The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #34

Draft Agenda

Date: March 29, 2023(2022/23-06)

Time: 9:15 a.m. to 3:15 p.m.

Location: Zoom Video Conference[1]

[1] Pre-registration is required.

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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 #34
March 29, 2023
9:15 a.m. to 4:15 p.m.
DRAFT AGENDA

Sect/No.		Action	Item		Page	Responsible
0	**Pre-Meeting Networking (8:45 am to 9:15 am)**					
		Networking	Informal networking for Council members (8:45-9:15am)		--	All
1	**Call to Order and Welcome**					
	1.01	Procedure	Call to Order		--	J. Sokoloski
	1.02	Discussion	Meeting Norms		4-6	J. Sokoloski
	1.03	Discussion	"High Five" – Process for identifying consensus		7	J. Sokoloski
2	**Consent Agenda[1]**					
	2.01	Approval	i.	Draft Minutes of January 25, 2023	8-14	J. Sokoloski
			ii.	Committee Reports	15-31	
			iii.	Information Items	32-59	
3	**Main Agenda (9:20 am)**					
	3.01	Approval	Review of Main Agenda		3	J. Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest		60-61	J. Sokoloski
4	**Monitoring Reports**					
	4.01	Acceptance	Report of the Council Chair		62	J. Sokoloski
	4.02	Acceptance	Report on Regulatory Operations		63-69	J. Sokoloski
	4.03	Acceptance	Q3 Unaudited Statements and Variance Report		70-80	A. Kupny
	4.04	Approval	College Performance Measure Framework Report		81-184	A. Parr
5	**Council Governance Policy Confirmation**					
	5.01	Discussion	Review/Issues Arising		--	J. Sokoloski
			i.	Ends Policies		
			ii.	Council-CEO Linkage Policies		
			iii.	Executive Limitations		
	5.02	Decision	Detailed Review Governance Process Policies (Part 2)		185-211	
	5.03	Decision	Review of Governance Process Policies 15 & 16		212-214	
6	**Regular Business**					
	6.01	Acceptance	Annual Operational Plan		215-261	A. Parr
	6.02	Acceptance	Annual Capital and Operating Budgets		262-270	A. Kupny
	6.03	Approval	Registration Regulation Amendments - Emergency Class		--	A. Parr
	6.04	Information	Council and Committee Evaluation – Process Initiation		--	S. Verrecchia
7	**Council Education**					
	7.01	Information	Program Briefing – Examinations Program		271-274	E. Laugalys
8	**In Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)**					
	8.01	Approval	Move to In-camera		--	J. Sokoloski
	8.02	Approval	CEO Annual Inflationary Salary Adjustment		--	S. Savolaine
	8.03	Approval	CEO Review Panel – Discussion of Form 1 and 4		--	S. Savolaine
9	**Other Business**					
	9.01	Discussion			--	J. Sokoloski
10	**Evaluation and Next Meeting**					
	10.01	Discussion	Meeting Evaluation		On-line	J. Sokoloski
	10.02	Discussion	Next Meeting – May 31, 2023		--	J. Sokoloski
11	**Adjournment**					
	11.01	Decision	Motion to Adjourn		--	J. Sokoloski

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

The College of Naturopaths of Ontario

Zoom Meeting
Council of the College of Naturopaths of Ontario

Meeting Norms

General Norms

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

Additional Norms for Virtual Meetings

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

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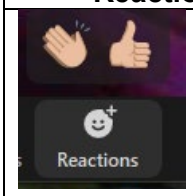
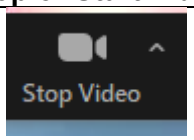
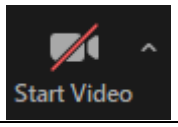
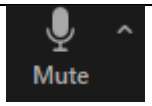
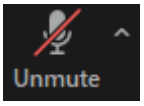
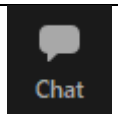
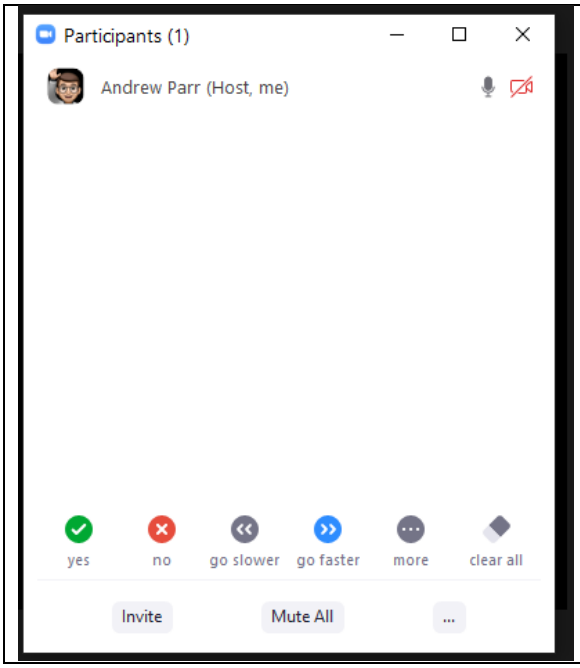
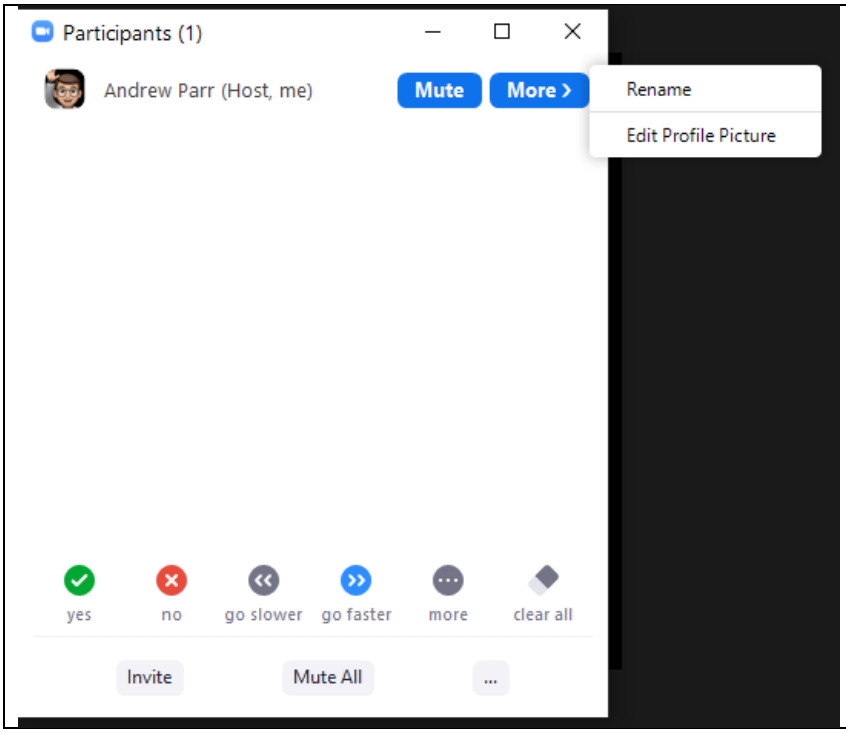
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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



- 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

Image provided courtesy of Facilitations First Inc.

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.

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The College of Naturopaths of Ontario

Council Meeting
January 25, 2023

Video Conference
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Jonathan Beatty, ND (3:5)		Ms. Asifa Baig (1:5)
Dr. Shelley Burns, ND (5:5)		
Mr. Dean Catherwood (5:5)		
Mr. Brook Dyson (5:5)		
Ms. Lisa Fenton (5:5)		
Dr. Anna Graczyk, ND (4:5)		
Ms. Sarah Griffiths-Savolaine (5:5)		
Ms. Tiffany Lloyd (4:5)		
Dr. Denis Marier, ND (5:5)		
Mr. Paul Philion (5:5)		
Dr. Jacob Scheer, ND (5:5)		
Dr. Jordan Sokoloski, ND (5:5)		
Dr. George Tardik, ND (4:5)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Director, Registration & Examinations		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Carolyn Everson, Consultant		

1. Call to Order and Welcome
The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:18 a.m. He welcomed everyone to the meeting.

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

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Shelley Burns
SECOND:	Sarah Griffiths-Savolaine
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. Mr. Andrew Parr, CEO, asked to have item 6.01 be moved to item 6.04 and have items 6.02-6.04 be moved up accordingly.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Paul Philion
SECOND:	Denis Marier
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:	Tiffany Lloyd

SECOND:	George Tardik
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:	Jacob Scheer
SECOND:	Lisa Fenton
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 (Part 1) Policies
Council members were asked if there were any members who wished to discuss the Governance Process (Part 1) Policies. The Chair provided a detailed overview of the amendments being presented on behalf of the Governance Policy Review Committee as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Paul Philion
SECOND:	Denis Marier
CARRIED.	

6. Business

6.01 Strategic Plan 2023-2027

The Strategic Plan for the years 2023-2027 and the corresponding documentation were circulated in advance of the meeting. The Chair welcome Ms. Carolyn Everson to the meeting and provided a detailed overview of the Plan and the process the Council members partook in and responded to any questions that arose during the discussion.

MOTION:	To approve the Strategic Plan for the years 2023-2027 as presented.
MOVED:	Jacob Scheer
SECOND:	Dean Catherwood
CARRIED.	

6.02 Ends Statement

The Ends Statement were circulated in advance of the meeting. The Chair advised the Council that the key amendments to the Ends Statement were made to reflect the changes that developed throughout the Strategic Plan process and responded to any questions that arose during the discussion.

MOTION:	To approve the Ends Statement as presented.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

6.03 Ends Priorities

The Ends Priorities were circulated in advance of the meeting. Mr. Parr highlighted the current Ends Priorities and advised Council that he recommends referring the redevelopment of the Ends Priorities to the Governance Policy Review Committee (GPRC) to have them present any recommendations to Council at their next meeting. He responded to any questions that arose during the discussion.

MOTION:	To refer the redevelopment of the Ends Priorities Policy to the Governance Policy Review Committee.
MOVED:	Paul Philion
SECOND:	Jonathan Beatty
CARRIED.	

6.04 Emergency Class – Registration Regulation Amendments

A Briefing Note and corresponding documentation highlighting the amendments to the Emergency Class – Registration Regulation was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve, in principle, the Emergency Class – Registration Regulation amendments as presented.			
MOVED:	Denis Marier			
SECOND:	Tiffany Lloyd			
IN FAVOUR	Public Members	6 (out of 6)	Professional Members	7 (out of 7)
OPPOSED	Public Members	0 (out of 6)	Professional Members	0 (out of 7)
CARRIED.				

6.05 Designation of Head Office Location
Mr. Parr provided the Council with a detailed update on the College's head office location at 10 King Street East – Unit 1001. He responded to questions and concerns that arose during the discussion.

MOTION:	Be it resolved that pursuant to section 2.01 of the by-laws, as of 9:00 am on February 15, 2023, the head office of the College is hereby located at 10 King Street East, Suite 1001, Toronto, Ontario.
MOVED:	Paul Philion
SECOND:	Sarah Griffiths-Savolaine
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, provided a detailed overview of the program and the processes within the program that the College follows and responded to any questions that arose during the discussion.

The Chair thanked Ms. Laugalys for presenting the Program to 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 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 the Council that the next regularly scheduled meeting is set for March 29, 2023, and that due to the number of agenda items it will be a full-day meeting.

10. Adjournment
10.01 Motion to Adjourn
The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 10:55 a.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Sarah Griffiths-Savolaine

Recorded by: Monika Zingaro
Administration Coordinator
January 25, 2023

The College of Naturopaths of Ontario

Action Items List
Council Meeting of January 25, 2023
Meeting No. 33

Item #	Item	Description	Status
33.01	Governance Process (Part 1) Policies	Update the corresponding policies as presented and upload to Smartsheet and to the College's website.	Complete
33.02	Strategic Plan 2023-2027	Upload the newly accepted Strategic Plan for the years 2023-2027 to the College's website.	Complete
33.02	Ends Statement	Update the Policy as presented and upload to the College's website.	Complete

The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 29, 2023

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

In order to increase the College's accountability and transparency, all Committee Chairs were asked to submit a report, even if the Committee had not met during the reporting period. Please note the Discipline/Fitness 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.

AUDIT COMMITTEE REPORT

January 1, 2023 – February 28, 2023

For the reporting period of January 1, 2023 – February 28, 2023, the Audit Committee was not required to undertake any activities and therefore did not convene.

Dr. Elena Rossi, ND
Chair
March, 2023

The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT
January 1 - February 28, 2023

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

The Exam Appeals Committee met on February 14, 2023 to review one appeal related to the IVIT examination. After a deliberation, the committee voted to approve the appeal. The committee felt that the decision reached was reasonable, impartial, conscious of equity, diversity and inclusion principles, while ultimately considering public safety.

Thank you,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

March 16, 2023

The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
March 2023

This serves as the Chair report of the Executive Committee for the period January 1 to February 28, 2023.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 March 2023

The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
March 2023

Between January 1 and February 28, 2023, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 12 and February 2.

January 12, 2023: 7 matters were reviewed, ICRC members drafted 2 reports for ongoing investigations, and approved 3 Decisions and Reasons.

February 2, 2023: 10 matters were reviewed. ICRC members approved 1 Decision and Reasons, and drafted 2 reports for ongoing investigations.

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

Dr. Erin Psota, ND
Chair
March 16th, 2023

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GOVERNANCE COMMITTEE CHAIR REPORT

During the reporting period of January 1, 2023 – February 28, 2023, the Governance Committee did not meet.

As of the writing of this report, the Committee is scheduled to meet again on April 4th.

Respectfully submitted,

Hanno Weinberger, Chair

PATIENT RELATIONS COMMITTEE CHAIR REPORT
January 1, 2023 – February 28, 2023

During the reporting period of January 1, 2023 – February 28, 2023, the Patient Relations Committee had 1 meeting scheduled. The Committee was unable to meet quorum requirements due to conflicting meetings and resignation of committee members.

The Committee's next scheduled meeting is May 17, 2023.

Thank you,

Dr. Gudrun Welder, ND
Chair
March 2023

The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT
March 2023

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 January 17th.
Its previously scheduled February meeting was deferred to March as it was not able to meet its Public member quorum requirements.

Activities Undertaken

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

Additionally, the Committee reviewed the submissions from five Registrants on how they had addressed deficiencies found in their Peer and Practice Assessments and determined their responses to be satisfactory.
The Committee also reviewed and made decisions with respect to two CE Reporting amendment requests.

The Committee also reviewed a draft Restricted Titles and Dual Registration self- assessment questionnaire prepared by staff and pending a few requested amendments, approved it for addition to the approved list for 2023/24.
The Committee also considered and made a decision regarding further action to be taken in the matter of a registrant who had failed to meet the CE Reporting requirements.

Finally, the Committee had further discussion with respect to suggestions that might lead increased effectiveness in the future.

Next Meeting Date
March 21, 2023

Respectfully submitted by,

Barry Sullivan, Chair,
March 14, 2023.

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The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
(March 2023)

At the time of this report, the Registration Committee met on January 18 and February 15, 2023.

Exam Remediation Review
The Committee continued to set plans of remediation for candidates who had made two unsuccessful attempts of an examination. In this reporting period the Committee reviewed one request for remediation related to the Ontario Prescribing and Therapeutics examination (for meeting the post-registration Standard of Practise for Prescribing).

Class Change Application
The Committee reviewed one application for class change from Inactive to General over two years under subsection10(6)(i) of the Registration Regulation. The Committee also reviewed a request for extension from a previously approved class change remediation.

Application for Life Registration
The Committee reviewed one application for life registration under section 23(1) of the College by-laws.

Application For Registration
The Committee reviewed two applications for registration under section 15(2)(a) of the Health Profession's Procedural Code (the Code), in relation to an applicant's physical or mental condition or disorder [subsection 3(4) of the Registration Regulation] in order to determine eligibility for registration with the College.

Emergency Class of Registration
The Committee reviewed and approved draft amendments to the Registration Regulation for inclusion of an emergency class certificate of registration and associated provisions to comply with directives set out by the Ministry of Health.

Policy Review
The Committee reviewed and approved draft amendments to the IVIT Program & Exam Policy and draft amendments to the Examinations Policy.

Danielle O'Connor, ND
Chair
Registration Committee
March 15, 2023

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SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT
January 1, 2023 – February 28, 2023

During the reporting period the SSRC had 1 meeting scheduled. The meeting however was cancelled as the necessary materials were not received.

The Committee is next scheduled to meet in April 2023 where it will review program amendments.

Respectfully submitted by
Dr. George Tardik, ND
Chair
March 2023

The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT
March 2023

The Discipline Committee (DC) is independent of Council and is not obligated to submit bimonthly reports addressing matters of importance to the Committee. However, in the interest of transparency and to acknowledge Committee members' involvement in the discipline process, the Chair is pleased to provide this report to Council.

This report is for the period from 1 January to 28 February 2023 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of 28 February 2023, there were three ongoing matters (22-04, 22-05, 22-06) before the Committee and panels were working on Decision and Reasons for two completed hearings (22-01, 22-02).

Discipline Hearings

CONO vs. Richard Dodd (DC22-01)

The following members of the Discipline Committee were appointed to a panel to hear the above-noted matters referred to the DC by the ICRC on 24 March 2022:

Tara Gignac, ND – Chair
Jacob Scheer, ND
Lisa Fenton
Paul Philion
Samuel Laldin

The Panel completed three hearing days in this contested matter – two days in December 2022 and one in February 2023. The Panel imposed an order directing the Chief Executive Officer to revoke the Registrant's certificate and requiring the Registrant to pay the College's costs.

The Panel is currently working on its Decisions and Reasons.

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
20 March 2023

The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT
January – February 2023

Committee Update

Since the last update to Council, the Inspection Committee had one teleconference meeting on January 19th, 2023.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record their observations during the inspections, and Inspector's Reports for 7 premises.

The outcomes were as follows:

- Part I
  - 1 pass with conditions and 5 recommendations
- Part II
  - 2 passes with 8 recommendations
- Existing 5 Year Inspections
  - 3 passes with 21 recommendations
  - 1 pass with 2 conditions and 17 recommendations.
- Fail
  - 0

Inspection outcomes in response to submissions received:

- There were four Part I new premises that made submissions and two 5-year existing premises that made submission, all had a final outcome of a pass.

Type 1 Occurrence Reports

- There were three Type 1 occurrence reports.
  - 1 death of a patient that occurs within the five days following an IVIT
  - 1 administration of an emergency drug
  - 1 referral of a patient to emergency services within the five days following an IVIT.

Closing Remarks

The IVIT Committee reviewed the definition of 'adverse drug reaction' as it is defined for a Type 2 occurrence. The Committee considered:

- if the current definition is clear and easily understood.
- if the current definition meets the requirement as set out in the General Regulation.
- if the definition ensures that appropriate and necessary occurrences are reported.
- If the definition results in the reporting of irrelevant and unnecessary occurrence.

After a discussion we decided to keep the definition as it currently is but give IVIT Registrants more direction on who to report their Type 2 occurrences.

Welcome 2023!! As I compose this summary, my daffodils and tulips are beckoning me outside. The best of health to you all at the start of this new year.

Best regards,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
March 21, 2023

The College of Naturopaths of Ontario

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

Meetings and Attendance

The Governance Policy Review Committee met on one occasion (January 10, 2023) between January 1 and February 28, 2023, via video conference. Attendance was 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 Part 1 of the Governance Process Policies, namely GP01 to GP16. Council member feedback, as well as feedback from members of the GPRC, was considered.

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

Next Meeting Date

March 7, 2023

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)
Chair
March 16, 2023

STANDARDS REVIEW COMMITTEE REPORT
January 1, 2023 – February 28, 2023

During the reporting period the Standards Committee met once on January 18, 2023. At this meeting the Committee finalized its review and amendments to the first group of Standards and will issue a public consultation on the amendments.

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

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

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

January 1, 2023 – February 28, 2023

For the reporting period of January 1, 2023 to February 28, 2023 the Equity, Diversity and Inclusion Committee (EDIC) had one meeting scheduled. The meeting was cancelled as the EDI Lens Tool training materials were not finalized in time. The Committee will next meet in March to finalize the EDI Lens Tool Training slides to be used by other College Committees in the review of their policies and processes.

Dr. Jamuna Kai, ND
Co-Chair
March 2023

Dr. Shelley Burns, ND
Co-Chair
March 2023

The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 29, 2023

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 275, 276)	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 (February 2023)	This is an update provided 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 regulation 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 2023 Council meeting.

Item 2.01iii

Grey Areas

SML Steinecke Maciura LeBlanc Barristers & Solicitors

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Manipulating Online Reviews and Ratings

by Natasha Danson
February 2023 - No. 275

Shocking allegations against a Washington State cosmetic surgeon and clinic (Allure) could challenge regulators of professions to consider their role in the prevention of the manipulation of online reviews and ratings by their registrants.

The Washington Allegations

The State's Attorney General alleges in the legal proceedings (the allegations have not been proved in court), that the clinic:

- Required patients to sign non-disclosure agreements (NDA), as part of the initial package of documents before they saw the surgeon, restricting them from posting negative reviews;
- Offered patients cash and free services if they took down their negative reviews (which required signing a further NDA agreeing to pay up to $250,000 damages for any breach);
- Threatening patients with a lawsuit for monetary damages if they refused to delete their negative reviews;
- Directing employees to post fake positive reviews using a VPN (virtual private network), to conceal its source, and using fictional online personas; and
- Using altered "before and after" photos to materially enhance the apparent results of procedures.

Interestingly, the proceedings are brought by the State rather than the regulator of the physician.

Context

The manipulation of online reviews and ratings has been observed generally for some time, including through posting of fake reviews, contractual gag clauses, bartering or buying false reviews sometimes through a reputation management firm, and purchasing negative reviews about competitors from brokers.

It is often extremely difficult for the victims of false reviews to persuade the hosts of the review (e.g., Yelp) to remove them.

Online reviews and ratings are obviously important to registrants from a business perspective, particularly to registrants who market their services directly to the public. However, online reviews and ratings also have regulatory implications. Poor reviews are often cited by complainants to bolster their concerns about registrants: *Complainant v. College of Physicians and Surgeons of British Columbia*, 2020 BCHPRB 83 (CanLII). Indeed, regulators sometimes look at internet reviews as a part of their investigation of registrants: *Law Society of Ontario v. David*, 2021 ONLSTH 98 (CanLII).

Current Regulatory Experience

There are only a few reported cases of Canadian regulators addressing online reviews and ratings or similar issues.

Many of the existing cases deal with advertising directly or indirectly made by registrants that are misleading or unverifiable. For example, many regulators treat client testimonials, or before and after pictures, as inherently misleading or unverifiable: *D.R.E. v D.Y.*, 2015 CanLII 58798 (ON HPARB).

There are also some cases in which inappropriately facilitating misleading reviews have been alleged. For example, *J.R.G. v N.R.A.*, 2019 CanLII 41253 (ON

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E-Mail: info@sml-law.com

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

HPARB), is an unusual case where a negative review of a colleague with whom the registrant was having a dispute may have been placed online by a registrant's relative. The registrant was cautioned.

Similarly, there have been a few cases in which retaliatory action for a negative review was addressed. In *Wakely v Aziz*, 2022 CanLII 87252 (ON HPARB), a veterinarian received "advice" from the regulator relating to a social media posting responding to a negative online review by a relative of a client. The regulator encouraged the veterinarian to be more circumspect in their postings, even when defending their actions, and to refrain from publishing confidential information when responding.

Similarly, using social media to make provocative, demeaning, or threatening comments about a registrant's regulator or peers can result in discipline action: *Zuk v Alberta Dental Association and College*, 2018 ABCA 270 (CanLII), leave to appeal refused by the SCC.

In some contexts there can even be said to be an obligation on registrants to monitor other websites in order to seek corrections if they inaccurately refer to the registrant's status: *D.G. v J.H.*, 2016 CanLII 47 (ON HPARB).

Implications for Regulators

The first issue is how much of a priority regulators should assign to the issue of manipulation of reviews and ratings by registrants. Most regulators emphasize health and safety and harm to clients and members of the public. One can argue that "advertising" related concerns can divert resources from these important activities. Often such complaints turn out to be registrant-to-registrant disputes where the essence of the concern is unfair competition by colleagues.

However, as the Allure scenario illustrates, such conduct can have significant implications for clients who may choose a registrant based on such reviews and ratings rather than on the quality of their services. A focus by registrants on image over substance and the covering up of less-than-good results creates inherent risks of harm to clients. In addition, some such manipulation techniques are so dishonest as to harm the reputation of the entire profession and undermine public confidence in the regulator.

The Allure example also illustrates how expensive these investigations can be.

Another issue is where to draw the line between appropriate reputation management and improper manipulation. Few would fault a registrant for requesting (often futilely) that the host of the review or rating remove a false posting. In addition, approaching a client who posted a negative review to address their concerns could be proper in some circumstances (e.g., where there are no threats and no inducements). However, to what degree should registrants be able to respond to criticisms made of them on the internet. As the *Wakely v Aziz* case indicates, such a response may be unprofessional or result in the disclosure of confidential client information. Also, to what extent should registrants be responsible to monitor the reputation management services they retain?

For some regulators, a first step may be to develop a guideline to clarify the expectations upon registrants. Such a guideline can assist registrants in understanding the considerations and boundaries that apply in this area.

