 (0.14)
		ATE	< 5	< 5	73 (4.95)	9 (4.05)	< 5	< 5	54 (0.51)	28 (0.32)
		HF	< 5	< 5	301 (20.40)	16 (7.19)	< 5	< 5	57 (0.54)	15 (0.17)

The four cohorts represent vaccine rollout periods.

ATE, arterial thrombosis/thromboembolism (Ischaemic stroke+transient ischaemic attack+myocardial infarction); HF, heart failure; VTE, venous thromboembolism (deep vein thrombosis+pulmonary embolism).

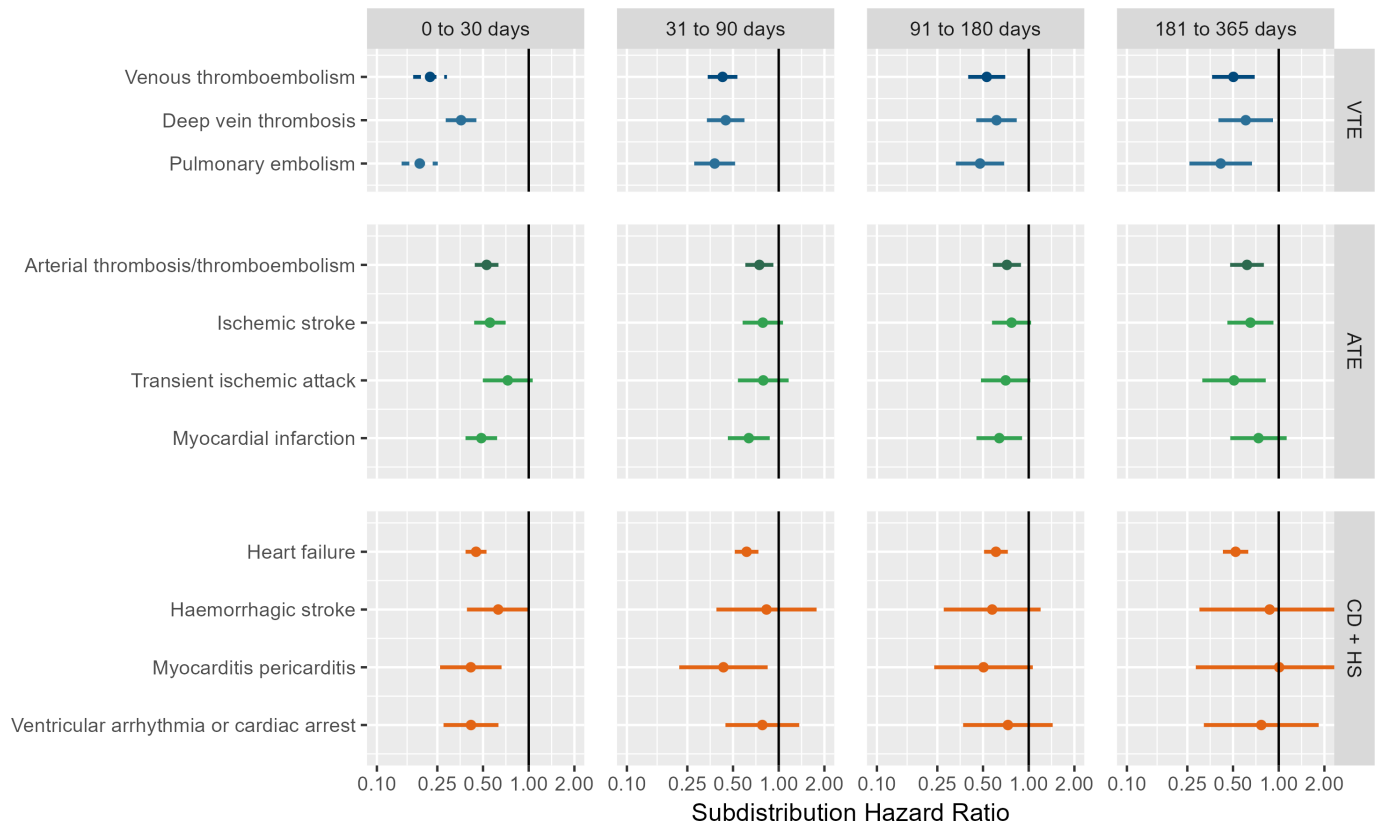


Figure 2 Forest plots for the effect of COVID-19 vaccines on post-COVID-19 cardiac and thromboembolic complications; meta-analysis across cohorts and databases. Dashed line represents a level of heterogeneity $I^2 > 0.4$. ATE, arterial thrombosis/thromboembolism; CD+HS, cardiac diseases and haemorrhagic stroke; VTE, venous thromboembolism.

Follow-up started from the index date until the earliest of end of available data, death, change in exposure status (first vaccine dose for those unvaccinated) or outcome of interest.

COVID-19 vaccination

All vaccines approved within the study period from January 2021 to July 2021—namely, ChAdOx1 (Oxford/AstraZeneca), BNT162b2 (BioNTech/Pfizer), Ad26.COV2.S (Janssen) and mRNA-1273 (Moderna), were included for this study.

Post-COVID-19 outcomes of interest

Outcomes of interest were defined as SARS-CoV-2 infection followed by a predefined thromboembolic or cardiac event of interest within a year after infection, and with no record of the same clinical event in the 6 months before COVID-19. Outcome date was set as the corresponding SARS-CoV-2 infection date.

COVID-19 was identified from either a positive SARS-CoV-2 test (polymerase chain reaction (PCR) or antigen), or a clinical COVID-19 diagnosis, with no record of COVID-19 in the previous 6 weeks. This wash-out period was imposed to exclude re-recordings of the same COVID-19 episode.

Post-COVID-19 outcome events were selected based on previous studies.^{11–13} Events comprised ischaemic stroke (IS), haemorrhagic stroke (HS), transient ischaemic attack (TIA), ventricular arrhythmia/cardiac arrest (VACA), myocarditis/pericarditis (MP), myocardial infarction (MI), heart failure (HF), pulmonary embolism (PE) and deep vein thrombosis (DVT). We used two composite outcomes: (1) VTE, as an aggregate of PE and DVT and (2) ATE, as a composite of IS, TIA and MI. To avoid re-recording of the same complication we imposed a wash-out

period of 90 days between records. Phenotypes for these complications were based on previously published studies.^{3 4 8 18}

All outcomes were ascertained in four different time periods following SARS-CoV-2 infection: the first period described the acute infection phase—that is, 0–30 days after COVID-19, whereas the later periods—which are 31–90 days, 91–180 days and 181–365 days, illustrate the post-acute phase (figure 1).

Negative control outcomes

Negative control outcomes (NCOs) were used to detect residual confounding. NCOs are outcomes which are not believed to be causally associated with the exposure, but share the same bias structure with the exposure and outcome of interest. Therefore, no significant association between exposure and NCO is to be expected. Our study used 43 different NCOs from previous work assessing vaccine effectiveness.¹⁹

Statistical analysis

Federated network analyses

A template for an analytical script was developed and subsequently tailored to include the country-specific aspects (eg, dates, priority groups) for the vaccination rollout. Analyses were conducted locally for each database. Only aggregated data were shared and person counts < 5 were clouded.

Propensity score weighting

Large-scale propensity scores (PS) were calculated to estimate the likelihood of a person receiving the vaccine based on their demographic and health-related characteristics (eg, conditions,

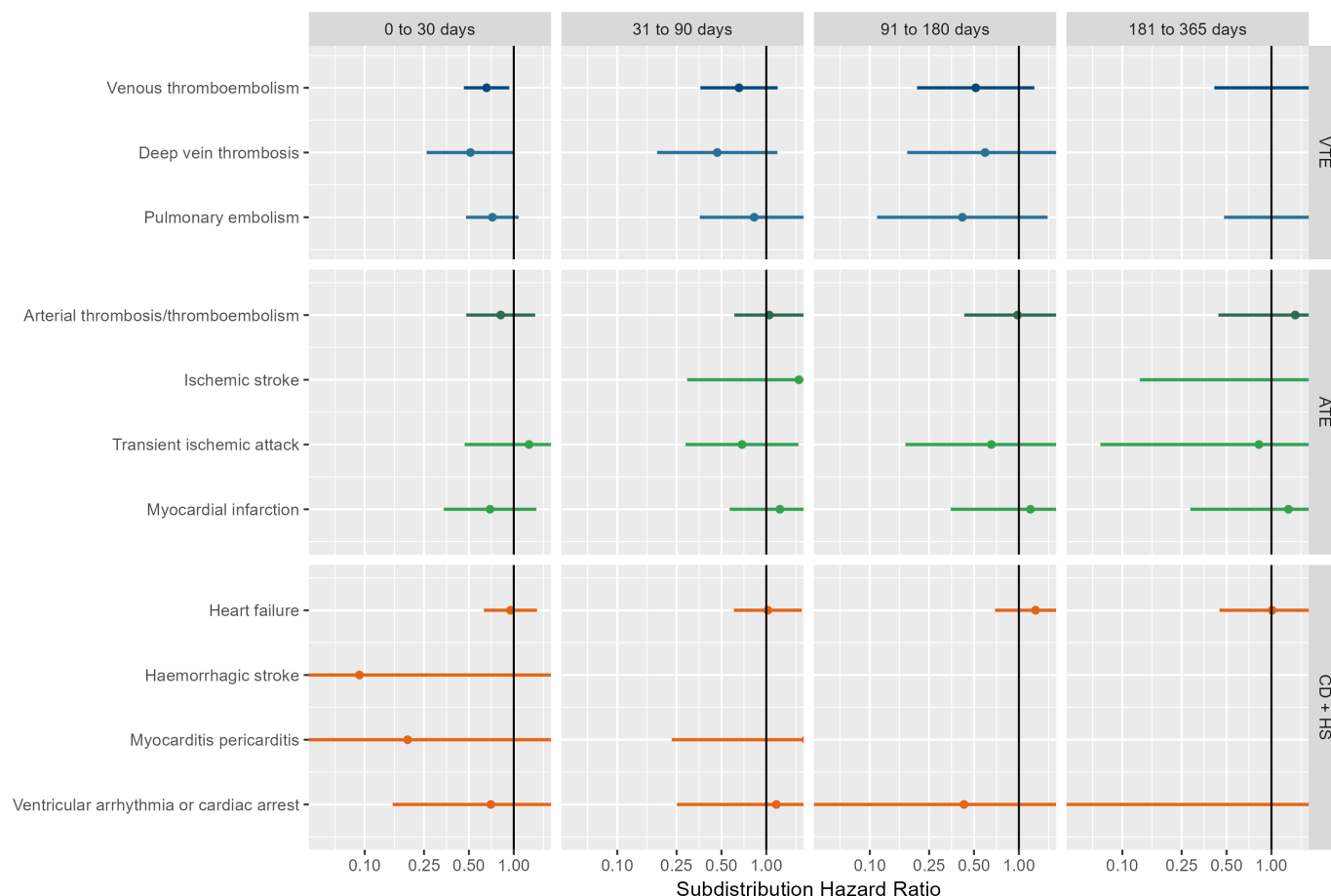


Figure 3 Forest plots for comparative vaccine effect (BNT162b2 vs ChAdOx1); meta-analysis across cohorts and databases. ATE, arterial thrombosis/thromboembolism; CD+HS, cardiac diseases and haemorrhagic stroke; VTE, venous thromboembolism.

medications) prior to the index date. PS were then used to minimise observed confounding by creating a weighted population (overlap weighting²⁰), in which individuals contributed with a different weight based on their PS and vaccination status.

Prespecified key variables included in the PS comprised age, sex, location, index date, prior observation time in the database, number of previous outpatient visits and previous SARS-CoV-2 PCR/antigen tests. Regional vaccination, testing and COVID-19 incidence rates were also forced into the PS equation for the UK databases²¹ and SIDIAP²². In addition, least absolute shrinkage and selection operator (LASSO) regression, a technique for variable selection, was used to identify additional variables from all recorded conditions and prescriptions within 0–30 days, 31–180 days and 181–any time (conditions only) before the index date that had a prevalence of >0.5% in the study population.

PS were then separately estimated for each staggered cohort and analysis. We considered covariate balance to be achieved if absolute standardised mean differences (ASMDs) were ≤0.1 after weighting. Baseline characteristics such as demographics and comorbidities were reported.

Effect estimation

To account for the competing risk of death associated with COVID-19, Fine-and-Grey models²³ were used to calculate subdistribution hazard ratios (sHRs). Subsequently, sHRs and confidence intervals were empirically calibrated from NCO estimates²⁴ to account for unmeasured confounding. To calibrate the estimates, the empirical null distribution was derived from NCO

estimates and was used to compute calibrated confidence intervals. For each outcome, sHRs from the four staggered cohorts were pooled using random-effect meta-analysis, both separately for each database and across all four databases.

Sensitivity analysis

Sensitivity analyses comprised 1) censoring follow-up for vaccinated people at the time when they received their second vaccine dose and 2) considering only the first post-COVID-19 outcome within the year after infection (online supplemental figure S1). In addition, comparative effectiveness analyses were conducted for BNT162b2 versus ChAdOx1.

Data and code availability

All analytic code for the study is available in GitHub (<https://github.com/oxford-pharmacoepi/vaccineEffectOnPostCovidCardiacThromboembolicEvents>), including code lists for vaccines, COVID-19 tests and diagnoses, cardiac and thromboembolic events, NCO and health conditions to prioritise patients for vaccination in each country. We used R version 4.2.3 and statistical packages survival (3.5–3), Empirical Calibration (3.1.1), glmnet (4.1–7), and Hmisc (5.0–1).

Patient and public involvement

Owing to the nature of the study and the limitations regarding data privacy, the study design, analysis, interpretation of data

and revision of the manuscript did not involve any patients or members of the public.

RESULTS

All aggregated results are available in a web application (<https://dpa-pde-oxford.shinyapps.io/PostCovidComplications/>).

We included over 10.17 million vaccinated individuals (1 618 395 from CPRD Gold; 5 729 800 from CPRD Aurum; 2 744 821 from SIDIAP and 77 603 from CORIVA) and 10.39 million unvaccinated individuals (1 640 371; 5 860 564; 2 588 518 and 302 267, respectively). Online supplemental figures S2-5 illustrate study inclusion for each database.

Adequate covariate balance was achieved after PS weighting in most studies: CORIVA (all cohorts) and SIDIAP (cohorts 1 and 4) did not contribute to ChAdOx1 subanalyses owing to sample size and covariate imbalance. ASDM results are accessible in the web application.

NCO analyses suggested residual bias after PS weighting, with a majority of NCOs associated positively with vaccination. Therefore, calibrated estimates are reported in this manuscript. Uncalibrated effect estimates and NCO analyses are available in the web interface.

Population characteristics

Table 1 presents baseline characteristics for the weighted populations in CPRD Aurum, for illustrative purposes. Online supplemental tables S1-25 summarise baseline characteristics for weighted and unweighted populations for each database and comparison. Across databases and cohorts, populations followed similar patterns: cohort 1 represented an older subpopulation (around 80 years old) with a high proportion of women (57%). Median age was lowest in cohort 4 ranging between 30 and 40 years.

COVID-19 vaccination and post-COVID-19 complications

Table 2 shows the incidence of post-COVID-19 VTE, ATE and HF, the three most common post-COVID-19 conditions among the studied outcomes. Outcome counts are presented separately for 0–30, 31–90, 91–180 and 181–365 days after SARS-CoV-2 infection. Online supplemental tables S26-36 include all studied complications, also for the sensitivity and subanalyses. Similar pattern for incidences were observed across all databases: higher outcome rates in the older populations (cohort 1) and decreasing frequency with increasing time after infection in all cohorts.

Results from calibrated estimates pooled in meta-analysis across cohorts and databases are shown in figure 2.

Reduced risk associated with vaccination is observed for acute and post-acute VTE, DVT, and PE: acute meta-analytic sHR are 0.22 (95% CI, 0.17–0.29); 0.36 (0.28–0.45); and 0.19 (0.15–0.25), respectively. For VTE in the post-acute phase, sHR estimates are 0.43 (0.34–0.53), 0.53 (0.40–0.70) and 0.50 (0.36–0.70) for 31–90, 91–180, and 181–365 days post COVID-19, respectively. Reduced risk of VTE outcomes was observed in vaccinated across databases and cohorts, see online supplemental figures S14–22.

Similarly, the risk of ATE, IS and MI in the acute phase after infection was reduced for the vaccinated group, sHR of 0.53 (0.44–0.63), 0.55 (0.43–0.70) and 0.49 (0.38–0.62), respectively. Reduced risk associated with vaccination persisted for post-acute ATE, with sHR of 0.74 (0.60–0.92), 0.72 (0.58–0.88) and 0.62 (0.48–0.80) for 31–90, 91–180 and 181–365 days post-COVID-19, respectively. Risk of post-acute MI remained lower for vaccinated in the 31–90 and 91–180 days after COVID-19,

with sHR of 0.64 (0.46–0.87) and 0.64 (0.45–0.90), respectively. Vaccination effect on post-COVID-19 TIA was seen only in the 181–365 days, with sHR of 0.51 (0.31–0.82). Online supplemental figures S23-31 show database-specific and cohort-specific estimates for ATE-related complications.

Risk of post-COVID-19 cardiac complications was reduced in vaccinated individuals. Meta-analytic estimates in the acute phase showed sHR of 0.45 (0.38–0.53) for HF, 0.41 (0.26–0.66) for MP and 0.41 (0.27–0.63) for VACA. Reduced risk persisted for post-acute COVID-19 HF: sHR 0.61 (0.51–0.73) for 31–90 days, 0.61 (0.51–0.73) for 91–180 days and 0.52 (0.43–0.63) for 181–365 days. For post-acute MP, risk was only lowered in the first post-acute window (31–90 days), with sHR of 0.43 (0.21–0.85). Vaccination showed no association with post-COVID-19 HS. Database-specific and cohort-specific results for these cardiac diseases are shown in online supplemental figures S32-40.

Stratified analyses by vaccine showed similar associations, except for ChAdOx1 which was not associated with reduced VTE and ATE risk in the last post-acute window. Sensitivity analyses were consistent with main results (online supplemental figures S6-13).

Figure 3 shows the results of comparative effects of BNT162b2 versus ChAdOx1, based on UK data. Meta-analytic estimates favoured BNT162b2 (sHR of 0.66 (0.46–0.93)) for VTE in the 0–30 days after infection, but no differences were seen for post-acute VTE or for any of the other outcomes. Results from sensitivity analyses, database-specific and cohort-specific estimates were in line with the main findings (online supplemental figures S41-51).

DISCUSSION

Key findings

Our analyses showed a substantial reduction of risk (45–81%) for thromboembolic and cardiac events in the acute phase of COVID-19 associated with vaccination. This finding was consistent across four databases and three different European countries. Risks for post-acute COVID-19 VTE, ATE and HF were reduced to a lesser extent (24–58%), whereas a reduced risk for post-COVID-19 MP and VACA in vaccinated people was seen only in the acute phase.

Results in context

The relationship between SARS-CoV-2 infection, COVID-19 vaccines and thromboembolic and/or cardiac complications is tangled. Some large studies report an increased risk of VTE and ATE following both ChAdOx1 and BNT162b2 vaccination,⁷ whereas other studies have not identified such a risk.²⁵ Elevated risk of VTE has also been reported among patients with COVID-19 and its occurrence can lead to poor prognosis and mortality.^{26,27} Similarly, several observational studies have found an association between COVID-19 mRNA vaccination and a short-term increased risk of myocarditis, particularly among younger male individuals.^{5,6} For instance, a self-controlled case series study conducted in England revealed about 30% increased risk of hospital admission due to myocarditis within 28 days following both ChAdOx1 and BNT162b2 vaccines. However, this same study also found a ninefold higher risk for myocarditis following a positive SARS-CoV-2 test, clearly offsetting the observed post-vaccine risk.

COVID-19 vaccines have demonstrated high efficacy and effectiveness in preventing infection and reducing the severity of acute-phase infection. However, with the emergence of

newer variants of the virus, such as omicron, and the waning protective effect of the vaccine over time, there is a growing interest in understanding whether the vaccine can also reduce the risk of complications after breakthrough infections. Recent studies suggested that COVID-19 vaccination could potentially protect against acute post-COVID-19 cardiac and thromboembolic events.^{11 12} A large prospective cohort study¹¹ reports risk of VTE after SARS-CoV-2 infection to be substantially reduced in fully vaccinated ambulatory patients. Likewise, Al-Aly *et al*¹² suggest a reduced risk for post-acute COVID-19 conditions in breakthrough infection versus SARS-CoV-2 infection without prior vaccination. However, the populations were limited to SARS-CoV-2 infected individuals and estimates did not include the effect of the vaccine to prevent COVID-19 in the first place. Other studies on post-acute COVID-19 conditions and symptoms have been conducted,^{28 29} but there has been limited reporting on the condition-specific risks associated with COVID-19, even though the prognosis for different complications can vary significantly.

In line with previous studies, our findings suggest a potential benefit of vaccination in reducing the risk of post-COVID-19 thromboembolic and cardiac complications. We included broader populations, estimated the risk in both acute and post-acute infection phases and replicated these using four large independent observational databases. By pooling results across different settings, we provided the most up-to-date and robust evidence on this topic.

Strengths and limitations

The study has several strengths. Our multinational study covering different healthcare systems and settings showed consistent results across all databases, which highlights the robustness and replicability of our findings. All databases had complete recordings of vaccination status (date and vaccine) and are representative of the respective general population. Algorithms to identify study outcomes were used in previous published network studies, including regulatory-funded research.^{3 4 8 18} Other strengths are the staggered cohort design which minimises confounding by indication and immortal time bias. PS overlap weighting and NCO empirical calibration have been shown to adequately minimise bias in vaccine effectiveness studies.¹⁹ Furthermore, our estimates include the vaccine effectiveness against COVID-19, which is crucial in the pathway to experience post-COVID-19 complications.

Our study has some limitations. The use of real-world data comes with inherent limitations including data quality concerns and risk of confounding. To deal with these limitations, we employed state-of-the-art methods, including large-scale propensity score weighting and calibration of effect estimates using NCO.^{19 24} A recent study³⁰ has demonstrated that methodologically sound observational studies based on routinely collected data can produce results similar to those of clinical trials. We acknowledge that results from NCO were positively associated with vaccination, and estimates might still be influenced by residual bias despite using calibration. Another limitation is potential under-reporting of post-COVID-19 complications: some asymptomatic and mild COVID-19 infections might have not been recorded. Additionally, post-COVID-19 outcomes of interest might be under-recorded in primary care databases (CPRD Aurum and Gold) without hospital linkage, which represent a large proportion of the data in the study. However, results in SIDIAP and CORIVA, which include secondary care data, were similar. Also, our study included a small number of

young men and male teenagers, who were the main population concerned with increased risks of myocarditis/pericarditis following vaccination.