For other regulators it may be appropriate to develop a plan for addressing inappropriate manipulation, including some additional training for investigative staff, adding items to inspection or peer review program checklists, CPD offerings, and assessing when a referral to other enforcement agencies (e.g., the Competition Bureau, the police) might be indicated.

More broadly, a regulator might look strategically as to its role in becoming a respected primary source of information for consumers. A centralized and well advertised public register within each province or even within Canada could be an effective regulatory strategy. In the longer-term, regulators might even develop their own reliable and trusted client-review and rating system for registrants.

The manipulation of online reviews and ratings by registrants is not an issue that is going to go away for registrants.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

SML Steinecke Maciura LeBlanc Barristers & Solicitors

Using the Discipline Process to Enforce Governance Obligations

by Julie Maciura
of the Ontario and New Brunswick Bars
March 2023 - No. 276

Council/Board members of professional regulators have a fiduciary duty to the organization and its public interest mandate. For example, they must avoid breaching confidentiality or acting when in a conflict of interest. A significant breach of those obligations will result in a "Code of Conduct" process that could result in censure or even removal from their office. In serious matters, those investigations and recommendations for action are usually performed by external experts.

Where the individual is also a registrant, can the regulatory complaints and discipline process be used instead? If so, should it?

Most regulators strongly discourage the use of the disciplinary process to address governance matters. Complaints about governance issues are frequently screened out as either an abuse of process or not warranting disciplinary action. The primary process, using the regulator's Code of Conduct, is best suited to address those matters. Using the disciplinary process can easily be misused by those who disagree with the views of the Council/Board member. It can "politicize" regulatory activities. Regulatory committees are placed in the awkward position of considering the conduct of those who appoint them to the committee and who review their performance. Using the discipline process to address governance matters can also discourage registrants from serving in these important positions.

Ultimately, the discipline process has a different mandate than a Code of Conduct process. The former protects the public from the incompetent or unethical conduct of registrants. It is not designed to ensure that the leadership of the regulator comply with their fiduciary duties.

Perhaps these considerations were best illustrated two decades ago in *Manitoba Chiropractors Assn. v. Alevizos*, 2003 MBCA 80 (CanLII). There, a Board member was referred to discipline for allegations of revealing confidential information about an investigation of a practitioner to the practitioner's legal counsel and spouse. The hearing panel concluded that there had been a serious breach of confidentiality, but that it did not amount to professional misconduct in the circumstances. After further litigation, Manitoba's highest court upheld the dismissal of the allegations.

Interestingly, the Board member then sued the regulator and many of its representatives for malicious prosecution and other torts for having tried, unsuccessfully, to discipline him. Years later, after a full civil trial, the court concluded that the regulator had not acted improperly in taking the matter to discipline.

However, a recent case illustrates the successful use of the discipline process to address governance concerns. In *Wanglin v College of Acupuncturists of Alberta*, 2023 ABCA 25 (CanLII), a registrant was disciplined for having a conflict of interest while serving on the Council of the regulator. While on the Council, she also served on its executive including as its President. A complaint was made by another member of the profession that the registrant was continuing to serve in a leadership position, including as President, of a professional advocacy and support association. Having such a dual role is prohibited by most regulators and was contrary to this regulator's policies and by-laws.

At the hearing, the regulator rejected the registrant's "innocent explanation" defence attributing the apparent dual role on the lack of updated records for the professional association. This evidence included information on website pages, including both the

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registrant's and the association's pages, recent association cheques signed by the registrant, and that the professional association's corporate mailing address remained the registrant's office. It concluded that the documents and testimony established that she had maintained her leadership role with the association.

The regulator required the registrant to take an ethics course, pay a $3,000 fine, and reimburse the organization for part of its costs in the amount of $72,000.

The Court found that there were no palpable and overriding errors in the factual findings of the regulator, or the finding that the policies and by-laws were breached. Interestingly, the registrant identified certain "disclosures" that she had made (e.g., that she was "affiliated" with the professional association during discussion of relevant by-law amendments). The Court observed that those statements did not meaningfully disclose the nature and currency of her position with the professional association.

As in the *Alevizos* case, the registrant argued that these governance lapses did not amount to professional misconduct. The Court upheld the regulator's finding that it was, stating:

> The crux of this issue is that the Hearing Panel and the Review Panel are better positioned than this Court to assess the impact of Dr. Wanglin's conduct on the public interest and the reputation of the profession from the perspective of a reasonable member of the public. We must defer to their findings on this topic absent some clearly unreasonable conclusion or clear mistake of fact or error of principle. Dr. Wanglin has not shown any such error.
>
> We agree with Dr. Wanglin that not every breach of a policy, including the College's Conflict of Interest Policy, necessarily amounts to professional misconduct. However, the factual record in this case is extensive and nuanced, and there is no basis for interfering with the Hearing Tribunal's conclusions that Dr. Wanglin's overlapping involvement as President of the College and executive member of the AATCMPA constituted professional misconduct.

The Court also found that the existence of a separate Code of Conduct process, that could have better addressed the issue, does not preclude using the disciplinary process in appropriate cases.

Regulators will probably continue to strongly view the Code of Conduct process as the preferred option for most governance transgressions. However, where there is a serious breach of a fiduciary duty that brings the credibility of the regulator into doubt and which reflects on the ability of the registrant to practise with integrity, the discipline process might also be available.

Hopefully, the *Wanglin* decision will not result in a flurry of governance complaints being addressed through the disciplinary process of regulators.

HPRO Health Profession Regulators of Ontario

Legislative Update – What Happened in February 2023?

From Julie Maciura

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Ontario Bills

(www.ola.org)

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

Bill 61, Making Psychotherapy Services Tax-Free Act, 2023 – *(Private Members' Bill, first reading)* Bill 61 "provides that the Minister of Health shall take all necessary steps, including introducing legislation if necessary, to ensure that the tax treatment of psychotherapy services provided in Ontario by psychotherapists, registered psychotherapists and registered mental health therapists within the meaning of the *Psychotherapy Act, 2007* is the same as the tax treatment of those services provided by other practitioners."

Bill 67, Temporary Nursing Agency Licensing and Regulation Act, 2023 - *(Private Members' Bill, first reading)* Bill 67 "adds a new licensing requirement for operators of temporary nursing agencies. Applications for these licences must be submitted to the Registrar appointed under the Act. The applications must contain a credentialling and monitoring plan as well as a compliance plan. Licences are subject to several terms and conditions. These include a predictable fee requirement, a prohibition on unconscionable prices, limitations on work assignment and recruitment practices and certain disclosure obligations. Contravention of the Act or the regulations is an offence and is punishable on conviction by a fine."

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Bill 60, Your Health Act, 2023 – Three separate consultations have been initiated for the three main aspects of Bill 60 (i.e., enacting the *Integrated Community Health Services Centres Act*, facilitating interjurisdictional mobility, and authorizing pharmacists to perform "assessments of conditions for the purposes of providing medication therapies"). Comments are due by March 23, 2023.

Psychology and Applied Behaviour Analysis Act, 2021 – Proposed registration, general, and professional misconduct regulations to implement the inclusion of behavioural analysts into the College are included. Comments are due by March 23, 2023.

Various Profession Specific Acts under the RHPA – Several consultations are ongoing related to emergency classes of registration. They have various comment due dates.

Regulated Health Professions Act, 1991 – The proposal would amend the controlled acts regulation "to exempt respiratory therapists from the prohibition on the controlled act of applying soundwaves for diagnostic ultrasound when acting under the order of a physician or nurse practitioner…. to check for fluid in the lungs and to assess the ideal placement of chest tubes and catheters." Comments are due March 10, 2023.

Fixing Long-Term Care Act, 2021 – Proposed regulations would make several changes including permitting pharmacists to administer drugs to long-term care residents. It would also allow personal support workers to administer over the counter drugs. Comments are due March 5, 2023.

Freedom of Information and Protection of Privacy Act – The proposal would permit external agencies access to personal information, including personal health information, for the purposes of planning, delivering and evaluating government programs. Currently these activities seem to be done only by government employees. Comments are due March 23, 2023.

Bonus Features

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

The Regulators' Role in Complaints Matters

It is sometimes difficult for complainants to appreciate the role of regulators of professions when dealing with their complaints. In *Gao v. Health Profession Appeal and Review Board*, 2023 ONSC 742 (CanLII), the Divisional Court took some time to explain that role to a self-represented complainant.

In that case the complainant was concerned about a registrant's (a nurse's) conduct related to the death of the complainant's elderly mother. The complainant alleged that the registrant had improperly administered an ice pack and that this error had contributed to the mother's death. The regulator (and indirectly the independent review Board) concluded that while the ice pack had been left on too long, in the circumstances (e.g., "staffing levels, demands on her time by all residents in the facility and supervision and processes within the care facility"), no action was warranted. They also concluded that the ice pack had not contributed to the mother's death.

The Court upheld the findings as reasonable. The Court indicated the role of the regulator was to assess whether the alleged conduct of the registrant warranted regulatory action based on misconduct or incompetence concerns. It was not for the regulator to determine if there had been negligence, which is a different legal concept. The Court suggested that it was not even the regulator's duty to assess whether the registrant's conduct contributed to the death of the mother. However, the Court was sympathetic to the limited assessment of the regulator and the review Board on the point. Indeed, The Court made its own observations that, based on the available information, the death of the mother was not related to the administration of the icepack.

The Court also confirmed that the role of the review Board was to review the information in the record before the regulator. In fact, the Court declined to admit additional evidence submitted by the complainant on the basis that it was neither properly proffered (e.g., a collection of articles and lay opinions) nor relevant to the issues. A review is different from a rehearing or even an appeal.

The Court also gave an example of a finding of fact that was open to the complaints screening committee. Because such committees do not conduct hearings, they can only make limited findings of fact. The Court indicated that it was appropriate for the committee to conclude based on the record that "the ice packs were left on too long, though not so long as Ms Gao alleged".

The judicial review was dismissed. Significant costs were awarded to the registrant payable by the complainant.

Reconciling Open Court with Confidential Health Information

Courts have emphasized the importance of open hearings to Canadian society, which transparency includes prompt access to hearing exhibits. That public access sometimes results in private embarrassment is the price of a free and democratic society. However, the privacy of personal health information is also a basic value in our society. Those values often conflict in discipline hearings and appeals. The Ontario Divisional Court recently balanced these competing concepts in a more detailed than usual decision that will likely provide the framework for this type of analysis by discipline panels and courts for years to come.

In *Khan v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 848 (CanLII), the registrant (a physician) appealed a discipline decision. The regulator sought to protect the personal health information of the patients whose records formed exhibits at the hearing. Their proposal was that the exhibits consisting of health records be sealed so that the public would not have access to them and that the other exhibits be redacted to remove identifying information. The regulator also proposed that the publication ban imposed at the discipline hearing, preventing the identifying of patients, would also be continued. The registrant opposed those measures, arguing that merely redacting the information would be adequate, and would be preferable so that the "conduct" of the regulator could be fully scrutinized by the public.

The Court characterized disclosure of personal health information as more than mere personal embarrassment. It was a threat to the dignity of individuals that revealed core aspects of their private lives. The information was protected by targeted health privacy legislation. That regulators had legal access to this information and could use it for their investigations and as evidence in discipline hearings, often without the consent or even knowledge of patients, reinforced the need to effectively protect it. There would be a public expectation that information obtained in this manner would remain confidential.

Thus, the issue was not whether the information would ordinarily be protected but, rather, what protective measures would best balance the competing considerations. In this case, redacting 4,500 pages of patient records "would be time-consuming, subject to error and would delay the hearing of the appeal". The sealing of the patient records, while redacting the other documents, including the hearing transcript, would still enable the public to effectively follow and understand the appeal proceedings, which would still be open to the public. The Court also noted that the patient records contained technical information that would not materially advance the ability of the members of the public to follow the proceedings.

The Court rejected the registrant's argument that the fact that one of the documents was already in the public domain, apparently contrary to the publication ban, altered the analysis. The Court also did not find persuasive the suggestion that access to the patient files would be a source of instruction to the medical community.

Regulators will want to adapt this contextual analysis when dealing with issues of access to their hearing exhibits.

Adequate Investigations

Regulators investigate complaints. Many regulators investigate a lot of complaints. A recurring issue is how thorough those investigations need to be. Courts have repeatedly said that such investigations do not need to be exhaustive, just adequate. In *Kastner v. Health Professions Appeal and Review Board*, 2023 ONSC 629 (CanLII), Ontario's Divisional Court gave guidance on what constitutes an adequate investigation. In that case, a third party made a complaint based in part on an investigative report by the *Globe and Mail*, summarized as follows:

> The complaint against Dr. Duic fell into two categories of allegations. First, that for 16 years, Dr. Duic used his authority as Emergency Department Chief at two major Ontario hospitals to block the hiring of women doctors and encouraged a workplace that was openly hostile to women. Second, that in order to increase department profitability, Dr. Duic demanded that the physicians in his department use involuntary psychiatric detention (Form 1) and driver's licence reviews (MTO reports) against vulnerable patients, without medical justification.

The newspaper article contained statistical information supporting both concerns. In addition to providing a hyperlink to the article, the complainant also provided correspondence with the Chief of Staff of one the hospitals that, while disputing the concerns, provided some data supporting the gender discrimination allegation. All 31 of the emergency physicians at that hospital were men, which was quite disproportionate to the percentage of female emergency physicians in the province, generally, and at other comparable hospitals. The complainant also provided a list of 12 witnesses who would be willing to provide information on the concerns to the regulator, but not to the complainant. He also provided a will-say statement of another physician supportive of some of the concerns. The complainant also provided a copy of an email sent by the registrant (Dr. Duic) to his colleagues that was supportive of the second concern.

The regulator conducted what the Court called a "limited investigation". While the registrant was interviewed, no other witnesses were. An assessor reviewed 30 files containing forms and found concerns with six of them, but accepted the registrant's explanations for them based on information that was not in the charts. The registrant had 19 prior complaints, 11 of which related to completion of forms.

The regulator took no action on the complaint, in part because the allegations were "not supported" and because it accepted the registrant's explanations. The review Board upheld the decision. The Court determined that it was unreasonable to call the investigation adequate and sent the matter back for further inquiries. The Court made the following observations:

- There is no absolute rule as to whether a witness needs to be interviewed. In some cases, it is unnecessary. It is not the role of the screening committee to make findings of fact or resolve issues of credibility. However, in other cases involving serious allegations, witnesses may not voluntarily come forward to provide written statements for fear of retaliation or for other reasons. Actively approaching them for a statement may provide

valuable information. This is especially true where the witnesses are registrants who have an obligation to cooperate with the regulator.

- An important consideration as to whether to conduct a more intensive investigation is the seriousness of the allegations, particularly where there is some basis to support them. The Court characterized these complaints as very serious:

  > … gender discrimination that was alleged to have persisted over 17 years at two major hospitals and improper or fraudulent billing that could have a devastating impact on vulnerable patients. Detaining a person on a Form 1 takes away a person's liberty and autonomy and depriving someone of the right to drive could impact on their ability to maintain their employment or perform the normal tasks of daily living.

- It is particularly risky for a regulator to accept a registrant's explanation where the witnesses with contrary information have not been interviewed or given a comprehensive written statement.

- Regulators should generally treat hyperlinked documents as part of the complaint. They should be considered where they are reasonably relevant to the issues.

- It is not a defence for an inadequate investigation to characterize interviewing witnesses as a "fishing expedition". That phrase applies to situations where there is no basis for concern in order to find a problem. Where there is a basis for concern, witnesses who are in a position to have relevant information can properly be approached.

- Where there are multiple aspects to a complaint, a regulator should not rely on the apparent explanation to one of the concerns as establishing that the other concerns are unfounded. The Court noted that the investigation focussed on only one of the two hospitals identified.

- Beware of template language in one's reasons for decision. A template phrase frequently used by the review Board that "it is unlikely that any information provided by those witnesses would have changed the outcome of the Committee decision" was found by the Court to be unreasonable on the facts of this case.

- Where a complaint involves an allegation of systemic discrimination, there may be more of an onus to investigate whether the individual in power contributed to the result. A denial by that registrant may be insufficient to address the concern.

- The Court sidestepped the issue of whether the complainant should have been given an opportunity to respond to the registrant's submissions to the regulator. The Court simply indicated that, if there was unfairness, it was cured by the opportunity for the complainant to respond fully to the review Board.

Even in returning the matter to the regulator, the Court did not prescribe the precise nature and extent of the investigation required. However, this decision should still provide guidance to anyone conducting investigations.

This article was originally published by The Lawyer's Daily (www.thelawyersdaily.ca), part of LexisNexis Canada Inc.

Quickly Correcting Missteps

Where a tribunal makes a procedural error, prompt correction can permit the hearing to continue without immediate challenge. In *Hemminger v. Law Society of British Columbia*, 2023 BCCA 36 (CanLII), the registrant (a lawyer) faced discipline for various alleged infractions of her trust fund obligations. The finding phase of the hearing ended and closing arguments were about to begin, but the registrant then asked to make a motion for the hearing to be reopened as she wanted to introduce expert evidence on her mental illness. Without hearing argument, the panel refused her request. Within two days, after the registrant indicated that she was going to seek judicial review, the panel reconsidered its refusal and proposed to hear the registrant's motion. The registrant declined the offer and continued with her application for judicial review.

The lower Court held that the judicial review application was premature as the registrant should first make their motion to the hearing panel. The lower Court did not accept that the registrant had established an appearance of bias by the panel's initial refusal, given the entire context. As such, the registrant had not established there were exceptional circumstances warranting the Court's intervention. The Court of Appeal upheld the lower Court's decision.

Courts recognize that a tribunal's reconsideration of a decision that already appears to have been made raises concerns as to whether it truly has an open mind: *Fox North Bay Inc. v. Registrar (Alcohol and Gaming Commission of Ontario)*, 2022 ONSC 5898 (CanLII). However, as this case illustrates, quickly offering to reconsider a matter can often cure a procedural misstep.

Prejudice Not Required to Refuse an Adjournment

Refusing an adjournment is a tricky business for a regulator. Where a reviewing court determines that the adjournment should have been granted, the resulting hearing will be set aside. The Divisional Court recently indicated that even if neither party would suffer prejudice, an adjournment can still be refused: *Venneri v. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2023 ONSC 864 (CanLII).

In that case, an applicant for registration appealed the denial of his application. The applicant argued that the assessment of his qualifications as a traditional Chinese medicine practitioner and acupuncturist had unfairly failed to recognize his competencies. He asked for an

adjournment before the Appeal Board in order to have more time to prepare his case, including obtaining an independent expert opinion. The regulator, while opposing the request, conceded that it would not be prejudiced by an adjournment. The Appeal Board refused the adjournment request, indicating that the applicant had not taken timely steps to line up an expert and that, despite his claim, the disclosure was provided in a timely fashion.

The Court described its role on the adjournment issue as follows:

> In the administrative law context, this court has held that decisions of a hearing panel are discretionary as an inherent aspect of a tribunal's power to control its own processes. These decisions are usually accorded deference unless they amount to a breach of natural justice or procedural fairness. The court should examine whether the decision maker exercised its discretion in an unreasonable or non-judicious fashion in light of all the competing interests it had to balance and the interests of justice. *[citation omitted]*

The Court did not find error in the Appeal Board's determination that disclosure by the regulator was made in a timely manner. Similarly, the regulator's refusal to provide further disclosure about the criteria used in the prior learning assessment process was reasonable because it would undermine the integrity of that process. The balancing of the competing factors, including the value in moving the process along, did not demonstrate error.

Interestingly, the Court also said:

> Nor is there any merit to the Appellant's submission that the Board erred by underappreciating the importance of registration for the Appellant's livelihood. The Board's role was to determine whether the Appellant did not meet the requirements as a TCM practitioner and acupuncturist, not whether the registration was important for his livelihood.

The denial of registration stood.

Ideological, Cultural and Linguistic Discrimination

Ever since the mathematics proficiency test for Ontario teacher candidates was found to be discriminatory for racialized (and other, e.g., candidates whose first language was not English or French) candidates in *Ontario Teacher Candidates' Council v. The Queen*, 2021 ONSC 7386 (CanLII), regulators have wondered how their own entry-to-practise examinations might be challenged. The recent Ontario Court of Appeal case provides some guidance. In *Shaulov v. Law Society of Ontario,* 2023 ONCA 95 (CanLII), a candidate to become a lawyer completed most of the registration requirements except for the Barrister Licensing Examination, which he failed for the maximum number of attempts. The candidate sued, alleging discrimination in the structure, process, and method of evaluation of the examination. [See the June 6, 2022, blog for a discussion of the lower court decision].

The Court upheld striking the action on most of the grounds raised as disclosing no reasonable cause of action. In particular, there was no possible infringement of s. 7 of the *Canadian Charter of Rights and Freedoms* as membership in a profession is not protected under the concepts of life, liberty and security of the person within the meaning of that provision. Further, no basis was pleaded to establish discrimination on the basis of race, ethnic and cultural background under either s. 15 of the *Charter* or under the provisions of the *Ontario Human Rights Code*, but the candidate was permitted to amend this part of his claim.

However, the Court found that the candidate should also be permitted to proceed with properly particularized pleadings as to whether the examination was discriminatory in a broader sense. There was a possibility that the candidate could establish that the structure and contents of the examination discriminated against applicants who come from a different ideological, cultural, and linguistic background. The Court did not expand on these concepts, but they may relate to the candidate's background with different legal systems and where his first language was not English or French. The Court further suggested that there could be some leeway in the particulars required of the candidate at this early stage in the litigation process, especially where the regulator limited access to the examination materials. The Court left open the possibility that greater access to the examination materials may become available during the civil discovery process.

While the Court emphasized that the candidate had achieved very limited success, the decision leaves regulators with a level of uncertainty as to when their registration examinations might be challenged on the basis of discrimination.

Uncontested Submissions of Counsel

Ontario's Divisional Court has again affirmed the deference shown towards disciplinary decisions on sanction (penalty). In *Ontario (College of Pharmacists) v. Mourid*, 2023 ONSC 1221 (CanLII), the registrant (a pharmacist) acknowledged submitting false and misleading billings to the Ontario Drug Benefit Plan in the amount of $68,000. The hearing panel ordered a one-year suspension and significant other measures. The regulator appealed because the panel did not include in its order restrictions imposed in most other similar cases, including a three-year prohibition against owning a pharmacy. The regulator appealed on three carefully crafted issues:

1. The apparent minimization of the concerns in the panel's reasons on sanction (e.g., characterizing it as sloppy record keeping rather than unethical conduct);
2. Lack of proportionality to ten previous similar cases where such restrictions were ordered; and
3. Statements made by the panel in their reasons without supporting evidence, including the financial impact of the restrictions.

The Court repeated that its role is to intervene only where there is an error in principle or where the order is unfit. On each of the issues, the Court found that this test was not met. Reading the reasons as a whole, the panel had not lost sight of the breach of trust aspect of the registrant's conduct. The prior decisions did not act as a "straitjacket" on the panel. The panel explained why it was departing from the past precedents in this case. The Court also held that it was reasonable for the panel to rely on the "uncontested submissions" of counsel as to the registrant's personal circumstances including that the registrant "was effectively a single mother with three children and that the pharmacy was the only business she owned, and her only source of income".

This decision highlights the importance of regulators carefully considering (and possibly objecting to) the submissions made by registrant's counsel about the registrant's personal and financial circumstances where the registrant does not testify on those issues.

Procedural Fairness for Registration Assessments

The assessment of the competencies of applicants for registration is "high stakes". As such, regulators (or third-party examiners or assessors) must demonstrate a relatively high degree of procedural fairness. Alberta's highest court discussed those requirements in *Sandhu v College of Physicians and Surgeons of Alberta*, 2023 ABCA 61 (CanLII). In that case, an internationally trained physician was removed from, and given an unsatisfactory rating for, a three-month Practice Readiness Assessment after only two weeks because of performance concerns. The applicant challenged the outcome as being procedurally unfair and unreasonable.

The Court upheld a lower court ruling (see our Regulation Pro Blog for July 22, 2021) dismissing the applicant's challenge. The Court found that the regulator's communications with the applicant in advance of the assessment provided sufficient detail as to the nature of the assessment and its evaluation criteria. The regulator was not required to refer to or apply other assessment guidelines. The applicant was provided with sufficient orientation to the assessment process and additional orientation was the responsibility of the applicant to obtain. The applicant was given sufficient preliminary feedback of concerns even though not all of the proposed evaluation tools were applied. In any event, this was an evaluation, not an educational program where feedback was required. The assessor and the regulator had a sufficient basis to determine that the applicant's performance was unsatisfactory and placed patients at risk. There was no obligation to provide the full three-month assessment in those circumstances and the candidate knew that this was a possibility.

While one could argue that, from a policy perspective, regulators should be offering comprehensive assistance to internationally trained applicants, the failure to do so does not constitute procedural unfairness from a legal perspective.

Procedural Fairness When Screening Complaints

There seems to be a flurry of cases recently on the procedural fairness requirements for committees that investigate and screen complaints. The most recent offering is from Newfoundland and contains some interesting propositions.

In *Gulliver v. Law Society Complaints Authorization Committee*, 2023 NLSC 23 (CanLII), a client complained against a registrant (a lawyer) for failing to follow the client's instructions in a highly charged family law matter. The registrant disputed the instructions claimed to have been given by the complainant. The screening committee determined that a referral to discipline was not warranted because some of the circumstances (e.g., the client's failure to attend a hearing and a text message from the client's father to the registrant) supported the registrant's position. Under this legislation there was a statutory right of appeal to the Court. The complainant was particularly concerned that the screening committee had not interviewed them or their father. The Court upheld the screening committee's decision. In doing so, the Court indicated the following:

1. There is a distinction between the screening committee making findings of credibility (which it was not doing) and determining that the evidence did not support a referral to discipline (which it was doing).

2. Since more was at stake for the registrant than for the complainant, the procedural rights afforded to the registrant could exceed that afforded to the complainant (e.g., whether to conduct an interview).

3. While there may be some circumstances in which a complainant or their proffered witnesses needed to be interviewed, this was not one of them.

4. That the appellate standard of review (i.e., palpable and overriding error) applied to issues of procedural fairness on an appeal. This is a different framing of the approach than what is taken in Ontario (see *Matheson v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 7597 (CanLII)), although it seems that the difference in framing did not result in a difference in approach.

This decision provides an interesting counterbalance to the decision of *Kastner v. Health Professions Appeal and Review Board*, 2023 ONSC 629 (CanLII), where the failure to interview key witnesses proffered by the complainant amounted to a breach of procedural fairness (albeit on very different facts).

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?

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- 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 25, 2023
8 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 5	**5**
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 5	**5**
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 8 @ 5	**5**
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 0 @ 4 8 @ 5	**5**
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 0 @ 4 8 @ 5	**5**
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 0 @ 3 3 @ 4 5 @ 5	**4.6**
Group Preparedness	Please rate how you feel the level of preparedness of your Council	0 @ 1 0 @ 2 0 @ 3	**4.7**

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	colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	2 @ 4 6 @ 5	
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	0 @ 1 0 @ 2 0 @ 3 1 @ 4 7 @ 5	**4.9**
What Worked Well	From the following list, please select the elements of today's meeting that worked well.		
	• Meeting agenda		**8/8**
	• Council member attendance		**8/8**
	• Council member participation		**7/8**
	• Facilitation (removal of barriers)		**8/8**
	• Ability to have meaningful discussions		**8/8**
	• Deliberations reflect the public interest		**8/8**
	• Decisions reflect the public interest		**8/8**
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.		
	• Meeting agenda		**0/8**
	• Council member attendance		**0/8**
	• Council member participation		**1/8**
	• Facilitation (removal of barriers)		**0/8**
	• Ability to have meaningful discussions		**0/8**
	• Deliberations reflect the public interest		**0/8**
	• Decisions reflect the public interest		**0/8**
Things we should do	Are there things that you feel that the Council should be doing at its meetings that it is not presently doing?	Can you possibly start using the calendar in basecamp?	
Final Feedback	Although the meeting ran well and there were some great questions being asked I find that sometimes the council is not hearing what the CEO is saying. An example was regarding the Ends Priorities conversation where the CEO clearly stated that this was not the new document. Again, I appreciated the conversation but how did it serve the Strategic plan 2023-2027 discussion overall? Great meeting!		

Comparison of Evaluations by Meeting 2022-2023

	2021/22 Overall	2022-2023						
Topic		**May 2022**	**July 2022**	**Sept 2022**	**Nov 2022**	**Jan 2023**	**Mar 2023**	**Ave**
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	**4.5**	4.5	4.9	4.5	4.8	5		**4.7**
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	**4.8**	4.5	5	5	4.9	5		**4.9**
Time Management 1 - Not at all managed to 5 - Very well managed.	**4.7**	4.6	4.7	5	4.9	5		**4.8**
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	**4.8**	4.8	5	5	4.8	5		**4.9**
Right People 1 - None of the right people to 5 - All of the right people.	**4.7**	4.1	5	4.75	4.8	5		**4.7**
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	**4.6**	4.4	4.6	4.5	4.8	4.6		**4.6**
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	**4.5**	4.4	4.9	4	4.8	4.7		**4.5**
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	**4.6**	4.6	5	4.25	4.8	4.9		**4.7**
Number of Evaluations	**10.7**	9	7	4	9	8		**7.4**

The College of Naturopaths of Ontario

Conflict of Interest
Summary of Council Members Declarations 2022-2023

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, 2022 to March 31, 2023.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

Council Member	Interest	Explanation
	None	

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at theclinic.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2022-23 year and the date the took office for this program year[1], 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
Asifa Baig	May 25, 2022		
Dr. Jonathan Beatty, ND	May 25, 2022		
Dr. Shelley Burns, ND	May 25, 2022	May 11, 2022	Yes
Dean Catherwood	May 25, 2022	May 10, 2022	None
Brook Dyson	May 25, 2022	May 25, 2022	None
Lisa Fenton	May 25, 2022	May 10, 2022	None
Dr. Anna Graczyk, ND	May 25, 2022	May 10, 2022	None
Tiffany Lloyd	May 25, 2022	May 17, 2022	None
Dr. Denis Marier	May 25, 2022	May 10, 2022	None
Sarah Griffiths-Savolaine	May 25, 2022	May 17, 2022	None
Paul Philion	May 25, 2022	May 9, 2022	None
Dr. Jacob Scheer, ND	May 25, 2022	May 10, 2022	None
Dr. Jordan Sokoloski, ND	May 25, 2022	May 15, 2022	None
Dr. George Tardik, ND	May 25, 2022	May 17, 2022	None

A copy of each Council members' Annual Declaration Form is available on the College's website.

Updated: September 6, 2022

[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
March 2023

This is the fifth Chair's Report of six for the current Council cycle and provides information for the period from January 1 to February 28, 2023.

To start off the New Year, I worked with Andrew on a few statements that were released by the College – among them, a COVID-19 update for the profession and one announcing the completion of our new strategic plan.

Because of a turnover in senior leadership at both CCNM and the OAND, there were no stakeholder meetings held in the first couple of months of the year but we will look to resume these in the coming months.

As always, I encourage Council members not to hesitate to contact me should they have any questions, concerns, or should they wish to discuss any issue that may be before us.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 March 2023

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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 28, 2023.

Registration

The College has launched registration renewals for the 2023 registration year. As noted under section 1.1, at the time of launch, the College had 1629 Registrants who held a General class certificate of registration and 180 who held an Inactive class certificate of registration. There are also 22 Life Registrants. In February, the Registration Committee approved an application from our own Mary-Ellen McKenna for Life Registrant status. Congratulations to Dr. McKenna, ND (Retired).

Examinations

The College examinations are operating as anticipated. In January-February, both a Clinical Sciences Exam and a Clinical Practical Exams session were offered with 46 and 40 exam candidates respectively. All totaled, 441 candidates have been examined in the various iterations of the College's examinations (ETP and post-registration) this fiscal year. While these are not 441 unique individuals (ETP candidates sit a minimum of three exams), it does demonstrate the volume of on-going activity in the program area.

Quality Assurance

A total of 91 Peer & Practice Assessments have been completed this year thus far and 483 or 99.2% of Registrants who were required to submit their CE reporting have done so.

Inspection Program

Of importance within this program are inspections of new premises, which occur in two parts, as well as the second set of inspections now that we have passed the five-year mark when the regulation to effect. A total of 37 second inspections have been completed thus far.

Under this program, the College also receives occurrence reports when patients have adverse reactions to the administration of IVIT. A total of 14 type 1 occurrence reports have been received and reviewed by the Inspection Committee, 11 of which were due a patient being referred to emergency services within five days of the administration of IVIT.

Complaints and Reports

Typically, the College will receive approximately 20 complaints and initiate another 20 of its own investigations. This year, the numbers are significantly lower with only 13 complaints received

to-day and only 5 CEO initiated investigations. Most common concerns relate to advertising, ineffective treatment, treating outside of scope and unprofessional conduct.

The ICRC currently has 19 active files underway and have closed 38 files in this current year.

Hearings

Two pre-hearing conferences were completed during January-February bringing the year-to-date number to three. It is important to note that in situations where a matter is not being contested, there are not always pre-hearing conferences held.

This year, five uncontested and two contested hearings were held. Uncontested hearings result in findings based on their very nature; however, contested hearings are situations where the College must prove the allegations made against a Registrant. In both contested matters, Helen Cohen (November 2022) and Richard Dodd (February 2023) the panels found that the Registrants had committee acts of professional misconduct. In both cases, the Registrant did not attend the hearing and in both cases, the panel revoked their certificate of registration (note, revocation is based on the facts of the matters not whether a Registrant attends the hearing).

Regulatory Guidance

The data for January-February indicates a jump in calls and e-mails for regulatory guidance and support. Once again, determining what is within the scope of practice, registration, CPR and telepractice remain the top areas of questioning.

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)							**1851**
General Class							***1649***
In Good Standing	1561	1574	1595	1615	1629		1628
Suspended	16	13	16	19	20		20
Inactive Class							***180***
In Good Standing	5	162	160	165	171		171
Suspended	8	8	9	9	9		9
Life Members	22	22	22	22	22		22
Changes in Registration Status							
Suspensions	10	0	4	3	4		21
Resignations	4	0	1	2	2		9
Revocations	3	0	9	0	1		13
Reinstatements	3	3	1	1	1		9
Class Changes							
GC to IN	0	1	1	3	8		13
IN to GC (< 2 years)	0	1	1	1	2		5
IN to GC (> 2 years)	0	0	0	0	0		0
Life Membership Applications							
Approved	0	0	0	0	1		1
Not Approved	0	0	0	0	0		0
Professional Corporations (Total)							
New applications approved	0	3	2	3	5		13
Renewed	14	15	12	22	15		78
Revoked	0	0	0	0	0		0
Resigned/Dissolved	0	1	0	1	0		2
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	10	3	31	28	5		77
On-going applications	20	11	33	57	23		57
Certificates issued	11	9	4	39	18		81
Referred to RC	1	0	2	1	1		5
Approved	1	0	0	1	1		3
Approved – TCLs	0	0	0	0	0		0
Approved – Exams required	0	0	0	0	0		0
Approved – Education required	0	0	0	0	0		0
Denied	0	0	0	0	0		0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued							
PLAR Applications							0
New	0	0	1	0	0		1
On-going	1	1	1	2	1		1
1.3 Regulatory Activity: Examinations							
CSE							
Scheduled	0	1	0	0	1		2
Held	0	1	0	0	1		2
Candidates	N/A	98	N/A	N/A	46		144
BME							
Scheduled	0	0	1	0	0		1
Held	0	0	1	0	0		1
Candidates	N/A	N/A	95	N/A	N/A		95
Clinical Practical Exam							
Scheduled	0	1	1	0	1		3
Held	0	1	1	0	1		3
Candidates	N/A	46	44	N/A			90
Therapeutic Prescribing							
Scheduled	0	0	1	0	0		1
Held	0	0	1	0	0		1
Candidates	N/A	N/A	31	N/A	N/A		31
IVIT							
Scheduled	1	0	0	1	0		2
Held	1	0	0	1	0		2
Candidates	19	N/A	N/A	22	N/A		41
Exam Appeals							
CSE				1			
*** Granted	0	0	0	0	0		0
*** Denied	0	0	0	1	0		1
BME							
*** Granted	0	0	0	0	0		0
*** Denied	0	0	0	0	0		0
Clinical Practical							
*** Granted	0	0	0	0	0		0
*** Denied	0	0	0	0	0		0
Therapeutic prescribing							
*** Granted	0	0	0	0	0		0
*** Denied	0	0	0	0	0		0
IVIT							
*** Granted	0	0	0	0			0
*** Denied	0	0	0	0			0
Exam Question Development							
*** CSE questions developed	0	0	0	0	0		0
*** BME questions developed	0	83	0	0	0		83

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.4 Regulatory Activity: Patient Relations							
Funding applications							
New applications	0	0	0	0	0		0
Funding application approved	0	0	0	0	0		0
Funding applilcation declined	0	0	0	0	0		0
Number of Active Files	5	5	5	5	5		5
Funding Provided	$1,320	$325	$730	2,640	$1,690		$6,695
1.5 Regulatory Activity: Quality Assurance							
Peer & Practice Assessments							
Scheduled	0	0	45	44	2		91
Completed	0	0	45	44	2		91
CE Reporting							
Number in group	0	0	487	0	0		487
Number received	0	0	483	0	0		483
P&P Assessment required	0	0	0	0	0		0
QAC Reviews							
Accepted	0	0	0	0	0		0
Work Required	0	0	0	0	0		0
QAC Referrals to ICRC	0	0	0	1	0		1
1.6 Regulatory Activity: Inspection Program							
New premises registered	3	7	2	3	1		16
New Premise Inspection							
Part I Scheduled	0	3	10	4	2		19
Part I Completed	0	3	10	4	2		19
Part II Scheduled	5	1	0	1	1		8
Part II Completed	5	1	0	1	1		8
New premises-outcomes							
Passed	6	1	8	4	6		25
Pass with conditions	0	2	1	5	1		9
Failed	0	0	0	0	0		0
Secondary Inspections							
Scheduled	6	2	8	6	8		30
Completed	6	2	8	6	8		30
Second inspections							
Passed	9	2	4	8	5		28
Pass with conditions	3	0	1	3	1		8
Failed	0	0	0	0	0		0
Type 1 Occurrence Reports							
Patient referred to emergency	4	1	3	1	2		11
Patient died	1	0	0	1	0		2
Emergency drug administered	0	0	0	1	0		1

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports							
New complaints/reports							
Complaints	1	7	1	3	1		13
CEO Initiated	1	1	1	1	1		5
ICRC Outcomes							
Letter of Counsel	6	2	5	2	0		15
SCERP	4	0	0	0	0		4
Oral Caution	1	0	0	1	0		2
SCERP & Caution	0	1	1	0	0		2
No action needed	3	1	0	0	4		8
Referred to DC	0	6	3	0	0		9
Summary of concerns							
Advertising	0	2	1	2	0		5
Failure to comply	1	1	0	0	0		2
Ineffective treatment	0	4	1	0	0		5
Out of scope	0	2	2	1	0		5
Record keeping	0	2	0	0	0		2
Fees & billing	0	2	1	1	1		5
Lab testing	0	0	0	0	0		0
Delegation	0	0	0	0	0		0
Harassment	1	0	0	0	0		1
QA Program comply	0	0	0	0	1		1
C&D compliance	0	0	0	0	0		0
Failure to cooperate	0	0	0	0	0		0
Boundary issues	1	0	0	0	0		1
Practising while suspend.	0	1	0	1	0		2
Unprofessional, unbecoming conduct	2	1	1	0	1		5
1.8 Regulatory Activity: Cease & Desist							
C&D Issued	0	2	1	0	1		4
C&D Signed	0	1	0	0	1		2
Injunctions	0	0	0	0	0		0
Sought	0	0	0	0	0		0
Approved	0	0	0	0	0		0
Denied	0	0	0	0	0		0
1.9 Regulatory Activity: Hearings							
Pre-hearing conferences							
Scheduled	0	0	0	2	0		2
Completed	1	0	0	0	2		3
Discipline hearings							
Contested	0	0	0	1	1		2
Uncontested	2	0	1	2	0		5
Contested Outcomes							
Findings made	0	0	0	0	1		1
No findings made	0	0	0	0	0		0
FTP Hearings	0	0	0	0	0		0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.10 Regulatory Activity: Regulatory Guidance							
Inquiries							
E-mail	56	47	54	48	70		275
Telephone	54	35	44	44	62		239
Top inquiries							
COVID-19	7	0	0	0	0		7
Scope of practice	9	6	11	8	11		45
Conflict of interest	6	0	0	0	0		6
Tele-practice	4	8	9	7	7		35
Inspection program	10	6	0	5	0		21
Patient visits	9	6	6	8	0		29
Advertising	0	2	3	0	6		11
Lab testing	4	6	5	4	0		19
Notifying patients when moving	0	0	0	5	0		5
Fees & billing	10	7	12	13	5		47
Record keeping	0	0	9	5	6		20
Consent and Privacy	4	4	0	5	0		13
Grads Practising with Registrant	0	3	0	0	0		3
Injections	0	6	0	0	5		11
Discharging a patient	0	0	3	0	6		3
Registration & CPR	0	0	8	0	8		8
Prescribing	0	0	0	0	6		6
Delegation and Referrals	6	0	3	4	6		19
1.11 Regulatory Activity: HPARB Appeals							
RC Appeals							
Filed	0	0	0	0	0		0
Upheld	0	0	0	0	0		0
Returned	0	0	0	0	0		0
Pending	0	0	0	0	0		0
ICRC Appeals							
Filed	0	2	0	0	0		2
Upheld	0	0	0	0	0		0
Returned	0	0	0	0	0		0
Overturned	0	0	0	0	0		0
Pending	0	0	2	2	2		2
1.12 Regulatory Activity: HRTO Matters							
In progress		1	1	1	1		1
Decided							
In favour of applicant							0
In favour of College							0

The College of Naturopaths of Ontario

MEMORANDUM

DATE:	March 6, 2023
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, 2022, which represents the third quarter (Q3) of our fiscal year 2022-2023.

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, 2022.

The College continues to remain in a good financial position at the end of Q3. Please note that this report continues to include COVID-19 pandemic impacts in reference to the number of candidates the College is able to host for exams.

At the end of the quarter the College's Operating bank account made temporary use of its overdraft in the amount of $6,030.96. This was due to a timing issue in which funds were transferred to cover accounts payable, but there was an unanticipated delay of the funds being deposited. This timing issue was resolved within a couple of days. The overdraft amount was within the College's overdraft limit with the bank and no fees were incurred by the College for the overdraft.

The College's accounts receivables have experienced no change in the number of Registrants enrolled in the pre-authorized payment plan remaining at 555. This quarter we had a total of seven transactions that were not successful on the first attempt, however each one was successful during the re-submission process.

Pre-paid expenses were reduced by 12% from $100,710.16 to $89,053.77. This is primarily due to the payment structure of numerous software licenses the College purchases annually.

The College's Accounts Payable in the amount of $112,577.70 is once again being highlighted at the end of this quarter as over 65% is attributed to the late billing of Yardstick for exam proctoring and maintenance. The remaining balance is comprised primarily of legal costs.

The allowance for doubtful accounts represents fees that are owed to the College but that we do not anticipating actually collecting, this accounts for 3% against receivables. The allowance is made primarily for registration fees and Discipline Committee Ordered Costs.

Other Liabilities have returned to be within normal business practice limits as the College returns to a normal fiscal year cycle.

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 combined.
- 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 $3,303,734. This compares to the Year-to-Date budget of $3,384,318 resulting in a small unfavorable balance of ($80,584), which accounts for a 2% variance.

This quarter all revenue line items exceeded budgeted expectations with the exception of Inspections and Ordered Costs Recovered.

	Current 2022-2023 Fiscal Year				**Prior 2021-2022 Fiscal Year**		
Line Item	**Year to Date Budget**	**Year to Date Revenue**	**Variance in $**	**% within the Budget**	**Q3- Actual Revenue**	**Q3- Variance in $**	**Q3- Variance in %**
Registration Fees	$2,897,918	$2,891,883	($6,035)	100% on budget	$141,923	($22,400)	86% Under budget
Examination Fees	$227,200	$246,625	$19,425	109% Over budget	$47,950	$15,050	146% Over budget
Incorporation Fees	$21,900	$22,200	$300	101% Over budget	$7,102	$1,802	134% Over budget
Ordered Costs Recovered	$98,000	$21,500	($76,500)	78% Under budget	$4,950	$950	124% Over budget
Inspections	$127,500	$97,800	($29,700)	23% Under budget	$25,750	($16,750)	61% Under budget
Interest	$1,800	$4,788	$2,988	266% Over budget	$495	($505)	50% Under budget
Investment Income	$6,300	$18,763	$12,463	298% Over budget	($1,721)	($3,221)	-115% Under budget

Registration Fees (100% of YTD Budget)– Our Entry-to-Practise department was in receipt of 56 applications, of which 24 were received in Q2 but billed in Q3. In addition, a total of 41 applications were issued certificates of registration.

Examination Fees (109% of YTD Budget) – This quarter the College experienced close to 50% over budget for the jurisprudence exam with a total enrollment of 35 candidates. A total of 21 candidates participated in the IVIT exam, 40 candidates attended the Clinical Sciences exam, and 42 candidates attended the Clinical Practical exam.

Incorporation Fees (101% of YTD Budget)- A total of six applications were received and 32 applications for registration. This quarter Incorporations exceeded budgeted expectations by doubling its revenue from what was budgeted, whereas the first two quarters it met budget expectations closely.

Ordered Costs Recovered (22% of YTD Budget)- Partial ordered costs were collected from four Registrants. All four Registrants are on a re-payment plan and remuneration back to the College is anticipated at the end of next fiscal year.

Inspections (77% of YTD Budget)- A total of 12 premises were in receipt of a five-year inspection and three new premises were registered. The inspections program started to meet projected targets at the beginning of Q2 through to the end of Q3.

Interest (266% of YTB Budget)- The increased interest rate of 0.02% in Q2 was maintained in Q3.

Investment Income- (298% of YTD Budget)- The College's investment portfolio of a GIC and Mutual Fund was doubled in interest from the last quarter. These investments are now performing at a similar rate of return in our 2020-21 fiscal year.

Expenses

Total Year-to-Date expenses were $2,514,205 versus the Year-to-Date budget of $2,884,086. The favorable variance of $369,881 is an overall costs savings of 13% against the budget. The primary items that contributed to lowered expenses are as follows:

	2022-2023				**2021-2022**		
Line Item	**Year to Date Budget**	**Year to Date Expense**	**Variance in $**	**% within the Budget**	**Q3-Actual Expense**	**Q3-Variance in $**	**Q3-Variance in %**
Office and General	$129,600	$79,156	$51,444	40% Under budget	$20,248	$34,963	63% Under budget
Consulting Fees-General	$65,000	$7,391	$57,609	89% Under budget	$12,629	($10,229)	526% Over budget
Consulting Fees-Complaints	$99,750	$57,774	$41,976	42% Under budget	$40,323	($10,073)	133% Over budget

Consulting Fees-Assessors	$46,200	$36,100	$10,100	22% Under budget	$15,336	($336)	102% Over budget
Legal Fees-General	$34,074	$12,425	$21,649	64% Under budget	$13,784	($3,112)	129% Over budget
Legal Fees-Complaints	$84,025	$50,021	$34,004	40% Under budget	$22,289	($6,364)	140% Over budget
Legal Fees-Discipline	$184,000	$162,722	$21,278	12% Under budget	$20,413	$29,587	59% Under budget
Council Fees and Expenses	$183,243	$149,075	$24,168	19% Under budget	$23,285	($2,428)	112% Over budget
Hearings	$30,000	$34,240	($4,240)	114% Over budget	$798	$10,850	93% Under budget
Insurance	$27,000	$32,682	($5,682)	121% Over budget	$0	$0	0%
Public Education	$53,216	$70,361	($17,145)	132% Over budget	$4,359	$9,352	68% Under budget
Education and Training	$16,555	$4,322	$12,233	74% Under budget	$4,961	($4,011)	522% Over budget
Printing and Postage	$1,407	$784	$623	44% Under budget	$288	$206	42% Under budget

Office and General (60% of YTD Budget)- With the office set up as a hoteling model staff currently go to the office on an as needed basis. Costs of office supplies, photocopies and janitorial services have decreased.

Consulting Fees General (11% of YTD Budget)- Final billings for some of the larger projects that the College is currently working on will be invoiced in Q4. French translations, data migration to the cloud, office move including moving companies and electrical/data drops in the new office. The costs of these initiatives will be in the range of $60,000-$70,000 which will then account for 65%-75% budget utilization.

Consulting Fees Complaints (58% of YTD Budget)- A total of four new complaints were opened in addition to two CEO Investigations. There were also six complaints and CEO Investigation closed this quarter. This program is anticipated to have costs savings but will see a higher utilization in Q4 due to late billing in Q3.

Consulting Fees Assessors (78% of YTD Budget)- A total of 24 inspections were completed this quarter. Between Q1-Q3 there has been a 33% reduction of inspections completed against the budget.

Legal Fees General (36% of YTD Budget) – This quarter utilization of general legal fees incurred costs via Operations and minimal costs in Patient Relations and Registrations. No costs were incurred by Quality Assurance, Inspections, Drug, Substances and Lab Program and Standards Program.

Legal Fees Complaints (60% of YTD Budget) – A total of four new complaints were opened in addition to two CEO Investigations. There were also six complaints and CEO Investigation closed this quarter. In Q3 costs incurred were 58% lower as opposed to Q1-Q2.

Legal Fees Discipline/Hearings (88% of YTD Budget)- This quarter there was one uncontested hearing held and two contested hearings. One of the contested hearings remains in progress and activities and billing is slated for Q4.

Council Fees (81% of YTD Budget)- There were a few committees in which no activity took place including Executive Committee, Audit Committee, Exam Appeals Committee and Risk Management Committee. Fees for Satori Consulting for the Council Evaluation program has been processed this quarter. Volunteer expenses are processed timely but are contingent on timing of the meeting and the pay period in which the expense is processed. This line item is anticipated to end the year with cost savings as the budget is based on full Council and Committee compositions at every meeting.

Hearings (Overbudget by 14% of YTD Budget)- One uncontested hearing and two contested hearings. Each contested hearing was held over multiple days. One of the contested hearings was to be held in Q2 but was deferred to Q3 which accounts for the overage of costs this quarter. It is anticipated that this program area will complete the year close to budget with a possible overage of approximately 5%.

Insurance (Overbudget by 21% of YTD Budget) – This line item will end the year with an overage of 21%. Fees of our insurer were increased more this year than year over year previously.