CONCLUSIONS

Vaccination against SARS-CoV-2 substantially reduced the risk of acute post-COVID-19 thromboembolic and cardiac complications, probably through a reduction in the risk of SARS-CoV-2 infection and the severity of COVID-19 disease due to vaccine-induced immunity. Reduced risk in vaccinated people lasted for up to 1 year for post-COVID-19 VTE, ATE and HF, but not clearly for other complications. Findings from this study highlight yet another benefit of COVID-19 vaccination. However, further research is needed on the possible waning of the risk reduction over time and on the impact of booster vaccination.

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Acknowledgements This study is based in part on data from the Clinical Practice Research Datalink (CPRD) obtained under licence from the UK Medicines and Healthcare products Regulatory Agency. We thank the patients who provided these data, and the NHS who collected the data as part of their care and support. All interpretations, conclusions and views expressed in this publication are those of the authors alone and not necessarily those of CPRD. We would also like to thank the healthcare professionals in the Catalan healthcare system involved in the management of COVID-19 during these challenging times, from primary care to intensive care units; the Institut de Català de la Salut and the Program d'Anàlisi de Dades per a la Recerca i la Innovació en Salut for providing access to the different data sources accessible through The System for the Development of Research in Primary Care (SIDIAP).

Contributors DPA and AMJ led the conceptualisation of the study with contributions from MC and NM-B. AMJ, TD-S, ER, AU and NTHT adapted the study design with respect to the local vaccine rollouts. AD and WYM mapped and curated CPRD data. MC and NM-B developed code with methodological contributions advice from MTS-S and CP. DPA, MC, NTHT, TD-S, HMEN, XL, CR and AMJ clinically interpreted the results. NM-B, XL, AMJ and DPA wrote the first draft of the manuscript, and all authors read, revised and approved the final version. DPA and AMJ obtained the funding for this research. DPA is responsible for the overall content as guarantor: he accepts full responsibility for the work and the conduct of the study, had access to the data, and controlled the decision to publish.

Funding The research was supported by the National Institute for Health and Care Research (NIHR) Oxford Biomedical Research Centre (BRC). DPA is funded through a NIHR Senior Research Fellowship (Grant number SRF-2018–11-ST2-004). Funding to perform the study in the SIDIAP database was provided by the Real World Epidemiology (RWEpi) research group at IDIAPJGol. Costs of databases mapping to OMOP CDM were covered by the European Health Data and Evidence Network (EHDEN).

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval The study was approved by the CPRD's Research Data Governance Process, Protocol No 21_000557 and the Clinical Research Ethics committee of Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol) (approval number 4R22/133) and the Research Ethics Committee of the University of Tartu (approval No. 330/T-10).

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data may be obtained from a third party and are not publicly available. CPRD: CPRD data were obtained under the CPRD multi-study license held by the University of Oxford after Research Data Governance (RDG) approval. Direct data sharing is not allowed. SIDIAP: In accordance with current European and national law, the data used in this study is only available for the researchers participating in this study. Thus, we are not allowed to distribute or make publicly available the data to other parties. However, researchers from public institutions can request data from SIDIAP if they comply with certain requirements. Further information is available online (<https://www.sidiap.org/index.php/menu-solicitudesen/application-procedure>) or by contacting SIDIAP (sidiap@idiapjgol.org). CORIVA: CORIVA data were obtained under the approval of Research Ethics Committee of the University of Tartu and the patient level data sharing is not allowed. All analyses in this study were conducted in a federated manner, where analytical code and aggregated (anonymised) results were shared, but no patient-level data was transferred across the collaborating institutions.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Operational Plan 2024-2027

PURPOSE: To present to the Council the updated Operational Plan for the period 2024-2027.

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 2024-2027 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 2024-2027 is attached as Appendix 1.

DISCUSSION POINTS:

Identifying the Changes Made

It is important to ensure that the Council understands the changes being made to the Operational Plan, including the background and rationale to the change as well as the potential consequences. The version of the Operational Plan being presented to the Council already has these changes incorporated and therefore, they may not immediately be apparent.

1.1.2 System Partners' Forum

The System Partners' Forum was intended to be a regularized meeting opportunity between the College and its system partners. This has been removed from the Operational Plan because the forum itself is not the intended activity. The intended activity is the implementation of a Risk-based Regulation Program in which the Forum would be the avenue to discuss risks. This concept may proceed, depending on system partner interest; however, it will be subsumed within the Risk-based Regulation Program.

1.2.1 In Conversation With (ICW) series

The ICW series is a fireside chat format where various programs and activities of the College are highlighted and participants get to ask questions, both in advance and live. The series has proven very beneficial in moving the College forward towards improving its rapport with the profession; however, it has become somewhat redundant to the Regulatory Education Program. As such, the ICW series will be focusing on one or two sessions and supporting the College's volunteer initiatives as well as the Consultation Program.

1.2.3 Regulatory Education Program

This program will be continued; however, in the plan the need for a Request for Proposals has been removed. That process was undertaken in 2023-2024 and the College now has sufficient topics and a roster of presenters. We have also reduced the number of planned sessions from ten to six. Based on the first-year experience, the program is labour intensive, primarily in the development of the program sessions which are all being done within the College.

2 (C)-1 Volunteer Program/Recruitment

While the College will be continuing to support the recruitment process for volunteers in both committee and in-field volunteer roles, the mentoring program will not be an operational activity being supported by the College. The mentoring program in theory is an excellent idea; however, in practice it requires a great deal of human resources from the College and the interest of volunteers to support it. In practice, the College has had neither of these available to support this aspect of the program.

2.1.2 Entry-to-Practice/Prior Learning Assessment & Recognition (PLAR) OSCE

This item is the third and final of the initiatives listed under 2.1.2 related to Stage 5 of the PLAR program. To address a number of factors (e.g., Ministry initiatives around barrier reduction, the work currently underway for development of entry to practise Objective Structured Clinical Examinations or OSCE, which successful PLAR applicants would also be required to complete, the number of PLAR applicants who have applied to be assessed to date and the cost associated with maintenance and delivery of Stage 5) which the College has become aware of, changes are being proposed to phase out Stage 5 and bolster Stage 4 of the PLAR program.

Human Resources Plan

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.

Over the past two to three years, there have been several new initiatives undertaken by the College, many of which continue today. These include the ICW Series, the Regulatory Education Program, the Consultation Program and support for the CANRA National Entry to Practise Competency Profile and National Entry to Practise Clinical Examination. Enterprise Risk Management, Risk-based Regulation and the review of the regulatory framework as set out in the [Strategic Plan](#) (Objective 2, final bullet point) continue to be developed and will launch this year.

These initiatives, both those already in operation and those we intend to launch this year, rely almost exclusively on the members of the College's SMT who have the expertise and judgement to develop and deliver these programs. These individuals also maintain day-to-day oversight and involvement of the regulatory programs being delivered by the College. Attached as Appendix 2 is a summary of the main and additional duties of each member of the Senior Management Team to provide the Council with a sense of the sheer volume of work being undertaken by that team.

Without minimizing the importance of the personnel who deliver our programs, the experience, expertise and skills of the SMT are ones that cannot be easily replaced. Not only does this group of people know the history of the organization and how its regulatory framework came to be, they also have knowledge of the development and configuration of each of the College programs, knowledge that would take new hires years to learn and understand. For example, our Director, Registration and Examinations is understood across Canadian naturopathic regulatory authorities to be an expert in examinations. However, this person is far more than just that; we rely too heavily on them to oversee the maintenance of our examination, registration, and entry-to-practice programs. This is talent we cannot afford to lose.

The volume and complexity of the work being undertaken by this small team of individuals, while remarkable, is no longer tenable for the College. Efforts made over the past year to divert some of the work at the SMT level have not been effective, primarily because they are too small to have an impact on the overall scheme of things. In simple terms, changes made last year are much like placing a band aid on a bullet hole. The health and wellbeing of our SMT is at risk and more significant changes are required to sustain the College.

It is in the context that the revised HR Plan, attached as Appendix 3, is provided. The plan provides a great deal of background information which will not be repeated here. The conclusion drawn is simply that the current configuration of the College creates a significant gap between the Senior Management Team and personnel responsible for program delivery. In the interests of financial savings, we have refrained from creating a middle level of personnel within the College.

The revised HR plan is designed to address this middle management gap. It is designed to re-organize the College into two distinct streams and includes not only the existing management team but positions that, when filled over the next two years, reduce the workload on these key personnel enabling them to focus more closely on the strategic initiatives that the Council has identified as being critical to our future. A revised Organizational Chart is attached as Appendix 4 for the information of Council.

Considering these changes, there will be a significant bump in the salary and benefits portions of the Operating Budget. Every effort has been made to reduce costs elsewhere and several smaller projects that are seen to be items that would be good to do but not necessary, and that carry a low risk to the College, have been deferred. This includes updating programming for the College's website, and several areas where new programming is required in the College's database, including programming relating to the Emergency Class and the continuing education portfolio. Total cost savings in these areas is approximately \$68,000.

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 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 of 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 2024

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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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1.1	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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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity	Key Performance Indicators
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1.2	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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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators		
		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.		
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.			
Risk-based regulation is intended to alter the regulatory landscape from one that is primarily reactive (complaint and report driven) to one that is pro-active. It is intended to use information and data from the College’s regulatory activities as a means of identifying current and emerging risks to the public and to develop appropriate mechanisms (education, information, research) to mitigate those risks. Research remains conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believe that an overall systemic approach will provide sufficient information to allow risks to be identified risk mitigation techniques deployed.				
Index:				
All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
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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 will be collected and assembled in raw form. - The data will be presented to the system partners for discussion and enunciation of the inherent risks to the public identified. - Appropriate mitigation techniques will be identified and delivered.		
Timeframe:	2024-2027		Responsible:	Chief Executive Officer

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:

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.

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Index:

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

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Activity			Key Performance Indicators		
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.			• Support will be provided to the Equity, Diversity and Inclusion Committee (EDIC) to enable development and implementation of its equity tool that will be used as a means of evaluating programs, policies, and procedures etc. • By the completion of the four-year plan, the EDIC will be disbanded with individual members joining other committees where they can champion the EDIC’s efforts.		
Timeframe:	All 4 Planning Years	Estimated cost:	\$3,350	Responsible:	Human Resources

2 (B)	Committees that are properly constituted with capable individuals sitting on those committees.				
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 College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.		- The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. - Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be			

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Activity			Key Performance Indicators		
			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 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.	

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Activity		Key Performance Indicators	
		- 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. - 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.	

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Activity	Key Performance Indicators
	• 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.
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.

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Activity		Key Performance Indicators	
		- 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 is developed and appended to the Operational Plan. - The Plan sets out the evolution of the staffing configuration that aligns with the Council's strategic plan and the College's Operational Plan.	
The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.		Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities.	
Timeframe:	All 4 Planning Years	Responsible:	Senior Management Team

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	

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Activity		Key Performance Indicators	
		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 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

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Activity	Key Performance Indicators
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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. - 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

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Activity	Key Performance Indicators
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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. - 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.

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

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

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Activity	Key Performance Indicators
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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 quantitate and qualitative data for the CPMF between January and March annually. - The College's draft submission will be presented to the Council in March annually. - Once approved, the report will be submitted to the Ministry. - 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 of regulatory authorities are fair, objective, impartial and transparent.		- The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. - The College will engage the OFC in support of its registration practices assessment conducted approximately every three years.		
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.		The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting.		
Timeframe:	All 4 Planning Years		Responsible:	Director, Registration and Examinations

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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Activity	Key Performance Indicators
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2.1.1	Examinations				
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.		- The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. - The College will deliver two (2) sittings of the written Clinical Sciences examination annually. - The College will deliver two (2) sittings of the written Biomedical examination annually. - The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. - The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually. - The Ontario Jurisprudence exam will be available online.			
All College examinations will be maintained through an examination question development and retirement program.		- A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually. - The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations.			
Timeframe:	All 4 Planning Years	Estimated cost:	\$319,283	Responsible:	Director, Registration and Examinations

2.1.2	Entry-to-Practice				
The College will operate an Entry-to-Practice 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.			

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Activity	Key Performance Indicators
	• All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and registrants as soon as they are approved by the Committee. • 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.

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Activity		Key Performance Indicators	
The demonstration-based, components of PLAR ("Structured Interview" and "Interaction with a Simulated Patient") of the PLAR program will be reviewed and revised.		• Work will be carried out to phase out Stage 5 and enhance Stage 4 of PLAR: • A review will be conducted of Stage 5 demonstration-based competencies for necessity in determining substantial equivalency. • The Stage 4 assessment will be revised to include key Stage 5 competencies. • Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 4 assessment process.	
Timeframe:	All 4 Planning Years	Responsible:	Director, Registration and Examinations

2.2 Registrants and the public are aware of and adhere to the standards by which NDs are governed.

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

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Activity		Key Performance Indicators			
		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. • 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

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

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Activity			Key Performance Indicators		
			- 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	
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	
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 the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.			- A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all registrants to update their information with the College and pay their annual registration fees. - Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. - The public registers will be maintained in accordance with the Code, regulations, and by-laws		
The College will ensure that registrants maintain their CPR and PLI status as required under the by-laws.			The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification		

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Activity		Key Performance Indicators			
		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:	Director, Registration and Examinations

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

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Activity	Key Performance Indicators
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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

2.3.4	Cease & Desist				
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to registrants who are breaching the standards of practice in a manner that presents a risk of public harm.		- C&D letters are drafted and sent to the individual via Process Server, where applicable. - Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College's website. - Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. - Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. - Information about unauthorized practitioners who fail to sign a confirmation is provided to the Deputy CEO.			

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Activity	Key Performance Indicators
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		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

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

2.3.6	Prosecution through Hearings	
	The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	- Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. - Information for disclosure is provided to the CEO/legal counsel. - Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. - 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

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators			
		Counsel (ILC) and witnesses and providing technological support for hearings of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.			
As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.		• ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee. • Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.			
Timeframe:	All 4 Planning Years	Estimated cost:	\$342,945	Responsible:	Chief Executive Officer

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.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
		○ Review renewals to ensure all registrants have completed their annual self-assessment, follow up with those who do not. • Continuing Education (CE) Reporting, in three groups, one group each year ○ The reporting group will be tracked, and CE reports analyzed. ○ Follow up with those not received. ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up. • Peer & Practise Assessment program ○ QAC determines number of assessments to be completed and details of standards to be reviewed. ○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised. ○ A pool of qualified and trained assessors will be maintained. • CE course approval program ○ 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

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	• Currency hour reporting cycles are tracked, and annually declared currency hours will be analyzed.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.		• 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 maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.	• The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
		- 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 might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer

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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027
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Activity		Key Performance Indicators	
reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		- The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. - The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.	
Timeframe:	2024-2025	Responsible:	Chief Executive Officer

2.5.4	Quality Assurance Regulation and Related Policies		
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		- The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. - The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. - The Quality Assurance Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.	
Timeframe:	2025-2026	Responsible:	Chief Executive Officer

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		- 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	

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

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

Index:

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

Appendix 2
Main and Additional Duties undertaken by the SMT in 2023-24

Director, Registration and Examinations	
Main Duties	Added Duties
- Overseeing the Examinations Program, including: - Approval of the annual examination delivery and exam maintenance schedules - Exam scoring reviews and discussions (per exam administration) - Review and disposal of accommodation requests (approx. 4-8 per exam session) and deferral requests (1-4 per exam session) - Reviews and briefing of the CEO about exam violation allegations and decisions (1-3 per annum) - Approval of external documents** related to examinations (e.g., handbooks and guides, fact sheets, candidate letters and communication templates) - Approval of exam related invoices*** - Approval of internal documents including examiner training materials, and Committee materials (agendas, briefing notes, proposed policy and blueprint amendments) for review by the Exam Appeals Committee, Exam Committee (Entry to Practise) and Registration Committee - Preparation of Council materials on Examination matters (briefing notes and program briefings). - Overseeing the Registration and Professional Corporations Program, including: - Approval of regulatory decisions* on class changes (not requiring referral), name changes, initial PC applications and PC renewal applications, resignation applications and reinstatement requests following suspension - Overseeing College's annual renewal of certificates of registration and currency audit - Approval of external documents** related to registration & PCs: handbooks, guides, fact sheets, registration and PC communication templates) - Approval of registration related invoices*** - Approval of Committee materials (agendas, briefing notes and policy amendments) for review by the Registration Committee. - Preparation of Council materials on Registration matters (briefing notes and program briefings) - Overseeing and signing off on the College's annual submission of the Health Professions Database report (re. HealthForce Ontario data) to the Ministry of Health - Overseeing the Entry-to-Practice Program, including: - Approval of regulatory decisions* on applications for registration (not requiring referral) - Making recommendations to the CEO re. referrals of applications to a Panel of the Registration Committee - Approval of external documents** related to entry to practise and PLAR: handbooks, guides, and communication templates)	- Supporting the College Consultation Program – preparing consultation materials (currency consultation in 2023/24) and assisting with preparation of consultation materials (by-law amendment 2023, Registration Regulation amendments, 2023) - Supporting the In Conversation With Program – assisting as a presenter on dept related topics (Mandatory and Required Reporting in 2023) - Participation on CANRA Steering Committee for the development of a national competencies and national entry to practise practical exam (monthly meeting) - Initiating exam facility requests for proposal (RFP) (IVIT facility in 2023) and exam contract discussions, revisions and renegotiations (every 2-3 years) - Participating on regulatory information/sharing groups (e.g., Ontario Regulators for Access Consortium)

• Approval of entry to practise and PLAR related invoices*** • Approval of internal documents including PLAR assessor training materials and Committee materials (agendas, briefing notes and policy amendments) for review by the PLAR Committee and Registration Committee • Preparation of Council materials on Registration matters (briefing notes and program briefings) • Preparation and submission of the annual Fair Registration Practices report to the Office of the Fairness Commissioner (OFC) and provision of information as requested by the OFC to support audits of the College against their Risk Informed Compliance Framework. 4. Providing general program and College support, including: • Providing probationary and annual performance reviews of program personnel. • Preparation of annual budget and budget assumptions. • Supporting the College's oversight reports, including the CPMF and Operational Reports. • Participation in the Senior Management Team meetings overseeing College operations. • Approval of external documents leaving college (445 of 636 (70%) in 2023) • Approval of regulatory decisions (568 of 650 (87%) in 2023) • Approval of Invoices (20 of 371 (5%) in 2023)	
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Director, Operations	
Main Duties	Added Duties
1. Overseeing Human Resources for the College, including: • Bi-weekly payroll (50-75 transactions) • Offer letters, contract amendments, terminations, performance improvement plans, performance correction notices, STD/LTD paperwork • Probationary and Annual Performance Appraisals • Job descriptions • New policy development and existing policy edits • Handbooks • Staff entitlements i.e.; years of services, increase in vacation banks. • Staff recruitment-posting, screening, interviews, onboarding • Volunteer Recruitment • Volunteer Program Management • Providing counsel and education to Managers and staff • Staff engagement/surveys/event planning 2. Overseeing the finance, administration and IT areas of the College, including: • Monthly HST reconciliation and banking reconciliations • Monthly A/R aging reports • Annual budget preparation • Quarterly variance reports • Annual Audit Reporting • Quarterly review of general ledger for data entry accuracy and proper allocations • Vendor contracts • RFP/RFQ's	• Risk Enterprise • French Translations • CEO Panel • Scanning of all paper documents (100/370 boxes remaining) • CEO survey for council • Backfilling day to day HR/Finance duties when staff is absent • Fire Warden • CPMF • Vendor resolutions and escalations • Office move/design/construction • Council in person event planning • Staff/Volunteer website maintenance • Departmental check-ins (2 formal each week plus ad hoc)

• T4 reconciliations and issuance of T2200s • Office administration and repairs • Preparation of meeting materials-staff, committee, council • IT purchases or permission authorizations 1-5 per month • Managing the College's database, telephone and computer systems. • Project management with IT provider • Archival of database emails. 3. Providing general program and College support, including: • Providing probationary and annual performance reviews of personnel in these program areas. • Preparation of annual budget and budget assumptions. • Supporting the College's oversight reports, including the CPMF and Operational Reports. • Participation in the Senior Management Team meetings overseeing College operations. • Approval of external documents leaving college (79 of 636 (12%) in 2023) • Approval of Invoices (242 of 371 (65%) in 2023/24)	
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Deputy Chief Executive Officer	
Main Duties	Added Duties
1. Overseeing the Professional Practice Programs, including: • Quality Assurance Program ○ Development, maintenance and delivery of the online self-assessment component ○ Oversee the appointment and training of peer assessors ○ Reviews briefings of peer assessments, continuing education applications and extension requests ○ Review and approval of all CE application letters ○ Review and approval of QA related invoices • Complaints & Reports ○ Reviews complaints, decisions & reasons ○ Oversees the maintenance of the complaints process including appointment of investigators, HPARB notices, and legal issues ○ Attend and represents CoNO at HPARB reviews ○ Oversees and approves the issuance of Cease & Desist matters ○ Consulting with legal counsel on issues related to complaints, reports, appeals and cease & desists ○ Approval of Regulatory Authorizations related to complaints program ○ Approval of legal and investigation invoices ○ Reviews, updates program policies, webpages, program materials related to complaints and reports. ○ Approval of Public Register postings (TCLs, Complaint outcomes etc.) • Standards Program ○ Develops and amends Standards of Practice, guidelines and policies ○ Provides Committee support and oversight ○ Creates consultation materials and compiles feedback	EDI • Oversees the development and delivery of EDI program • Provides committee support to the development and delivery of committee workplan • Reviews and approves documents and processes related to EDI (policies, tools etc.) REP Support • Review and amend REP program materials (speaking notes and slides) • Provide day of support (moderating) of REP programs (as necessary) ICW • Develops Q&As related to ICW • Present and deliver ICW presentations (as necessary) Regulatory Guidance • Draft, Review and Approve regulatory guidance materials • Provide regulatory guidance to stakeholders via emails and phone. Communications/French Language • Reviews and approves Communication materials • Final pen on French language materials • Approval of French Translation documentation for release (88 of 98 (90%) in 2023/24) Working groups: • Participating on regulatory information/sharing groups (e.g., Deputy Registrars group, investigations and hearing, etc.) Representing the College • Drafts, reviews and supports the submission of applications for presentations at various conferences • Drafts slides and speaking notes • Presents to colleagues on activities and processes of the College Mandatory Reporting

• Patient Relations ○ Manages the Funding program including the receipt of invoices, funding tracking ○ Issues notices to patients on the status of funding ○ Develops, amends and reviews program materials related to the Patient Relations Program (guidelines, program policies, application forms) ○ Approval of invoices for providers of therapy and/or counselling. • Inspections Program ○ Oversight and Support to the Inspection Program ○ Reviewing Inspections documents (policies, handbooks etc.) ○ Updating and amending Smartsheets for annual reporting ○ Meeting and working with stakeholders on issues related to IV and compounding • Hearings and Discipline ○ Providing support to the CEO and Legal Counsel with regards to Discipline Hearings ○ Review and Approval of invoices ○ Review of Discipline materials (rules of procedures, policies etc.) 2. Overseeing the Regulatory development process: • Researching, developing and drafting new and amended regulations, standards of practice and guidelines • Compiling data and information necessary for regulation submissions • Preparing regulatory submissions • Monitoring government initiatives and legislative amendments • Providing feedback to stakeholder on public consultations • Meet with and support the MOH in the review and approval of draft regulatory amendments 3. Supporting and Acting on behalf of the CEO (as required): • Keeps up-to-date on all College matters • Responds to issues and concerns that arise regarding the management of the organization in the absence of the CEO • Attends HPRO meetings as necessary on behalf of the CEO • Final Pen review of High Risk Communications documents • Attends meeting with stakeholders (MOH, Health College representatives, working groups, OAND) as necessary • Attends regular meetings with legal counsel to address issues affecting the College. 4. Providing general program and College support, including: • Providing probationary and annual performance reviews of program personnel • Review and approve program personnel absences, hours, continuing education and work loads • Preparation of annual budget and budget assumptions	• Oversees the College mandatory reporting program • Reviews, acknowledges and tracks all mandatory reports received by the College • Processes and pursues mandatory reports when the public may be at risk
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• Supporting the College's oversight reports, including the CPMF and Operational Reports • Participation in the Senior Management Team meetings overseeing College operations • Approval of external documents leaving college (209 of 636 (33%) in 2023) • Approval of regulatory decisions (94 of 650 (14%) in 2023) • Approval of Invoices (48 of 371 (13%) in 2023)	
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Chief Executive Officer	
Main Duties	Added Duties
• Support to and delivery of Council • Preparing briefings on key issues for Council. • Interaction with System Partners (MOH, OAND, CCNM) and with Stakeholders • Oversees communications program (website, newsletter), including 3 staff • Approval of external documents leaving college (177 of 636 (28%) in 2023) • Approval of regulatory decisions (213 of 650 (33%) in 2023/24) • Payment approvals (370 of 371 in 2023/24). • Support to the GPRC, including development and tabulation of surveys • Attend hearings as CoNO Rep. (15 days of hearings in 2023/24)	• REP: development of all content, oversee registrations and delivery • ICW: development of content, oversee delivery by communications. • CANRA: CoNO rep., Chair, Exam Steering committee • Smartsheet - Develop and maintain all external on-line forms and related systems • HPRO: CoNO rep on board

HUMAN RESOURCE PLAN
April 1, 2024 – March 31, 2028

Introduction

The Human Resources Plan is being updated for the period April 1, 2024, to March 31, 2028, for several reasons. First, changes are required to complete and integrate three comprehensive programs that have been developed as operational outcomes from the Council Strategic Plan and our experiences in the first year of implementing these programs. The programs to which this refers are the Regulatory Education Program, the Consultation Program and Risk-based Regulation.

Our first year of operating the Regulatory Education Program (REP) and Consultation Program and the continued development of the Risk-based Regulation program have resulted in the following. First, the Regulatory Education Program has been highly successful. Five sessions were delivered in 2023 and a sixth in March 2024 as part of the prior fiscal year. A total of 555 registrations were received for the first five events under the program and each boasted over 100 people present on average. Planning for 2024 sets out an additional eight sessions that have been identified and are being developed. The REP requires extensive senior management support for topic and presentation development and administrative support to ensure the smooth processing of registrations and delivery.

The Consultation Program has seen three substantive consultations completed, consultation on proposed by-law changes, a data collection consultation and a currency consultation. The consultation program also requires extensive senior management support for topic development and presentation as well as communications and administrative support. This program is critical to the strategic initiatives surrounding examination of the regulatory approach used by the College to ensure optimal public protection.

Finally, the development of the Risk-based Regulation approach has been completed and will be presented to the Council separate and apart from this plan; however, now that it is ready and implementation is beginning it will require continued refinement over the next several years and its implementation will rely on both management and senior management support, stakeholder engagement and the ability to collect and report on data.

Second, work is under way to prepare the College for the future transition of its Chief Executive Officer. While the transition remains approximately four years away, organizational changes being planned now will ensure the stability of the Senior Management Team and key program areas of the College and allow for a smooth transition under the guidance of the Council.

Thirdly, although efforts have been made to increase the overall capabilities and strength of the College, under the current structure the Senior Management Team is too involved in day-to-day activities to be able to also address strategic and planning issues. If left unchanged, the Council's strategic plan will not be achieved in the desired 5-year timeframe.

Finally, the College has several employees who have developed and grown to the point that they are able to operate well above their current responsibilities. These organizational changes provide the College with the opportunity to move qualified individuals to more senior positions rather than facing the potential for their departure to more senior positions elsewhere in more lucrative positions. Retention of staff is far more cost effective as it retains corporate memory and experience and eliminates recruitment and training costs.

Organizational Changes

This plan is setting out organizational changes to the College to meet the demands as set out above. To appreciate changes, it is important to understand the current structure of the College and its implications.

Currently, the organization has its CEO, one deputy CEO and two directors. The Deputy CEO oversees most of the Regulatory Programs of the College; however, other key programs such as Registration and Corporate Services do not have the benefit of a Deputy CEO to oversee those functions. Instead, these Directors report directly to the CEO meaning that the CEO is not only supporting the Council, strategic directions and activities but also day-to-day direction for certain program areas of the College.

There are no directors reporting to the Deputy CEO. Instead, two managers report to the Deputy CEO and the position also directly operates several programs (standards and patient relations). These activities are in addition to supporting the CEO, acting as CEO in the absence of the CEO, providing support and advice to the Council as needed and working on strategic initiatives with or on behalf of the CEO.

The Directors who report to the CEO have a myriad of direct reports ranging from Managers, to Senior Coordinators to Coordinators and Administrative Assistants. They too are often working directly on operational activities as well as providing overall direction.

To summarize, the levels within the current organization:

1. CEO
2. Deputy CEO
3. Directors
4. Managers
5. Senior Coordinators
6. Coordinators
7. Admin Assistants

Each level does not always report directly to the level above it but instead, may report two levels above. For example, The directors of Operations and Registration/Exams report to the CEO and not to a deputy. The senior coordinator for communications reports directly to the CEO rather than to a manager. The Managers in professional conduct and professional practice report to the Deputy CEO as there is no Director position.

As a result of this structure, the Senior Management Team is working on strategic level, 40,000 feet above the ground to use an analogy, while also working in a supervisory capacity and at times, on the ground on various activities.

This structure has and will continue to promote burnout of the Senior Management Team and will mean that the strategic efforts will, by necessity, be delayed as regulatory activities take the top priority when prioritizing.

Current Organization Map

1	CEO								
2	↑		↑			Deputy CEO			↑
3	Director Reg/Exams		Director Operations			↑	↑	↑	↑
4	Mgr, Reg	↑	Mgr, HR	↑	↑	Mgr. Prof. Conduct	Mgr Prof. Practice	↑	↑
5	↑	Snr Coord, Exams ↑		↑	↑	↑	↑	↑	Snr Officer. Comms
6	Reg Coord Reg Coord ETP Coord	Exam Coord Exam Coord		HR and Admin Coord.	Fin. Coord.	Prof Conduct Coord.	Prof. Practice Coord	↑	Comms Officer
7						AA, Prof Conduct		AA, Reg. Programs	AA, Comms

New Organizational Structure

The new organizational structure is intended to fill in as many of the gaps set out in the above Organizational Structure Map, namely the holes where reporting relationships skip levels. To achieve this, a new **Deputy Chief Executive Officer, Registrant and Corporate Services** will be established to balance off the organization with the current Deputy Chief Executive Officer who focuses on the Regulation responsibilities of the College. These two positions will be the only two positions reporting directly to the Chief Executive Officer and between them, they will oversee all College programming as well as delivering on key elements of the Council’s Strategic Plan, particularly the examination of the current regulatory structure. The Communications function will no longer report to the CEO but will be re-incorporated into corporate services.

1	CEO	
2	Deputy CEO, Registrant & Corporate Services	Deputy CEO, Regulation

Considering level 3 in the Current Organizational Map, the Director of Registration and Examinations and the Director of Operations positions will remain; however, they will now report to the new Deputy CEO, Registrant & Corporate Services. A new director position will be created reporting to the Deputy CEO, Regulation to oversee Regulatory Affairs providing day-to-day guidance to the Managers of Professional Conduct and Professional Practice (now to be named Quality Assurance & Inspections).

1	CEO					
2	Deputy CEO, Registrant & Corporate Services			Deputy CEO, Regulation		
3	Director Reg/Exams		Director Operations		Director, Regulatory Affairs	

Level 4 of the organization has, in the past, had several gaps, which will be filled to ensure clearer reporting relationships. Under the Director of Registration and Examinations, the positions of Manager of Registration position will continue; however, the Senior Coordinator of Examinations will become the Manager of Examination. Under the Director of Operations, the Manager of HR will also assume responsibilities for corporate services, including Communications. The Manager of Finance and Risk position will be created to support financial management as well as risk management responsibilities.

Under the Director of Regulatory Affairs, the Manager of Professional Conduct position will continue as will the Manager of Professional Practice albeit under a new name (Quality Assurance and Inspections). A new position of Manager, Regulatory Programs will be created to take over the Regulatory Education Program and the Risk-based Regulation Program.

1	CEO						
2	Deputy CEO, Registrant & Corporate Services				Deputy CEO, Regulation		
3	Director Reg/Exams		Director Operations		Director, Regulatory Affairs		
4	Mgr, Registration	Mgr, Exams	Mgr, Fin. & Risk	Mgr., HR & Corp. Svs	Mgr, Prof'l Conduct	Mgr., QA & Inspection	Mgr., Regulatory Progs

The remaining positions of the College are at the Coordinator and Administrative Assistance positions. For reporting purposes, both of these positions report to the respective managers of the program areas; however, for the purposes of workflow, Coordinators will assist in overseeing work output of the Administrative Assistants. Thus, the final structure would be mapped as follows:

1	CEO						
2	Deputy CEO, Registrant & Corporate Services				Deputy CEO, Regulation		
3	Director Reg/Exams		Director Operations		Director, Regulatory Affairs		
4	Mgr, Registration	Mgr, Exams	Mgr, Fin. & Risk	Mgr., HR & Corp. Svs	Mgr, Prof'l Conduct	Mgr., QA & Inspection	Mgr., Regulatory Progs
5	Reg. Coord. Reg. Coord. ETP Coord.	Exam Coord. Exam Coord.	Finance Coord Risk Coord	HR & Admin Coord. Snr. Comms Coord. Comms Coord.	Prof'l Conduct Coord.	QA & Insp. Coord.	Reg. Programs Coord. Reg. Educ Specialist (PT)
6				AA, Comms	AA, Prof. Conduct		AA, Reg Programs

The new organizational structure is intended to delineate clear lines of authority and responsibility. It is intended to reduce the minutia with which the most senior levels of the organization are addressing on a day-to-day basis thereby allowing them to focus on more strategic and policy matters.

Timing of Change

It is recognized that a wholesale shift to the new structure would result in significant costs to the College. Additionally, the changes will result in new positions that will be required to be filled and positions carrying added responsibilities until subordinator positions can be filled.

2024-2025

Level	Positions to be Established and Filled	Position to be Established and left Vacant	Positions with Incumbents Not effected.
2	Deputy CEO, Registrant & Corporate Services ¹		
3	Director of Registration and Examinations ¹ Director, Regulatory Affairs ¹		
4	Manager, Examinations ¹ Manager, Regulatory Programs ² Manager, Finance and Risk ²	Manager, Registration Manager, Professional Conduct	Mgr., QA & Inspection
5	Regulatory Programs Coordinator ²	Regulatory Education Specialist (PT) Risk Coordinator	Registration Coordinator ETP Coordinator HR & Admin Coordinator Professional Conduct Coordinator QA & Inspection Coordinator

			Snr Comms Coordinator Comms Coordinator Finance Coordinator
6			AA, Professional Conduct AA, Regulatory Programs AA, Communications

Positions already in existence that are vacant but will be filled.:

- Registration Coordinator.
- Manager, HR & Corporate Services (formerly HR Manager).

2025-2026

The remaining positions that were established but left vacant in 2024-2025 will be filled in 2025-2026.

Organizational Chart

A revised organizational chart is attached for reference.

Programming

Current Program Alignment

1	CEO									
2	↑	↑				Deputy CEO			↑	↑
3	Director Reg/Exams		Director Operations			↑	↑	↑	↑	↑
4	Mgr, Reg	↑	Mgr, HR	↑	↑	Mgr. Prof. Conduct	Mgr Prof. Practice	↑	↑	↑
5	↑	Snr Coord, Exams ↑		↑	↑	↑	↑	↑	Snr Officer. Comms	↑
Programs	ETP Registrant Services	CSE BME Clinical exam	Human resources,	Administration ERM	Finance Information Technology	Complaints & Reports Hearing Coordination Discipline	Quality Assurance Inspections Practice Advice	Patient Relations Standards	Email Website iNformeD	Prosecutions Regulatory Education Consultations

		Prescribing exam IVIT Exam	Volunteer resources			Fitness to Practice			Annual Report	Risk-based regulation Stakeholder relations Council support Elections
Committees	Registration PLAR WG	Exam Appeals Exam Develop.	Governance Health and Safety Staff Engagement	Risk	Audit	ICRC DC FTPC	QAC Inspection			

Revised Program Alignment

1	CEO							
2	Deputy CEO, Registrant & Corporate Services				Deputy CEO, Regulation			↑
3	Director Reg/Exams		Director Operations		Director, Regulatory Affairs			↑
4	Mgr, Registration	Mgr, Exams	Mgr, Fin. & Risk	Mgr., HR & Corp. Svs	Mgr, Prof'l Conduct	Mgr., QA & Inspection	Mgr., Regulatory Progs	↑
Programs	ETP Registrant Services	CSE BME Clinical exam Prescribing exam IVIT Exam	Finance ERM Information Technology	Admin Council support Elections Human Resources Volunteer Resources Email Website iNformed Annual Report	Complaints & Reports Hearing Coordination Discipline Fitness to Practice	Quality Assurance Inspections Practice Advice Peer & Practice Assess CEC Program	Regulatory Education Consultations Risk-based regulation Patient Relations EDIB	Stakeholder relations Prosecutions
Committees	Registration PLAR WG	Exam Appeals Exam Develop.	Audit Risk	Council Executive Governance Health and Safety Staff Engagement	ICRC DC FTPC	QAC Inspection	PRC Standards Committee	

Staff Positions

Position	Current Status	2024-25	2025-26	2026-27	2027-28
CEO	Incumbent				
Deputy CEO, Regulation	Incumbent				
Deputy CEO, Registrant & Corporate Services	Vacant	Internal appointment			
Director, Regulatory Affairs	Vacant	Internal appointment			
Director, Reg. & Exams	Incumbent	Internal appointment			
Director, Operations	Incumbent				
Manager, Regulatory Programs	Vacant	Recruitment			
Manager, QA & Inspection	Incumbent				
Manager, Professional Conduct	Incumbent	Becomes Vacant	Recruitment	Incumbent	Incumbent
Manager, Examinations	Incumbent (Snr. Coord)		Internal appointment		
Manager, Registration	Incumbent	Vacant	Recruitment		
Manager, HR & Corp Svs	Vacant	Recruitment			
Manager, Finance & Risk	Vacant	Recruitment			
Coordinator, Regulatory Programs	Vacant	Internal appointment			
Regulatory Education Specialist (PT)	Vacant	Vacant	Vacant	Vacant	Recruitment
Coordinator, QA & Inspection	Incumbent				
Coordinator, Professional Conduct	Incumbent				
Coordinator, Exams	Incumbent				
Coordinator, Exams	Vacant	Recruitment			
Coordinator, ETP	Incumbent				
Coordinator, Registration	Incumbent				
Coordinator, Registration	Incumbent (Contract)				
Coordinator, HR & Admin	Incumbent				
Coordinator, Finance	Incumbent				
Coordinator, Risk	Vacant	Vacant	Recruitment		
Snr Communications Officer	Incumbent				
Marketing Communications Officer	Incumbent				
Admin Assistant, Regulatory Programs	Incumbent	Vacant			

Position	Current Status	2024-25	2025-26	2026-27	2027-28
Admin Assistant, Professional Conduct	Incumbent		Recruitment		
Admin Assistant, Communications	Incumbent				

Human Resource Hires

2024-2025

Title	Position Type	Hiring Process
Deputy CEO, Registrant & Corporate Services	New	Internal hire
Director, Regulatory Affairs	New	Internal hire
Director, Registration & Examinations	Existing	Internal hire
Manager, Regulatory Programs	New	External Posting
Manager, HR & Corporate Services	Existing	External Posting
Manager, Finance & Risk	New	External Posting
Coordinator, Regulatory Programs	New	Internal hire
Coordinator, Examinations	Existing	External Posting

The following existing positions will remain vacant:

Title	Position Type
Manager, Professional Conduct	Existing
Manager, Registration	Existing
Regulatory Education Specialist (PT)	New
Coordinator, Professional Conduct	Existing
Coordinator, Risk	New
Admin Assistant, Regulatory Programs	Existing

2025-2026

Title	Position Type	Hiring Process
Manager, Professional Conduct	Existing	Internal hire

Manager, Registration	Existing	External Posting
Coordinator, Professional Conduct	Existing	Internal Hire

The following existing positions will remain vacant:

Title	Position Type
Regulatory Education Specialist (PT)	New
Coordinator, Risk	New
Admin Assistant, Regulatory Programs	Existing

2026-2027

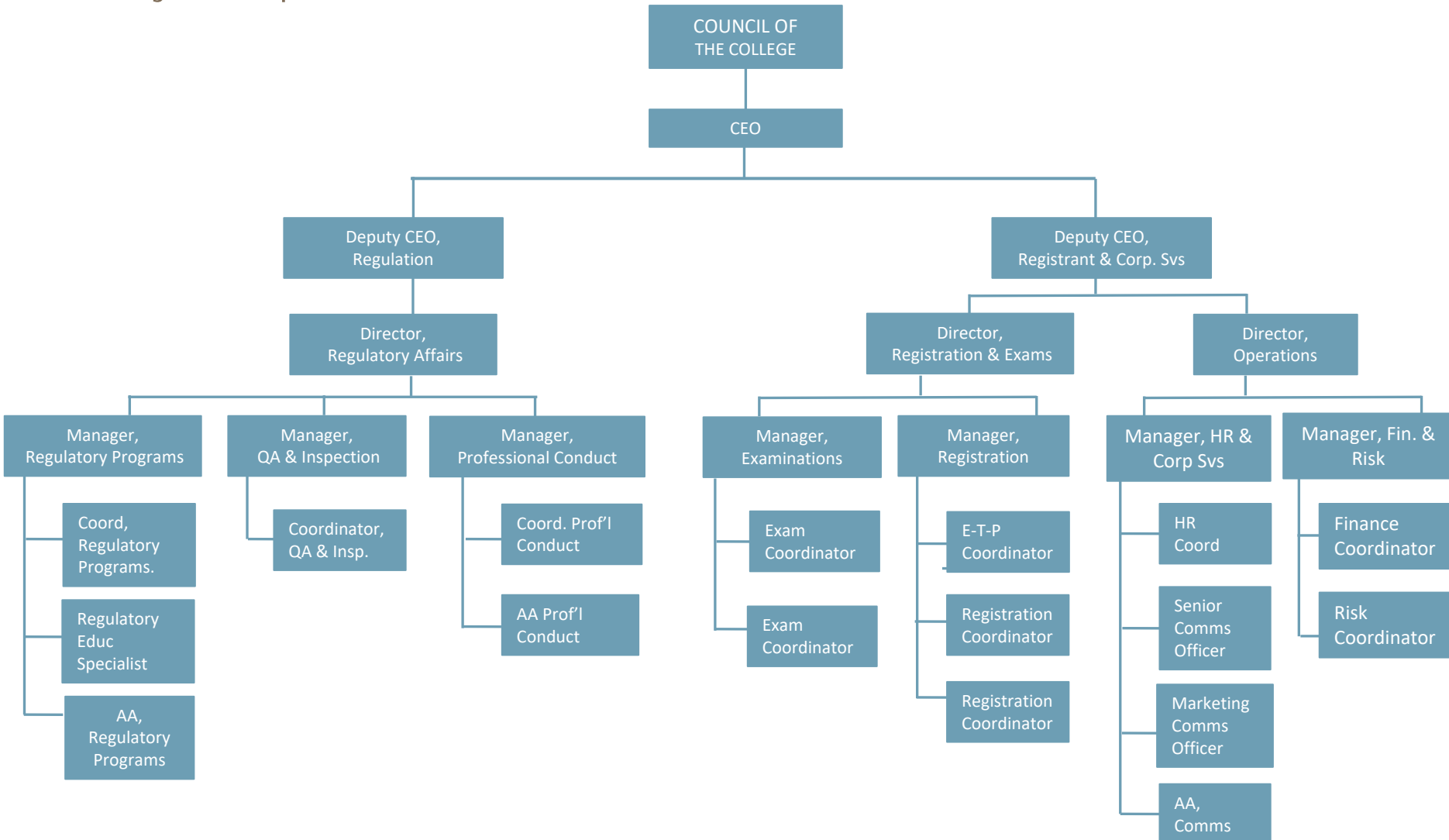
Title	Position Type	Hiring Process
Regulatory Education Specialist (PT)	New	External Posting
Coordinator, Risk	New	External Posting
Admin Assistant, Regulatory Programs	Existing	External Posting



The College of Naturopaths of Ontario

Organizational Chart

Item 6.04





The College of Naturopaths of Ontario

BRIEFING NOTE

Capital and Operating Budgets for 2024-2025

PURPOSE: To discuss the draft Capital and Operating Budgets for the fiscal year April 1, 2024 to March 31, 2025.

OUTCOME Acceptance of both capital and operating budgets for fiscal year April 1, 2024 to March 31, 2025.