Public Education (Overbudget by 32% of YTD Budget)- Major line items processed for communications this quarter included a partial payment of our CANRA membership, graphic design for the Annual Report and translation fees. The program is anticipated to complete the year within its budgeted allocation.

Education and Training (26% YTD Budget)- No training initiatives were held in any of the program area this quarter.

Postage and Printing (56% of YTD Budget)- The majority of the College's operations have been transitioned to electronic correspondence and the need for physical printing and mail outs has decreased.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q3 are at 93% of the annual budget, with the greatest shortfall in Ordered Costs Recovered. This is driven by when Decision and Reasons are concluded and the payment plan that is established.

Overall expenses are at 65% of the annual budget however, there are a couple of larger projects and capital expenditures that will be booked in Q4.

Capital Expenditures

In Q3 there were no capital expenditures incurred. The remaining capital allocations for I.T and Furniture will be utilized in Q4 closer to the re-location of the College. This will include a new VOIP switch within the I.T allocation and new furniture pieces.

Forecasting to Year End

At the end of this quarter the College's total revenue is $3,303,734 and total expenditures are $2,514,205. The College's expenses on a quarterly basis are approximately $800,000 and with the addition of capital expenditures and final billings of larger projects we are anticipating ending the year balanced (actual revenue-actual expenditures).

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.

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The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION

As of December, 2022 (Q3)

75% of Fiscal Year

ASSETS				
Chequing / Savings				
Bank - Operating Funds	$	(6,030.96)		
Bank - Savings	$	468,355.49		
Petty Cash	$	500.00		
Refund Clearing	$	(1,454.54)		
Total Chequing / Savings			*$*	*461,369.99*
Accounts Receivable				
Accounts Receivable	$	153,950.56		
Allowance for Doubtful Accounts	$	(32,374.50)		
Ordered DC Costs	$	9,000.00		
Total Accounts Receivable			*$*	*130,576.06*
Other Current Assets				
Prepaid Expenses	$	89,053.77		
Investment in Mutual funds	$	1,584,267.88		
Accrued Interest	$	447.50		
Investment in GIC	$	516,116.61		
Total Other Current Assets			*$*	*2,189,885.76*
Fixed Assets				
Computer Equipment	$	84,708.12		
Furniture and Fixtures	$	159,390.70		
Accumulated Amortn - Computers	$	(185,597.10)		
Accumulated Amortn - Furniture	$	(17,418.05)		
Total Fixed Assets			*$*	*41,083.67*
TOTAL ASSETS			**$**	**2,822,915.48**
LIABILITIES AND EQUITY				
Accounts Payable				
Accounts Payable	$	112,577.70		
Credit cards	$	(398.60)		
Total Account Payable			*$*	*112,179.10*
Other Current Liabilities				
Accrued Liabilities	$	2,084.45		
Accrued Liabilities-Discipline	$	7,000.00		

Deferred Income	$	-		
HST Payable	$	6,718.73		
Total Current Liabilities			*$*	*15,803.18*
Equity				
Retained Earnings	$	(332,720.37)		
Patient Relations Fund	$	100,000.00		
Business Continuity Fund	$	1,083,877.00		
Investigations and Hearning Fund	$	1,004,246.00		
Succession Planning Fund	$	50,000.00		
Current Earnings	$	789,530.57		
Total Equity			*$*	*2,694,933.20*
TOTAL LIABILITIES AND EQUITY			**$**	**2,822,915.48**

The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q3 commencing October 01, 2022 to December 31, 2022

	Q3						12 MONTH ENDING MARCH 31, 2023					
	Oct-Dec'22 Budget $'s	Oct-Dec'22 Actual $'s	BUDGET FAV (UNFAV) VARIANCE		Oct-Dec'21 Actual $'s	Oct-Dec'21 FAV (UNFAV) VARIANCE	YTD Budget $'s	YTD Actual $'s	BUDGET FAV (UNFAV) VARIANCE		ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
Revenue			$	%		$			$	%	$	%
Registration and Member Renewals	34,410	53,206	18,796	155%	141,923	(22,400)	2,897,918	2,891,883	(6,035)	100%	2,908,828	99%
Examination Fees	32,900	64,225	31,325	195%	47,950	15,050	227,200	246,625	19,425	109%	287,000	86%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	5,300	10,150	4,850	192%	7,102	1,802	21,900	22,200	300	101%	26,550	84%
Ordered Costs Recovered	49,000	11,300	(37,700)	23%	4,950	950	98,000	21,500	(76,500)	22%	143,000	15%
Inspection Fees	42,500	31,700	(10,800)	75%	25,750	(16,750)	127,500	97,800	(29,700)	77%	170,000	58%
Interest	600	2,040	1,440	340%	495	(505)	1,800	4,788	2,988	266%	2,400	200%
Investment Income	900	11,453	10,553	1273%	(1,721)	(3,221)	6,300	18,763	12,463	298%	7,200	261%
Miscellaneous Income (CEWS Subsidy)	-	-	-	0%	7,034	7,034	3,700	175	(3,525)	5%	3,700	5%
Total Revenue	165,610	184,074	18,464	111%	233,483	(18,040)	3,384,318	3,303,734	(80,584)	98%	3,548,678	93%
Expenses												
Salaries and Benefits	452,322	480,633	(28,311)	-6%	378,097	21,612	1,385,620	1,349,603	36,017	3%	1,837,942	73%
Rent and Utilities	93,964	74,921	19,043	20%	75,643	(130)	265,470	213,529	51,941	20%	337,215	63%
Office and General	55,591	29,634	25,957	47%	20,248	34,963	129,600	78,156	51,444	40%	182,768	43%
Consulting Fees-General	30,400	3,145	27,255	90%	12,629	(10,229)	65,000	7,391	57,609	89%	102,400	7%
Consulting Fees-Complaints and Inquires	32,250	4,702	27,548	85%	40,323	(10,073)	99,750	57,774	41,976	42%	132,000	44%
Consulting Fees-Assessors/Inspectors	18,900	25,569	(6,669)	-35%	15,336	(336)	46,200	36,100	10,100	22%	63,600	57%
Exam Fees and Expenses	64,989	140,290	(75,301)	-116%	65,703	(15,132)	224,120	201,298	22,822	10%	282,867	71%
Legal Fees-General	11,358	7,901	3,458	30%	13,784	(3,112)	34,074	12,425	21,649	64%	45,432	27%
Legal Fees-Complaints	47,700	10,286	37,414	78%	22,289	(6,364)	84,025	50,021	34,004	40%	100,725	50%
Legal Fees-Discipline	92,000	83,160	8,840	10%	20,413	29,587	184,000	162,722	21,278	12%	259,000	63%
Council Fees and Expenses	35,116	43,390	(8,274)	-24%	23,285	(2,428)	183,243	149,075	34,168	19%	244,620	61%
Hearings (Discipline, Fitness to Practice)	15,000	25,562	(10,562)	-70%	798	10,850	30,000	34,240	(4,240)	-14%	40,950	84%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	24,709	0%
Insurance	-	-	-	0%	-	-	27,000	32,682	(5,682)	-21%	27,000	121%
Equipment Maintenace	12,702	12,632	70	1%	12,630	(585)	38,306	38,122	184	0%	51,008	75%
Audit Fees	-	-	-	0%	(16,000)	16,000	16,500	15,600	900	5%	16,500	0%
Public Education	16,168	28,132	(11,964)	-74%	4,359	9,352	53,216	70,361	(17,145)	-32%	111,584	63%
Education and Training	750	-	750	100%	4,961	(4,011)	16,555	4,322	12,233	74%	17,055	25%
Printing and Postage	267	357	(90)	-34%	288	206	1,407	784	623	44%	1,655	47%
Total Expenses	979,477	970,313	9,165	1%	694,786	70,170	2,884,086	2,514,205	369,881	13%	3,879,029	65%
Total Revenue over Expenses	(813,867)	(786,239)	9,299	-1%	(461,303)	(88,210)	500,232	789,529	(450,465)	-1%	(330,351)	

The College of Naturopaths of Ontario

Statement of Operations

	2022-2023			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Dec'22 Budget
REVENUES				
Registration and member renewal fees	$ 2,908,828	$ 2,891,883	99%	$ 2,897,918
Examination fees	$ 287,000	$ 246,625	86%	$ 227,200
Defferred capital funding	$ -	$ -	#DIV/0!	$ -
Incorporation fees	$ 26,550	$ 22,200	84%	$ 21,900
Ordered costs recovered	$ 143,000	$ 21,500	15%	$ 98,000
Inspection fees	$ 170,000	$ 97,800	58%	$ 127,500
Interest	$ 2,400	$ 4,788	200%	$ 1,800
Investment Income	$ 7,200	$ 18,763	261%	$ 6,300
Miscellenous	$ 3,700	$ 175	5%	$ 3,700
TOTAL REVENUES	$ 3,548,678	$ 3,303,734		$ 3,384,318
EXPENSES				
Salaries and benefits	$ 1,837,942	$ 1,349,603	73%	$ 1,385,620
Rent and utilities	$ 337,215	$ 213,529	63%	$ 265,470
Office and general	$ 182,768	$ 78,156	43%	$ 129,600
Consulting fees				
Consultants - general	$ 102,400	$ 7,391	7%	$ 65,000
Consultants - complaints and inquiries	$ 132,000	$ 57,774	44%	$ 99,750
Consultants - assessors/inspectors	$ 63,600	$ 36,100	57%	$ 46,200
Exam fees and expenses	$ 282,867	$ 201,298	71%	$ 224,120
Legal fees				
Legal fees - general	$ 45,432	$ 12,425	27%	$ 34,074
Legal fees - complaints	$ 100,725	$ 50,021	50%	$ 84,025
Legal fees - discipline	$ 259,000	$ 162,722	63%	$ 184,000
Council fees and expenses	$ 244,620	$ 149,075	61%	$ 183,243
Hearings (Discipline, Fitness to Practise)	$ 40,950	$ 34,240	84%	$ 30,000
Amortization/Depreciation	$ 24,709	$ -	0%	$ -
Insurance	$ 27,000	$ 32,682	121%	$ 27,000
Equipment maintenance	$ 51,008	$ 38,122	75%	$ 38,306
Audit fees	$ 16,500	$ 15,600	95%	$ 16,500
Public education	$ 111,584	$ 70,361	63%	$ 53,216
Education and training	$ 17,055	$ 4,322	25%	$ 16,555
Postage & Courier	$ 1,655	$ 784	47%	$ 1,407
TOTAL EXPENSES	$ 3,879,029	$ 2,514,203		$ 2,884,086
EXCESS OF REVENUES OVER EXPENSES	$ (330,351)	$ 789,531		$ 500,232

The College of Naturopaths of Ontario

2022-23 Capital Statement

Line Item	Total Budget (April 2022-March 2023)	April	May	June	July	August	September	October	November	December	January	Febuary	March	YTD Actual	Balance
Computer Equipment	$13,100.00		$5,495.74	$2,578.04										$8,073.78	$5,026.22
Furniture & Fixtures	$30,000.00													$0.00	$30,000.00
Total	$43,100.00													$8,073.78	$35,026.22

The College of Naturopaths of Ontario

BRIEFING NOTE
College Performance Measure Framework Report 2022

PURPOSE: To seek approval of the Council to submit the College's 2022 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:	20 minutes		
Steps/Timing:	**1.**	Chief Executive Officer (CEO) will provide a brief overview.	10 minutes
	2.	Council questions and discussion	15 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 January 23, 2023, the Ministry of Health released the updated CPMF framework for the 2022 reporting year.

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 47 (94%) with the following areas only **partially met**:

- Implementation of a full risk management program (same outcome as 2021);
- The College conducts equity impact assessments (revised measure from 2021);
- The College has a financial reserve policy and a sufficient level of reserves (based on Council's policy) (same outcome as 2021).

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 (3).

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 CPMF Report is assembled by the CEO and 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 CEO and senior management team away from their other College responsibilities.
- Operational 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 framework.
- 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. The CPMF, though reporting on the past year of activities, is a document that leads the Colleges in certain directions. For example, the addition of activities surrounding risk management and DEI were not included in the prior year and no advance notice of intention to include them was provided to the Colleges. Yet today the College is required to report on activities that are newly emergent issues.

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 intending 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 of the Colleges and submitted on the same 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.

Andrew Parr, CAE
Chief Executive Officer
March 21, 2023

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 2022
		1.2	(a)	Met in 2021, continues to meet in 2022
			(b)	Yes
			(c)(i), (ii)	Yes
			(c)(iii)	Yes
	2	2.1	(a)(i)	Yes
			(a)(ii)	Met in 2021, continues to meet in 2022
			(b)	Met in 2021, continues to meet in 2022
			(c)	Yes
			(d)	Met in 2021, continues to meet in 2022
			(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, continues to meet in 2022
		10.2	(a)(i)	Yes
			(a)(ii)	Met in 2021, continues to meet in 2022
			(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	47	3	0

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 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.

Figure 1: CPMF Model for Measuring Regulatory Excellence

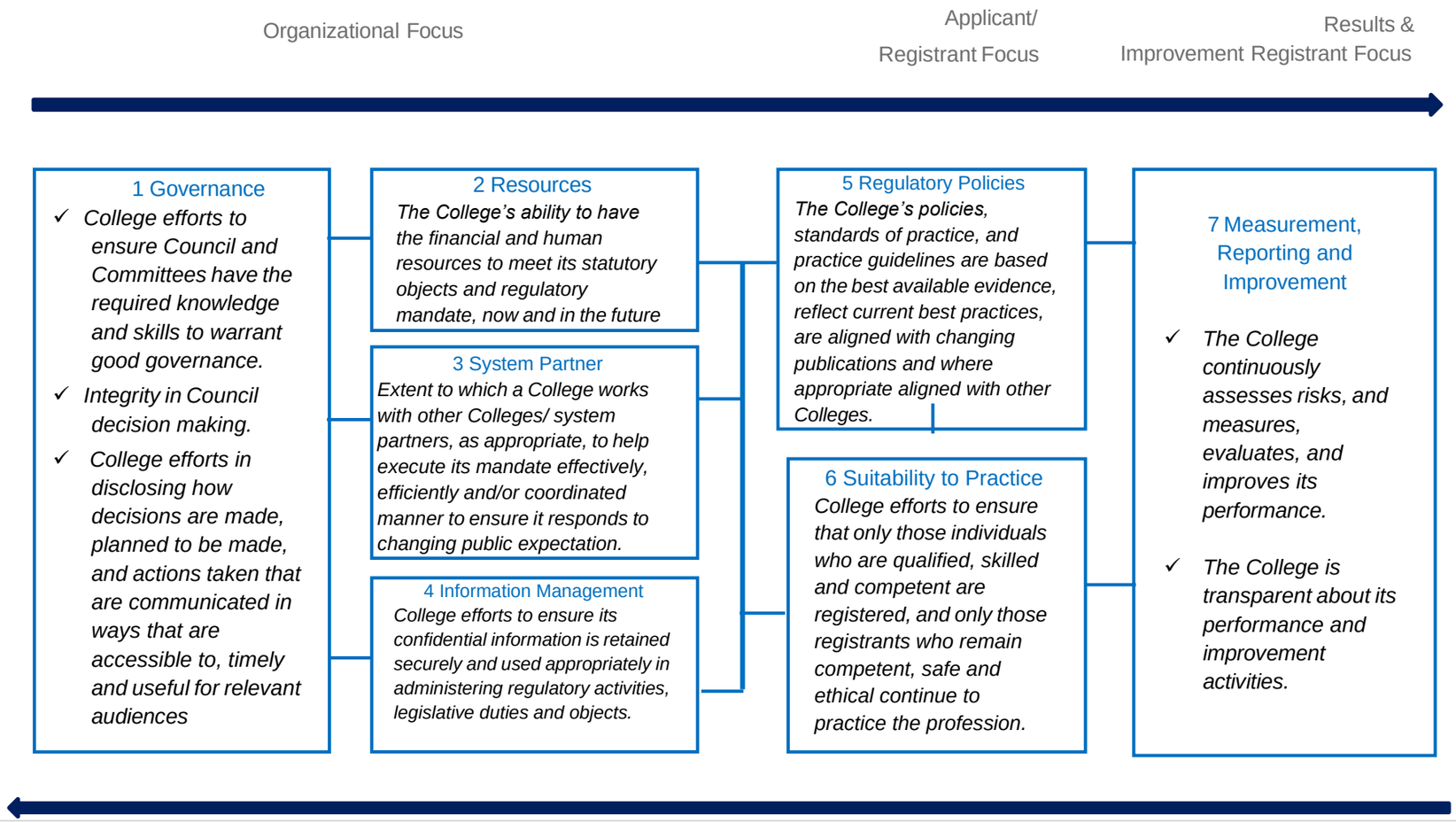

Figure 2: CPMF Domains and Standards

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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

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.

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For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

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.

What has changed in 2022?

This year, eight pieces of Evidence have been 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. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. 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:	Yes

- The competency and suitability criteria are public: Yes
  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.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

-

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes

			• Duration of orientation training.
			• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
			• Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics.
			
			As set out in GP31 – Qualifying Program, all potential nominees for election must have attended an orientation session held by the Chief Executive Officer of the College. This session runs approximately two to three hours depending on the questions raised by participants. It is held via video call and covers the following topics:
			• Qualifications to run for election.
			• The skill set that a candidate will need to sit on Council (see below).
			• The role and mandate of the College.
			• The vision of the Council for the future of the College.
			• The role of the Council and the role of the CEO/staff.
			• The duties and responsibilities of Council members.
			• On-going support from Council and staff.
			• The time and other commitments implicit in seeking to be on the Council.
			• Compensation provided for by the College once elected.
			• Training requirements once elected.
			• Typical Council Meeting
			  ○ Format
			  ○ Video/audio capabilities
			• The election process.
			• Terms and term limits.
			
			Subsequent to the orientation session the potential nominee completes the competency self-assessment, all other on-line forms and meets with the Governance Committee for an interview.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Yes • *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 competency requirements as well as the additional requirements for certain committees.	

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			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. As noted above, the College requires all potential volunteers, whether those seeking election to Council or seeking an appointment to a Committee to attend an orientation session and to undergo the entire Qualifying Program. As noted above, the orientation session is approximately two hours in duration and covers key topics, including but not necessarily limited to, the qualifications to seek election or appointment, mandate of the College, role of Council and staff, duties and responsibilities for Council and committee members, time commitments, compensation provided, training and evaluation requirements, on-going support from Council, Committees and staff and the processes for election/appointment.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional):

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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. None the less, the Council's Training Program does require that all public appointees complete the training at the first available opportunity.	
			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: **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 2021, continues to meet in 2022
	• 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: No • *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 on-line meeting evaluation. Responses are tabulated from the previous meeting and the results are provided to the Council at its next meeting as part of its Consent Agenda. An example can be found at page 68-69 of the March 30, 2022, Meeting materials. It is important to note that not only do we provide the individual meeting evaluation but the ratings for all prior meetings held in the cycle to allow Council to see any trends. With respect to the Council itself, at the end of the Council year (April/May) the Council and Committee evaluation process is initiated. This process is described in the Council's governance policy GP16 – Governance Evaluation whereby the Council evaluates itself as an entity, and each Council member evaluates themselves and their peers. Annually in July, the Council is presented with an evaluation report from an independent consultant supporting the process which sets out the findings regarding Council and Committee effectiveness, based on interviews and rating exercises conducted with Council and Committee members. Following Council review, the consultant meets with each Committee to review their overall committee assessment. An example of this review is available as item 7.01 on the July 27, 2022 meeting agenda. Once these processes are completed, the reports are made available on 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.

			Additional comments for clarification (optional)

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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? Yes • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. Presently, the Council effectiveness process, or Governance Evaluation, is conducted annually by the Council and the Committees. The Council is currently using an independent consultant, Sandi Verrecchia of Satori Consulting to assist in the delivery of this evaluation. Information about this requirement can be found on the College website and is enshrined in the Council's governance policy GP16 – Governance Evaluation. The most recent Governance Evaluation was completed at the end of July 2022. Council and Committee evaluations are available publicly on the College's website. The next cycle will be initiated in April of 2023.	
			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 over the last calendar year. 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 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 35 to 39 of the Council meeting package of November 2022. Also, during this period, the newly formed Equity, Diversity and Inclusion (EDI) Committee and support staff all completed the Equity Sequence program from Tidal Equality. This program allowed all committee members and support staff to establish a similar baseline understanding of Equity, Diversity, Inclusion and Belonging.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):

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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: 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 over the last calendar year. Since the EDI Committee was established in mid-2021, they have met five times working alongside the Equity, Diversity and Inclusion Officer to assist the Committee with working on important initiatives. For example, an EDIB Statement drafted on behalf of Council, was included in their meeting package of November 2022 on page 143-146. This statement has since been approved and published on the College's website in both English and French. On recommendation of the EDI Committee, the Council amended its policy governing Workplace Harassment on November 30, 2022 to include reference to and inclusion of microaggressions as a form of workplace harassment and approved a Governance Policy on EDIB. This policy governs the on-going activities of the Council and its Committees. With respect to risk management, the Council has appointed members to a Risk Committee that is currently in the initial stages of development. 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 61-63 of the Council meeting package of November 2022.) 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 33 of the Council meeting package of November 2022.)	
			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):	

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 and is scheduled for further review at the January 2024 meeting. 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.

			Additional comments for clarification (optional)

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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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 College's website in the Resource section. Specific links to each policy are provided in the preceding section.	
			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 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). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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. Under the College's new Volunteer Program, individuals seeking appointment to a Committee must complete an on-line Application Form, as well as make certain declarations surrounding their Eligibility as set out in the by-laws. These applications and eligibility declarations are reviewed by the Governance Committee who ensures that the mandatory cooling off period of two years is adhered to. This period applies to anyone who was a director, officer, or employee of either a professional association or educational program for naturopathy. These by-laws were established by the Council prior to 2015 but into force on July 1, 2015, when the *Naturopathy Act, 2007* was fully proclaimed. For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including: • Nomination and Consent Form • Confirmation of Eligibility Form	

			• Conflict of Interest Declarations for Nominees • Election Undertaking • Fiduciary Duties Acknowledgement and Undertaking • Agreement on Duties of Council members • Submission of a Personal Statement and Biography Although it may be more relevant in a later section of this reporting framework, both Committee candidates and potential nominees for election must also complete the Competency Self-Assessment. This is scored by the CEO and provided to the Governance Committee. As with Committee candidates, potential nominees for election are reviewed by the Governance Committee to ensure that they meet the eligibility requirements, including the mandatory cooling off period.

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			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. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: 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 specific to the meeting agenda.	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: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The College has, since its inception, had a conflict-of-interest questionnaire that Council members must complete annually and that Committee volunteers would complete at the start of their volunteer work. Recently, this has been updated to require both Council and Committee members, as well as program volunteers such as examiners, inspectors, and assessors, to also complete an annual conflict of interest declaration. This declaration is now completed as an on-line form. A copy of all of the questionnaires, as they relate to Council members, are assembled, indexed and posted to the College's website for the availability of the public and stakeholders. This package is not provided to the Council at each meeting due to the overall size of Council materials. Instead, the College produces a summary for the Council of who has declared a conflict and the nature of the declaration. As an example, this summary may be found at page 63-63 of the July 27, 2022 Council meeting package. Council members are expected to update their Annual Declaration (resubmit it) whenever new conflicts arise (i.e., anytime during the year). When this occurs, the Summary document and the full package on the website is updated. On each Council agenda (e.g., item 3.02 for the July 27, 2022, 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 GP28-Registering Gifts, Benefits and Remuneration requires Council and Committee members and staff to declare any gift, benefit or remuneration that they may	

			have received while engaged in regulatory activities or using their regulatory knowledge of such activities. This is intended not only to reduce risk of undeclared conflicts of interest but also increase transparency and accountability. Any such declarations will be posted to the College's website although none have been received thus far. The second initiative is set out in governance process policy GP29-Participation in Outside Activities or Events which requires Council and Committee members to refrain from using any information that they learn as a part of the regulatory processes when they participate in outside events without prior approval. This ensures that the information that might be used as part of any such participation is information that would be in the public domain and to which all Ontarians would have access. In essence, individuals involved in College activities are to serve and protect the public interest and not benefit personally from information that that may learn from their work.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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 at Page 176 of the May 25, 2022 Council meeting package. The Public Interest Tool may be found at page 60 of the same package.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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		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. Further clarification: 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: • 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 2022, the College has been working on an Enterprise Risk Management (ERM) program based on the ISO 31000 Framework. In support of this program, several important activities occurred at the Council meeting in January 2022. First, a training session on ERM was delivered by Richard Steinecke of SML Law. This training provided the Council with a clear outline of what risk management entailed and how it would be used by the College and the Council. With the recommendation of the Governance Policy Review Committee, the Council reviewed and approved a new Governance Process GP32 – Enterprise Risk Management. This policy sets the mandate for the ERM establishes the need for a Risk Committee of the Council and clearly identifies the Council's role in risk management. This policy may be found at page 90 of the January 2022 Council meeting package. To guide the Council in its oversight role, the Council reviewed and approved the Terms of Reference of a Risk Committee of the Council. This may be found at page 92 of the January 2022 Council meeting package. Additionally, the Council received the Chief Executive Officer's Enterprise Risk Management Operating Policy (page 94 of the January 2022 Council meeting package) a comprehensive policy to assess all areas of risk, for which they were asked to provide feedback. At this time, the CEO is working to implement this policy.	Partially
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

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		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.	*Additional comments for clarification (if needed)* The College intends to fully implement this program in the 2023. Additional staffing as set out in the Operational Plan and Human Resources Plan, as is intended to free up resources and time to be able to more adequately focus on this area starting early in the next fiscal year.