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

PROCESS:

Activity:	Presentation, discussion.		
Results:	Feedback and direction on the budgets.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	An overview of each of the two budgets will be presented by the Director of Operations.	10 minutes
	2.	Q&A, discussion by Council.	15 minutes
	3	Motion and vote	5 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 Capital Budget and Operating Budget for 2024-2025, along with two years of estimates are attached to this briefing note as Appendix 1 for the Council's review and discussion.

DISCUSSION POINTS:

Budget Timing

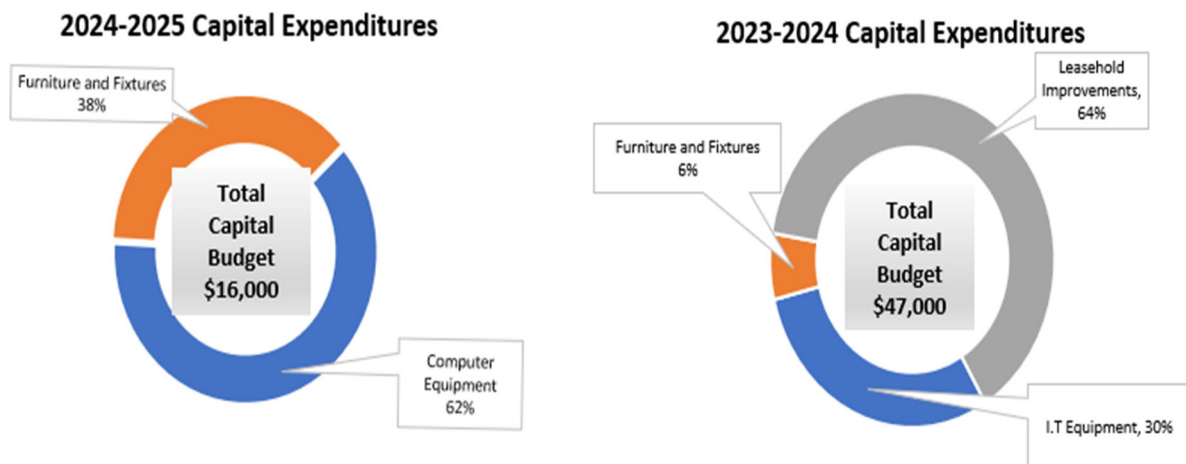
This year the Capital and Operating budgets are being presented to Council in March, as opposed to a preliminary review in January as the Senior Management Team has been working on aligning our Strategic Plan for 2023-2027 with our Human Resources Plan and the budget to support these activities. As a result of this work, and the re-prioritization of various other projects, the proposed budget that would have been presented in January would have gone through significant changes and was not in a state of readiness to be shared with Council.

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. The capital budget for this year is comprised of two expenditures – 1) furniture and fixtures and 2) computer equipment. In the previous year we had made a large allocation to Leasehold Improvements for some construction to our new office. With construction quotes coming in over \$100,000 for some minor work, this line item was not utilized in 2023-2024. At this time the College has opted not to move forward with any construction to the suite.

The total Capital Budget (Appendix 1) for 2024-25 of \$16,000 is a 65% reduction of cost allocations from the previous year. The computer equipment line item is for the additional purchasing of computer equipment for new hires in accordance with the proposed Human Resources Plan along with the replacement of an old laptop.

In the coming years the College will also be working to replace its office seating in increments, with a total of 5 seats being slated to be replaced for this year. Our goal is to replace all office seating over the next two years. With our office have been downsized, a total of ten office chairs will be replaced.



Operating Budget

The total draft Operating Budget (Appendix 2) for 2024-2025 is as follows:

Revenue	\$4,039,300
Expense	<u>\$4,020,781</u>
Net Result	\$ 18,519

The preparation of this year's budget includes an overhaul of the Human Resources plan to align with new initiatives in the Strategic Plan such as Risk-based regulation, Partnership Collaborations and Public Consultations and completing the framework of our Enterprise Risk Management Program.

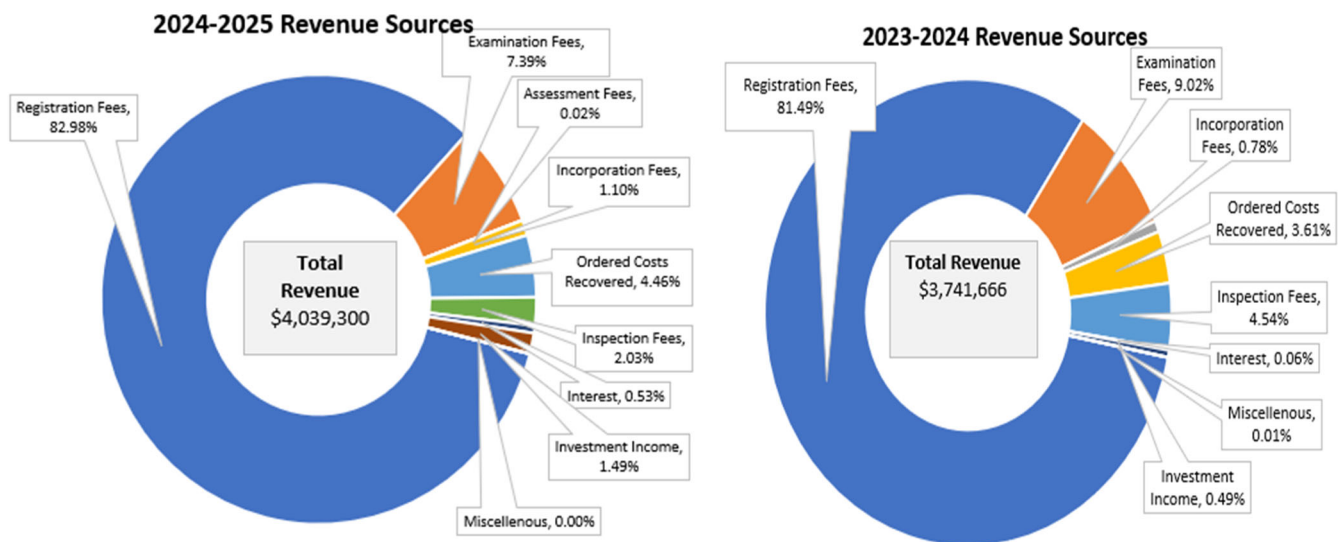
In order to operationalize these new initiatives, the College developed a comprehensive Human Resources Plan to ensure it has the resources to be able to deliver on these initiatives.

This year, our budget is near balanced. This is based primarily on two activities; one is the changes to the Human Resources plan and the second is in association with projected legal costs. The College is now able to predict costs based on data tracked for contested hearings. This year, we are not anticipating any new contested hearings, which has significantly reduced costs, with each contested hearing being budgeted at \$100,000.

Revenues

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

- Registration fees have been increased by CPI.
- No fees applied to any registrant's participating in payment plan, as per recent By-law change.
- Examinations fees have decreased by 1% of the overall revenue budget. This is due to IVIT exams being held at a new facility with a smaller attendance cap in addition to the biomedical and clinical sciences exam enrollments being adjusted to reflect recent attendance numbers.
- Inspections for new premises have decreased to align with actual activity and five-year intervals have remained stable as they are on a regular schedule.
- Interest rates on the College's savings have been adjusted 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, with the market value not expected to change.
- Discipline Ordered Costs is based on the maximum recovery fees the College may claim for a contested and uncontested hearing.
- Professional Corporations is seeing a small increase of approximately eight to ten new certificates of authorization being issued; and
- Professional Corporation fees have been increased by CPI with the exception of administrative fees and document fees.



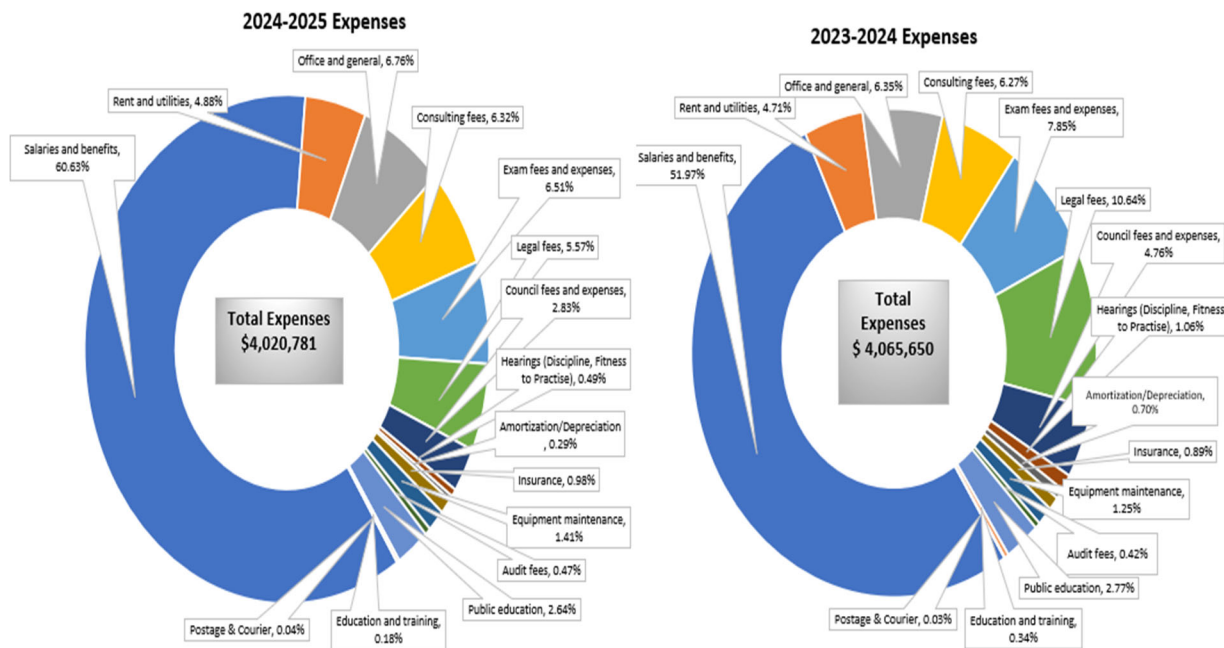
Expenses

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

- Council and all Committees have been reduced by a total of 2% of the overall expenses as all meetings have shifted to video conferences, with the exception of one in-person Council

meeting slated annually. The other contributing factor to this reduction is the staggering of Council and Committee evaluations.

- Discipline costs have remained stable from the previous year; this year the College is anticipating the continuation of two contested hearings that started last fiscal year, and no new contested hearings are anticipated for the coming year.
- Legal Fees have been decreased by 4% from the overall budget due to two contested hearings nearing completion from the previous year and no new contested hearings being anticipated for the coming year. Departmental legal fees have been also adjusted to better reflect actual expenditures.
- Exam fees and expenses have been reduced by 1% from the previous year due to a reduction in anticipated examination sitting size.
- Staff salaries and benefits have been increased by the inflationary factor, pay for performance and accounts for additional personnel as per the presented Human Resources Plan for an overall increase of 8%.
- Education and Training has been reduced by 48% as a result of moving to a bi-annual training schedule for Canadian Centre for Diversity and Inclusion training, and the adjustment of the staff continuing education allowance to better reflect costs to date.
- Public Education has a comparable budget from the previous year with a continued focus on making the website fully bilingual, updating the website, and continuing to support existing initiatives such as the Regulatory Education Program and the Annual Report.



Operating Budget and Capital Budget

The total draft Operating Budget with the Capital Budget (Appendix 3) for 2024-2025 is as follows:

Revenue	\$4,039,300
Expense (Capital)	\$16,000
Expense (Operating)	<u>\$4,020,781</u>
Net Result	\$ 2,519

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 with the compensation levels of the employment market, and loss of personnel may occur. In addition, with expansion of existing programs and development of new programs budget concerns arise in the creation of additional staff positions to support College programs and senior staff from burn out and turnover.
- Financial (market) – This is the first year following COVID-19 in which interest rates have been partially restored.
- 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 667 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 pre COVID-19 with a slight reduction of 1.5% from the previous year.
- 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 Risk Management System under development. Additionally, as occurs around any budget approval, the College faces some risk of criticism from the profession with respect to the impact of College operations on registration fees.

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 Plan.
- The public interest is best served if the College can meet or have cost savings annually to demonstrate sustainability.

Agnes Kupny
Director of Operations
March 20, 2024



The College of Naturopaths of Ontario

OPERATING BUDGET

	2024-2025		2025-2026		2026-2027	
	Budget	% of Bud.	Estimate	% of Act.	Estimate	% of Est.
REVENUES						
Registration and member renewal fees	\$ 3,351,649	83%	\$ 3,452,733	87%	\$ 3,589,477	87%
Examination fees	\$ 298,535	7%	\$ 285,535	7%	\$ 285,535	7%
Deffered capital funding	\$ -	0%	\$ -	0%	\$ -	0%
Assessment fees	\$ 1,000	0%	\$ 1,000	0%	\$ 1,000	0%
Incorporation fees	\$ 44,316	1%	\$ 50,613	1%	\$ 57,419	1%
Ordered costs recovered	\$ 180,000	4%	\$ 15,000	0%	\$ 7,500	0%
Inspection fees	\$ 82,000	2%	\$ 82,000	2%	\$ 82,000	2%
Interest	\$ 21,600	1%	\$ 21,600	1%	\$ 21,600	1%
Investment Income	\$ 60,000	1%	\$ 60,000	2%	\$ 60,000	1%
Miscellaneous	\$ 200	0%	\$ 200	0%	\$ 200	0%
TOTAL REVENUES	\$ 4,039,300		\$ 3,968,681		\$ 4,104,731	
EXPENSES						
Salaries and benefits	\$ 2,437,970	61%	\$ 2,967,345	66%	\$ 3,365,828	69%
Rent and utilities	\$ 196,260	5%	\$ 205,394	5%	\$ 214,500	4%
Office and general	\$ 271,635	7%	\$ 264,360	6%	\$ 278,042	6%
Consulting fees						
Consultants - general	\$ 47,800	1%	\$ 17,600	0%	\$ 14,700	0%
Consultants - complaints and inquiries	\$ 134,000	3%	\$ 134,000	3%	\$ 134,000	3%
Consultants - assessors/inspectors	\$ 72,300	2%	\$ 63,800	1%	\$ 63,800	1%
Exam fees and expenses	\$ 261,578	7%	\$ 262,193	6%	\$ 263,313	5%
Legal fees						
Legal fees - general	\$ 23,450	1%	\$ 24,192	1%	\$ 25,146	1%
Legal fees - complaints	\$ 105,350	3%	\$ 106,880	2%	\$ 108,410	2%
Legal fees - discipline	\$ 95,000	2%	\$ 30,000	1%	\$ 30,000	1%
Council fees and expenses	\$ 113,818	3%	\$ 164,662	4%	\$ 117,656	2%
Hearings (Discipline, Fitness to Practise)	\$ 19,595	0%	\$ 4,040	0%	\$ 4,035	0%
Amortization/Depreciation	\$ 11,759	0%	\$ 11,759	0%	\$ 11,759	0%
Insurance	\$ 39,500	1%	\$ 41,080	1%	\$ 42,723	1%
Equipment maintenance	\$ 56,760	1%	\$ 66,360	1%	\$ 71,760	1%
Audit fees	\$ 19,000	0%	\$ 19,760	0%	\$ 20,550	0%
Public education	\$ 106,265	3%	\$ 132,294	3%	\$ 103,212	2%
Education and training	\$ 7,300	0%	\$ 11,750	0%	\$ 8,500	0%
Postage & Courier	\$ 1,442	0%	\$ 1,509	0%	\$ 1,577	0%
TOTAL EXPENSES	\$ 4,020,781		\$ 4,528,978		\$ 4,879,511	
EXCESS OF REVENUES OVER EXPENSES	\$ 18,519		\$ (560,297)		\$ (774,780)	



The College of Naturopaths of Ontario

CAPITAL BUDGET 2024-2025

	2024-25	2025-26	2026-27
Computer Equipment	Laptop (with docking station) x 3 \$ 10,000.00 2 staff replacements and 1 new staff	Laptop (with docking station) x 4 \$13,200.00 3 new staff and 1 staff replacement CPU Workstations x 2 replacements \$3,000.00	Laptop (with docking station) x 3 \$ 9,900.00 CPU Workstations x 2 replacements \$3,000.00
Total Comp Equip	\$ 10,000.00	\$ 16,200.00	\$ 12,900.00
Furniture and Fixtures	Office Chairs-5 \$6,000	Office Chairs-5 \$ 6,000.00	
Total Furnit. & Fixtures	\$6,000	\$ 6,000.00	\$ -
Leasehold Improvement			
Total Budget	\$ 16,000.00	\$ 22,200.00	\$ 12,900.00

College of Naturopaths of Ontario 2024- 2025
Draft Operating and Capital Budget

**OPERATING
REVENUE**

Registration and Member Renewal Fees	\$	3,351,649
Examination Fees	\$	298,535
Assessment Fees	\$	1,000
Incorporation Fees	\$	44,316
Ordered Costs Recovered	\$	180,000
Inspection Fees	\$	82,000
Interest	\$	21,600
Investment Income	\$	60,000
Miscellaneous	\$	200
TOTAL REVENUES	\$	4,039,300

EXPENSES

Salaries and Wages	\$	2,437,970
Rent and Utilities	\$	196,260
Office and general	\$	271,635
Consulting fees	\$	254,100
Exam fees and expenses	\$	261,578
Legal fees	\$	223,800
Council fees and expenses	\$	113,818
Hearings (Discipline, Fitness to Practise)	\$	19,595
Amortization/Depreciation	\$	11,759
Insurance	\$	39,500
Equipment maintenance	\$	56,760
Audit fees	\$	19,000
Public education	\$	106,265
Education and training	\$	7,300
Postage & Courier	\$	1,442

TOTAL EXPENSES	\$	4,020,781
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NET OPERATING SURPLUS/(DEFICIT)	\$	18,519
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CAPITAL EXPENSES

I.T Equipment	\$	10,000
Furniture & Fixtures	\$	6,000
Leasehold Improvements	\$	-

NET CAPITAL (DEFICIT)	\$	(16,000)
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NET COLLEGE SURPLUS/(DEFICIT)	\$	2,519
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The College of Naturopaths of Ontario

BRIEFING NOTE

College Performance Measure Framework Report 2023

PURPOSE: To seek approval of the Council to submit the College's 2023 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 the area of 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.

On December 1, 2023, the Ministry of Health released the updated CPMF framework for the 2023 reporting year. There were no major changes to the Reporting Tool or the Technical Specifications document for the 2023 reporting cycle. As such, this year's report is similar to that of 2022.

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, the College has reported that it has met 48 (96%) with the following areas only **partially met**:

- Implementation of a full risk management program (same outcome as 2022);
- The College has a financial reserve policy and a sufficient level of reserves (based on Council's policy) (same outcome as 2022).

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:

- Adding final links to the report based on other items on the Council agenda.
- Finalizing and submitting the report to the Ministry.
- Posting the Report to the College's Website.

Jeremy Quesnelle
Deputy Chief Executive Officer
March 18, 2024

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, continues to meet in 2023
		1.2	(a)	Met in 2021, continues to meet in 2023
			(b)	Yes
			(c)(i), (ii)	Yes
			(c)(iii)	Yes
	2	2.1	(a)(i)	Yes
			(a)(ii)	Met in 2021, 2022, continues to meet in 2023
			(b)	Met in 2021, 2022, continues to meet in 2023
			(c)	Yes
			(d)	Met in 2021, 2022, continues to meet in 2023
			(e)	Partially
	3	3.1	(a)	Yes
			(b)	Yes
		3.2	(a)	Yes
			(b)	Yes
		3.3	(a)	Yes
			(b)	Partially
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)	Yes
			(b)	Yes
			(c)	Yes
6. Suitability to Practice	9	9.1	(a)	Yes
			(b)	Yes
		9.2	(c)	Yes
		9.3	(a)	Yes
	10	10.1	(a)	Met in 2021, 2022, continues to meet in 2023
		10.2	(a)(i)	Yes
			(a)(ii)	Met in 2021, 2022, continues to meet in 2023
			(a)(iii)	Yes
		10.3	(a)	Yes
	11	11.1	(a)(i),(ii)	Yes
			(a)(iii)	Yes
			(b)	Yes

			(c)	Yes
		11.2	(a)	Yes
	12	12.1	(a)	Yes
	13	13.1	(a)	Yes
7. Measurement, Reporting & Improvement	14	14.1	(a)	Yes
			(b)	Yes
		14.2	(a)	Yes
		14.3	(a)	Yes

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

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

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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 which is to act in the public interest?” This information will:

- 1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
- 2. Help Colleges improve their performance;

Each College will report 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 the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the 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

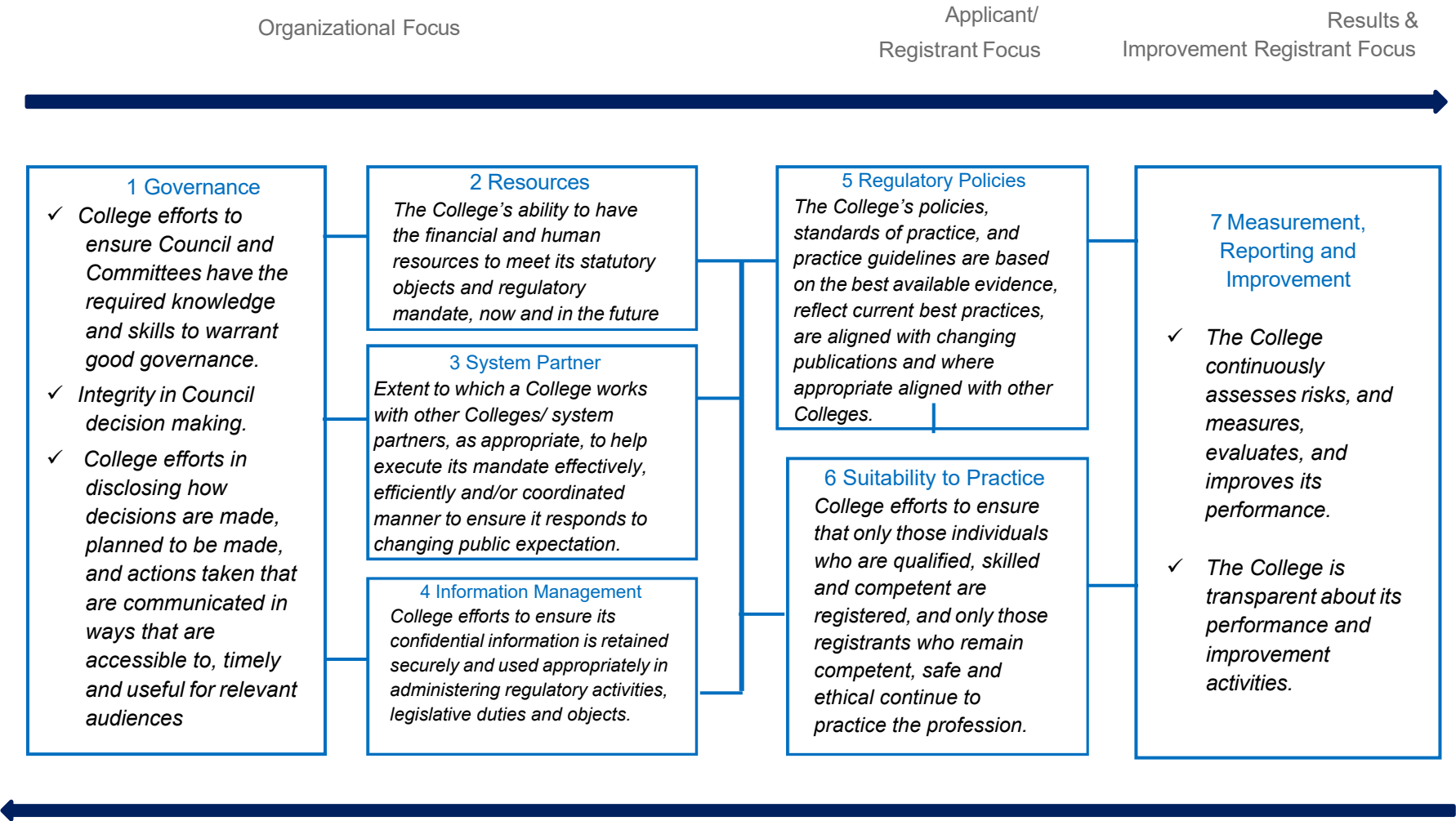


Figure 2: CPMF Domains and Standards

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) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. 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.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry’s Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

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 required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with ‘Met in 2022 and Continues to Meet in 2023’. 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.

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 by-laws. 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 Assessment program may be found on the College’s website.	Yes

			<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. 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 <u>GP31 – Qualifying Program</u>, 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.	
			<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. Statutory Committee candidates	The College fulfills this requirement:	Yes

		have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	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 has 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 <u>competency requirements</u> as well as the <u>additional requirements for certain committees</u>.
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			<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. 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.	
			<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. 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 2022, continues to meet in 2023
			• 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 Representatives 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 2022, continues to meet in 2023
		• 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. • 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.	
		The Council of the College meets six times per year. At the conclusion of each meeting, Council members are provided a link to an <u>on-line meeting evaluation</u>. 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 56-58 of the November 29, 2023, <u>Meeting materials</u>. 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 <u>GP16 – Governance Evaluation</u> 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 8.01 on the <u>July 26, 2023</u> meeting agenda. Once these processes are completed, the reports are made available on the <u>College’s website</u>.	
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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		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 <u>College website</u> and is enshrined in the Council’s governance policy <u>GP16 – Governance Evaluation</u>. The most recent Governance Evaluation was completed at the end of July 2023. Council and Committee evaluations are available publicly on the <u>College’s website</u>. The next cycle will be initiated in April of 2024.	
			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 patient relations and funding for sexual abuse. • Program briefing on Quality Assurance. • Program briefing on Standards and standards setting processes. • Program briefing on the Inspection program and Committee. • Program briefing on the Registration program and Committee. • Program briefing on the Examination program. 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 September 2023 the Council met in person and participated in a full-day training that focused on Council governance and specifically addressed: • Mandates, Duties & Responsibilities • Governance Responsibilities • Leadership Responsibilities • Financial & Organizational Oversight Responsibilities • Governing Effectively • Public Sector & Health Systems 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 31 to 36 of the <u>Council meeting package of November 2023</u>.	

			Also, during this period, the Council and staff underwent an Equity, Diversity, Inclusion and Belonging training on managing microaggressions. This training allowed all Council and support staff to identify different types of micro-behaviours and apply strategies to respond in difficult situations.	
			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):	

		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:	Yes
			• 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 EDI Committee was established in mid-2021, they have launched a number of important initiatives. For example, an EDIB Statement drafted on behalf of Council, was included in their meeting package of November 2022 on <u>page 143-146</u>. This statement has since been approved and published on the College’s website in both <u>English</u> and <u>French</u>. On recommendation of the EDI Committee, the Council amended its policy governing <u>Workplace Harassment</u> on November 30, 2022 to include reference to and inclusion of microaggressions as a form of workplace harassment and approved a <u>Governance Policy on EDIB</u>. This policy governs the on-going activities of the Council and its Committees. In 2023 the EDI Committee launched its EDIB Lens Tool, 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 is intended 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. Work is currently underway by the College to develop the program and committee work is anticipated to commence in 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 50-51 of the <u>Council meeting package of January 2023</u>.) 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 48 of the <u>Council meeting package of January 2023</u>.)	
			<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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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 <u>Avoiding Conflict of Interest</u> policy was last reviewed and amended on January 25, 2023. The <u>Council Code of Conduct</u> was last reviewed and 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 2022, continues to meet in 2023
			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 2022, continues to meet in 2023
			- 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 <u>Application Form</u> , as well as make certain declarations surrounding their <u>Eligibility</u> 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: • <u>Nomination and Consent Form</u> • <u>Confirmation of Eligibility Form</u> • <u>Conflict of Interest Declarations for Nominees</u> • <u>Election Undertaking</u> • <u>Fiduciary Duties Acknowledgement and Undertaking</u> • <u>Agreement on Duties of Council members</u> • <u>Submission of a Personal Statement and Biography</u> 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 <u>Competency Self-Assessment</u>. 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 <u>on-line form</u>. A copy of all the questionnaires, as they relate to Council members, are assembled, indexed and posted to the <u>College’s website</u> 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 59-60 of the <u>November 29, 2023 Council meeting package</u>. 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 (e.g., item 3.02 for the July 26, 2023, meeting), 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 <u>GP28-Registering Gifts, Benefits and Remuneration</u> 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 <u>GP29-Participation in Outside Activities or Events</u> 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:	Yes
			• 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 79 of the January 25, 2023 Council meeting package. The Public Interest Tool may be found at page 48 of the same 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 (if needed)</i>	

		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. <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 and 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.	The College fulfills this requirement:	Partially
			• 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. In 2023, the College focused on developing the foundation to implement its Enterprise Risk Management Operating Policy. A total of nine risk registries have been developed including: Governance, Human Resources, Finance and Statutory Obligations. All identified risks are now being classified into the risk occurrence matrix to measure the likelihood and consequence of each indicator. Once this mapping is completed and risks are prioritized the College will be able to engage the Risk Committee of the Council to begin its work. While this program is under development, in 2022 when the governance and operating policies were developed, a risk component is included in every briefing note that is provided to the Council to assist in their decision making processes. The risk components focus on hazard risks, operational risks, financial risks and strategic risks and emphasize public safety, accountability, and transparency. The College is committed to building and fostering an enterprise risk management culture and has included in its 2024 Human Resources Plan a designated position to focus on this initiative and to successfully complete the implementation of the College’s Enterprise Risk Management Program.	
			<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.

		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.	<i>Additional comments for clarification (if needed)</i>
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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 2022, continues to meet in 2023
			- 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 <u>Council meeting materials</u> 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 or discusses/deliberates on matters or materials that	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 <u>Terms of Reference</u> 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 met on January 16, 2023 to discuss urgent changes to the Examination Policy. Materials were disclosed on the College’s website. These changes were necessary to address accommodation issues and since the exam registration deadline was prior to the next Council meeting, the Executive Committee took up the matter. The draft agenda and supporting materials were disclosed in advance of the meeting on the College’s website. The decision was disclosed as part of the Council meeting materials (see page 59 of the January 2023 meeting 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.

		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 2022, continues to meet in 2023
	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 <u>College website</u> 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>	
	Choose an item.	
	<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 2022, continues to meet in 2023
	Please insert a link to the College’s Notice of Discipline Hearings. The College website has a webpage for <u>Scheduled Hearings</u> 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 <u>main page</u> of the website, as well as a link to the <u>Scheduled Hearings page</u> and a link to the online registration form (available in <u>English</u> and <u>French</u>) 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 <u>disciplinary process</u> to ensure that the public understands where the College is on any given referral to the DC.	

			<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).	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 <u>Action Plan</u> 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: • 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 and Checklist 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 is currently being implemented and utilized in reviewing and assessing program materials. Feedback from the various College Committees will be sought in 2024 in order to amend, update and improve the availability and usability of the Tool.	Yes
			<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.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - 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. </td></tr></table>	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.	
		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 <u>Strategic Plan</u> for the College. Additionally, since the Council operates on a policy governance model, its strategic objects are also articulated in its <u>Ends Statements</u> policy. Both documents were approved in January 2023 and are available on the College’s website. A third document, the Council’s <u>Ends Priorities</u> 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 <u>March 29, 2023</u> beginning on page 263-301. 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 269 of the <u>March 2023 meeting materials package</u>.				
	<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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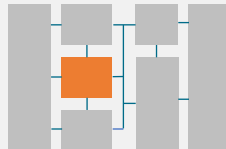
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial 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 has a financial reserve policy that is set out as an Executive Limitation Policy of the Council. The policy establishes the reserve funds, sets out the monies that should be available in those funds, as well as automatic processes for adding to or removing monies for these funds. <u>EL17 – Restricted Reserve Funds</u> was approved by the Council in October 2020 and revised in September 2021. At this time, the College has not been able to add sufficient funds to the Restricted Reserve Funds to be at the desired levels. The Auditor has reviewed this policy and when the annual financial report is prepared based on the financial position at the end of the fiscal year, the Auditor now includes an addition to the report showing the status of the reserve funds and the movement of monies according to policy EL17-Restricted Reserve Funds as applicable.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Yes
			Additional comments for clarification (if needed) 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 62 of the <u>November 2023 Council meeting materials</u> 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 74 of the <u>November 2023 Council meeting materials</u> 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 87 through 89 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 (<u>EL02 – Emergency CEO Replacement</u>). 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 (<u>GP17 – Appointing an Interim CEO</u>). 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 (<u>GP26 – Hiring the Permanent CEO</u>).	

			<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. 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. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	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 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. The process of developing a blueprint will begin once the competency validation is completed. 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.	

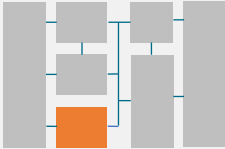
	The College continues to share and received information about unauthorized practitioners and Cease and Desist letters issued by the College with other healthcare colleges in and outside of Ontario. Ontario College of Pharmacists - Sterile and Aseptic Compounding, Multi batch compounding and Health Canada advertising The Colleges have been undertaking research and ongoing discussions to ensure consistent approaches when NDs request Pharmacists to compound IV formulas. The goal is to provide joint information (as necessary) to both pharmacists and naturopaths to ensure consistency and compliance with Health Canada rules and regulations. College of Dietitians of Ontario – Investment and Emergency Response The College shared its policies and available documents related to its Investment policy and Emergency Disaster Plan. College of Kinesiologists of Ontario – Funding for Therapy and Counselling and Executive Committee The Colleges provided copies of its policies pertaining to notification and updates for funding for therapy or counselling for sexual abuse. In addition, the College provided its current Terms of Reference for the Executive Committee and information regarding its duration of tenure for its members. College of Early Childhood Educators – Discipline processes The College shared information and provided copies of its internal policies and procedures with regards to the discipline decision writing process and cost recovery. College of Registered Psychotherapists of Ontario – Investigations The College coordinated investigations of complaints filed about a dual registrant with the CRPO. 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 Deputy Registrar Working Group • Participation in the Investigations and Hearings Group • The Director of Operations will be participating in a new working group that is set to start in 2024 called “Enterprise Risk Management and Business Continuity” • 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. System Partners: NAPRA - Modernization of National Drug Schedules The College continues to provided information, comments and in the reporting period provided additional information on how the NDS is utilized by NDs in Ontario.
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	System Partners: Prescribing Committee The College of Naturopaths of Ontario has joined 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. System Partners: Ontario Association of Naturopathic Doctors The College of Naturopaths of Ontario 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 and the OAND worked collaboratively to determine additional information to be collected by the College from registrants on renewal in support of risk-based regulation and scope expansion initiatives of the Association. The in-put of the Association was also sought on two major consultations undertaken by the College. As noted under the next session, the College and the Association jointly presented an edition of the College’s In Conversation With series to focus on the role of the College and the Association in the regulatory system.
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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 program launched last year 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. To ensure that this process was effective and positive, the College engaged the services of an experienced facilitator who brought a high degree of neutrality and safety to the discussions. The College continued the In Conversation With series throughout 2023 with sessions that included: - How Regulation Works – April 20, 2023 (partnering with the Ministry of Health) - Inspection Program – June 14, 2023 - Self-Reporting and Mandatory Reporting – September 28, 2023 - The Role of the College vs. OAND – November 22, 2023 (partnering with the OAND) 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. In 2023, the College offered 5 REP sessions including:
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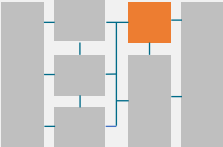
	• Navigating the Complexities of Consent • Scope of Practice: Demystifying Practice Parameters • Health Profession Advertising in the Age of Social Media • Tele-practice in the Post-pandemic Era • Identifying the lines governing Sexual Abuse in Health Care A total of 557 individuals registered across for these five events, of which 328 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 us 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. 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
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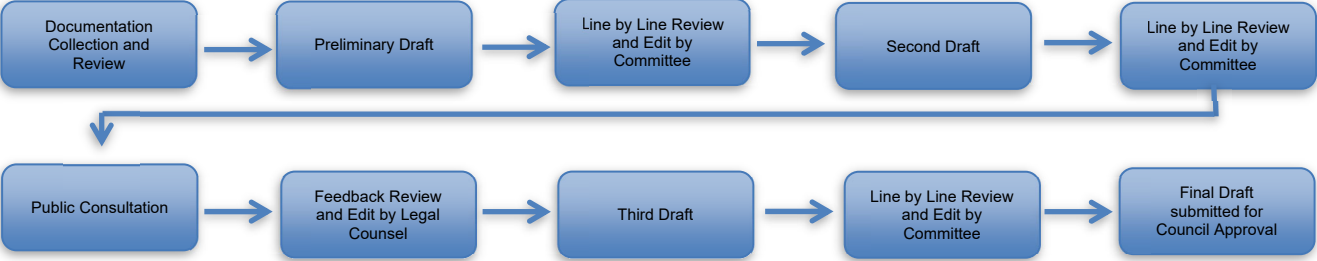
	<u>Assessments</u>. The College also uses on-line processes for seeking declarations of conflicts of interests between each of assessors and Registrants, however, these forms cannot be made available as they provide confidential information. • Inspections: The College’s inspection program is extensive and involves three separate types of on-line processes. The first of these relates to reporting requirements, where premises report <u>Type 1 Occurrences</u> and the annual collection of data within <u>Type 2 Occurrences</u> 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 <u>cease to perform IVIT</u>, an on-line process for reporting <u>changes in personnel</u> in the premises and finally, a <u>New Premises Registration</u> process. The third and final set of processes relating to the inspection program include processes relating to the inspections themselves. These include the <u>Pre-Inspection collection of information</u>, <u>Post-Inspection Premises Questionnaire</u>, <u>Post-Inspection Inspector Questionnaire</u> 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 <u>English</u> and <u>French</u>. 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 <u>Privacy Code</u> 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 <u>Terms of Use</u> 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 iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. Benchmarked Evidence	The College fulfills this requirement:	Yes
			- 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.	

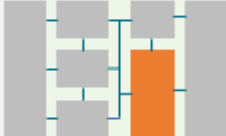
		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to 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.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 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 <u>Standards, guidelines and policies</u> are posted on the College’s Website. All <u>Committee Terms of Reference</u> are posted on the College’s Website.
		<i>Benchmarked Evidence</i>	
			<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. <u>Benchmarked Evidence</u>	The College fulfills this requirement: Yes
			The following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, policies:  <pre>graph LR; A[Documentation Collection and Review] --> B[Preliminary Draft]; B --> C[Line by Line Review and Edit by Committee]; C --> D[Second Draft]; D --> E[Line by Line Review and Edit by Committee]; E --> F[Public Consultation]; F --> G[Feedback Review and Edit by Legal Counsel]; G --> H[Third Draft]; H --> I[Line by Line Review and Edit by Committee]; I --> J[Final Draft submitted for Council Approval];</pre>
			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.
			<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>

		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. College’s EDI Committee whose role, as outlined in the approved <u>Terms of Reference</u>, 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. Recently, the Council amended its Code of Conduct to apply not only to Council but also to all Committees and included new provisions reflecting a commitment to objectivity, decision-making that is free of discrimination and bias and holding one another accountable in this regard. That amended <u>Code of Conduct may be found here</u>. A new Governance Policy on <u>Equity, Diversity, Inclusion and Belonging</u> was drafted by the College’s EDI Committee in September 2022, and approved by Council in November 2022, as were amendments to the Executive Limitations Policy on <u>Workplace Harassment</u> to better reflect the principles of equity, diversity, inclusion and belonging.	
			<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: 9.1 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 .	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"> - 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. </td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
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- 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.

			<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 biennially by staff and by the Registration Committee, with any amendments requiring review and final approval by Council. 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 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. As of November 2023, policies were also reviewed using the College’s new EDIB lens tool. Registration Criteria Last Reviewed/Updated Registration Policy (last updated September 2022; last reviewed August 2023) Language Proficiency Policy (last reviewed and updated September 2022) 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>	

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 and activities (e.g., specific requirements around direct patient care), as set out in the College’s Registration policy, were reviewed in August 2023. A public consultation on proposed draft amendments to the Registration policy specific to currency requirements was initiated on October 30, 2023 (consultation closed January 31, 2024).	
	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.

		<i>Additional comments for clarification (optional)</i>
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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. In November 2023 the College submitted information to the OFC in response to their Risk-Informed Compliance Framework (RICF) risk analysis questionnaire. Based on their assessment of the information provided, the OFC has assigned the College a “low risk” rating 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: Yes
			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. If not, please provide a brief explanation:
			The College did not implement any changes to the standards of practice or practice guidelines in 2023. The College’s Standards Committee continued the process of a review of all College standards and guidelines and will be initiating consultation and proposing final amendments in 2024. In 2023, the College launched a new program called the Regulatory Education Program. As the name implies, its intent is 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 new 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 consent, scope of practice, sexual abuse, delegation, fees and billing among others. These sessions were recorded live and available for later access by Registrants. As noted above, a total of 557 individuals registered for the five live REP events, of which 328 were unique individuals. An additional 190 individuals, primarily registrants, have accessed the recordings of these sessions.
			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: 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:	Yes
		• 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 <u>Quality Assurance Program</u> 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 2022, continues to meet in 2023	
			• 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 <u>Quality Assurance Regulation</u> and <u>Program policies</u> 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 2022, continues to meet in 2023
			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 <u>referred to the Quality Assurance Committee for consideration</u> . 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.	
			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: 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 2023, the Quality Assurance Committee granted all Registrants who failed to submit or were deficient in meeting their CE requirement an extension until February 28, 2024, 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.
		Additional comments for clarification (if needed)	

		them (e.g., funding for sexual abuse therapy); 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 <u>Program Policies</u> 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.			
		<u>Benchmarked Evidence</u>		<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:			Yes
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).			
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 2022, continues to meet in 2023
			- 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 <u>staff directory</u> 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 <u>resources and flowcharts for visual summaries</u> of expectations in the complaints process.		
		In the interest of providing resources and support to both complainants and registrants the College also created a <u>webpage providing guidance to Registrants</u> 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	The College fulfills this requirement:		Yes

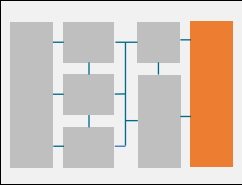
		College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	• Please insert a link to document(s) 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 <u>Complaints process</u> 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 <u>complaints and reports</u> under investigation and <u>discipline matters</u> 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>	Choose an item.
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			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	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:	Yes
			- 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 <u>ICRC Program policies</u> were 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 <u>risk categories</u> 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 2022, continues to meet in 2023
			• 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 2023 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 Naturopathic 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 ○ Worked with police services in complying with a production order and providing information regarding a revoked registrant who continued to provide IV therapy to Ontarians.	
	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.	The College fulfills this requirement: 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	Met in 2022, continues to meet in 2023

			Managers within the College. In July 2023, the above format was used to align with the Operational Plan for that year.	
			<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 (if needed)	
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Yes
		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 63 of the <u>January 2023 Council meeting materials package</u> .	
		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 12 th 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 74 -111 of the <u>November 2023 Council meeting materials package</u> .	
		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 155 of the <u>November 29, 2023 Council meeting materials package</u> are examples of how briefing notes brought to the Council form a part of the Council’s 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.

		Additional comments for clarification (if needed)
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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.	
	1. 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. 2. 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. 3. 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:	Yes
	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 <u>resource library</u> of the College’s website.	
	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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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.