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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: Yes • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. The College posts all Council meeting minutes as soon as they are approved at the next meeting of Council. To further promote transparency, the College also posts Highlights of Meetings within two days of the meeting. Action items from the prior meeting are included as part of the minutes of the meeting. The web page that hosts the Council meeting materials also includes information on how to request records of the Council meetings from the College. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. The Executive Committee of the College did not meet in 2022. On January 27, 2021, the Council amended the Terms of Reference for the Executive Committee to reflect that it would only meet on urgent matters as determined by the Chair of Council. At this time, new disclosure provisions were added such that the Committee must post notice of its meeting on the College's website, along with any meeting materials and minutes of the meeting following the meeting. Should the Executive Committee be required to meet, any decisions of the Executive Committee would be required to be ratified by the Council at its next available meeting and would be included in the Council meeting materials.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	*Additional comments for clarification (optional)*

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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:	Yes
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. Meeting materials for the Council meeting are posted to the College website one week prior to the meeting, on the same day that they are transmitted to the Council for review. Presently, meeting materials are available back to April 2017. The College also invites individuals who are seeking materials or information that is not included on the website or from an earlier timeframe to contact the College.	
	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. 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:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. The College website has a webpage for Scheduled Hearings of Panels of the Discipline Committee (DC). This page lists all matters that have been referred to the Discipline Committee by the ICRC including the name of the Registrant, the date the matter was referred, the hearing dates (as soon as they are set), the Notice of Hearing (as soon as it is delivered to the Registrant) and an indication of the "Status" of the matter, as well as a summary of the allegations. In terms of the timing of the notice of hearing dates, these dates are normally set weeks if not months prior to the hearing. As soon as the dates are scheduled, the College also posts a notice in the News sections of the main page of the website, as well as a link to the Scheduled Hearings page and a link to the online registration form (available in English and French) for attending virtual hearings. With respect to the "status" the College provides a link to a separate webpage that describes the six steps in the disciplinary process to ensure that the public understands where the College is on any given referral to the DC.	

			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: **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 Action Plan was drafted and approved by the EDI Committee in December 2021, using the general objectives set out in the EDI Committee's terms of reference. Further refinements to the action plan were approved by the Committee in July 2022 and included the following: • Drafting a Council statement on EDIB and an EDIB Governance Policy, and engaging College recruited focus groups for feedback on both (completed September 2022) • Review of environmental scan information on EDI lens tools and drafting an EDIB lens tool for use by College Committees in their drafting and review of policies, standards, and guidelines to ensure a standardized approach is taken (completed November 2022) In November and December 2022, the Council met as a Committee of the Whole to conduct strategic planning. Three half-day meetings were held under the guidance of an external consultant. The importance of and issues surrounding DEI were discussed extensively and form the basis of the Strategic Plan itself which was approved in January 2023. The College 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.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

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		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:	Partially
			• 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 is currently in the process of creating an Equity Lens Tool which will be used to assess the College's regulations, by-laws, and policies and procedures. When completed all College Committees will be trained on how to apply the tool and will be tasked with utilizing the Equity Lens Tool in the review of current policies and during the creation of future programs and policies.	
			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 (optional) The tool is nearing completion and training will begin in the current year. As set out in the College's Operational Plan for 2023-2027, an extensive review of the regulations, by-laws, and policies and procedures will be undertaken to ensure the regulatory framework provides the maximum public protection. During this process, the tool will be applied.	

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	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. Further clarification: 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 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. As noted earlier, the College Council engaged in a process of strategic planning in November and December of 2022. This process culminated in the development of a new Strategic Plan for the College. Additionally, since the Council operates on a policy governance model, its strategic objects are also articulated in its Ends Statements policy. Both documents were approved in January 2023 and are available on the College's website. A third document, the Council's Ends Priorities policy is currently under development by the Governance Policy Review Committee. Based on these strategic documents from the Council, the senior management team of the College develops an Operational Plan that it presents to Council annually. The plan sets out the operational activities of the College over the next four years to coincide with the Strategic Plan. The Council is asked to accept this plan as the means by which the College will move forward to achieve the objectives set by the Council. A copy of the Operational Plan may be found in the Council meeting materials for March 31, 2023 beginning on page XXX (ADD LINK AND PAGE #). 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 XXX of the March 2023 meeting materials package (ADD LINK AND PAGE #). *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

			Additional comments for clarification (optional)

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		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? Yes The College has a financial reserves policies 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. EL17 – Restricted Reserve Funds 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.	
			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.	

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		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). *Benchmarked Evidence*	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 76 of the November 2022 Council meeting materials package .

The College's Operating Plan includes both ongoing human resources activities, including maintaining equitable hiring practices that consider existing staff first, staff training and engagement initiatives, as well as a commitment to fair and transparent compensation model with staff retention being a primary objective, as well as a Human Resources Plan for the next five years of the College. This plan sets out the anticipated new positions the College will need to retain in order to ensure its ability to perform its role and ensure its long-term sustainability.

Twice each year, the Council receives an Operating Report of the College. This report sets out for the Council the College's progress on the activities set out in the Operational Plan. The mid-year Report may be found on page 81 of the November 2022 Council meeting materials package. It is within this report that the Council receives information about the College's human resource complement and status and the College's hiring practices. Please see page 107 through 110 of the above noted package.

With respect to senior leadership succession planning, the Council has two policies that are in place. The first is an Executive Limitations Policy that requires the CEO to have a designated Emergency Replacement (EL02 – Emergency CEO Replacement). Under this policy, the CEO is required to select one or more members of the senior management team to act in their absence if they will be absent for a period of up to three months. The CEO also ensures that this person, today the Deputy CEO, is well briefed on all College activities.

The second relevant policy is a Governance Process policy setting out that the Council will appoint an interim CEO in the event that the CEO is going to be absent for a period of more than three months (GP17 – Appointing an Interim CEO).

Finally, if and when the Council determines that for any reason the CEO will not be returning to their position, in addition to having appointed an Interim CEO, they would initiate the process for hiring a new CEO under their Governance process policies (GP26 – Hiring the Permanent CEO).

			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.

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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 the spring of 2022, the College's physical servers were approaching end of life and the decision was made to move to the cloud versus investing in new physical servers.

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,
- Set customized intervals for all staff to update their passwords on a regular basis,
- 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.

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 also 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 appliable access to both staff and volunteers.

Lastly, 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 any staff outside of the Communications departing removing, adding or changing information to the website. The College also works with a third-party organization to maintain and monitor 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.
Additional comments for clarification (optional)	

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DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response *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.* *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.*
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, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. 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: • *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.).* 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 has been developed which will be validated in 2023. The process of developing a blueprint will begin once the competency validation process is underway.

-	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.
	
	Ontario College of Pharmacists - Sterile and Aseptic Compounding, Multi batch compounding
	
	The Colleges have been undertaking research with a goal of providing joint information to both pharmacists and naturopaths. This information is expected to improve awareness of sterile and aseptic compounding requirements and ensure consistency between the practices of the two professions.
	
	College of Chiropractors of Ontario - Discipline of Joint Registrant
	
	Both CCO and CoNO shared a single registrant who had been the subject of a series of complaints and Registrar Investigations relating to sexual abuse. Both Colleges shared information with one another, directly and through legal counsel, such that both were able to resolve the matters through Agreed Statements of Fact and Joint Submissions on Penalty and Costs.
	
	College of Opticians - Review of CE Program
	The Colleges held an information sharing session on lessons learned and potential changes to our respective programs based on our experiences in operating our respective CE programs.
	
	College of Dental Hygienists of Ontario - Post COVID complaint trends
	The College participated in a session reviewing complaint trends in a post-COVID environment. It is anticipated that the results data will be made available to all who participated and will help inform both our planning and our risk-based regulation programs.
	
	System Partners: Health Profession Regulators of Ontario
	The College participates in various activities of HPRO and contributes wherever it can. This includes:
	• Participation in the Deputy Registrar Working Group
	• Participation in the Investigations and Hearings Group
	• Participation in Regulatory Communicators Network
	• Using training that is offered by HPRO, including:
	  ○ Discipline training for Committee members
	  ○ Governance training for new Council members
	  ○ Decision writing training for staff and committee volunteers.
	
	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.

	The Canadian Network of Agencies for Regulation (CNAR) is an important avenue for the College to obtain regulatory and system information. This year, we have benefited from CNAR work and presentations in Diversity, Equity and Inclusion as well as in Risk-based Regulation, both important and current initiatives of this College. In addition to attending the 2022 Conference, the College's Deputy CEO collaborated with one of the Colleges system partners (Benard & Associates) in a presentation on investigative techniques impacted by COVID-19. The Council on Licensure, Enforcement and Regulation (CLEAR) continues to be another important avenue for the College to seek out information surrounding regulation and regulatory issues.

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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.

- *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.*
- *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).*

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 2022 with sessions that included:

- Entry to Practise in April 2022
- College Volunteers in September 2022
- Complaints in October 2022
- Discipline; the Prosecution team in December 2022

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 second muti-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

	Georgian College Social Services Worker Program The College has engaged with the Social Services Worker Program of Georgian College to assist in the development of criteria that can be used to determine whether to extend funding for patients who may have been sexually abused by a Registrant. This work will be used to inform a proposed program change regarding funding extension to come from the Patient Relations Committee and potentially a regulation governing this process. 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 their choice. The in-house capabilities of the College include Arabic, Farsi, French, German, Hindi, Polish, Spanish, Tamil, Urdu and Vietnamese. Additionally, the College has partnered 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 partnering 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: In order to streamline and improve processes surrounding the Quality Assurance Program, the College has moved several into the SmartSheet environment. This includes processes relating to Registrants seeking an extension on CE Reporting, Registrants seeking an Extension on their Peer & Practice Assessment, and Registrants providing feedback on their Peer & Practice Assessments. The College also uses on-line processes for seeking declarations of conflicts of interests between each of assessors and Registrants, however, these forms cannot be made available as they provide confidential information. • Inspections: The College's inspection program is extensive and involves three separate types of on-line processes. The first of these relates to reporting requirements, where premises report Type 1 Occurrences and the annual collection of data within Type 2 Occurrences set out in the Regulation. The second set of processes relates to the management of the premises themselves and include three on-line vehicles including an on-line process for indicating that the premises will cease to perform IVIT, an on-line process for reporting changes in personnel in the premises and finally, a New Premises Registration process. The third and final set of processes relating to the inspection program include processes relating to the inspections themselves. These include the Pre-Inspection collection of information, Post-Inspection Premises Questionnaire, Post-Inspection Inspector Questionnaire and an on-line Registrant Conflict of Interest form which cannot be made publicly available as it lists the names of the inspectors involved in our program. • Hearings Registrations: Prior to the pandemic, all discipline hearings were held in-person at the College's Office. With the advent of the pandemic, the hearings moved to a virtual format which the Discipline Committee has decided to continue into the future. As a result, a new process was required to allow individuals to register for the hearings and receive the links to view the hearing on line. This brought about the new Hearings Registration form which is available in both English and French.

	• Examinations: The examination program of this College is somewhat unique because of the number of exams that we manage both for entry-to-practice and post-registration certifications. One on-line process, the Examination Incident Reporting (English and French), relates to all examinations while the following are the on-line processes that have been developed over the past year:
	  ○ **Ontario Biomedical Examination** – OBME Registration/Inscription, OBME Agreement (with 2 appendices), OBME Candidate Acknowledgement.
	  ○ **Ontario Clinical Sciences Examination** – OCSE Registration/Inscription, OCSE Agreement (with 2 on-line appendices) and OCSE Candidate Acknowledgement.
	  ○ **Ontario Clinical Practical Examination** – OCPE Examination Conflict of Interest*, Examiner Training Declaration, OCPE Registration/Inscription, OCPE Examiner Feedback.
	  ○ **Ontario Prescribing and Therapeutics Examination** – Pre-registration for Non-Registrants, Registration.
	  ○ **Intravenous Infusion Therapy Examinations** – Examiner Conflict of Interest*, Examiner Feedback, Pre-registration for Non-Registrants, Registration form.
	
	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 is 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.
	
	The College has begun to expand its work in this area with the launch of our Equity, Diversity and Inclusion Committee that is made up of both Registrants of the College and representatives of the public. We have engaged racialized communities through a series of focus groups where value input on policies and process and their impact on these communities is obtained.
	
	This year, our DEI committee and focus groups have helped us develop:
	• The Council's statement on Diversity, Equity, Inclusion and Belonging (EDIB).
	• A new Governance Process policy on EDIB.
	• Amendments to the Harassment policy of the Council.
	• A DEI tool that will allow the Committees to use it as a lens to better understand the impact of their work on marginalized groups.
	
	* This form cannot be made available as it includes personal information, including examination candidate names.

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		Measure: **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**	
DOMAIN 4: INFORMATION	STANDARD 7	**Required Evidence**	**College Response**
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: — Yes • Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has established a Privacy Code that governs the collection, use, retention and disclosure of personal information. The Code also sets out how Registrants can access their personal information and how to reach the College's Privacy Officer for assistance. The College also has a Terms of Use policy governing its website. This sets out the agreed upon terms and conditions of use of the College's website, copyright and limitations of liability. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item. *Additional comments for clarification (optional)*

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		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. To College has the following cybersecurity measures against unauthorized disclosure: 1. Staff have a confidentiality clause in their Employment Contract, which is also noted in the College's Personnel Policy. 2. Staff receive both College onboarding which covers Privacy, and Cyber Security training as well as ongoing training on these topics. 3. Staff are regularly tested with spoof e-mails to test their cyber security knowledge. 4. One team member of the College is the designated Privacy Officer that provides guidance on any privacy matters to all staff of the College. 5. Use of a two-step verification methodology for identifying a caller prior to any information provided. 6. Multi-factor authentication is in place for the College's database and Office data/e-mail systems. 7. Policy and procedures are in place with role accountabilities and authorizations in accordance with the College's IT Corporate Permissions policy. 8. Policy and procedures in place regarding use of the College website (e.g., what may be posted). 9. Policy and procedures in place about what is permitted on the College's IT equipment (terms of use). 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: 1. Re-education of staff. 2. Liaising with the College's insurance company which has cybersecurity coverage. 3. Investigating the root cause via a third-party Cybersecurity organization (CyberClan). 4. Networking with the College's legal firm for advice and assistance on any formal communications. 5. Briefing Council on the privacy breach and the outcomes. 6. Informing the party whose information has been disclosed/ breached. 7. Potentially reporting to the Office of the Privacy Commissioner of Canada depending on the level of the breach. 8. Liaising with various vendors to explore any additional safeguards available to prevent a re-occurrence. 9. 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.	

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			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.

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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	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. *Benchmarked Evidence*	The College fulfills this requirement: Yes • 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, or amendments to the Regulations made under the *Naturopathy Act, 2007* and the by-laws as they pertain to the Standards of Practice of the profession. The Inspection Committee (IC), which oversees the IVIT Program and standards within IVIT premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval. All Standards, guidelines and policies are posted on the College's Website. All Committee Terms of Reference are posted on the College's Website. *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.*

b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

i. evidence and data;

ii. the risk posed to patients / the public;

iii. the current practice environment;

iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);

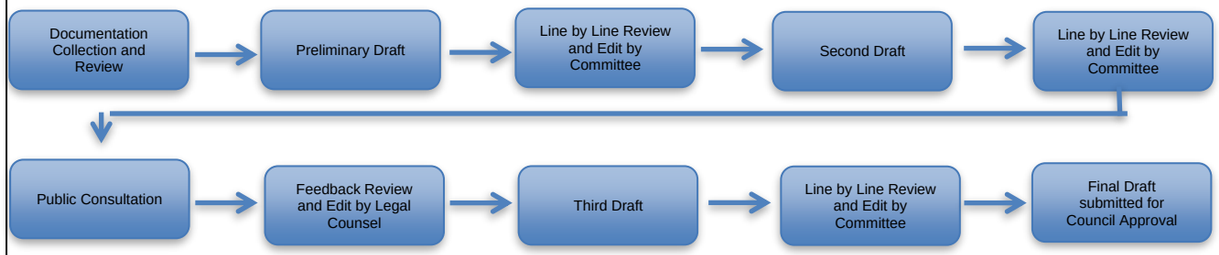
v. expectations of the public; and

vi. stakeholder views and feedback.

Benchmarked Evidence

The College fulfills this requirement: Yes

The following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, polices:



When reviews and/or development of materials are undertaken by any of the Committees, the process 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 relevant 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, and the Citizen's Advisory Group (CAG) 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 or CAG, a second draft is created, and a line-by-line wording review completed. Depending on the document, the Committee may also initiate a public consultation and seek legal advice as necessary. All consultation feedback is provided to the Committee who will consider and amend the draft as necessary. A final line-by-line wording review is undertaken and where applicable submitted to Council for consideration and approval.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		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 Terms of Reference, includes ensuring that appropriate policies are developed that reflect the values of the Council and its commitment to equity, diversity, inclusion and an environment that is free of bias, discrimination and racism, as well as reviewing the College's regulatory framework and processes to ensure that they are equitable to all individuals within society. In 2022, the College in conjunction with the EDI Committee, launched the development 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 Code of Conduct may be found here. A new Governance Policy on Equity, Diversity, Inclusion and Belonging 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 Workplace Harassment to better reflect the principles of equity, diversity, inclusion and belonging.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Required Evidence**	**College Response**
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement: Yes • 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.

			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 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 annually 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 a scheduled annual review, policy reviews may be triggered based on a need identified by a third party, such as the Office of the Fairness Commissioner, or by staff of the College. When proceeding to amend existing or draft new policies, staff of the College review the policies of other Colleges, and/or conduct an environmental scan which may include seeking additional input through the Ontario Regulators for Access Consortium (ORAC) group or through direct communiques with specific Colleges (e.g., those who have similar Registration Regulation requirements) to determine best practices. **Registration Criteria Last Reviewed/Updated** Registration Policy (September 2022) Language Proficiency Policy (September 2022) Proof of Identify Policy (March 2022) Good Character (July 2021) Alternative Documentation Policy (*new* policy - March 30, 2022) Registration Regulation (no changes proposed)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

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		Measure: **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 *Naturopathy Act, 2007* in 2015. Requirements regarding currency hours, as set out in the College's registration policy, were reviewed in June 2022 and August 2022 by the College's Registration Committee with additional amendments being made to the policy to further flesh out and clarify requirements for General class Registrants. Policy amendments were approved by the College's Council and implemented in September 2022. 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 at the end of their three-year reporting period and those who may be deficient. The latter group is notified by e-mail in year two and advised of the difference in hours needed to meet the requirement. At year three, those who have not met currency requirements will be 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., a non-clinical term, condition or limitation (TCL) applied to their certificate of registration or d) be referred to a panel of the Registration Committee for a determination of necessary additional training or education (i.e. "refresher program") which must be completed by the Registrant.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

	Additional comments for clarification (optional)

[2] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

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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: Completed In April 2022, the College was deemed to be in 'full-compliance', having addressed all outstanding recommendations following the OFC's 2018 registration practices audit, and assigned the category of 'low risk' as per the OFC's new Risk-Informed Compliance Framework (RICF).	
	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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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). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• 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: Yes *If not, please provide a brief explanation:* The College did not implement any changes to the standards of practice or practice guidelines in 2022. In 2022 the College's Standards Committee began the process of a review of all College standards and guidelines and will be initiating consultation and proposing final amendments in 2023.	
	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 (optional) *In 2023, the College will launch a new program called the Regulatory Education Program. As the name would imply, its intent is to provide Registrants 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 will entail up to ten sessions, conducted on-line, each 60-90 minutes in duration where key regulatory concepts will be discussed. These will include important concepts like informed consent, scope of practice, sexual abuse, delegation, fees and billing and mandatory reporting among others. These sessions will be recorded live and available for later access by Registrants. Continuing Education credits are anticipated to be available for participating.*	

		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: Yes • *If yes, please insert link to the policy.* The Quality Assurance Program policy requires the Quality Assurance Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer & Practice Assessment. In making its determination the Quality Assurance Committee reviews the prior year's assessment outcomes, Complaint and Discipline data in the most recent Council report, annual data from the College's Annual Report and statistical information from the Manager of Professional Practice related to areas of inquiry from the public and the profession to determine areas of concern to be proactively addressed.	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

[3] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Yes – *Employers* Yes – *Registrants* Yes – *other stakeholders* Yes The Quality Assurance Regulation and Program policies outline that each year the Quality Assurance Committee shall randomly select Registrants to undergo a peer and practice assessment. This selection process is random in nature and excludes any Registrant who: • Holds an Inactive certificate of registration. • Has a certificate of registration under suspension. • Has held a general class certificate of registration for less than 3 years. • Has completed a College Peer & Practice assessment in the previous 5 years. Following a completed assessment, where deficiencies are noted, the Committee provides the Registrant with a list and details of the identified deficiencies and an opportunity to remedy any concerns in advance of requiring additional remediation activities. The College has implemented a right touch approach to CEO investigations, has established a number of operating policies and regularly follows up with suspended Registrants to remind them about their advertising. This helps to avoid initiating investigations into advertising/practising while suspended. Minor items, which may be considered low risk with little to no impact directly on a patient, where there is no formal complaint, are reviewed by staff and referred to Manger, Professional Practice who provides information to the Registrant on the potential concern and possible ways to remedy the deficiency.	
			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. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Yes
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. Peer & Practice Assessors utilize a 1-4 scale to rate a Registrant's response to the various components of the Peer & Practice Assessment program. Quality Assurance Policies outline the potential for remediation depending on the rating. Any rating of 3 or 4 is referred to the Quality Assurance Committee for consideration. During the Assessment, the Peer Assessor discusses any identified deficiencies with the Registrant and possible methods to self-remediate. As previously noted, the Quality Assurance Committee provides all Registrants with an opportunity to self-remediate prior to requiring specific action. Where the self-remediation actions are deemed to be insufficient, the Committee may require an individual to participate in a Specified Continuing Education or Remediation Program, direct the CEO to impose Terms, Conditions or Limitations or disclose the name of the Registrant to the Inquiry, Complaints & Reports Committee. To date the Quality Assurance Committee has not had to require any of these remediations based on the outcome of a Quality Assurance Assessment.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.

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		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 2022, the Quality Assurance Committee granted all Registrants who failed to submit or were deficient in meeting their CE requirement an extension until February 28, 2023, 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. During the reporting year, one Registrant was deemed to be non-compliant with the Quality Assurance Program and the matter was referred to the College's ICRC for consideration.	
	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 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. The College's website provides several resources about the formal policies and procedures followed for the complaint process, including: • Complaints-Investigations. • Complaints Process. • How to file a Complaint. • Complaints-Discipline for NDs. • Alternative Dispute Resolution. • Patient Therapy & Counselling Fund. Staff in the Professional Conduct area of the College spend a great deal of time one on one with complainants and Registrants to explain the complaint process this includes ensuring that complainants are fully informed and aware of all steps in the process, understand their role, the role of the Registrant, College staff, and the committee, and potential outcomes. During a complaint investigation, College staff maintain regular contact with complainants providing updates when the status of a complaint changes and explanation of any process delays.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		them (e.g., funding for sexual abuse therapy); and;	*Additional comments for clarification (optional)*

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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The Inquiries, Complaints and Reports Committee (ICRC) maintains Program Policies and detailed Procedure Manuals that outline the information required for formal complaints and includes template letters and procedures for requesting additional information. As each complaint is different a panel of the ICRC reviews all materials received and determines if additional relevant information may be required.	
			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.	
		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 (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College responds to inquiries within 5 business days 100% of the time.	
			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. 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:	Yes
			• 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 available to all complainants and Registrants either upon request prior to the filing of a formal complaint or, if no inquiry is made in advance, upon receipt of the formal complaint. The College has available a telephone translation provider who can provide direct verbal translation over the phone, and the College website staff directory provides information on languages staff members can effectively communicate in for additional assistance The College continues to maintain on its website summaries of current and closed complaint and report matters. The summaries provide an update on the allegations and the current status of the matter. The College's website has undergone usability testing as well as plain language reviews to ensure comprehension for all about the processes. The College has created a number of resources and flowcharts for visual summaries of expectations in the complaints process. In the interest of providing resources and support to both complainants and registrants the College also created a webpage providing guidance to Registrants on how to formulate and submit a response to a complaint.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. The Complaints process on the College website describes expected timeframes and communication to be sent by the College. Confirmation letters issued to complainants contain contact information for the College's relevant staff and reasons for any potential delay. These notices are sent in accordance with s. 28 of the HPPC. In addition to regular notices regarding the status of complaints and discipline matters, the College also maintains a listing of all complaints and reports under investigation and discipline matters in process. The webpages are publicly available and include a summary of the matter and the current stage of the process.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	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 ICRC Program policies were revised and approved by the Committee in 2022. The Committee has included a new ADR program into the College's complaint process. The College maintains the ICRC decision-making matrix and risk categories on its website and are used when making a decision with regards to a matter. Incoming complaints/concerns are reviewed by senior staff. Where the matter is of an urgent nature and public safety is at question, emergency ICRC meetings are scheduled, and action considered by the panel.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.