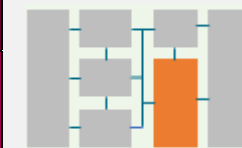
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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 2023*		<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 2023. 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	1,624		
ii. Continuing Education Reporting	465		
iii. Peer & Practice Assessment	91		
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

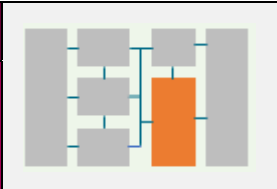
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? 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. 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 2023, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2023	1624	100%	
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 2023.	3 Peer & Practice Assessment	0.2%	
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

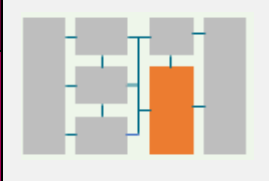
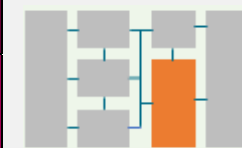
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	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)	3	100%	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.			
Additional comments for clarification (if needed)			
-			

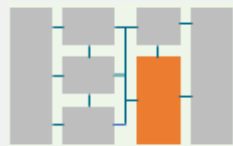
Table 4 – Context Measure 5

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 2023		Formal received	Complaints	Registrar initiated	<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		12.5%
II. Billing and Fees						
III. Communication		2	22%			
IV. Competence / Patient Care		4	45%	1		12.5%
V. Intent to Mislead including Fraud		1	11%			
VI. Professional Conduct & Behaviour				3		37.5%
VII. Record keeping		1	11%			
VIII. Sexual Abuse						
IX. Harassment / Boundary Violations		1	11%			
X. Unauthorized Practice				3		37.5%
XI. Qther <please specify>						
Total number of formal complaints and Registrar’s Investigations**		9	100%	8	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 2023	9		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 2023	10 (4 initiated in 2022 and 6 initiated in 2023)		
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 2023	8		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	
II. Formal complaints that were resolved through ADR	0	0%	
III. Formal complaints that were disposed of by ICRC	4	44%	
IV. Formal complaints that proceeded to ICRC and are still pending	4	44%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	12%	
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 2023							
Distribution of ICRC decisions by theme in 2023*	# 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		1	1	2			
II. Billing and Fees							
III. Communication	2						
IV. Competence / Patient Care		4	3	2			
V. Intent to Mislead Including Fraud	1						
VI. Professional Conduct & Behaviour	1		1	1			
VII. Record Keeping		1		1			
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations				1			

X.	Unauthorized Practice	3	1	2	2			
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 2023. ++ 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

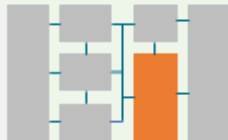
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	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 2023	150	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 2023	126		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

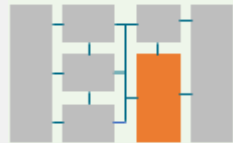
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal 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 2023	214		
II. A contested discipline hearing in working days in CY 2023	226		
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

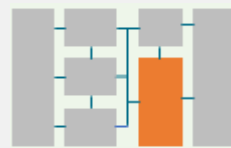
If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>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.</i>
Type	#	
I. Sexual abuse	1	
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act	1	
V. Conduct unbecoming	1	
VI. Dishonourable, disgraceful, unprofessional	2	
VII. Offence conviction		
VIII. Contravene certificate restrictions	1	
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking	1	
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts	1	

<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> <i>2 disciplinary matters with multiple findings.</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: Recommended			
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	2		
II. Suspension			
III. Terms, Conditions and Limitations on a Certificate of Registration			
IV. Reprimand			
V. Undertaking			
* 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](#)

RISK-BASED REGULATION

A pro-active approach to identifying and treating risks within the health
regulatory framework.

COLLEGE OF
NATUROPATHS OF
ONTARIO

RISK-BASED REGULATION FRAMEWORK

Introduction

The purpose of a Risk-based Regulation Framework is to identify conditions within the practice of the profession that present or may present a risk of harm to patients. According to the Uvidi Management Group, risk is defined as “the possibility and/or uncertainty that an unintended event will occur and affect the achievement of objectives.”¹ The unintended event is commonly referred to as a “peril”.

Overall, a Risk-based Regulatory Framework is intended to be proactive. To identify areas of activity within the practice of the profession that create an existing or potential risk of harm to the public and patients and to do so early before any actual harm can occur. Early identification of risk of harm allows for mitigation activities to be undertaken.

This Risk-based Regulation Framework is intended to create processes within the College of Naturopaths of Ontario (the College) for identifying risks associated with a peril and taking proactive steps, either alone or in conjunction with our system partners, to treat that risk before a peril actually occurs.

Individual Practitioner Risk versus Profession-based Risk

Early consideration was given to developing both an individual risk and profession-based risk assessment process.

Individual risk assessment

Individual risk would have enabled the creation of an Individual Risk Profile (IRP) for each registrant of the College to establish their individual risk score and, based on that risk score, direct individuals with a high-risk score into programming to mitigate the risks through various methods of added education and training. For example, the Quality Assurance Committee might have used registrant’s risk profiles as one of the basis on which it might create a randomly stratified sample of registrants for peer and practice assessments.

The challenge with the IRP process was aligning the profile with evidence-based risk factors. Initial research undertaken by the College suggested that there was insufficient evidence to support a link between regulatory activities and future risk. For example, there was insufficient evidence to support the idea that if an individual was found to have character issues at entry-to-practice, i.e. they were required to undergo a good character assessment by a panel of the Registration Committee, they were more likely to encounter complaints or discipline later in their regulatory career.

Similarly, there was conflicting evidence that the type of practice in which individuals worked in could be associated with later risk of harm to patients. For example, there is a school of thought that suggests sole practitioners are more likely to have adverse patient outcomes due to a lack of collegial support on which they can rely. There was a lack of conclusive evidence to support a link between type of practice and risk of harm to patients.

¹ Uvidi Management Group, Version – March 2020

Beyond these issues, there are also privacy issues of which the College was aware. In creating an IRP, the question of a registrant's rights to access their profile and correct any errors identified within that profile would arise. Privacy rights of individuals include not only the right to access a personal record but the ability to dispute or alter the record. This becomes an administrative challenge that the College would have to consider.

Considering the research available thus far, the College determined not to pursue an IRP concept at this time. As research in the area continues to evolve, the concept might be reconsidered provided there is sufficient evidence to create clear linkages between individual circumstances and later risk of harm to patients.

Profession-based Risk assessment

A profession-based risk assessment is the collection of data about or from a profession that is used collectively to identify a real or potential risk of harm to future patients. For example, if data were to suggest that injection site infections were increasing, educational activities might be undertaken to address appropriate techniques to protect patients from such infections.

Since the data is based on the entire profession, it is not linked to a specific practitioner and can be used to identify current areas of harm or trends that predict future harm.

Moving towards Risk-based Regulation

Registrants of the College and our key stakeholders, in particular our system partners, will rightfully ask why we are moving towards risk-based regulation. The answer to that lies in two areas. First, as early as 2020, the Council's governance review identified risk-based regulation as a goal because of its proactive nature. Health profession regulation very much relies on past activities, specifically, after the fact complaints against practitioners and self-reporting of activities by individual practitioners. While these processes can and will be used to predict future risks, they leave large gaps in information which reduces program effectiveness.

The second reason why the College is moving toward risk-based regulation can be found in the Council's [Strategic Plan](#) approved in early 2023. Among the priorities established by the Council was one that stipulated that "the College relies on a risk-based approach to proactively regulate the profession." The importance of risk-based regulation to the College's educational and collaborative activities cannot be overstated. Understanding where practice creates the potential for future harm and mitigating that harm through education, including the College's Regulatory Education Program is a key part of the Council's strategic objectives.

Impact on the Profession

In the fall of 2023 and concluding at the end of January 2024, the College engaged in a consultation process about some of the data that would be required to support the risk-based regulation approach. Through the responses from our registrants, the College has heard of concerns that collecting additional data and reporting to the College might significantly impact their clinical practice.

The College has reviewed this feedback, as well as the feedback of its stakeholders. We believe that there are methods that can be deployed within individual and group practices to streamline the data

collection processes. The College is committed to support the profession, either directly or in partnership with our system partners, in the development of mechanisms to ensure the data collection necessary for a risk-based regulatory approach that does not adversely impact clinical outcomes.

Approach to Risk-based Regulation

The challenge with any program to identify and mitigate risks is to be able to have relevant information about potential harms and to measure the risk of the harms occurring. When we consider a naturopathic patient's encounter with a registrant, there are a myriad of inherent risks. For example, a patient entering a clinic may face a risk of harm of falling because the clinic floor is wet from rain or snow. These kinds of risks, though real, are not regulatory in nature.

From a regulatory perspective, we need to be able to identify the elements or dimensions of naturopathic practice that create a risk of harm to a patient where there is regulatory control. As such, we need to look at risk from the regulatory framework. To do so will lead us to considering activities that are in the public domain, activities that are regulated through the controlled acts regime and activities that are regulated through the standards of practice.

Activities as a dimension of Risk

The sheer breadth of the full scope of practice of the profession makes it challenging to accurately assess risk; however, the practice of the profession can be broken down into several areas of "activity" through which the risk of harm to the public can be evaluated. This will allow a simple risk assessment framework based on low, medium, and high risks that we place the activities in which the profession engages.

Without in anyway understating the complexity of naturopathic practice, for the purposes of risk we will consider professional activities in one of two categories, public domain activities and controlled acts.

Public domain activities are procedures or techniques that are not restricted in any way and that can be performed by any healthcare practitioner (including unregulated professions). A few examples would include diet counselling, massage, and exercise routines. Naturopathic practice includes many of these activities.

Controlled acts are procedures that, in the *Regulated Health Professions Act, 1991*, are restricted to professions that are given authorization in legislation to perform them. While not specifically stated in the legislation, it is well understood that the principle behind the controlled acts regime is that the procedures present a risk of harm to patients. The *Naturopathy Act, 2007*, authorizes the profession to perform seven controlled acts, which is generally seen as an extensive regime of controlled activities.

For the purposes of assessing risk, the activities within the scope of practice of the naturopathic profession will be broken down into the following areas:

- **Low risk naturopathic professional activities** - activities that are within the public domain, i.e., activities that are not restricted in any way and do not require the performance of a controlled act. These activities would include, but not necessarily be limited to the following procedures: Bowen technique, lifestyle counselling, and dietary counselling.

- **Medium risk naturopathic professional activities** – activities that require the performance of a controlled act – naturopathic manipulation, communicating a diagnosis, internal examinations, acupuncture, taking or ordering blood samples or ordering and interpreting laboratory tests as well as activities that involve providing or accepting delegation.
- **High risk naturopathic professional activities** - activities that require the performance of a controlled act and where that activity is highly restricted within the regulatory framework – these activities include prescribing, dispensing, compounding and selling drugs, administering a substance by injection, inhalation or by intravenous infusion therapy.

When considering risk of harm to patients, medium and high-risk activities will be the most intense area of focus; however, this does not mean that the Risk-based Regulation Program will not consider data relating to low-risk naturopathic professional activities.

Standards of Practice as a Dimension of Risk

The practice of the profession is governed by a large number of Standards of Practice. Standards represent areas where the profession has set a benchmark for the performance of specific activities, functions or techniques within the practice of the profession. The standards for Ontario's Naturopathic Doctors are established:

- as set out in the General Regulation made under the *Naturopathy Act, 2007*,
- written standards published by the College of Naturopaths of Ontario of which there are presently 26, and
- unwritten but commonly accepted standards by which the profession is expected to perform.

Taken together, these standards, or more importantly breaches of these standards, can be used to identify another dimension of risk of harm to patients. Meaning that when a practitioner breaches a standard, that breach may present harm to the patient, though it will not always end up with this result. As such, when the College considers breaches of the standards, we can get an indication of where risk of harm might exist.

Once again, that risk can be placed into the risk framework of low, medium and high risk as on the same approach set out above. For example, advertising is not a controlled act and is an activity in which most health professionals engage. As such, it would represent a low-risk of harm to patients. This is not intended to mean that a breach of the advertising standard is not professional misconduct, indeed it is, however, the risk of harm to patients due to improper advertising is lower than breaches of other standards.

Attached as Appendix 1 is a list of the current standards of practice of the profession, a simplified description of the risk associated with the standards and an application of the risk framework to the standards.

Data to Support Risk-based Regulation

Risk-based Regulation requires data to support it. Once those data sets have been identified, we can later set out how the data will be used.

Complaints & Reports Data

Data from the complaints and reports program provides an important perspective on risk. While it is demonstrative of an alleged event or peril that may have already occurred, collectively, complaints and reports can indicate trends of issues that are emerging. A hypothetical example might be a new medical or therapeutic device that a manufacturer provides to the market that NDs purchase and begin to use in practice. If this device were to cause injuries to patients, the College could begin to see complaints about the use of the device in practice. This information can then be used to provide information or education to the profession broadly about potential risks inherent in the use of the device.

Data sets include:

- Number of complaints and number of reports,
- The number of complaints and reports that result in outcomes from the ICRC,
- The degree of severity of outcomes, such as letters of counsel vs SCERPS vs referrals to discipline,
- The controlled acts involved in the complaints, and
- The standards to which the complaints relate.

An outline of the complaints/reports data that will form a part of the Risk-based Regulation model is set out in Appendix 2.

Discipline Data

Data from the discipline program is similar in nature to that of the complaints and reports program. For example, the number of referrals to discipline can indicate whether there is a trend towards more serious matters resulting in more referrals to the Discipline Committee. Additionally, the subject matter of discipline referrals can indicate the seriousness of complaints and reports, and trends in disciplinary subject matter can identify areas where College programming can provide information and clarity to the profession to reduce future complaints in the same areas. Discipline outcomes can be used to gauge the risk of seriousness of allegations.

An outline of the disciplinary data that will form a part of the Risk-based Regulation model is set out in Appendix 3.

Inspection Program Data

The College is one of only four regulatory colleges in Ontario that operates an inspection program. The other three being the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists and the Royal College of Dental Surgeons of Ontario. The program is focused exclusively on the premises where compounding or the provision of intravenous infusion therapy is offered to Ontarians by naturopaths.

There is some basic information that can provide helpful data to a Risk-based Regulation approach, including:

- The number of premises registered which could indicate that the more premises that offer IVIT services, the greater the cumulative risk to Ontarians that a peril may occur.

- The inspection outcomes which collectively may be indicative of the degree to which the profession is able and willing to comply with the standards.

The program also offers somewhat more sophisticated information based on requirements set out in the Regulation that registrants file occurrence reports. Type 1 occurrence reports are filed at the time an event occurs within a set period that IVIT is provided to a patient. This could be the death of a patient or referral to emergency services. The frequency with which these events occur, the severity of the outcome and whether the outcome was likely, i.e., death to do underlying conditions as opposed to the performance of the services, are all important indicators of both compliance and risk of similar perils.

Type 2 occurrence reports are annual data reports filed by each of the premises in the program. This data indicates things such as when infection occurs, unscheduled treatments are required or an adverse drug reaction occurs. Frequency and severity provide important data around program compliance, the impact of various drugs and risk of increased perils related to the provision of this service.

- Number of registered premises, as well as the number of premises closing, and new premises being registered.
- Number and nature of type 1 occurrences.
- Type 2 occurrence data can indicate trends in several areas including changes in usage of IVIT authorized substances, issues surrounding compliance with premise standards.
- Number of cease & desist letters sent to registrants who have not met the Standard of Practice for providing IVIT in premises, as well as the number of cease & desist letters sent to unregistered clinics to stop providing IVIT.

An outline of the inspection program data that will form a part of the Risk-based Regulation model is set out in Appendix 4.

Registration Program Data

The Registration program is the backbone of the College, both in terms of a core function of registering qualified naturopaths but also in terms of the economic sustainability of the College. Basic information about the number of registrants, the success of the annual renewals and attrition is used to forecast the future economic conditions facing the College. Related data, such as administrative suspensions and revocations support this process.

Data about referrals to the Registration Committee can provide indications of risk given the changing nature of the profession. Relevant data would include:

- Class changes (individuals inactive for more than 2 years) referrals and the outcomes of the Registration Committee (RC) reviews.
- Number of entry to practice referrals to the RC and why those are being made. E.g., Are they indicative of the character of the profession on the whole?
- Currency data on registrants may provide information about how current and perhaps how competent the profession is, the financial health of the profession as well as future compliance in other areas.

An outline of the registration program data that will form a part of the Risk-based Regulation model is set out in Appendix 5.

Registrant Renewal Data

Beginning with the 2024 renewal year, the College began collecting data from all registrants to determine the number of practitioners who are performing medium-risk or high-risk activities. Registrants were required to indicate whether or not they perform the following controlled acts:

- Moving the joints of the spine (manipulation)
- Puncturing the dermis (acupuncture)
- Internal Examinations
- Administering substances by inhalation
- Administering substances by non-IVIT injection
- Administering substances by IVIT
- Prescribing a drug
- Dispensing a drug
- Compounding a drug (including for IVIT)
- Selling a drug
- Taking blood samples for performing prescribed naturopathic exams.

This information will allow the College to understand the extent to which the profession is performing the restricted acts to which they have been authorized by legislation. This is important quantifying data when considering risks to the public. For example, if less than 5% of the profession performs naturopathic manipulation and the number of complaints or discipline are low or non-existent, any risks related to this controlled act may be low and not require any mitigation. Conversely, if a high percentage of the profession takes blood from patients and we see a number of complaints involving taking blood samples or breaches of the related standards, this may be indicative of work that is needed to improve the professions activities in this area.

Additionally, registrants have been asked about the size of their practice (number of patients in their practice) and the number of patients seen (number of patient visits) in the past year. It is intended that this information will provide the College with a degree of the scope of risk. For example, if every ND performs only 1 controlled act on 1 patient, the degree of risk might be seen as low as there are only 1657² controlled acts being performed. However, if all registrants are performing all the controlled acts, there are now approximately 18,227 controlled acts collectively on their patients. This provides a general overview of the risk associated with the performance of the controlled acts.

The final component is how many patients the ND saw in the past 12-months. On April 1, 2023, it was projected that Ontario's population was 15,500,632³ people. In the past, it has been estimated that approximately 20% of the population visited NDs, meaning that the overall patient population was 3,100,126 people. While we don't know how many patients turned into actual patient visits, it is possible that the number of controlled acts performed by NDs could be as high as 34,101,390 assuming each patient had all eleven controlled acts performed on them once. While the number may be artificial,

² Based on the number of registrants in the General Class in good standing as of December 31, 2023.

³ Numbers provided by the [Province of Ontario](https://www.ontario.ca).

it is indicative that the number of controlled acts performed by the profession in a year could be quite high.

Additional data being collected at renewal, in part at the request of a system partner is “type of practice location” for each registrant. This provides information about the nature of the practice of the profession and can identify trends over time. It can also be used to cross reference other risk data to determine whether risk is increased based on the type of practice location.

An outline of the registrant renewal data that will form a part of the Risk-based Regulation model is set out in Appendix 6.

Quality Assurance Data

The College is very much aware of the legislative requirements that silos Quality Assurance Program information from the rest of the College; however, this pertains to individual registrant information. The Quality Assurance Program can provide data that is relevant to the Risk-based Regulation program.

One area is determining the number of registrants who have completed their annual self-assessment each year. This can provide general information about program compliance. Each year, one of three cohorts is required to submit a Continuing Education Portfolio to the College which will allow the College to assess compliance annually but also over the three-year cycle and determine how many registrants are completing the reporting and meeting the requirements. In addition to compliance, it is also perhaps a predictor of overall general continuing competence.

Finally, Peer & Practice Assessments are completed each year and overall cumulative data for all years will identify areas of improvement for the profession and the specific standards that the QA Committee has required be reviewed that are indicative of improvement being required and important indicators of future risk of perils.

An outline of the Quality Assurance Program data that will form a part of the Risk-based Regulation model is set out in Appendix 7.

Examination Data

The College operates a number of examinations, including:

- Entry-to-practice examinations:
 - Clinical Sciences Examination,
 - Biomedical Examination, and
 - Clinical (Practical) Examinations.
- Post-registration examinations for extended services:
 - Prescribing and Therapeutics Examination, and
 - Intravenous Infusion Therapy Examination.

These examinations test the necessary competencies to practice the profession safely and competently and also test the knowledge of standard procedures related to these competencies. The Risk-based Regulation Program can derive information from the data that comes from the delivery of these examinations, in particular data about aspects where individuals have failed an examination, the areas of deficiency and, for individuals who pass the exams, the areas where they may not perform well or

optimally. The aggregate data from this program can provide a much longer horizon for future regulatory and complaint issues for which early intervention through education and information sharing could have a greater impact.

Both at entry-to-practice and in terms of the post-registration examinations, the data may be earlier predictors of where skills will need to be improved upon, may atrophy or where collective education and training may be needed in the future. The data may also be an earlier indicator of potential patient harms that could lead to complaints and reports and perhaps even disciplinary hearings in the future.

Appendix 8 sets out the preliminary data that may be used to consider future risk of perils based on examination performance.

Regulatory Guidance

Regulatory Guidance occurs in two distinct avenues. The first is through outbound communications such as news articles, advisories, e-mail blasts and blog posts by which the College alerts, advises, and guides the profession. The second is through in-bound communications, typically phone calls and e-mails received and responded to by the Manager, Professional Practice.

With respect to outbound communications, it can be assumed that some peril or risk of peril has already been identified and that the communication is intended to inform or educate the profession as a way to treat or mitigate the risk. Hence, the most relevant data is how many of these communications are sent out by the College.

In terms of the inbound inquiries received by the College, this information is currently tracked and reported to the Council as trending information. It does indicate to the College where the profession may be encountering challenges or needs more information and guidance. The inquiries can be broken out into the relevant standards, which allows for correlation to a number of other programs including complaints/reports, discipline, inspections and QA. They can also be broken out in relation to current issues facing the profession, such as COVID-19 of today, and where the profession is dealing with novel approaches and issues. These become early indicators of future risk of perils.

An outline of the regulatory guidance data that will form a part of the Risk-based Regulation model is set out in Appendix 9.

Prescribing, Non-IVIT Injections and Inhalation

For the purposes of this section, the controlled acts of prescribing, dispensing, compounding and selling a drug will be generally referred to as “prescribing”. Additionally, when referring to compounding or injecting drugs, in this section reference is being made to compounding for purposes other than administering by IVIT and injecting substances by means other than by IVIT.

Data regarding IVIT, both compounding for and the administration of a substance by IVIT, are covered under the data set from the Inspection Program. That program is inherently limited by the Regulation that establishes it, such that data about prescribing and non-IVIT injections cannot be collected through that program. This results in a gap.

As identified in the consultation undertaking in the fall of 2023 and early winter of 2024, the College will begin collecting data from registrants who have met the standard of practice for therapeutic prescribing. This data will relate to the number of prescriptions written, drugs compounded, dispensed and sold as well as the number of administrations of substances by injection (non-IVIT) and inhalation. Like the inspection program itself, the number of adverse occurrences will also be collected along with the general nature of the occurrences encountered.

Overall, this data will tell us how many drugs are prescribed, dispensed, compounded and sold by NDs, as well as how many administrations are done by injection and inhalation. We can then compare the number of adverse reactions to determine the level of safe use in practice which we can then monitor over time.

An outline of the prescribing data that will form a part of the Risk-based Regulation Program is set out in Appendix 10.

How the Data will be used

Primarily, the data will be used to inform the College of where risks of harm to patients exist or may exist based on trends (year-over-year data) on a systemic basis. Once the risks are identified, the program would identify one or more techniques to mitigate those risks. Some of those techniques might include:

- New or revised self-assessment questionnaires through the Quality Assurance Program.
- A new layer of stratification in the peer & practice assessment program.
- Articles.
- New or updated educational programming.

There is also a desire to incorporate the College's system partners in this process should they be so willing. Their contributions could include reviewing the data as part of the risk identification process and risk mitigation opportunities. Both the educational program and the professional association would have mitigation opportunities not available to the College alone.