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			Additional comments for clarification (optional)

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DOMAIN 6: SUITABILITY TO PRACTICE	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:	Yes
			• 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 2022 the College has shared information in 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 ○ Providing information about the current status of Discipline files for 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 the collection and seizure of records related to College investigations.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			Additional comments for clarification (if needed)

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DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	**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.**
	Required Evidence	**College Response**
	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: Yes

- 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 that must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and their key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting.

Part 2: Governance
This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff, work to move the College forward.

Part 3: Corporate Activities
This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College. The operational indicators also include quarterly financial reporting (budget against actual expenses) including a variance report which explains any line item that has a greater variance than 10% of the budget.

Part 4: Program Development
This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year, as well as the priority projects identified by the Directors and

			Managers within the College. This evaluation occurs at the July meeting of the Council to coincide with receipt of the audited financial statements. In July 2023, the above format will be used to align with the Operational Plan for that year. In July 2024, the format will be altered to align with the new strategic plan.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			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 73 of the January 2022 Council meeting materials package. In addition to the Regulatory Operations Report, the Council also receives a broader Operations Report that provides information to the Council about all operational activities of the College. This report is provided following the conclusion of the sixth and then the 12th month of the operations covered by the plan and allows the Council to see what progress has been made on broader College activities, receiving information as to what has been happening to impact these activities and to make inquiries of the CEO. Again, from a risk perspective, the Council can determine whether activities that are not on track present a risk to the College. The mid-year report may be found on page 81-125 of the November 2022 Council meeting materials package. Finally, to-date, the Council's risk management approach has been to consider risk as part of the reports that it receives as well as within the briefing on issues and matters being brought before the Council. At page 210 of the November 2022 Council meeting materials package 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 resource library 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.

			Additional comments for clarification (if needed)

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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: Choose an item. *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*	*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).* *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 2022. 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.*

Type of QA/QI activity or assessment:	#
i. Self-Assessment	1,551
ii. Continuing Education Reporting	489
iii. Peer & Practice Assessment	100
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>*	

** 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.* *NR*	
Additional comments for clarification (if needed)	

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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: Choose an item.

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 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	2127 Self Assessment 1551 CE Reporting 489 Peer Assessment 100	99.4%	
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 2022.	9 CE Reporting 1 Peer Assessment 8	0.4%	

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: Choose an item.

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 2022:**	#	%	*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*	7	77.8%	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	1	11.1%	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

Note: 1 registrant was referred for a Peer & Practice Assessment however resigned their certificate of registration with the College.

-

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: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	7	18	4	21
II.	Billing and Fees	3	8	3	16
III.	Communication	5	13	0	0
IV.	Competence / Patient Care	11	29	1	5
V.	Intent to Mislead including Fraud	0	0	0	0
VI.	Professional Conduct & Behaviour	4	11	4	21
VII.	Record keeping	2	5	1	5
VIII.	Sexual Abuse	0	0	1	5
IX.	Harassment / Boundary Violations	3	8	0	0
X.	Unauthorized Practice	3	8	5	27
XI.	Qther <*please specify*>	0	0	0	0
Total number of formal complaints and Registrar's Investigations**		38	**100%**	19	**100%**

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.

Formal Complaints *NR* Registrar's Investigation ***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.*	
Additional comments for clarification (if needed)	

-

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: Choose an item.

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 2022	24		*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 2022	10		
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 2022	10		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
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	14	41	
IV. Formal complaints that proceeded to ICRC and are still pending	9	26.5	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	3	
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	1	3	
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: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# 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	0	9	5	0	4	0
II. Billing and Fees	1	0	5	2	0	1	0
III. Communication	2	0	3	1	0	0	0
IV. Competence / Patient Care	4	0	3	1	0	0	0
V. Intent to Mislead Including Fraud	0	0	1	1	0	0	0
VI. Professional Conduct & Behaviour	3	0	6	1	1	11	0
VII. Record Keeping	0	0	3	1	0	0	0
VIII. Sexual Abuse	0	0	0	0	1	3	0
IX. Harassment / Boundary Violations	0	0	0	1	0	3	0

X.	Unauthorized Practice	2	0	1	1	0	5	0
XI.	Other <*please specify*>	0	0	0	0	0	0	0

- *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 2022.*

++ 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)

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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: Choose an item. *If College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 11. 90th Percentile disposal of:	Days
I. A formal complaint in working days in CY 2022	146
II. A Registrar's investigation in working days in CY 2022	111
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. *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.*	
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: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*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.* *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. An uncontested discipline hearing in working days in CY 2022	175	
II. A contested discipline hearing in working days in CY 2022	62	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

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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: Choose an item.

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
Type		#
I.	Sexual abuse	1
II.	Incompetence	0
III.	Fail to maintain Standard	5
IV.	Improper use of a controlled act	4
V.	Conduct unbecoming	5
VI.	Dishonourable, disgraceful, unprofessional	5
VII.	Offence conviction	0
VIII.	Contravene certificate restrictions	0
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	1
XI.	Falsifying records	0
XII.	False or misleading document	1
XIII.	Contravene relevant Acts	6

** 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.* *NR*
Additional comments for clarification (if needed)

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type		#
I.	Revocation	1
II.	Suspension	4
III.	Terms, Conditions and Limitations on a Certificate of Registration	2
IV.	Reprimand	5
V.	Undertaking	2

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.

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR -

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: Table 5, Table 7, Table 8

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: Table 4, Table 5

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: Table 10

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: Table 10

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: Table 10

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10

The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 29, 2023

TO: Council members

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

RE: Review of the Governance Process Policies (Part 2)

The Governance Policy Review Committee (GPRC) met on March 7, 2023, to review the Governance Process Policies (Part 2) suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Governance Process Policies (Part 2).

In keeping with the revised Council Annual Cycle, the March meeting of the Council includes a detailed review of the Governance Process Policies (Part 2):

- GP17.02 - CEO Replacement
- GP18.05 - Per Diems and Expenses
- GP19.03 - CEO Performance Review
- GP20.00 - Commitment to Strategic Planning
- GP21.02 - Debate Motions and Votes
- GP22.01 - Council Member Staff Interactions
- GP23.03 - Process for Election of Officers
- GP24.01 - Council Member Records
- GP25.01 - Role of Committee Chairs
- GP26.01 - Hiring the Permanent CEO
- GP27.01 - Addressing Council Meetings
- GP28.00 - Registering Gifts, Benefits & Remuneration
- GP29.00 - Participation in Outside Activities or Event
- GP30.00 - Council and Committee Training
- GP31.00 - Council and Committee Qualifying Program
- GP32.00 - Enterprise Risk Management
- GP33.00 - Equity Diversity Inclusion and Belonging

The staff circulated information to Council members in advance of the Committee meeting. Feedback was provided by Council members with respect to any of the Governance Process

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(Part 2) policies; in addition, the Committee has reviewed the policies in detail and has several recommendations for the consideration of Council.

GP18.05 - Per Diems and Expenses
The Committee reviewed this policy and required additional time to review feedback and suggestions of amendments.

Recommendation – That the policy being referenced be deferred to the May meeting for acceptance of any changes should they be presented.

GP19.03 - CEO Performance Review
The Committee reviewed this policy and made a grammatical amendment by removing the 's' for the opening word for item #6.

Recommendation – That the policy being referenced have the 's' from the opening word for item #6 removed.

GP20.00 - Commitment to Strategic Planning
The Committee reviewed this policy and required additional time to review feedback and suggestions of amendments.

Recommendation – That the policy being referenced be deferred to the May meeting for acceptance of any changes should they be presented.

GP21.02 - Debate Motions and Votes
The Committee reviewed this policy and made a grammatical change by removing the word 'do' and replacing it with 'does' and the 's' in the word believes for item #3 within the last line.

Recommendation – That the policy being referenced have the word 'do' changed to the word 'does' within item #3.

GP22.01 - Council Member Staff Interactions
The Committee reviewed this policy and after having a detailed discussion decided to remove item #3 and including similar wording within GP18 during their review for the May meeting.

Recommendation – That the policy being referenced have item #3 removed.

GP23.03 - Process for Election of Officers
The Committee reviewed this policy and made two grammatical changes by removing the extra 'the' and capitalizing 'Officers' for item #4

Recommendation – That the policy being referenced have the extra 'the' word removed and to capitalize 'Officers' within item #4.

GP24.01 - Council Member Records
The Committee reviewed this policy and made two grammatical changes for items #3 and #4

Recommendation – That the policy being referenced have the presented changes within items #3 and #4 accepted.

GP25.01 - Role of Committee Chairs
The Committee reviewed this policy and after a lengthy discussion decided not to make any changes during this detailed review.

Recommendation – That the policy being referenced have no amendments made at this time.

GP26.01 - Hiring the Permanent CEO
The Committee reviewed this policy and after having a detailed discussion decided to remove item #1 as there is an Operating Policy in place should this type of event occur.

Recommendation – That the policy being referenced have item #1 removed.

GP28.00 - Registering Gifts, Benefits & Remuneration
The Committee reviewed this policy and made a grammatical change by removing the entire last sentence within the opening paragraph.

Recommendation – That the policy being referenced have the last sentence within the opening paragraph removed entirely.

GP29.00 - Participation in Outside Activities or Event
The Committee reviewed this policy and made two grammatical changes by agreeing to change the ‘s’ within organisations to a ‘z’ pending confirmation of the College’s Style Guide with the Communications Team (confirmation received March 20, 2023), and to add ‘’s’ to profession within item #1a.

Recommendation – That the policy being referenced have a ‘’s’ added to profession within item #1a and amend the spelling of ‘organisation’ throughout.

GP30.00 - Council and Committee Training
The Committee reviewed this policy and after having a detailed discussion decided to remove item #6.

Recommendation – That the policy being referenced have item #6 removed.

GP31.00 - Council and Committee Qualifying Program
The Committee reviewed this policy and agreed to make formatting changes throughout the policy as presented.

Recommendation – That the policy being referenced have formatting changes throughout completed.

GP32.00 - Enterprise Risk Management
The Committee reviewed this policy and agreed to make formatting changes to include the superscripts for those labeled as 1 and 2, change the word ‘practiced’ to ‘practised’ and to include the word ‘or’ in the define of ‘risk tolerance’ when listing the categories.

Recommendation – That the policy being referenced have superscripts included and two words added.

GP33.00 - Equity Diversity Inclusion and Belonging
The Committee reviewed this policy and agreed to make formatting changes to item #4 by capitalizing the first word of each bullet point.

Recommendation – That the policy being referenced have formatting changes to item #4.

2. Review of Governance Process Policies 15 & 16

GP15.03 - Linkage with the Public and Registrants
The Committee reviewed this policy in detail and have reworded the entire policy.

Recommendation – That the policy being referenced be accepted as presented.

GP16.03 - Governance Evaluation
The Committee reviewed this policy in detail and have included item #7 and made amendments to item #5.

Recommendation – That the policy being referenced have item #7 included and have a bullet point removed and one edited from item #5.

Respectfully submitted,

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

March 2023

As part of its responsibilities, the Council undertakes an annual review of the performance of the Chief Executive Officer (CEO). The responsibility to organize, compile and prepare a report of the findings of the review for presentation to and approval of the Council is delegated to the CEO Performance Review Panel (the Review Panel) appointed by the Council.

Accordingly,

1. Annually, and no later than its November meeting, the Council will appoint a *CEO Performance Review Panel* (the Review Panel) with a minimum of three members and up to a maximum of four members, that is comprised of the:
   a) Council Chair and Council Vice-Chair; and
   b) One or two Council members, who have the competencies necessary for the role.

2. The Review Panel will facilitate the completion of the performance review using the following documents, attached to and forming a part of this policy:
   - Form 1 – Annual Objectives and Priority Projects
   - Form 2 – Management and Compliance
   - Form 3 – Determining and Calculating Bonus
   - Form 4 – CEO Development Plan
   - Form 5 – Executive Summary, Acknowledgement and Signatures.

3. The Review Panel shall ensure that new Council members are provided annual training and support to ensure an understanding of this process and that all Council members receive information to reemphasize the importance of the process.

4. The Council will provide the CEO with an incentive bonus annually, in a range of 0% (where an insufficient number of performance measures have been met) up to 10% (where most performance measures have been met) of their base salary. The calculation of the bonus will be based on the formula set out in Form 3 – Determining and Calculating Bonus.

5. Prior to the start of the next Program/Fiscal year, the Review Panel and the CEO shall ensure that draft copies of Form 1, setting out the annual objectives and priority projects and Form 4, setting out the CEO's Professional Development Plan, for the following year (April 1st to March 31st), are presented to the Council at its January meeting.

6. At~~s~~ the conclusion of the current Program/Fiscal year, the Review Panel and the CEO shall work together to complete the performance review following a process that is based on the following components and timeframes. Timeframes may be adjusted by the Review Panel with the consent of the CEO to reflect the timing in any specific year.
   a) Data necessary to support the review will be identified no later than March 1st annually.

b) The self-assessment components of Forms 1, 2 and 4 shall be completed by the CEO and provided to the Review Panel no later than April 15th annually.
c) The Review Panel shall seek the input from the staff of the College on the Management and Compliance component of the review (Form 2) by way of a survey no later than May 15th annually.
d) The Review Panel shall review the self-assessments and survey results and shall develop drafts of the Council assessment components of Forms 1, 2, 4, and 5, and shall use Form 3 to calculate any bonus eligibility by June 10th annually and shall subsequently review these drafts with the CEO for feedback.
e) The Review Panel shall finalize all documents (within a draft CEO Performance Review Report), Forms 1, 2, 4, and 5, and present these to the Council in an in-camera session in July annually at which time Council shall approve the Report, either as presented or with appropriate amendments;
f) The Review Panel shall present the final CEO Performance Review Report to the CEO not later than August 15th annually and the CEO shall be required to sign Form 5 as an acknowledgment of receipt of the Report, directed to implement the Report and to file the Report on the CEO's personnel file; and
g) The CEO shall be entitled to add any comments to the Report, which shall be provided to the Council by the Review Panel and shall also be filed in the CEO's personnel file.

7. The CEO and the Review Panel shall ensure that there is adequate time set aside at the July Council meeting for a full discussion of the draft CEO Performance Review Report as this is the only opportunity for the Council to provide its input to the Report.

8. The Council may retain an objective third-party to manage the process for the Review Panel and to be a resource through the process to evaluators and employees.

9. Separate and apart from any incentive bonus awarded to the CEO as set out in paragraph 4, the Council shall annually consider adjusting the CEO's base salary for inflation using an average of the following three sources:

a) Morneau Sobeco (or a similar compensation/HR-benefits consulting firm) that publishes data each year forecasting salary adjustments,
b) Canadian Society of Association Executives that includes projections on increases employees of not-for-profits expect their governing boards to approve for the next year,
c) Consumer Price Index (CPI) data as published by Statistics Canada.

Council shall approve the annual salary adjustment as part of an in-camera session in January annually, at the same time it is considering the CEO's objectives and priorities and development plan, as well as the College's budgets.

Council debates, motions and voting are governed by the Rules of Order of the Council, which is Schedule 2 of the By-laws of the College and Robert's Rules of Order. Debates, motions and voting will be conducted in a manner that is consistent with these rules and this policy, and that reflect an environment of respect for all members and staff. In the case of any inconsistency, the by-laws prevail over Robert's Rules of Order and this policy, and this policy prevails over Robert's Rules of Order.

Accordingly,

1. Council members will usually receive information about a matter to be discussed in the form of a briefing note or written report circulated in advance of the meeting. It is expected that Council members will have reviewed the materials and noted any questions they may have.

2. To begin a discussion, the Council member or the staff of the College responsible for the item will present the item providing a brief synopsis or providing any new or additional information to be considered.

3. Council members will be permitted to pose any questions or seek clarification about the information presented without initiating debate, discussion or stating any personal or professional positions. The Council Chair may rule any question or clarification that they believe~~s~~ does not comply with this requirement as out of order.

4. At the conclusion of the question/clarification period, a motion, which may be referred to as a "main motion", must be introduced by a Council member and seconded by another Council member. The motion may then be discussed and debated.

5. As part of the debate of a motion, a Council member may comment on a previous point made during the debate or may introduce a new point for consideration of the Council.

6. Each Council member who wishes to address the motion will be invited to speak to the motion before individuals who wish to speak a second time. If the debate appears to be concluded, the Council Chair may ask if there is any further debate. If there is no further debate, or if Council has passed a motion to vote on the motion, or if the time allotted to the debate on the matter has concluded, the Chair will put the motion to a vote.

7. Procedural issues that may arise will be addressed during the debate but separate from the main discussion. A Council member who believes a procedural rule has been violated can raise a Point of Order.

8. Clarification issues that may arise will also be addressed during the debate but separate from the main discussion. A Council member raises clarification issues as a Request for Information.

9 Once a "main" motion has been introduced, it should not be interrupted by another agenda item. However, one of the following "subsidiary" motions may be introduced:

1. A motion to amend the motion, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
2. A motion to defer the matter, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
3. A motion to refer the matter to committee, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
4. A motion to limit or extend the limits of debate, which must be moved and seconded and requires approval of 2/3rds of Members present.
5. A motion to call the question, which must be moved and seconded and requires approval of 2/3rds of Members present.

10 Votes of the Council will usually be carried out by a show of hands and will be recorded as carried or not carried based on the number of votes in favour or opposed and abstentions. Only when a Council member who has abstained or opposed a vote requests it will their name be recorded in the minutes. The CEO as Secretary to the meeting will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.

11 The Chair or a majority (50% plus 1) of Council members can require that a vote be counted. In this case, the CEO, as secretary to the meeting, will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated. In the case of a counted vote, the number of votes in favour and opposed will be recorded in the minutes. Only when a Council member who has abstained from or opposed a vote requests it, will their name be recorded in the minutes, unless their name must be noted to reflect that quorum was present.

12 Any Council member can require that a vote be conducted by a roll call vote. In such a circumstance, the Chair will ask each Council member how they vote and the vote of each Council member as being in favour, opposed or abstaining will be recorded in the minutes. The CEO, as Secretary to the meeting, will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.

13 A request for a counted or roll call vote may be made by any Council member at any time following the time the Chair states the question on the motion, but must be made before any debate or business has intervened.

14 A Council member who doubts the result of a vote can require a vote to be retaken by a show of hands, by requiring those in favour or opposed to stand, or as a roll call vote. Such a request must be made immediately after the result has been announced, and before any debate or business has intervened. The Council Chair or a majority (50% plus 1) of Council members can require that the vote be counted.

Council members work closely and collegially with the staff and, when in attendance at the offices of the College, in close proximity to the staff. Although Council members do not have any direct authority over the staff (in accordance with GP03 (Council Code of Conduct)), they do have considerable indirect power and influence over the staff. In order to ensure that the legal obligations of the College and the reporting relationships within the College are met, including the staff to the CEO and the CEO to the staff, boundaries are necessary and prudent.

Accordingly,

1 Council members will not ask staff to produce copies of personal documents or print personal documents, including those relating to expense claims to be filed with the Health Boards Secretariat and College.

2 In order to protect the confidentiality of materials being developed or considered by the staff, Council members will not approach staff at their workstations nor enter into an office of staff uninvited or unscheduled.

~~3 Council members will either mail all expense claims to the College to the attention of the Committee Liaison (Director responsible for the Committee) at the end of a Committee meeting.~~

~~4~~3 Council members are invited to engage in friendly informal dialogue with staff should they meet them in the corridors or open areas; however, they should not engage in dialogue about College activities outside of the appropriate forums.

~~5~~4 In accordance with GP03 (Council Code of Conduct) Council members shall not direct staff to undertake any activities on their behalf. Council and its statutory Committees direct the CEO (or the appropriate Director as the CEO's delegate).

Annually at the first meeting following the regular election of Council members, and, in the event that the Officer positions become vacant as set out in the by-laws, the Council will hold democratic and open elections for the positions of Officers of the Council.

Accordingly,

1. The elections will be supervised by the CEO.

2. The CEO may appoint scrutineers to assist in the election.

3. Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, or should a position become vacant, the CEO shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large to indicate so, in writing to or on a form set by the CEO.

4. A Council member's intent to seek office must be supported by ~~the~~ two other Council members either electronically or on a form set by the CEO no later than 5:00 p.m. on the day one week before the meeting of Council when the election of Officers shall take place.

5. Where no candidate is nominated for a position or, in the case of Executive Committee members at large where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.

6. The CEO shall, prior to the deadline indicated in section 4 but not more than one week prior to that deadline, inform all Council members about any Council members' intent to seek election that has been submitted up to the point.

7. At least five (5) days prior to the meeting of Council when the election of officers shall take place, the CEO shall circulate to the Council a list of the eligible candidates for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large.

8. A Council member may withdraw as a candidate at any time before the election.

9. At the meeting of Council when the election of officers shall take place, the CEO shall present the names of eligible candidates who have indicated their interest for the position of Council Chair.
   a) Where there is only one nominee for a position, that person shall be elected by acclamation.
   b) In the event that there is more than one candidate for the office, the voting will be conducted by ballot or by electronic voting means, with the result being tabulated and then recorded and reported by the CEO.
   c) Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot).
   d) The election of a candidate shall be confirmed by a majority vote of those present and voting.

e) Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot or electronic voting means, vote on the remaining candidates until one candidate receives a majority vote.

f) In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.

10 The results of each election will be tabulated and reported by the CEO, with the number of votes accorded to each candidate to remain confidential.

11 Once the Council Chair is elected, the Council Vice-Chair shall be nominated and elected in a similar manner.

12 Once the Council Vice-Chair has been elected, the Officer-at-Large positions shall be filled in a similar manner, with the following modifications.

a) Council shall first elect the Officer-at-Large position(s) to be filled by Registrants(s).

b) Once the required number of Registrants has been elected, Council shall elect the remaining Officer-at-Large position(s) to be filled by Public member(s).

c) Where two or more positions are available for a Registrant or a Public Member, they may be elected on one ballot.

d) The required number of candidates who receive the most votes cast on the ballot shall be declared elected and a majority vote is not required.

13 Once the election is completed, the CEO shall call for a motion to destroy the ballots or any record of the electronic voting system.

As a part of their fiduciary responsibility, Council members are expected to review information from the College and to review those records and make notations regarding any questions, issues or matters they might wish to raise. They are also expected to keep their own record of the questions and issues they raise and to keep notes of the proceedings as a personal record. Notwithstanding, the information provided by the College will contain confidential and personal information that is protected under section 36(1) of the Regulated Health Professions Act, 1991 which both the Council member and the College are expected to protect.

1 Council and committee members will not make notations on, or copies of, the records provided by the College for meetings but rather, shall make any notations and keep records of the meeting separately from the copy of the meeting materials.

2 At the conclusion of a Council or committee meeting, the materials provided by the College in hard copy shall be returned to the College for destruction in a manner that ensures it is no longer readable and cannot be recovered. Materials provided in electronic format shall be deleted by the Council or Committee members in such a way as to ensure that it cannot be recovered.

3 Council and Committee~~s~~ members shall retain their notes of the meeting in a manner that is secure and confidential and only until such time as they are no longer Council or Committee member~~s~~.

4 Upon completion of the term of office of the Council or Committee member~~s~~, all personal notations shall be returned to the College where they will be retained in a secure and safe manner and sealed such that no person can access the notes taken unless,
   a) the Council or Committee member to whom the notes belong has consented to the access by the College; or
   b) a court of competent jurisdiction has granted an order to allow the College to access the records without consent.

5 The sealed records shall be retained for a period of 2 years beyond their last use by the Council or Committee member after which they shall be destroyed unless,
   a) Within 30 days of receiving notice from the CEO of the intent of the College to destroy the records, the former Council or Committee member advises that the records are subject to an existing or potential lawsuit to which they are relevant and required by the former Council or Committee member; or
   b) The CEO is aware of potential or on-going litigation to which the records are relevant in which case the CEO shall delay any notice of intent to destroy the records until after the litigation has been completed and any appeals or opportunity to appeal has been exhausted.

6 This policy has no direct bearing on the Records Management and Records Retention policies of the College as established by the CEO pursuant to EL08 – Asset Protection.

DATE APPROVED	DATE LAST REVISED
June 9 2015	March 29, 2023 ~~January 27, 2021~~

It is the responsibility of the Council to seek out an individual to perform the role of the Chief Executive Officer (CEO) in the event that the position becomes vacant.

Accordingly,

~~1. The Executive Committee shall assume direct control of and responsibility for the day-to-day operations of the College on behalf of the Council until such time as an Interim CEO is appointed pursuant to GP 17 or a permanent replacement has been approved by the Council under this policy.~~

~~2~~1. The Council shall appoint a minimum of three Council members to form a Search Committee who shall be authorized to interview, evaluate, negotiate and recommend to the Council the appointment of an individual as the Chief Executive Officer.

~~3~~2. The Search Committee, with the assistance of senior staff of the College, will issue a Request for Proposals from firms qualified to conduct an executive search on behalf of the Council and make a recommendation to the Executive Committee to contract with the successful bidding individual or firm.

~~4~~3. The Council Chair and Interim CEO will complete the procurement process and sign a contract with the winning bidder who will then, on behalf of the Search Committee, oversee the process of advertising for and conducting initial screening of candidates for the position. Suitable candidates will be presented to the Search Committee for consideration.

~~5~~4. The Search Committee will conduct interviews with the suitable candidates presented by the Executive Search firms, obtain reference checks for the candidate(s) it deems qualified and best suited to fill the position and select one individual to present to the Council as its proposed CEO.

5. The Search Committee shall present to the Council for approval, the name of the candidate for the position, their qualifications (Résumé or Curriculum Vitae), a draft negotiated employment agreement including compensation levels, benefits and start date.