Importantly, although the data may be collected from individual registrants, it is not being used as a regulatory oversight process. In other words, the intention is that the data submitted by an individual is not intended to be used as a part of the complaints or reports processes.

The Role of Council

The Council, through its Strategic Plan, has identified Risk-based Regulation as an important priority. The program as set out in this document identifies how the Program will be established. Approval of the program is not required for two reasons. First, the data to be collected is already permitted under the General Regulation or the College by-laws. Second, all the elements set out in the Program are operational activities.

Although approval is not required, feedback on the program is always welcomed. Furthermore, if the Council is of the opinion that the program should not proceed, it always has the opportunity to amend its Ends Policy to alter or remove the aspects of it that relate to a risk-based regulation approach.

Implementation

There will be a concerted effort made to implement this program. Several key things are required:

- The College needs to retain an individual who has the competencies to oversee the implementation process. This will require someone with experience in data collection, data analysis and in risk management processes.
- The new data collection mechanisms for prescribing need to be formally announced and a timeframe set out for when that data needs to begin to be collected by registrants and reported to the College.
- The data from the various programs as set out in the appendices needs to be collected, assembled and tabulated for program use.
- Discussions with system partners is required to consider degree of interest and ability to participate in this program.

Conclusion

It is believed that the Risk-based Program as set out in this document will move the College forward and accomplish the desired outcomes set out in the Council's Strategic Plan. This program will identify areas of activity within the practice of the profession that create an existing or potential risk of harm to the public and patients and in a manner that allows the College, alone or with its system partners, to have a positive impact through mitigation techniques.

Like all regulatory programs, they will evolve as experience is gained and over time, some data sets may prove not to be helpful in the process of identifying risk and data not yet available to the College might be desired. As we are moving into somewhat uncharted territory, the College needs to be prepared to update and amend this program to ensure we accomplish its desired outcome, which is to serve and protect the public interest.

Andrew Parr, CAE
Chief Executive Officer
March 2024

Appendix 1
Standards Risk Assessment

Standard	Simplified Description of risk	Low Risk	Medium Risk	High Risk
Acupuncture	Improper acupuncture techniques, unsterile needles.		☒	
Advertising	Improper advertising, testimonials, unverifiable claims etc.	☒		
Collecting Clinical Samples	Collecting improper samples, missed samples.	☒		
Communicating a Diagnosis	Communicating an improper diagnosis, missing a proper diagnosis. Patient treatment decisions are reliant on this.			☒
Compounding	Compounding a substance in an improper way resulting in infection or harm to the patient.			☒
Conflict of Interest	Recommending a product or service while personally benefiting from it.	☒		
Consent	Failing to obtain informed consent for the performance of procedure or treatment.			☒
Delegation	Improper delegation of controlled act, failing to monitor delegate, failing to document delegation.			☒
Dispensing	Dispensing a drug to a patient that the patient preferred to be obtained through another source.	☒		
Dual Registration	Improper registration, not maintaining records and distinctions between roles.	☒		
Emergency Preparedness	Inability to properly handle an emergency situation to potentially save a life.			☒
Fees & Billing	Improper billing, overbilling, financial hardship to patient, insurance fraud.	☒		
Infection Control	Failure to ensure safety from infection. Potential for spread of infections or infectious disease.		☒	
Inhalation	Administering an improper substance, a substance that is contra-indicated for the patient's condition or conflicts with other medications the patient is taking. Improperly administering the substance causing pain or harm to the patient.			☒
Injection	Administering an improper or unauthorized substance, a substance that is contra-indicated based on the patient's condition or other medications being taken. Administering a substance by an improper route of administration impacting its efficacy. Injection a substance that causes the patient pain, harm or death.			☒
Internal Examinations	Invasive procedure to take samples or conduct examination. Potential for harm.			☒
Intravenous Infusion Therapy	Administering an improper or unauthorized substance by IVIT, a substance that is contra-indicated based on the patient's condition or other medications being taken.			☒

	Administering a substance by IVIT that is not permitted. Administering IVIT that causes the patient pain, harm or death.			
Manipulation	Performing manipulation when contra-indicated or in ways not permitted.			☒
Point of Care Testing	Performing a POCT test that is improper or is not interpreted properly. Potential for missed or mis-diagnosis.		☒	
Prescribing	Prescribing a drug to a patient that is improper for the condition being presented, is ineffective, or contra-indicated based on the patient's condition or other medications. Prescribing a drug by an improper route of administration, at a dose not recommended or not permitted in the regulation. Failing to monitor a patient's response to the drug.			☒
Recommending non-scheduled substances	Recommending substances not of value to patient or contra-indicated.	☒		
Record Keeping	Poor or failed documentation about services and treatments provided.		☒	
Requisitioning lab tests	Requisitioning a test that is not indicated or not used for the intended purpose or for which the registrant does not have the competency to interpret.		☒	
Restricted Titles	Confusion of public as to who the health professional is and what they can do.	☒		
Scope of Practice	Offering services that are outside of the scope of practice of the profession.			☒
Selling	Selling a drug to a patient that the patient preferred to be obtained through another source.	☒		
Therapeutic Relationships	ND uses their power position to influence patient, potential for sexual abuse.			☒

It is worth noting that there can and will be some discussion about the level of risk assigned to each of these standards of practice; however, accepting this assessment for the moment, the standards dimension would look something like this:

Low-risk	Medium-risk	High-risk
Advertising	Acupuncture	Communicating a Diagnosis
Collecting Clinical Samples	Infection Control	Compounding
Conflict of Interest	Point of Care Testing	Consent
Dispensing	Record Keeping	Delegation
Dual Registration	Requisitioning lab tests	Emergency Preparedness
Fees & Billing		Inhalation
Recommending non-scheduled substances		Injection
Restricted Titles		Internal Examinations
Selling		Intravenous Infusion Therapy
		Manipulation

		Prescribing
		Scope of Practice
		Therapeutic Relationships

Appendix 2
Complaints and Reports Data Set

Data		2022-23	2023-24	2024-25
Complaints				
	New Received			
	On-going			
	Closed – No action required			
	Closed - Outcome			
CEO Investigations				
	New Received			
	On-going			
	Closed – No action required			
	Closed - Outcome			
Outcomes				
	Letter of Counsel			
	SCERP			
	Caution			
	Referred to Discipline Committee			
Allegations where Outcomes Applied				
	Breach of Standards			
	Code of ethics			
	Core competencies			
	Acupuncture			
	Advertising			
	Collecting Clinical Samples			
	Communicating a Diagnosis			
	Compounding			
	Consent			
	Delegation			
	Dispensing			
	Dual Registration			
	Emergency Preparedness			
	Fees & Billing			
	Infection Control			
	Inhalation			
	Injection			
	Internal examinations			
	Intravenous Infusion Therapy			
	Manipulation			
	Performing Authorized Acts			
	Point of Care Testing			
	Prescribing			
	Recommending Non-Scheduled Substances			
	Record keeping			
	Requisitioning Lab Tests			

	Restricted Titles			
	Scope of Practice			
	Selling			
	Therapeutic Relationships and Professional Boundaries			
	Breach of General Regulation			
	Performing a controlled act (s. 3)			
	Internal examinations (s. 4)			
	Administering substances by injection or inhalation (s. 5, Table 1, Table 2)			
	Moving the joints of the spine (s. 6)			
	Communicating a naturopathic diagnosis (s. 7)			
	Taking blood samples (s. 8)			
	Prescribing a drug (s. 9, Table 3)			
	Dispensing a drug (s. 10, Table 4)			
	Compounding a drug (s. 11, Table 5)			
	Selling a drug (s. 12, Table 6)			
	Mandatory Referral (s. 13)			
	Delegation (Part III)			
	Inspection (Part IV)			
	Breach of Professional Misconduct Regulation			
	Contravening a standard (s. 1)			
	Abusing a patient or their representative (s. 2)			
	Informed consent (s. 3)			
	Failing to reveal (s. 4)			
	Disclosing patient information (s. 5)			
	Discontinuing services (s. 6)			
	Unnecessary or ineffective treatment (s. 7)			
	Treatment beyond knowledge, skill or judgment (s. 8)			
	Failing to provide a patient to consult another health provider (s. 9)			
	Performing a controlled act not authorized (s. 10)			
	Performing a delegated controlled act without knowledge, skill or judgment (s. 11)			
	Failure to supervise a person (s. 12)			
	Permitting, assisting a person to hold out as an ND or perform a controlled act (s. 13)			
	Prescribing, dispensing, compounding or selling a drug for improper use (s. 14)			
	Administering a substance for an improper use (s. 15)			
	Failing to advise of right to file complaint (s. 16)			
	Acting in a conflict of interest (s. 17)			
	Issuing a false or misleading invoice, bill or receipt (s. 18)			

	Charging an excessive fee (s. 19)			
	Failing to advise of fees in advance of services (s. 20)			
	Failing to provide an itemized account (s. 21)			
	Breaching an agreement with a patient (s. 22)			
	Failing to keep records in keeping with standards (s. 23)			
	Signing/issuing a false or misleading document/statement (s. 24)			
	Falsifying a record (s. 25)			
	Making a claim that cannot be supported as a reasonable professional opinion (s. 26)			
	Permitting advertising of Registrant that is false or misleading (s. 27)			
	Using testimonials (s. 28)			
	Influencing a patient to change their will (s. 29)			
	Inappropriate use of a term, title or designation (s. 30)			
	Using a term, title or designation that implies specialization (s. 31)			
	Practising using a name other than the one on the register (s. 32)			
	Failing to provide a report to a patient in a reasonable time (s. 33)			
	Failing to report an unsafe practice incident to the College (s. 34)			
	Practising while impaired or affected by condition or dysfunction (s. 35)			
	Contravening the Act, the RHPA or their regulations (s. 36)			
	Failing to comply with a duty under Part IV of the General Regulation (s. 36.1)			
	Contravening a law if it is to protect or promote public health or in a way that is relevant to their suitability to practise (s. 37)			
	Contravening a term, condition or limitation on their certificate of registration (s. 38)			
	Practising while suspended (s. 39)			
	Benefiting from the practice while suspended (s. 40)			
	Failing to comply with an order of a panel (s. 41)			
	Failing to appear before ICRC to be cautioned (s. 42)			
	Failing to abide by an undertaking given to the College or breaching an agreement with the College (s. 43)			
	Failing to reply within 30 days to a written request of the College (s. 44)			

		Selling or assigning debt owed to the Registrant (s. 45)			
		Engaging in conduct that would be regarded as disgraceful, dishonourable or unprofessional (s. 46)			
		Engaging in contact that would be regarded as unbecoming (s. 47)			
		Failing to make reasonable attempts to collaborate with patients' other health providers (s. 48).			
	Health Professions Procedural Code				
		It is professional misconduct if a Registrant is found guilty of an offence relevant to their suitability to practice. (s. 51(1)(a))			
		It is professional misconduct if a Registrant is found to have committed an act of professional misconduct by another regulator or in another jurisdiction.			
		It is professional misconduct if a Registrant is found to have sexually abused a patient.			
		It is professional misconduct if a Registrant is found to have an act of professional misconduct as defined in the regulations.			
		Obstructing an investigation (s. 76(3))			
		Failure to cooperation with an investigation (s. 76 (3.1))			
		Failure to cooperate with a panel of the QAC (s. 82(1))			

Appendix 3
Discipline Data Set

Data		2022-23	2023-24	2024-25
Referrals				
	New Received			
	On-going			
	Closed – No findings			
	Closed - Findings			
Discipline Matters with Findings				
	Outcomes			
	Reprimand			
	Suspension			
	Terms, conditions and limitations			
	Remediation			
	Fine			
	Revocation			
	Resignation			
	Costs			
Allegations where Findings were Made				
	Breach of Standards			
	Code of ethics			
	Core competencies			
	Acupuncture			
	Advertising			
	Collecting Clinical Samples			
	Communicating a Diagnosis			
	Compounding			
	Consent			
	Delegation			
	Dispensing			
	Dual Registration			
	Emergency Preparedness			
	Fees & Billing			
	Infection Control			
	Inhalation			
	Injection			
	Internal examinations			
	Intravenous Infusion Therapy			
	Manipulation			
	Performing Authorized Acts			
	Point of Care Testing			
	Prescribing			
	Recommending Non-Scheduled Substances			
	Record keeping			
	Requisitioning Lab Tests			

	Restricted Titles			
	Scope of Practice			
	Selling			
	Therapeutic Relationships and Professional Boundaries			
	Breach of General Regulation			
	Performing a controlled act (s. 3)			
	Internal examinations (s. 4)			
	Administering substances by injection or inhalation (s. 5, Table 1, Table 2)			
	Moving the joints of the spine (s. 6)			
	Communicating a naturopathic diagnosis (s. 7)			
	Taking blood samples (s. 8)			
	Prescribing a drug (s. 9, Table 3)			
	Dispensing a drug (s. 10, Table 4)			
	Compounding a drug (s. 11, Table 5)			
	Selling a drug (s. 12, Table 6)			
	Mandatory Referral (s. 13)			
	Delegation (Part III)			
	Inspection (Part IV)			
	Breach of Professional Misconduct Regulation			
	Contravening a standard (s. 1)			
	Abusing a patient or their representative (s. 2)			
	Informed consent (s. 3)			
	Failing to reveal (s. 4)			
	Disclosing patient information (s. 5)			
	Discontinuing services (s. 6)			
	Unnecessary or ineffective treatment (s. 7)			
	Treatment beyond knowledge, skill or judgment (s. 8)			
	Failing to provide a patient to consult another health provider (s. 9)			
	Performing a controlled act not authorized (s. 10)			
	Performing a delegated controlled act without knowledge, skill or judgment (s. 11)			
	Failure to supervise a person (s. 12)			
	Permitting, assisting a person to hold our as an ND or perform a controlled act (s. 13)			
	Prescribing, dispensing, compounding or selling a drug for improper use (s. 14)			
	Administering a substance for an improper use (s. 15)			
	Failing to advise of right to file complaint (s. 16)			
	Acting in a conflict of interest (s. 17)			

	Issuing a false or misleading invoice, bill or receipt (s. 18)			
	Charging an excessive fee (s. 19)			
	Failing to advise of fees in advance of services (s. 20)			
	Failing to provide an itemized account (s. 21)			
	Breaching an agreement with a patient (s. 22)			
	Failing to keep records in keeping with standards (s. 23)			
	Signing/issuing a false or misleading document/statement (s. 24)			
	Falsifying a record (s. 25)			
	Making a claim that cannot be supported as a reasonable professional opinion (s. 26)			
	Permitting advertising of Registrant that is false or misleading (s. 27)			
	Using testimonials (s. 28)			
	Influencing a patient to change their will (s. 29)			
	Inappropriate use of a term, title or designation (s. 30)			
	Using a term, title or designation that implies specialization (s. 31)			
	Practising using a name other than the one on the register (s. 32)			
	Failing to provide a report to a patient in a reasonable time (s. 33)			
	Failing to report an unsafe practice incident to the College (s. 34)			
	Practising while impaired or affected by condition or dysfunction (s. 35)			
	Contravening the Act, the RHPA or their regulations (s. 36)			
	Failing to comply with a duty under Part IV of the General Regulation (s. 36.1)			
	Contravening a law if it is to protect or promote public health or in a way that is relevant to their suitability to practise (s. 37)			
	Contravening a term, condition or limitation on their certificate of registration (s. 38)			
	Practising while suspended (s. 39)			
	Benefiting from the practice while suspended (s. 40)			
	Failing to comply with an order of a panel (s. 41)			
	Failing to appear before ICRC to be cautioned (s. 42)			

	Failing to abide by an undertaken given to the College or breaching an agreement with the College (s. 43)			
	Failing to reply within 30 days to a written request of the College (s. 44)			
	Selling or assigning debt owed to the Registrant (s. 45)			
	Engaging in conduct that would be regarded as disgraceful, dishonourable or unprofessional (s. 46)			
	Engaging in contact that would be regarded as unbecoming (s. 47)			
	Failing to make reasonable attempts to collaborate with patients' other health providers (s. 48).			
	Health Professions Procedural Code			
	It is professional misconduct if a Registrant is found guilty of an offence relevant to their suitability to practice. (s. 51(1)(a))			
	It is professional misconduct if a Registrant is found to have committed an act of professional misconduct by another regulator or in another jurisdiction.			
	It is professional misconduct if a Registrant is found to have sexually abused a patient.			
	It is professional misconduct if a Registrant is found to have an act of professional misconduct as defined in the regulations.			
	Obstructing an investigation (s. 76(3))			
	Failure to cooperation with an investigation (s. 76 (3.1))			
	Failure to cooperate with a panel of the QAC (s. 82(1))			

Appendix 4
Inspection Program Data

Data		2022-23	2023-24	2024-25
Registered Premises				
	New Premises Registered			
	Total Registered			
	Type 1 Occurrences Reported			
	Type 2 Occurrences Reported			
Inspection Outcomes				
	Pass			
	Pass with conditions			
	Fail			
IVIT Procedures Performed				
	Compounding for IVIT			
	Administration of IVIT			
Type 1 Occurrences				
Nature of Occurrence				
	Death of a patient at the premises after procedure.			
	Death of a patient that occurs within 5 days following the procedure.			
	Referral of a patient to EMS within 5 days following the Procedure.			
	Procedure performed on the wrong patient.			
	Administration of an emergency drug to a patient.			
	Diagnosis of a patient with shock or convulsions occurring within 5 days.			
	Diagnosis of a patient as being infected with a disease or any disease-causing agent after a procedure.			
Patient Gender Data				
	Male			
	Female			
	Not provided			
Patient Age Data				
	16 – 20 years			
	21 – 30 years			
	31 – 40 years			
	41 – 50 years			
	51 – 60 years			
	61 – 70 years			
	71 + years			
Person treating patient				
	Registrant			
	Healthcare professional			
	Non-healthcare professional			

Type 2 Occurrences Reported				
	Nature of Occurrence			
	Any infection occurring in a patient in the premises after the procedure.			
	An unscheduled treatment of a patient by a Registrant occurring within five days of a procedure.			
	Any adverse drug reaction occurring in a patient after a procedure.			
	Infection Types			
	Flu-like symptoms			
Type 2 – Unscheduled treatments				
	By Type			
	Electrolytes			
	Increased fluids			
	Reassurance			
	Topical heat applications			
	By condition			
	Anxiety			
	Headache, fatigue			
	Muscular spasms			
Type 2 – Adverse Drug Reactions				
	Severity			
	Mild			
	Moderate			
	Severe			
	By Type			
	Anxiety			
	Chest pain			
	Chills			
	Diarrhea			
	Dizziness			
	Headache			
	Hypertension			
	Hypoglycemia			
	Infusion site extravasation			
	Maculo-papular rash			
	Nausea			
	Phlebitis			
	Pre-syncope			
	Shortness of breath			
	Syncope			
	Urticaria			
	Vomiting			

Appendix 5
Registration and Registration Committee Data

<i>Data</i>		2022-23	2023-24	2024-25
Registrant				
	General Class			
	Inactive Class			
	Emergency Class			
	Life Registrants			
Renewals				
	Number renewed			
	Administrative Suspensions			
	Resignations			
Suspensions & Revocations (non-renewal based)				
	Suspended due to PLI			
	Suspended due to CPR			
	Revocations (after 2 years suspended)			
Class Changes				
	General to Inactive			
	Inactive to General (2 yrs or less as Inactive)			
	Inactive to General (>2 yrs but <5 yrs Inactive)			
	Inactive to General (5 and + years Inactive)			
Currency Audits				
	Met 750 hours requirement			
	Did not meeting 750 hours requirement			
Currency Audit Outcomes				
	Referred to QAC			
	Moved to Inactive			
	Added Non-clinical TCL			
	RC approved learning plan			
Entry-to-Practice Applications				
	Received			
	Certificates Issued			
	Certificates Denied			
	On-going			
Entry-to-Practice Registration Committee Referrals				
	Mental or physical condition or disorder			
	Good character review			
	Labour mobility provisions			
	More than 2 years since graduation			
	More than 2 years since passed examinations			
Entry-to-Practice Committee Referral Outcomes				
	Issued a certificate of registration			
	Issued a certificate of registration following completion of additional training or education			

	Issued a certificate of registration following completion of additional exams			
	Issued a certificate of registration with a Term, Condition or Limitation			
	Denied issuance of a certificate of registration			

Appendix 6
Registrant Data on Renewal

<i>Data</i>		2024-25	2025-26	2026-27
Registrants Reporting				
	General Class			
Registrant Performance of Controlled Acts				
	Naturopathic manipulation			
	Acupuncture			
	Internal Examinations			
	Administering substances by inhalation			
	Administering substances by non-IVIT injection			
	Administering substances by IVIT			
	Prescribing a drug			
	Dispensing a drug			
	Compounding a drug (including for IVIT)			
	Selling a drug			
	Taking blood samples			
Registrant Patient Base				
	Number of patients in practice			
	Number of patient visits			
Registrant Practice Type				
	Independent Practitioner (brick and mortar clinic)			
	Independent Practitioner (Telepractice)			
	Clinic with other NDs			
	Multi-disciplinary practice			
	Non-clinical (do not see patients)			

Appendix 6
Quality Assurance Data Set

<i>Data</i>		2022-23	2023-24	2024-25
CE Reporting				
	Number in group			
	Number received			
	Reports with deficiencies			
Self-Assessment				
	Number completed			
	Number not completed			
Peer & Practice Assessments (PPA)				
	Pool selected by QAC			
	Removed from pool (deferred, changed class, retired)			
	QAC Ordered Assessments			
	Assessments Completed			
PPA Outcomes				
	Assessments Completed			
	Satisfactory outcome (with 1's or 2's)			
	Improvements identified (with 3's or 4's)			
PPA Areas of Improvement				
	Professional portfolio			
	Patient charts/record keeping			
	Physical premises			
	Standards			
Standards Identified for Review				
	Code of ethics			
	Core competencies			
	Acupuncture			
	Advertising			
	Collecting Clinical Samples			
	Communicating a Diagnosis			
	Compounding			
	Consent			
	Delegation			
	Dispensing			
	Dual Registration			
	Emergency Preparedness			
	Fees & Billing			
	Infection Control			
	Inhalation			
	Injection			
	Internal examinations			
	Intravenous Infusion Therapy			
	Manipulation			
	Performing Authorized Acts			

	Point of Care Testing			
	Prescribing			
	Recommending Non-Scheduled Substances			
	Record keeping			
	Requisitioning Lab Tests			
	Restricted Titles			
	Scope of Practice			
	Selling			
	Therapeutic Relationships and Professional Boundaries			

Appendix 8
Examinations Data

Data		2022-23	2023-24	2024-25
Clinical Sciences Examination - Competencies				
	Assessment & Diagnosis			
	Evaluate patients			
	Assess common conditions			
	Interpret findings			
	Apply evidence informed practice			
	Modalities			
	Principles of botanical prescribing			
	Principles of homeopathic prescribing			
	Principles of clinical nutrition, including nutraceuticals			
	Principles of physical medicine			
	Principles of counselling and health psychology			
	Principles of traditional Chinese medicine			
	Principles of Pharmacotherapy			
	Critical Care & Public Health			
	Manage high risk patients and conditions			
	Implement occupational and public health policies			
Clinical Sciences Examination - Conditions				
	Vascular			
	Infectious			
	Neoplastic			
	Degenerative			
	Inflammatory/Immunologic			
	Congenital/Developmental			
	Autoimmune			
	Toxic/Environmental			
	Traumatic			
	Endocrine			
	Metabolic			
	Psychosomatic/Psychiatric			
Biomedical Examination - Competencies				
	Cardiovascular system			
	Endocrine system			
	Gastrointestinal system			
	Hematopoietic system			
	Immune system			
	Integumentary system			
	Musculoskeletal system			
	Neurological system			
	Pulmonary system			
	Sexual health			

	Urinary system			
Clinical Practical Exam – Acupuncture Competencies				
	Acupuncture point location, identification and relevant anatomy			
	Western and TCM indications, and contraindications (point specific)			
	Naturopathic diagnosis of Zang-Fu syndromes			
	Safety, cautions, and contraindications (general)			
	Handling of emergencies			
	Appropriate terminology			
	Patient Interaction, instruction and professionalism			
Clinical Practical Exam – Acupuncture Procedures				
	Needling technique (insertion depth and angulation)			
	Needle disposal			
	Safety and infection control/hygiene			
Clinical Practical Exam – Manipulation Competencies				
	Spinal segment location and identification			
	Normal and reduced ranges of motions			
	Assessment of spinal segments using motion palpation			
	Manipulation adjustment techniques			
	Indications and contraindications (absolute and relative)			
	Appropriate terminology			
	Patient interaction, instruction and professionalism			
Clinical Practical Exam – Manipulation Procedures				
	Bilateral assessment in full ranges of motion			
	Use of motion palpation			
	Proper set-up and adjustive technique			
Clinical Practical Exam – Physical Exam/Instrumentation Competencies				
	Anatomy including normal and abnormal findings and their presentation on physical exam			
	Differential diagnosis			
	Cardiovascular, respiratory, abdominal, ear, eye and neurological conditions and physical exam assessments			
	Patient interaction, instruction and professionalism			
	Appropriate terminology			
Clinical Practical Exam – Physical Exam/Instrumentation Procedures				
	Proper assessment technique in the performance of cardiovascular, respiratory, abdominal, ear, eye and neurological physical exams.			
	Proper use of instruments (tuning fork, reflex hammer, thermometer, ophthalmoscope, otoscope, sphygmomanometer, stethoscope).			
	Presentation of findings			

Prescribing and Therapeutics Competencies				
	Prescription medications for initial and secondary treatments			
	Monitoring parameters for safety and efficacy			
	Adverse events, drug interactions and contraindications			
	Starting doses and titration schedules			
	Treatment plans			
	Writing a legal prescription			
	Determining harm and discontinuing medications.			
	Clinical trial design factors – evaluating literature			
	Ontario drugs authorized to NDs			
Intravenous Infusion Therapy Competencies				
	Clinical Rationale			
	Patient Assessment			
	Infection Prevention and Control			
	IVIT Substances			
	IVIT Formulas			
	IVIT Complications & Emergencies			
	IVIT Equipment & Devices			
	Anatomy			
	IVIT Technique			
	Regulations, policies and guidelines			
Intravenous Infusion Therapy Procedures				
	Osmolarity calculations			
	Sterile compounding			
	Vascular access			

Appendix 8
Regulatory Guidance Data Set

Data		2022-23	2023-24	2024-25
<i>Inquiries Received</i>				
	E-mail			
	Telephone			
<i>Outbound Information Initiated</i>				
	News Articles			
	E-mails			
	Blog Posts			
	Advisories			
<i>Nature of Inquiries</i>				
	Standards			
	Code of ethics			
	Core competencies			
	Acupuncture			
	Advertising			
	Collecting Clinical Samples			
	Communicating a Diagnosis			
	Compounding			
	Consent			
	Delegation			
	Dispensing			
	Dual Registration			
	Emergency Preparedness			
	Fees & Billing			
	Infection Control			
	Inhalation			
	Injection			
	Internal examinations			
	Intravenous Infusion Therapy			
	Manipulation			
	Performing Authorized Acts			
	Point of Care Testing			
	Prescribing			
	Recommending Non-Scheduled Substances			
	Record keeping			
	Requisitioning Lab Tests			
	Restricted Titles			
	Scope of Practice			
	Selling			
	Therapeutic Relationships and Professional Boundaries			
	General Regulation			

	Performing a controlled act (s. 3)			
	Internal examinations (s. 4)			
	Administering substances by injection or inhalation (s. 5, Table 1, Table 2)			
	Moving the joints of the spine (s. 6)			
	Communicating a naturopathic diagnosis (s. 7)			
	Taking blood samples (s. 8)			
	Prescribing a drug (s. 9, Table 3)			
	Dispensing a drug (s. 10, Table 4)			
	Compounding a drug (s. 11, Table 5)			
	Selling a drug (s. 12, Table 6)			
	Mandatory Referral (s. 13)			
	Delegation (Part III)			
	Inspection (Part IV)			
	General Issues			
	COVID-19			
	Telepractice			
	Patient visits			
	Notifying patients when moving			
	Graduates working with Registrants			
	Forms/Letters for patients			

Appendix 10
Therapeutic Prescribing Standard Data

Data		2022-23	2023-24	2024-25
Prescribing Drugs				
	Number of Drugs Prescribed			
	Number of Drugs Dispensed			
	Number of Drugs Compounded			
	Number of Drugs Sold			
	Number of Adverse Occurrences			
Types of Adverse Occurrences with Drugs				
	Patient referred to EMS within 5 days			
	Administered an emergency drug			
	Diagnosed with shock or convulsions within 5 days			
	Unscheduled treatments required			
	Adverse drug reaction			
Administration of Substance by Injection (Non-IVIT)				
	Number of injections performed			
	Number of adverse occurrences			
Types of Adverse Occurrences with Injections				
	Patient referred to EMS within 5 days			
	Administered an emergency drug			
	Diagnosed with shock or convulsions within 5 days			
	Condition did not improve or worsened			
	Infection			
	Unscheduled treatments required			
	Adverse drug reaction			
Administration of Substance by Inhalation				
	Number of injections performed			
	Number of adverse occurrences			
Types of Adverse Occurrences with Inhalations				
	Patient referred to EMS within 5 days			
	Administered an emergency drug			
	Diagnosed with shock or convulsions within 5 days			
	Condition did not improve or worsened			
	Infection			
	Unscheduled treatments required			
	Adverse drug reaction			



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Examinations Program

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practise of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical, and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintains standards of practice that guide our registrants to ensure they provide safe, ethical, and competent patient care and guide patients to understand the standard of care that they can expect from a naturopath.
3. **Ensuring Continuing Competence** – The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent, and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline** – The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical, and competent care; we have ensured that our registrants maintain their knowledge, skills, and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome of public protection, and risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the Examinations Program and processes of the College.

Examinations Program

Two categories of examinations are administered by the College: entry-to-practise and post-registration. Entry-to-practise examinations are those which assess entry-level competencies for ensuring individuals granted registration with the College are competent, ethical, and qualified to practise naturopathy in Ontario. Post-registration examinations are those which assess a registrant's knowledge, skill, and judgment to perform additional controlled acts, as set out in the General Regulation of the College.

Entry-to-Practise Examinations

Section 5(1) of the College's Registration Regulation stipulates non-exemptible requirements for registration, which include the successful completion of those registration, clinical, and jurisprudence examinations, set or approved by Council. Presently, these examinations include:

- The Ontario Clinical (Practical) examinations, administered three times a year, which assess a candidate's hands-on practical skills in acupuncture, naturopathic manipulation, and physical exam/instrumentation.
- The Ontario Biomedical examination (launched in 2020), administered twice a year, which assesses a candidate's essential medical knowledge of body systems and their interactions, body functions, dysfunctions and disease states.
- The Ontario Clinical Sciences examination (launched in 2019), administered twice a year, which assesses a candidate's knowledge of necessary naturopathic competencies for the treatment of patients and their ability to apply critical thinking to patient case scenarios.
- The Ontario Jurisprudence examination, a low-stakes, open-book online examination module, offered on a continuous basis, which assesses a candidate's understanding of the ethical and legal framework within which Ontario naturopaths practise.

Together, these examinations, which may be completed in any order of a candidate's choosing, provide a fulsome snapshot of a candidate's competency and readiness to practise the profession.

To ensure that entry-to-practise examinations remain a valid tool for assessing a candidate's entry-level knowledge and skill, and that the potential for candidates to pass due to familiarity with the testing structure or repeated exposure to content gained through multiple sittings is limited, three attempts in total are granted to successfully complete any entry-to-practise examination, with the exception of the Ontario Jurisprudence examination where multiple attempts are permitted. After two unsuccessful attempts, a candidate is required to complete additional training or education as mandated by a panel of the Registration Committee to remediate noted deficiencies related to demonstrated knowledge or skill prior to being permitted a third and final attempt of the exam. After a third unsuccessful attempt of an exam, a candidate is required to complete another program in naturopathy before being permitted any further examination attempt.

Exam Transition

In 2014, the transitional Council of the College began development of the Ontario Clinical Sciences examination and the Ontario Biomedical examination to replace the (then recognized) Naturopathic Physicians Licensing Examinations (NPLEX), administered by the North American Board of Naturopathic Examiners (an American-based examination body), as Ontario entry-to-practise exams.

In launching the Ontario Biomedical and Clinical Sciences examinations, four predominant concerns which resided in the continued acceptance of the NPLEX by the College, both as part of its entry-to-practise suite of exams and as part of its Prior Learning Assessment and Recognition (PLAR) program, were resolved. These were:

1. The College's ability to enforce its Registration Regulation provisions around number of permitted attempts and required remediation for entry-to-practise examinations.
2. The College's ability to offer entry-to-practise/PLAR examinations in French.
3. A candidate's ability to request and be granted exam accommodations in accordance with the Ontario Human Rights Code.
4. The College's ability to uphold the Office of the Fairness Commissioner's fair registration practices by ensuring that PLAR applicants, would be provided with the same number of attempts and opportunity to complete examinations as candidates who graduated from a Council on Naturopathic Medical Education (CNME) accredited program in naturopathy.

Full transition from the NPLEX series was completed on May 15, 2021.

Post-Registration Examinations

Subsections 5(4), 5(5), 9(5), 10(5), 11(3) and 12(5) of the General regulation stipulate that registrants seeking to perform the controlled acts of prescribing, dispensing, compounding, and selling a drug, and administering substances by inhalation or injection, must first complete approved training and examinations administered or approved by Council.

To prescribe, dispense, compound, sell, or administer by inhalation or non-intravenous injection those drugs tabled in the General Regulation, registrants must first meet the Standard of Practice for Prescribing through successful completion of the Ontario Prescribing and Therapeutics examination. This examination, which includes both written and oral assessment components, assesses whether a registrant has the overall knowledge in therapeutic prescribing, including Ontario specific rules and requirements, to perform these controlled acts.

To administer by intravenous injection or to compound for the purposes of administering by intravenous injection, those drugs and substances tabled in the General Regulation, registrants must first meet the Standard of Practice for Prescribing, as set out above, as well as the Standard of Practice for Intravenous Infusion Therapy (IVIT) through the successful completion of the Ontario IVIT examination. This examination, which includes written, osmolarity calculation and practical (both vascular access and sterile compounding) components, assesses whether a registrant has the overall knowledge in IVIT and has demonstrated the competencies necessary to perform these controlled acts.

As with entry-to-practise examinations, after two unsuccessful attempts of either post-registration examination, a review by a panel of the Registration Committee is required to determine what, if any, additional training, or education is required to remediate knowledge or skill prior to a subsequent attempt of the exam being permitted.

Exam Maintenance

Exam maintenance duties, such as review and approval of developed examination content, proposing blueprint update recommendations to the Registration Committee, and participating in post-exam item performance reviews, are conducted by the Examinations Committee (Entry-to-Practise), an operational committee of the College comprised of NDs, in conjunction with a psychometrician from the College's contracted psychometric company, Measure Learning (formerly Yardstick Assessment Strategies). Item writers, who develop and peer review new content for the Ontario Biomedical and Ontario Clinical Sciences examinations are also NDs, trained on content development and use of the Measure Learning platform where content is housed.

Committee Oversight

The Examinations Program is overseen by the Registration Committee, which is a Committee of the Council of the College. The Committee is made up of individuals who are:

- Registrants of the College,

- Members of the Council, and
- Public Representatives appointed by the Council.

Examiners

Examiners for the Ontario Clinical (Practical) Examinations are NDs who have a strong working knowledge of the therapies being assessed. Examiners for the Ontario IVIT Examination are NDs who have met the Standard of Practice for Prescribing, the Standard of Practice for IVIT, and who perform IVIT as part of their practice. Assessors for the Prescribing & Therapeutics examination are pharmacists registered in good standing with the Ontario College of Pharmacists. Examiners and assessors are trained on the purpose of the examination, examiner/assessor duties, and examiner/assessor rules and principles as well as specifics regarding the examination component they are examining/assessing.

Importance of this Program

The College's Examinations Program is a critical component of safeguarding the public interest by ensuring those issued a certificate of registration to practise the profession, and those deemed eligible to perform additional controlled acts granted to the profession, have the requisite knowledge, skills, and judgement to practise naturopathy safely, competently, and ethically.

Respectfully submitted,

Erica Laugalys
Director, Registration & Examinations

March 2024



The College of Naturopaths of Ontario

**Council Meeting
March 27, 2024**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (4:6)*		Ms. Lisa Fenton (5:6)
Dr. Shelley Burns, ND (6:6)		Ms. Sarah Griffiths-Savolaine (4:6)
Mr. Dean Catherwood (6:6)		Ms. Tiffany Lloyd (2:6)
Dr. Amy Dobbie, ND (6:6)		
Mr. Brook Dyson (5:6)		
Dr. Anna Graczyk, ND (6:6)		
Dr. Denis Marier, ND (6:6)**		
Mr. Paul Philion (5:6)		
Dr. Jacob Scheer, ND (6:6)		
Dr. Jordan Sokoloski, ND (5:6)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Human Resources & Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Dr. Brenda Lessard-Rhead, ND (Inactive), GPRC Chair and Council member elect (District 6)		
Dr. Erin Walsh (Psota), ND, Council member elect (District 4)		

*Left meeting at 11:12 a.m.

** Joined meeting at 9:45 a.m.

Dr. Felicia Assenza, ND, Council member elect (District 2)		
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1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:16 a.m. He welcomed everyone to the meeting, including the three new Council elect members attending the meeting as observers, Dr. Felicia Assenza, ND of Hamilton, ON (District 2), Dr. Erin Walsh (Psota), ND of Toronto East, ON (District 4), and Dr. Brenda Lessard-Rhead, ND (Inactive) of Aurora, ON (District 6) and legal counsel Rebecca Durcan. In addition, he congratulated Mr. Paul Phillion, Public Member, on his reappointment to the Council beginning July 8, 2024, for an additional three years.

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:	Dean Catherwood
SECOND:	Amy Dobbie
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:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

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:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

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

The Report on Regulatory Operations from the CEO, Mr. Andrew Parr and corresponding Briefing Note were 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 as presented by the CEO.
MOVED:	Dean Catherwood
SECOND:	Amy Dobbie
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3

The Variance Report and the Unaudited Financial statements ending December 31, 2023 (Q3) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous 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 as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
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 GP17-GP33

Dr. Brenda Lessard-Rhead, ND (Inactive), Governance Policy Review Committee (GPRC) Chair, presented the results of the GPRC's survey to Council members regarding GP17-GP33 and provided supporting information as to why which responses were appropriate. For example, referencing direct language found within a given policy corresponding to the survey question. In addition, she provided a summary of the information within each of the policies and responded to any questions throughout her presentation.

The Chair thanked Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, for her presentation.

5.03 Policy Review – Governance Process Policies

Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, provided a detailed overview of the amendments being presented on behalf of the GPRC as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to GP07, GP10, GP11 and GP 12 as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

6. Business

6.01 Language Proficiency Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the Language Proficiency Policy amendments were circulated in advance of the meeting. Dr. Shelley Burns, ND, Registration Committee Vice-Chair, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Language Proficiency Policy as presented.
MOVED:	Amy Dobbie
SECOND:	Brook Dyson
CARRIED.	

6.02 Registration Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the Registration Policy amendments were circulated in advance of the meeting. Dr. Shelley Burns,

ND, Registration Committee Vice-Chair, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Registration Policy as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

6.03 Council Vaccine Statement

A Briefing Note and corresponding documents were circulated to the members of the Council in advance of the meeting. The Chair provided a detailed outline of the process that will be adopted for this agenda item by following the Council's procedures for debates and motions which is based on Robert's Rules of Order. Afterwards the Chair proposed that a motion be tabled to focus the discussion on the matter at hand.

MOTION:	That the Council's Vaccine Statement issued on November 25, 2021 remain in place and unchanged at this time.
MOVED:	Shelley Burns
SECOND:	Brook Dyson

After asking if any Council members had questions or clarifications on the briefing materials, the Chair opened the floor to general comments and discussion. During this discussion, a further motion was moved and seconded seeking to call the question on the motion.

In accordance with the rules of order, the Chair noted that a motion to call the question had been made which thereby took precedence over the earlier motion. He asked if there were any comments or questions on the motion to call the question.

At this time, the Chair recognized Dr. Jonathan Beatty, ND, Council member for District 6, who indicated that he was tendering his resignation from the Council effective immediately. Dr. Beatty, ND, left the meeting.

On the advice of Legal Counsel, the Chair clarified that a motion to call the question on the motion that had been tabled required the approval of two-thirds of Council members present. He then called for a vote on the motion to call the question.

MOTION:	To call the question on the motion that was tabled on the vaccine statement.
MOVED:	Brook Dyson
SECOND:	Dean Catherwood
IN FAVOUR:	8
OPPOSED:	2

With a vote of 8 in favour and 2 opposed, the Chair ruled that the motion had met the two-thirds approval requirement and that the motion was carried.

The Chair then turned the Council's attention to the earlier motion that had been tabled to which the Council would vote and would require a simple majority.

MOTION:	That the Council's Vaccine Statement issued on November 25, 2021 remain in place and unchanged at this time.
MOVED:	Shelley Burns
SECOND:	Brook Dyson
CARRIED.	

6.04 Annual Operational Plan

A comprehensive Briefing Note, Operational Plan and Human Resources Plan documents were circulated to the members of the Council in advance of the meeting. Mr. Parr provided a detailed review of the plan and highlighted some projects and activities underway for the coming fiscal year 2024 - 2025. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Annual Operational Plan and Human Resources Plan as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

6.05 Annual Capital and Operating Budgets 2024-2025 Fiscal Year

A detailed Briefing Note and the draft capital and operating budgets were included in the Council materials circulated in advance of the meeting. Ms. Kupny highlighted the main components within each budget and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Capital and Operating budgets for fiscal year 2024-2025 as presented.
MOVED:	Dean Catherwood
SECOND:	Anna Graczyk
CARRIED.	

6.06 College Performance Measure Framework Report (CPMF)

Mr. Jeremy Quesnelle, Deputy CEO, reviewed in detail the CPMF Report 2023 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 approve the College Performance Measure Framework Report for 2023 as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

6.07 Risk-based Regulation

Mr. Parr, reviewed in detail the Risk-based Regulation documents distributed to Council in advance of the meeting. He informed the Council of how data would be collected to identify potential risks that can be mitigated and how this program would be implemented. In addition, he responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Risk-based Regulation Program as presented.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer
CARRIED.	

7. Council Education

7.01 Program Briefing – Examination Program

A Briefing Note highlighting the Examination Program was circulated in advance of the meeting. Ms. Erica Laugalys, Director, Examinations & Registration, attended the meeting to respond to any questions asked by Council.

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 1:14 p.m.

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

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for May 29, 2024.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 1:43 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Shelley Burns

Recorded by: Monika Zingaro
Administration Coordinator
March 27, 2024

Approved: May 29, 2024



The College of Naturopaths of Ontario

Council Highlights March 27, 2024 (Meeting #40¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, March 27, 2024, from 9:16 a.m. to 1:43 p.m.; seven of the seven elected professional members and three of the five public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Counsel, Rebecca Durcan, of the law firm Steinecke Maciura LeBlanc. The agenda and supporting materials for the meeting were released via the [College's website](#) on March 20, 2024, and continue to be available there.

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

Q3 Unaudited Statements and Variance Report – The Council considered and accepted the unaudited financial statements and variance report as presented for Q3 (October 1 – December 31, 2023).

Language Proficiency Policy – The Council considered and accepted recommendations from the Registration Committee for amendments to the Language Proficiency Policy. This can be found here on [our website](#).

Registration Policy – The Council considered and accepted recommendations from the Registration Committee for amendments to the Registration Policy. This can be found here on [our website](#).

Vaccine Statement – The Council considered a request from a Council member to revoke its November 25, 2021, statement encouraging members of the profession to be vaccinated and decided to leave the matter as it is presently.

Annual Operational Plan 2024-2027 – The Council reviewed and accepted the Annual Operational Plan for fiscal year 2024-25 and the following two fiscal year's planning. This can be found here on [our website](#).

Annual Capital and Operating Budgets 2024-25 – The Council reviewed and accepted the draft Capital and Operating Budgets for fiscal year April 1, 2024 – March 31, 2025, and two additional fiscal year's estimates – both budgets were approved as presented.

¹ This is the 40th 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 2023 to be submitted to the Ministry of Health by March 29, 2024. This can be found [here on our website](#).

Risk-based Regulation – The Council reviewed the Risk-based Regulation Program documents for implementation within the coming fiscal year.

Council Education – As a part of the College and its Council's commitment to good governance, the Council conducted an educational exercise that was a program briefing made by Ms. Erica Laugalys, Director, Registration & Examinations, about the Examination Program. Program briefings are provided for informational purposes to ensure the Council is aware of the complex programs operated by the regulatory body.

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 5, 2024