The Council of the College of Naturopaths of Ontario supports the principles of transparency, accountability and openness in its deliberations surrounding the regulatory framework for naturopaths and the Council's management of the College. All decisions must be made in an environment that is free from influence or the perception of influence of individuals or other organizations. ~~As such, Council members and Committee members appointed by the Council, shall publicly declare on the College's Gift Registry, all gifts and benefits they receive as a result of their role with the College.~~

Definitions	Benefit	Means a service that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Council member	Means a person appointed to the Council by the Lieutenant Governance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Gift	Means a product that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Remuneration	Means the provision of unrequested money, or the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.

Accordingly,

1. Each Council and Committee member must register any gift, benefit or remuneration that they receive from any individual or organization while engaged in regulation or based on their knowledge of regulatory activities with the College.

2. Notwithstanding paragraph 1, the following would not need to be declared.
   a) Any gift or benefit they receive as a corollary when on official College business, e.g., lunch is provided when at a meeting on behalf of the College.
   b) Any gift or benefit they receive from the College for the performance of their duties, including but not necessarily limited to volunteer recognition gifts, per diems or expenses in accordance with GP18, a meal when at a meeting with the College.

3. Declarations of gifts, benefits or remuneration received must be made within seven days of receipt of the gift and on a form prescribed by the Chief Executive Officer (CEO).

4. A summary of all declarations received by the CEO shall be disclosed to the Council and publicly as part of the Consent Agenda of the College Council for the period covering the time since the prior Council meeting.

5. A full summary of all declarations shall be released by the Council via the College's website annually.

6 Any Council or Committee member who is found to have failed to declare a gift of any value may be subject to removal pursuant to section 15.02 of the by-laws.

All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the public interest and is in accordance with the Council's Governance Policies. Participation in activities or events with outside individuals, groups, and organi~~s~~zations must reflect adherence to these policies.

Definitions	Confidential information	Means information concerning the business of the College and its Registrants and stakeholders that is not known to the public, including, without limitation, Registrant and stakeholder lists and information, Council affairs, training seminars and programs, financial and contractual information, as well as any information pertaining to a Registrant's interaction with any program of the College.
	Conflict of Interest	Means a situation where a reasonable person would conclude that a Council or Committee member's real or perceived personal or financial interests may affect their judgement or the discharge of their duties to the College and the public interest.
	Council member	Means a person appointed to the Council by the Lieutenant Governance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Financial gain	Means receiving financial compensation or remuneration.
	Intellectual property	Means all work of or made by any Council or Committee member in connection with the work or other activities of the College during their involvement with the College.
	Remuneration	Means the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.
	Reputational gain	Means improving one's position or reputation with the community.

Whereas,

1 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to the following key governance principles.

a) Serving the public interest above both personal and profession's interests.
b) Owing the College a duty of undivided loyalty above any other organi~~s~~zation with which they might choose to become involved.
c) Always acting in good faith and in keeping with the trust that is bestowed upon them by the people of Ontario.
d) Serving diligently and obediently to the mandate of the College and with respect, courtesy and civility.

2 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to abide by the Council's Governance Process policies that apply to their specific roles. These include,
   a) Avoiding Conflict of Interest.
   b) Confidentiality.
   c) Intellectual Property.

3 Through their participation in Council and College regulatory activities, Council and Committee members will have access to confidential information both in terms of individuals and in an aggregate form. In keeping with s. 36 of the RHPA, the College's bylaws and Privacy Code and the Council's aforementioned Governance Process policies, this information may not be used or disclosed for any purpose other than the execution of regulatory duties within the College.

Accordingly,

4 A Council or Committee member **may not**, without the express written approval of the CEO, use such information in any of the following ways.
   a) As part of a presentation or speech to any individual, group or organi~~s~~zation outside of the College.
   b) As part of a biography or in promotional material for any course, disclosing a Committee member's involvement in a Committee.
   c) As part of an educational program or continuing education course.
   d) As a participant in a conference as a speaker or as part of a panel discussion or group discussion.
   e) As a participant in any activity that will result in financial or reputational gain in any way.

5 Notwithstanding paragraph 3, a Council or Committee member may use any publicly available information published by the College, including but not necessarily limited to information from the Annual Report, the College's public website, a newsletter or news bulletin, in a professional manner.

6 Requests for approval from the CEO to participate in activities or to use information in any of the ways set out in paragraph 4 shall be based on the following considerations.
   a) Whether any confidential or personal information would be disclosed in an anonymized fashion.
   b) Whether any privileged and protected deliberative information would be disclosed and, if so, whether the disclosure may be anticipated to hamper future free and open deliberations by a Committee or by the Council.
   c) Whether the Council or Committee member would be seen as directly or indirectly speaking on behalf of the College and whether they have been authorized to do so.
   d) Whether the public interest of the disclosure outweighs any anticipated consequences.

Such a request for approval would not be unreasonably withheld; however, the CEO may impose restrictions as may be necessary.

7 Any Council or Committee member who is found to have failed to conform with this policy may be subject to removal from their position pursuant to section 15.02 of the by-laws.

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members are provided with the training necessary for them to fulfill their duties and responsibilities to the broader benefit of the greater good.

Accordingly,

Definitions	CCDI	Means the Canadian Centre for Diversity and Inclusion or a successor organization.
	Education review	Means a multiple-choice questionnaire that reviews information and education provided in a training session.
	Training Program	Means multifaceted training that includes all the following components: • A presentation and discussion conducted by the CEO on key concepts including but not necessarily limited to the public interest, fiduciary duties and responsibilities, critical decision-making considerations, the legislative framework, right touch regulation and practical approaches to their roles. • An education review conducted following the presentation and discussion session delivered by the CEO. • On-line training delivered by the OHRC relating to human rights, discrimination and accessibility for Ontarians with disabilities. • On-line training delivered by the CCDI, or a similar organization at the discretion of the CEO, relating to unconscious bias, diversity and inclusion.
	Successful completion	Means receipt by the College and the Council or Committee member of each of the following: • A certificate of attendance for attending the presentation and discussion conducted by the CEO. • Correctly responding to 70% of the questions posed on the education review. • A certificate of completion of the OHRC training in each of human rights and discrimination and AODA. • A certificate of completion of the CCDI training.
	OHRC	Means the Ontario Human Rights Commission as established by the Government of Ontario.

1 All new Council and Committees members are required to successfully complete the training program as defined herein and as developed and delivered by the CEO and external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. While Council members assume their duties according to the election schedule or date of appointment by the Minister, successful completion of the training will be required prior to Committee members formally assuming their duties.

2 Notwithstanding paragraph 1, Committee members may attend a committee meeting prior to successful completion of the training program for the purposes of auditing or observing the procedures.

3 All sitting Council and Committee members will be required to complete an on-line refresher training program as developed and delivered by the CEO and approved external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. Such training will be required a minimum of every two years following their initial training, although annual training is recommended.

4 Failure of Council and Committee members to complete the necessary training programs may result in referral of the matter by the CEO to the Governance Committee of the Council for a review of the circumstances and determination of what remedial action may be warranted and necessary, including but not necessarily limited to:

a) An extension of time necessary to complete the training program.
b) A requirement by the Governance Committee that the Council or Committee member complete such other remedial training, at the College's cost, as they may deem necessary.
c) The filing of a written complaint by the Governance committee pursuant to section 15.02 of the College's by-laws.

5 All Council and Committee members who attend the presentation and discussion by the CEO shall be entitled to a per diem in accordance with GP 18 – Per diems and Expenses.

~~6. To prevent the interruption of the performance of the duties of the Council and Committees, the CEO is requested to deliver the training program during the period between the conclusion of Council elections and the end of June annually.~~

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members meet necessary competencies and are appropriately oriented to their duties and roles prior to their seeking election to Council or appointment to a committee.

Accordingly,

Definitions

Competency assessment — Means a multiple-choice questionnaire that reviews competencies needed to be able to fulfill the responsibilities of a Council or Committee member.

Qualifying Program — Means multifaceted orientation and review that includes the following components:

- A presentation and discussion conducted by the CEO on key concepts 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.
- A competency assessment.
- Vetting by the Governance Committee of the Registrants, including but not necessarily limited to reviewing attendance at the orientation session, competency assessment results, education and experience.

Successful completion — Means receipt by the College and the Council or Committee member of each of the following:

- A certificate of attendance for attending the presentation and discussion conducted by the CEO.
- Correctly responding to 60% of the questions posed on the competency assessment.
- Approval of the Governance Committee of their candidacy for election or appointment to a Committee at the discretion of the Council.

1 All Registrants who are seeking nomination for election to the Council and volunteers seeking appointment to a Committee are required to successfully complete the qualifying program as defined herein and as developed and delivered by the CEO, on behalf of the Council and overseen by the Governance Committee of the Council.

2 Notwithstanding paragraph 1, Council members seeking re-election and volunteers already appointed to Council or College Committees are exempt from this requirement.

3 The competency framework established to support the qualifying program is:

- An <u>understanding of or willingness to learn</u> about **Governance responsibilities**, including:
  - The role of the board and committees.
  - The role of the Chair of the board and management.
  - The role of individual Board and committee members.
  - The legal and ethical responsibilities when holding a position of trust.
  - The importance of being independent in thought.

- An <u>understanding of and ability to</u> provide **leadership**, including:
  - the importance of dialogue and the ability to interact with others to draw out thought and information.
  - the importance of working in collaboration with management.
  - the importance of Board and committee evaluation processes.
  - the importance of competency-based selection processes.
  - the importance of succession planning.

- An <u>understanding of or willingness to learn</u> about **financial and organizational oversight**, including:
  - The concept of risk management and risk mitigation.
  - The process for managing people, including recruiting and retaining people.
  - Assessing financial information and can read, interpret and question financial statements.

- An <u>understanding of or willingness to learn</u> about **governing effectively**, including:
  - The meaning and importance of conflict of interest
  - The importance of ethical decision-making.
  - How unconscious bias can negatively impact decision-making and ways to identify these biases.
  - how these issues can impact the reputation of the organization.

- An <u>understanding of</u> the **public sector and health systems**, including:
  - A broad commitment to the public and people of Ontario.
  - Knowledge of the public interest and can place the public's interest above the profession's interests.
  - Knowledge of the health care system broadly.
  - Knowledge of health regulation.

4 In addition to the competencies set out in paragraph 3, Committees may establish such additional competencies, skills or attributes needed in order for an individual to be appointed to their committees. Such additional requirements will be provided to the Governance Committee who will oversee the delivery of the Qualifying Program.

5 Failure of Registrants or members of the public wishing to volunteer on Committees to complete the qualifying programs will result in their ineligibility to run for election or to be appointed to a Council or College committee.

6 No per diem as set out in GP 18 – Per diems and Expenses will be paid for individuals completing the qualifying program.

The College of Naturopaths of Ontario	Policy Type GOVERANCE PROCESS	COUNCIL POLICIES
	Title Enterprise Risk Management	Policy No. GP32.0~~0~~1
		Page No. 1

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council is committed to building and fostering an Enterprise Risk Management culture that supports our objectives through a systematic process of risk identification, assessment, treatment and management for the College and will affect this through its strategic planning process. The College's value of serving and protecting the public interest, providing quality service, accountability and transparency, teamwork and collaboration are the foundation of the organizational risk culture and will guide our actions.

Accordingly,

Definitions	Enterprise Risk Management	Means an approach to managing all of an organization's key business risks and opportunities. [1]
	Risk	Means the possibility and/or uncertainty that an unintended event (referred to as a peril) will occur and affect the achievement of objectives. [2]
	Risk tolerance	Means the overall level of risk acceptable to the Council of the College from one of zero, low, moderate, or high.

1 Risk management will form an integral part of all our decisions and activities.

2 The Council will assume its fiduciary and moral responsibility to ensure effective risk management is practi~~c~~sed throughout all College activities.

3. The Council will establish its overall risk tolerance level upon advice of its Risk Committee. However, until such time as the Committee can make recommendations, the tolerance level will be set as low in recognition that a zero tolerance for risk is likely not possible in regulation of a profession.

4. The Council will be required to commit the necessary attention and resources to achieve excellence in risk management and to ensure that the Chief Executive Officer allocates sufficient funds to support it. This includes but is not necessarily limited to:
   a) Approval of this ERM policy.
   b) Participation as respondents to surveys, questions or other consultation processes to help identify and assess risk, especially strategic risk.

[1] Ontario's anti-racism strategic plan. https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8

[2] Glossary of Terms, A reference Tool, January 2022. Canadian Centre for Diversity and Inclusion | Centre canadien pour la diversité et l'inclusion Western Canada | Bureau de l'Ouest https://ccdi.ca/media/3150/ccdi-glossary-of-terms-eng.pdf

DATE APPROVED	DATE LAST REVISED
January 26, 2022	March 29, 2023

c) Approval of risk treatments where they fall within Council's mandate because of cost or significance (just as Council is now involved in those matters).
d) Recipients of regular reports for the purpose of providing assurance that the Risk Management Program is operating effectively.
e) Recipients of special reports when any risk reaches an agreed upon priority level (e.g., extreme or high risk?).
f) Using risk management principles when making all Council-level policy decisions.

The Council is committed to actioning essential change to eliminate racism, bias (unconscious and conscious) and discrimination (individual and systemic). In line with this commitment, the Council recognizes that strong leadership and effective governance structures are required to embed EDIB across all levels of the organization. As such, the Council has a responsibility to ensure that the policies, procedures, and programs delivered by the College reflect its commitment to EDIB.

Definitions	Diversity	Means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, culture or other ideologies. This can also include differences that are entirely personal, such as personality, style and ability.[1]
	Belonging	Means feeling secure, supported, accepted, and included.[2]
	Equity	Means fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.[3]
	Equity, Diversity and Inclusion Committee	Means the non-statutory committee of the Council of the College of Naturopaths established pursuant to section 12.02 and section 10 of the bylaws and the *Committee Principles* policy (GP06).
	Inclusion	Means using proactive measures to create an environment where people feel welcomed, respected and valued, and to foster a sense of belonging and engagement. This practice involves changing the environment by removing barriers so that each person has equal access to opportunities and resources and can achieve their full potential.[4]

[1] Ontario's anti-racism strategic plan. https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8
[2] Glossary of Terms, A reference Tool, January 2022. Canadian Centre for Diversity and Inclusion | Centre canadien pour la diversité et l'inclusion Western Canada | Bureau de l'Ouest https://ccdi.ca/media/3150/ccdi-glossary-of-terms-eng.pdf
[3] Building a Framework & Plan to Address Equity, Inclusion, Diversity & Anti-Racism in Ontario. https://www.ontariohealth.ca/sites/ontariohealth/files/2021-01/CorpusSanchezInternationalReport.pdf
[4] Guide on Equity, Diversity and Equality Terminology. Government of Canada. https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng

Accordingly,

1. The principles of equity, diversity, inclusion and belonging (EDIB) will form an integral part of all our decisions and activities.
2. The Council will assume its fiduciary and moral responsibility to ensure the principles of EDIB are practised throughout all College activities.
3. The Equity, Diversity and Inclusion Committee will make recommendations to the Council with respect to College policies, processes, and programs to ensure they reflect the organization's commitment to EDIB.
4. The Council will commit the necessary attention and resources to achieve its commitment to EDIB and to ensure that the Chief Executive Officer allocates sufficient funds to support it. This includes but is not necessarily limited to:
    a) Reviewing the membership of, and appointing members to the Equity Diversity and Inclusion Committee annually or as required, to support the Committee's ability to meet its terms of reference (CC08);
    b) Responding to surveys, questions, or other consultation processes to help identify, assess, and support EDIB activities;
    c) Approving EDIB activities and/or processes where they fall within Council's mandate because of cost or significance (just as Council is now involved in those matters);
    d) Receiving regular reports for the purpose of providing assurance that the EDIB program is operating effectively; and
    e) Using EDIB principles when making Council-level policy decisions.

Council recognizes the importance of accountability, transparency, fairness and openness in governance of the College; in making decisions that reflect the public interest; and that demonstrate that it exists to provide service to the public. As such, strong and effective linkages with the community are essential.

Accordingly, the Council will ensure that:

1. It receives as many diverse opinions as possible on issues upon which it deliberates and from as wide a variety of sources as possible, and where this may be lacking, that it specifically requests augmented information prior to making final decisions.
2. A mechanism is made available for public and community access to the Council to foster openness **and** dialogue as an expression of a genuine interest in the perspectives that may be brought forward.
3. Information is provided to the public and the community regarding the decisions that it has taken and the basis for those decisions.
4. Information is provided to the public and the community about the important role that the College plays in ensuring access to safe, competent and ethical naturopathic care and the processes in which the College engages to accomplish this goal.

~~*Council recognizes its accountability to the public for whom the College exists to benefit. It is to all Ontarians that the Council holds itself accountable and from the Regulated Health Professions Act, 1991 and the Naturopathy Act, 2007 that the Council obtains its authority.*~~

~~A strong and effective Council-Community linkage is sustained through critical roles assumed by Council members. These include:~~

1 ~~Identifying opportunities to gather information to share with Council colleagues to assist in policy development; and~~

2 ~~Providing Council with approved information.~~

Reflecting the Council's commitment to excellence in governance and the importance of good governance to the principles of public protection, the Council will evaluate the effectiveness of Council as a whole, Council Committees and the individual contributions of Council and Committee members.

Accordingly,

1 Each year, starting in May and concluding in July, Council and Committees will evaluate their own performance as a whole and the individual contributions that members make in relation to the responsibilities highlighted in our *Governance Process Policies* and *Council-CEO Linkage policies*.

2 The evaluation process will be overseen by an independent third-party consultancy that specializes in governance evaluation process.

3 The Governance Evaluation Framework will include the following three components.

a) A general performance assessment for the Council and each of its committees.
b) An individual self-assessment conducted by each Council and Committee member.
c) A peer assessment conducted by each Council and Committee member on each of their peers on Council and each Committee.

4. In order to ensure confidentiality and a fair process, individuals self-assessments an peer assessments of each Council or Committee member will be provided only to the consultant and shall not be provided to the College nor held among the records of the College.

5 At the conclusion of the evaluation process in July or as soon as practical thereafter, the consultant will do the following.

a) Present the evaluation of Council and each committee to Council and each committee respectively.
b) Meet with each Council and Committee member to review their own self-assessment comparatively with the peer assessment received for them. Each meeting will cover all of efforts of the individual with Council and their various Committees to which they have been appointed. The intent of the meeting is to provide coaching and guidance on how they may individually be able to improve their own performance.

~~Provide a summary to the Council Chair and CEO of the individuals with whom they have met to provide coaching and guidance. The summary shall also include any broad themes of education and training that is warranted based on the assessments.~~

c) Provide an action plan for Council and Committee members to all for targeted development. ~~to the CEO and the Governance Committee of the College to allow for targeted development of Council and Committee members based on individual needs~~.

6. As soon as is practical after the Council and Committees have received their evaluations, the College will publish on its website a summary of findings for the evaluation of Council and each Committee as well as an action plan as to how any deficiencies will be addressed. Individual Action Plans for Council and Committee members will not be published.

7. Individual Action Plans will be confidential between the external consultant and the individual Council and Committee members; however,
   a) The external consultant will be asked to provide non-identifiable summary information about any education or training that might have been recommended to volunteers to allow the Governance Committee and CEO to evaluate whether such education may be provided through a structured program; and
   b) The Governance Committee will follow up with Council and Committee members during the year to offer assistance or support on their individual action plans that have requested assistance.

   ~~Individual Action Plans for Council and Committee members will be provided to the Governance Committee. The Committee shall review the plans and take the following actions:~~
   ~~a) make recommendations to Council regarding any education that might be provided to all volunteers through a structured program; and~~
   b) ~~follow up with individual Council and Committee members midway through the year to provide any assistance and guidance necessary in support of the individual action plans.~~

The College of Naturopaths of Ontario

BRIEFING NOTE
Operational Plan for 2023-2027

PURPOSE: Seeking the acceptance of the Operational Plan for 2023-2027 by the Council.

OUTCOME Acceptance by Council

NATURE OF DECISION ☑ Strategic ❒ Regulatory Processes & Actions ❒ Other

PROCESS:

Activity:	Presentation, discussion.		
Results:	Acceptance.		
Overall Timing:	How much time is allocated on the agenda for this item.		
Steps/Timing:	**1.**	Presentation by the CEO and Senior Management Team.	10 min.
	2.	Discussion by Council.	10 min.
	3.	Motion for acceptance	5 min.

BACKGROUND:

Each year, the Chief Executive Officer (CEO) and the Senior Management Team provides the Council with an updated Operational Plan. The plan is a four year plan with annual updates to reflect changes in direction set by the Council and initiation of new projects as earlier projects have been completed.

The plan sets out the areas of activity within College operations that are intended to move the College forward in accomplishing the Councils Ends statements and reflects the Ends priorities. It also provides the key performance indicators (KPI) to allow the Council to evaluate whether the objectives for the year are being met.

DISCUSSION POINTS:

The Operational Plan is a significant departure from the prior plans submitted to the Council. This is due to the conclusion of the Council's recent strategic planning process which culminated in a new Strategic Plan and Ends Statement policy which were approved by the Council at the end of January 2023.

All College activities have been realigned within the two Strategic Objectives established by the Council and related activities that can reasonably be assumed to fit with the objective.

<u>Operational Plan Highlights</u>

The Council's first strategic objective and related priorities are:

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.
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.

Operationally, within the context of this objective and priorities, the College will continue its individualized system partner engagement, including meetings with the Ontario Association of Naturopathic Doctors, Canadian College of Naturopathic Medicine, CANRA and Ontario health regulatory authorities.

The College will also develop and launch a new System Partners' Forum designed to bring all system partners to the table to discuss issues in regulation, in particular those discerned from a risk-based regulation approach. Of course, to accomplish this, the College will also finalize the development of the concept and implement risk-based regulation within the College.

The College will also continue its In Conversation With series as a means of engaging both Registrants and the public and will launch a more robust consultation program on regulatory issues and concepts. The College will also launch its new Regulatory Education Program to provide education on regulation and standards directly to Registrants and will continue its corporate communications program through the website, newsletter, blogs and social media campaigns.

The Council's second strategic objective and related priorities are:

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.

As part of the development of the Operational Plan, the College has identified seven key operational requirements that underpin the ability of the College to regulate the profession. These include:

a) A functioning Council that operates under the principles of good governance.
b) A system of Committees that are properly constituted with capable individuals sitting on those committees.
c) A program that seeks out volunteers, assesses, and trains volunteers how to properly perform their duties.
d) A well instituted human resource program and a human resources plan to ensure that the skills needed to operate the College are available and on a sustained basis.

e) A financial management system that ensures the College operates within generally accepted accounting principles and is using its financial resources effectively.
f) A program that supports both transparency and accountability.
g) The ability and commitment to the oversight requirements placed on the College in the public interest that allow proper and full accounting of the College.

To accomplish these requires a commitment to processes and activities that support the Council and its Committees, to equity, diversity, inclusion and belonging, and to a volunteer program that recruits, assesses, trains, retains and recognizes College volunteers as the backbone to the regulatory system. It also requires a system of human resource management that treats our employees as a valued resource as articulated in the Council's values statement. Employee satisfaction and retention are about much more than compensation, benefits and a positive work environment. They are also about work/life balance and having sufficient resources to protect the ability of our staff to produce quality work. In keeping with this, and to meet requirements set out in the College Performance Measure Framework, the College has developed a five-year Human Resources Plan to ensure the sustainability of the College and its workforce.

Good governance, which is a key part of serving the public interest also requires proper governance process such as CEO assessments, Council and committee assessments, transparency and accountability and support of external oversight roles that instill confidence of the public in our ability to do the job with which we have been tasked.

Beyond these activities that allow the College to regulate effectively, we also must turn our attention to the job of regulation. As such, the College will continue to perform the regulatory activities set out in the legislative framework. These include:

- Examinations for entry-to-practise and post-registration examinations.
- Entry-to-practices processes to assess applicants and grant registration where warranted, this includes the Prior Learning Assessment and Recognition Program.
- Inspections to ensure that Ontarians who wish to access intravenous infusion therapy can do so in an environment that is safe and meets the program requirements through which we can provide public safety.
- Standards programming to maintain and update as needed the standards of practice of the profession.
- Regulatory guidance programming that will work hand-in-hand with the Regulatory Education Program to educate the profession and the public on the standards and how best to comply with them.
- Registration programming for both individual NDs and their professional corporations.
- Patient Relations Programming to provide access to funding for sexual abuse counselling and important information about avoiding sexual abuse issues.
- A complaints and reports program that receives and investigates complaints and CEO identified issues as a means for assessing individual performance and the process for referral to the discipline hearing process when warranted.
- A quality assurance program that works with the profession to maintain competence through on-going education and training, reporting CEs and conducting Peer & Practice Assessments.
- A currency hours audit that ensures Registrants are practicing the profession to the minimum levels set out in regulation.

In addition to performing the regulatory activities tasked to the College, the College will also engage in a process of examining the regulatory model to ensure that it provides the maximum public protection benefit to Ontarians. This means that the College will, over the next four years, systematically review the public policy decision that have been made and formed the basis for the Registration Regulation, General Regulation, Quality Assurance Regulation, Professional Misconduct Regulation and all of the Council's program and profession related policies.

Timing

All of these activities do not necessarily happen quickly which is why this plan is set over the four years of the Council's strategic plan. Nonetheless, given the large job of regulating itself, the new activities will place a strain on the College. Hence, our recourses will be key to meeting these objectives.

College resources

The College's human resources are presently spread thinly across all program areas. Adding additional, new programming is not possible with the current resources available which is why the Human Resources Plan has been established. It is intended to do several important things, including adding new resources to support programming and adding new growth opportunities for existing employees to increase retention.

The College's financial resources are stable as we have reserves to allow for periodic deficits due to operations; however, the reserves will remain below Council targets for some years meaning the College will not meet this measure in the College Performance Measure Framework. Budgets will continue to predict deficits as we budget on a worse case scenario for complaints and investigations as well as hearings which more often than not do not come to fruition. To accommodate this reality, the Human Resources Plan sets out a planned expansion of staffing resources rather than adding all positions at once.

ANALYSIS

Risk Assessment – The risk assessment is based on the attached document *Understanding the Risk Analysis Terminology*. Only those risks that have been identified will be addressed.

- Operational risk:
    - People - The ability of the College to perform against the Operational Plan is highly dependent on the College's ability to select the right people (education, experience), retain those individuals (compensation, incentives) and devote those resources to the operational activities.
    - Process – The ability of the College and its Council to identify issues surrounding performance and therefore fulfill its oversight responsibility are the foundations of this Operational risk.
    - External events – The ability of the College to complete the operational activities are highly subject to external events. These can be political events and changes to the political environment (regulation), as well as the College being dependent on external consultants to meet its needs.
- Strategic risk:
    - Reputation – The College and its Council rely heavily on having a good reputation within the public domain and among its Registrants. Fulfilling the operational activities set out in the plan is an important part of maintaining that reputation. The plan has no value if it is never acted upon, including reporting on progress.

Privacy Considerations – There are no privacy considerations.

Transparency – The transparency assessment is based on the attached document *Understanding the College's Commitment to Transparency*. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust – Providing information to the public and stakeholders, in particular in terms of the level of detail about operational activities and budgets engenders trust. So too does the reporting information that is provided to the Council. Whenever possible, more (but relevant) information should be made available.

- Improved patient choice and accountability – The Operational Plan is intended to increase accountability of the College and its staff, not only to the Council but also to the public and stakeholders. The plan provides detailed information about the activities being undertaken in the College and how the Council will measure success.
- Timely, accessible and contextual – The release of this plan in advance of the start of the planning year and with updates at two key points in the planning year provides timely information in the context of when decisions and evaluations are being undertaken.

Financial Impact – The financial impact of the Operational Plan is set out in the Capital and Operating Budgets addressed separately on the Council agenda.

Public Interest – Operational Planning is intended to set out to the public how its interests are protected. All College activities should speak to its regulatory mandate and efforts to improve performance against that mandate. Each section of the Operational Plan does this.

Andrew Parr, CAE
Chief Executive Officer
March 2023

Operational Plan

APRIL 1, 2023 TO MARCH 31, 2027

Activity	Key Performance Indicators

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.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

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.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

1.1	The College engages its system partners to further their understanding and trust in the College and the profession.

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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

1.2	The College engages its Registrants and the public to further their understanding and trust in the College and the profession.

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 ***In Conversation With*** series, a fireside chat concept that engages both the public and Registrants on key issues in regulation. This series will continue to focus on questions posed by attendees to be responsive to the needs of these groups.		• A minimum of four ICW events will be offered each year. • Topics will be developed by the College and the sessions, whenever possible, will include a volunteer/staff partnership as a means of allowing the Registrants and public to see themselves involved in these sessions.	
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 each 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 free information sessions about the consultation topic 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 establish 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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

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 launch a new Regulatory Education Program 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 Request for Proposals will be issued annually seeking topic presenters from among the professions. • A minimum of ten sessions will be offered on-line annually at no 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 Blog and 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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believe that an overall systemic approach will provide sufficient information to allow risks to be identified risk mitigation techniques deployed.

1.3.1	Risk-based Regulation Program Development			
The College will finalize its Risk-based regulation approach and present the final concept to the Council during the first year of this plan.		• The plan will be developed and articulated in writing and will include input from system partners, the public and Registrants. • 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 implemented 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.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

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

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

2 (A)	**Operating under the principles of good governance**

2(A)-1	Quality Decision-making			
The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.			• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency and public interest considerations of the decisions being considered.	
Timeframe:	All 4 Planning Years		**Responsible:**	Chief Executive Officer

2(A)-2	A Commitment to equity, diversity, inclusion and belonging

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

The College will continue its commitment to and fulling integrate the principles of equity, diversity, inclusion and belonging into all of its activities.			• The Equity, Diversity and Inclusion Committee (EDIC) will complete the development of its equity tool that will be used as a means of evaluating programs, policies, and procedures etc. • The Committee will work with the Committees of the Council and the College to provide training on the proper and effective use of the tool. • By the completion of the four year plan, the EDIC will be disbanded with individual members joining other committees where they can champion the EDICB effort. • A new DEIB Working Group will be founded where these committee members can support each other and address any DEI issues that should arise system wide.		
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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.	• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.

Timeframe:	All 4 Planning Years	**Estimated cost:**	$193,694	**Responsible:**	Human Resources

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

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 mentoring program will be implemented as a means of providing support to volunteers and adding value for both new and existing volunteers. • A recognition program for volunteers will be 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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

The College will fully implement and manage the Council's Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.			• A minimum of two orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College's volunteer program. • The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.	
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

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

2 (D)	Proper Human Resource Management and a Human Resources Plan.

2(D)-1	Effective Human Resource Management
The College will manage its human resources in such a way at to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	• The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. • College staff will be compensated in a manner that reflects the current market value of the positions. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. • Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. • Staff who are leaving the College will be treated with respect and dignity.
College management and staff will work collectively to continue to build and enhance the College "team" as a unified work force and to ensure that the College's workplace environment is conducive to the team approach.	• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse and discrimination, including annual reviews of the College's relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences.
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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

			• The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.	
Timeframe:	All 4 Planning Years		**Responsible:**	Human Resources

2(D)-2	Human Resources Plan			
The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.			• A Human Resources Plan that sets out the current and future plans for staffing of the College 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.

2(E)-1	Effective financial management

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.	• Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. • Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08). • The annual external audit of the College's financial status will be supported by the staff.

Timeframe:	All 4 Planning Years		**Responsible:**	Director, Operations

2 (F)	Transparency and Accountability

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,

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

			○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.	
Timeframe:	All 4 Planning Years		**Responsible:**	Chief Executive Officer

2(F)-2	Open Regulatory Process			
• Regulatory processes and matters of the public interest will be routinely disclosed.			• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.	
Timeframe:	All 4 Planning Years		**Responsible:**	Chief Executive Officer

2(F)-3	Council Oversight Responsibilities
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.	• The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. • The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, ○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

			○ A year-end report based on the work set out in the Operational Plan (including Part 1) will be presented to the Council at its July meeting.	
Timeframe:	All 4 Planning Years		**Responsible:**	Chief Executive Officer

2(F)-4	CEO Annual Assessment		
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.		• Council will undertake a performance review of the CEO on an annual basis in accordance with its policies. A such, the Council will be provided with the necessary materials to undertake the 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.		• The Council will undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. • The review will be initiated not later than April and completed by the end of July.	
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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
	• The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council's Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. • The ERM assessment will be updated annually.

Timeframe:	All 4 Planning Years		**Responsible:**	Chief Executive Officer

2 (G)	**Commitment to oversight requirements.**
2(G)-1	HPARB Appeals
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).	• College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an alert of an appeal. • Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. • Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions. • HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.

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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

Timeframe:	All 4 Planning Years	**Estimated cost:**		**Responsible:**	Chief Executive Officer

2(G)-3	College Performance Measure Framework			
The College will support the work of the Ministry of Health in its oversight capacity through the **College Performance Measure Framework**.		• 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, Registrations

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

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

2.1	**Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.**

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.		
Timeframe:	All 4 Planning Years	**Estimated cost:**	$319,283	**Responsible:**	Director, Examinations

2.1.2	Entry-to-Practice	
The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.		• An application for registration process with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
	• Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and Registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
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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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
The final demonstration-based, OSCE-type component ("Interaction with a Simulated Patient") of the PLAR program will be developed and implemented.	• The "Interaction with a Simulated Patient" (ISP) component of the PLAR program will be operationalized: ○ Three cases will be beta tested and finalized for use as part of the PLAR process. ○ Associated staff and recruited demonstration-based assessors will be trained on the administration of the ISP.

Timeframe:	All 4 Planning Years		**Responsible:**	Director, Registration

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 *Naturopathy Act, 2007* to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

					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. • 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

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

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 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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

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

2.3.2	Patient Relations Program				
The College will operate a Patient Relations Program as set out in the *Regulated Health Professions Act, 1991*. 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

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 *Regulated Health Professions Act, 1991* 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.		

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

			• 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. • 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 Program to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly	• 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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
resolved in accordance with section 25 of the RHPA and the program policies.	• 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 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.

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All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
	• Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.
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.**

2.4.1	Quality Assurance Program

The College will operate a Quality Assurance (QA) Program as set out in the *Regulated Health Professions Act, 1991* and the Quality Assurance Regulation made under the *Naturopathy Act, 2007*.	• Annual registrant self-assessment
	  ○ 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

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

				○ 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. • 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 Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.				• Currency hour reporting cycles are tracked, and annually declared currency hours will be analyzed. • Notices will be sent to General Class registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. • Annual currency hour audits will be conducted of those Registrants who have completed their three-year currency cycle. • Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies.
Timeframe:	All 4 Planning Years		**Responsible:**	Director, Registrations

2.5	**The College examines the regulatory model to maximize the public protection benefit to Ontarians.**

2.5.1	Registration Regulation and Related Policies

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.	• The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.
Timeframe: 2023-2024	**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	• The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators
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.	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 reduce the overall reporting burden and "red tape" embodied in the regulation will be included.	• The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed. • The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted. • The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. • The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.

Timeframe:	2024-2025		**Responsible:**	Chief Executive Officer

2.5.4	Quality Assurance Regulation and Related Policies
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible,	• 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.

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

Activity	Key Performance Indicators

recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.			• 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 reporting burden and "red tape" embodied in the regulation will be included.			• The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity. • The Standards Committee, with the support of and training from the EDIC, will apply the equity tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	All 4 Planning Years		**Responsible:**	Deputy CEO

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

Activity	Key Performance Indicators

Costing

Council & Committees		$193,695
Hearings		$342,945
Complaints & Reports		$236,000
Inspection Program		$65,000
Examinations		$319,285
Engagement		$112,555
Office & General		258,175
Quality Assurance		$50,000
Registration		$21,000
Salaries/Benefits		2,112,865
Operations Total		$349,130
Total		$4,060,650.00
Operations Detail		----
Legal & Consulting	$111,190	
Education & training	$13,990	
Equipment & Services	$149,800	
EDI	$3,350	
Patients Relations	$10,500	
Risk Management	$14,000	
Regulatory Education Program	$6,750	
Volunteer Program	$30,850	
Health & Safety Program	$8,700	
	$349,130.00	

Index:

All 4 Planning Years	2023-2024	2024-2025	2025-2026	2026-2027

HUMAN RESOURCES PLAN

2023 – 2028

1. INTRODUCTION

The human resources plan for the College of Naturopaths of Ontario has been created to reflect the on-going development of the human resources available to the College to deliver on both its primary mandate of regulating the naturopathic profession in Ontario in the public interest as well as to meet the challenges of the new strategic plan of the Council of the College.

This plan should be read in conjunction with both the Council's Strategic Plan, the College's Operational Plan and the Operating and Capital budgets.

2. SETTING THE CONTEXT

While most of Ontario's regulators share a great deal of commonality among programming, there are several elements of the mandate of the College of Naturopaths of Ontario that make it somewhat unique.

The first is the Inspection Program which exists in only three other regulatory Colleges (CPSO, OCP, RCDSO). With continued growth in the number of registered premises and the start of the first "five-year cycle" inspection, this program remains an ongoing concern.

The second is the Examination Program, which while other Colleges deliver examinations, they are not nearly as numerous and typically they are delivered through a third party. This College delivers five separate sets of exams, one of which has three components that are delivered concurrently but have distinct needs and requirements.

Finally, the College's volunteer program is one of the more robust programs that provides a comprehensive process for recruitment, assessment, training, retention and recognition of the important contributions of the College's volunteers.

While other factors facing this College may not be unique, they are both challenging and concerning and warrant drawing them out in this plan. This year, although the number of complaints and investigations have remained relatively stable, the matters at issue have become increasingly complex in size and degree of difficulty. In addition, the number of matters where a Registrant has refused to cooperate with investigators has also become significant. Finally, in this past year, the College has seen the highest number of referrals to discipline than any previous year. This has several implications:

- The resources to investigate and manage the complaint process on behalf of the ICRC.
- The resources to prosecute the matters before the Discipline Committee.
- The resources to coordinate the panels and hearings.
- The resources to monitor compliance with orders of the panels.

In recent years, the overall accountability framework for the College has been augmented significantly with the College Performance Measure Framework. This framework establishes detailed parameters

against which the College's overall ability to serve and protect the public interest is measured. This framework is in addition to already existing accountability tools used by and for the Council to perform its vital oversight function.

To summarize, the demands being placed on the College's human resources have been increasing significantly; however, the overall size of the staff complement has not increased.

3. KEY PRINCIPLES

In late 2022, the Council of the College restated its commitment to a set of values for it and the College. These are:

> The College of Naturopaths of Ontario will govern the profession and its own activities based on its values. We will:
>
> - Be fair, equitable, transparent, and accountable;
> - Act with honesty and integrity;
> - Work collaboratively with others;
> - Value diversity, foster inclusivity and belonging;
> - Accept diverse perspectives and value healthy debate;
> - Be respectful and professional;
> - Treat all human resources as a key asset;
> - Ensure that our standards and processes are evidence-informed;
> - Respect the health of the individual and the environment;
> - Be courageous, bold, and innovative.

College operations have always been based on the concept of providing sufficient human resources to accomplish the mandate and goals while being respectful of the costs of funding the College which are borne by the profession itself.

While the College has added additional human resources to its team, the pace of expansion has not kept pace with the increasing roles, responsibilities and duties to be performed. Transparency and accountability to both Government and stakeholders requires resources. In 2022, it has become clear that:

- A small group of senior managers carry the weight of regulating the profession and meeting organizational objectives. They do so to their own detriment in terms of their health and well-being.
- Work-life balance for all staff has been and remains a challenge.
- The minimum staff complement approach has left the College vulnerable to personnel shortages due to the normal occurrences in everyday life, including marriages, having children, illnesses and sadly, even death. Absences resulting from these occurrences increase the overall burden and stress on those who are charged with maintaining operations.
- Although staff turnover has been lower over the past few years, developments within the labour market make it more challenging to retain staff when other organizations, in particular larger regulatory Colleges pay higher salaries for fewer daily tasks and responsibilities.

The College's challenge today is not merely understanding its limited ability to pay competitive salaries but also to ensure that the volume of work on any one individual's plate is manageable and reasonable. If asked, as we have done in the past, whether staff would prefer higher salaries or less work, the answer inevitably is less work. However, asking staff to choose either less work or higher salaries is not typically indicative of an organization that values its human resources as a key asset. In reality, staff are entitled to a realistic workload and compensation that is commensurate with their knowledge and experience and at market value.

Although the College staff has been and remains utilized to its fullest, the strategic plan and related operational plan identifies new areas or existing areas of work that need to be augmented. These include:

- Re-emphasis on individual stakeholder engagement initiatives.
- A new stakeholder Forum for collaboration.
- A new educational program designed to increase understanding of the regulations and standards and improve compliance.
- Re-emphasis on consultations by the College as a means not only of engagement but increasing understanding of our role.

While none of these incur significant operational costs in terms of facilities, supplies etc., they will individually and collectively add a significant amount of work to the human resources of the College.

Arguably, the College should add these resources as quickly as possible; however, to add all of the anticipated resources would add a significant amount to the salaries and benefits paid by the College. Therefore, this plan sets out a staged approach to adding human resources with an emphasis on the areas that are most impacted in each fiscal year.

This plan is also intended to address the broader issues identified here as we believe that failure to do so will jeopardize the overall sustainability of the College.

4. The HR Plan

The following plan is laid out for each major program area of the College and summarizes current staffing complements and any changes being considered for the next five years. For reference:

- Year 1 means the 2023-24 fiscal year (coming year).
- Year 2 means the 2024-25 fiscal year.
- Year 3 means the 2025-26 fiscal year.
- Year 4 means the 2026-27 fiscal year.
- Year 5 means the 2027-28 fiscal year.

4.1 EXECUTIVE OFFICE

Responsibilities:	This area of the College provides overall operational direction and leadership to the College and supports the Council and reporting to oversight bodies to which the College is accountable.
Current Complement:	The Executive Office of the College includes the Chief Executive Officer (CEO) and all personnel who report directly to the CEO. As such it includes the Senior Management Team (Deputy CEO and all Directors) as well as the Communications Department.
Lead:	Chief Executive Officer
Reporting Positions:	Deputy CEO, Director of Registration & Examinations, Director of Operations.
Year 1:	Addition of an Executive Liaison to the CEO position to assist the CEO and senior team in the fulfillment of their senior management duties that are in addition to their department responsibilities and to perform liaison duties on behalf of the Council and the management team.
Year 2:	No changes.
Year 3:	Conversion of Senior Communications Officer to Manager of Communications.
Year 4:	No changes.
Year 5:	No changes.
Commentary:	The initiatives surrounding the re-emphasis of individual stakeholder engagement, creation of the System Partners' Forum and development/launch of the Regulatory Engagement Program will be a focus of the Office of the CEO. This approach is similar to the development and launch of the In Conversation With series which needed to support and direction of the most senior level of College management. Adding management level support as set out in year 1 will provide the CEO and the senior management team with resources to assist in managing these projects and coordinating the day-to-day activities of the office. In year 3, the transition of the Senior Communications Officer to a Manager of Communications is part of a longer term plan to invest in existing personnel and grow their talent and responsibilities. It will also enable greater independence from the CEO Office.

4.2 REGULATORY PROGRAMS DIVISION

Responsibilities: This program area of the College oversees the College's regulatory programs, including:

- Standard setting through the Standards Committee.
- Quality assurance through the Quality Assurance Committee.
- Premises inspections through the Inspections Committee.

- Accountability of Registrants through the ICRC and Discipline Committees.
- Patient Relations, Equity Diversity Inclusion and Belonging, and Schedule Substances Review programs.

Current Complement:	The Regulatory Program Divisions is overseen by the Deputy CEO of the College and includes five positions (excluding the Deputy CEO).
Lead:	Deputy CEO
Reporting Positions:	Direct Reports • Manager, Professional Practice • Manager, Professional Conduct • Administrative Assistant, Regulatory Programs Indirect Reports • Coordinator, Professional Practice (reports to Manager, Professional Practice) • Coordinator, Professional Conduct (reports to the Manager, Professional Conduct).
Year 1:	No changes.
Year 2:	The Administrative Assistant position will be eliminated, and two new Senior Coordinator positions added, one in each of Professional Practice and Professional Conduct.
Year 3:	A new Coordinator of Regulatory Risk will be established to support the development and integration of risk-based regulation into the regulatory programs division.
Year 4	No changes.
Year 5:	A new Regulatory Education Specialist position will be introduced to accommodate anticipated personnel changes.
Commentary:	The changes in this area reflect the growing workload in the area with complaints, discipline and professional practice. It also reflects the on-going development of the risk-based regulation approach set out in the Strategic and Operational Plans. Year 2 reflect opportunities of the College to increase the responsibilities and to promote existing staff, key to employee retention and the addition of coordinator staff to support their work. Finally, changes in year 5 reflect the long-term planning horizon and natural changes to staff based on anticipated retirements.

4.3 REGISTRATION AND EXAMINATIONS DIVISION

Responsibilities: This program area of the College oversees the College's registration process and entry-to-practice processes, including examinations. This program conducts the following activities:

- Entry to practice applications and evaluation by the Registration Committee.
- Prior Learning and Recognition Program applications and evaluations.
- Annual renewals of Registrants, name changes, class changes.
- Three entry-to-practice examinations.
- Two post-registration certification examinations.
- Registration and Renewals of Professional Corporations.

Current Complement: The Registration and Examinations Division is overseen by the Director of Registration and Examinations of the College and includes five positions (excluding the Director), three direct reports and two indirect reports.

Lead: Director, Registration & Examinations

Positions: Direct Reports

- Manager, Registration
- Examination Coordinator (2)

Indirect Reports

- Coordinator, Registration (reports to Manager, Registration).
- Coordinator, Entry-to-Practice (reports to Manager, Registration).

Year 1: A new Senior Coordinator, Examinations will be introduced to remove direct delivery responsibilities for the examinations from the Director position.

Year 2: A second Registration Coordinator position will be introduced to provide this area with greater depth.

Year 3: The Senior Coordinator, Examinations position will become Manager, Examinations.

Year 4: No further changes.

Year 5: No further changes.

Commentary: The Director is currently directly responsible for overseeing the delivery of the College's examination program. This detailed operational activity detracts from their ability to work on higher level planning activities more in keeping with the strategic initiatives.

Adding a Senior Coordinator for Examinations in year 1 provides the distance from direct delivery that will enable the Director a consistently broader perspective and reduce the overall workload which is known to be extremely high.

Later changes reflect the on-going growth of work in this area and creating opportunities for existing staff to be retained through promotion.

4.4 OPERATIONS DIVISION

Responsibilities:	This program area of the College oversees the College's finance, administration and human resources functions. It is primarily internally oriented and supports the College overall. Although the Volunteer Program is currently situated within the Executive Offices of the College, it is intended that the entire program will be transitioned in the next fiscal year to this Operations Division.
Current Complement:	The Operations Division is overseen by the Director of Operations of the College and includes two positions (excluding the Director).
Lead:	Director of Operations
Positions:	Direct Reports • Coordinator, Finance. • Coordinator, Administration.
Year 1:	A new Manager of Human Resources position will be introduced to oversee not only all internal human resources activities but the activities within the Volunteer Program and assume the role of Equity, Diversity and Inclusion Officer. The Coordinator of Administration will be transitioned to a Coordinator, Human Resources.
Year 2:	No changes.
Year 3:	A new Manager of Finance will be introduced to remove direct delivery responsibilities for the finance from the Director position.
Year 4:	No changes.
Year 5:	No changes.
Commentary:	The area will have a new HR manager added. This will reduce the workload of the Director of Operations whose role it will be to supervise the HR manager but no longer direct delivery of HR activities. It will also reduce some of the work on the Senior Management Team who are more directly involved in their own HR deliver work. Finally, this role will assume control of the Volunteer program removing that from the CEO who is presently responsible for it. The Year 3 addition is to bring the same structure to the finance size as we are planning for the Human Resource component.

5. FINANCIAL IMPACT

The following is a summary of the salary ranges for the College as of 2023:

Position	Low	High	Estimated Amount
Manager	$72,189	$99,124	$78,000
Senior Coordinator	$61,568	$82,091	$68,000
Coordinator	$53,872	$70,034	$57,000
Admin Assistant	$47,581	$58,154	$52,000

5.1 Year 1 (2023-24)

Positions Added	Positions Removed
• 2 managers • 1 senior coordinator	
Net Difference: +224,000	

5.2 Year 2 (2024-25)

Positions Added	Positions Removed
• 2 senior coordinators • 1 coordinator • $193,000	• Admin Assistant • -$52,000
Net Difference: +141,000	

5.3 Year 3 (2025-26)

Positions Added	Positions Removed
• 3 managers • 1 coordinator • $291,000	• 2 senior coordinators • -$136,000
Net Difference: +155,000	

5.4 Year 4 (2026-27)

Positions Added	Positions Removed
• None	• None
Net Difference: $0	

5.5 Year 5 (2027-28)

Positions Added	Positions Removed
• Reg. Education Specialist (PT)	•

• + $34,000	
Net Difference: +34,000	

In total, the Human Resource Plan for this period anticipates adding $554,000 in salaries to the College's operational budget.

The College of Naturopaths of Ontario

BRIEFING NOTE
Capital and Operating Budgets for 2023-2024

PURPOSE: To discuss and accept the draft Capital and Operating Budgets for the fiscal year April 1, 2023, to March 31, 2024.

OUTCOME Acceptance of both capital and operating budgets for fiscal year April 1, 2023, to March 31, 2024.

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

PROCESS:

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

BACKGROUND:

Each year, the Senior Management Team presents an Operational Plan as well as the Operating and Capital budgets in support of that plan and the on-going infrastructure of the College. This year the Operating and Capital budgets are also supported by the Council's College's new Strategic Plan, which was approved at the end of January 2023.

The draft Capital Budget for 2023-2024, along with two years of estimates, is attached to this briefing note as Appendix 1 for the Council's review and discussion.

The draft Operating Budget for 2023-2024, and two additional years of estimates is attached to this briefing note as Appendix 2 for the Council's review and discussion.

A summary of the Capital and Operating Budgets for 2023-2024 for the current fiscal year are attached to this briefing note as Appendix 3 for the Council's review and discussion.

DISCUSSION POINTS:

Budget Timing

This year with the Strategic Plan being approved by Council in January 2023, the Chief Executive Officer along with the Senior Management Team worked on updating the Operational Plan and developing a Human Resource Plan to compliment the Operational Plan.

This work was completed following the approval of the Strategic Plan with the operating and capital budget being presented in March this year to better align with the new Strategic Objectives established.

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.

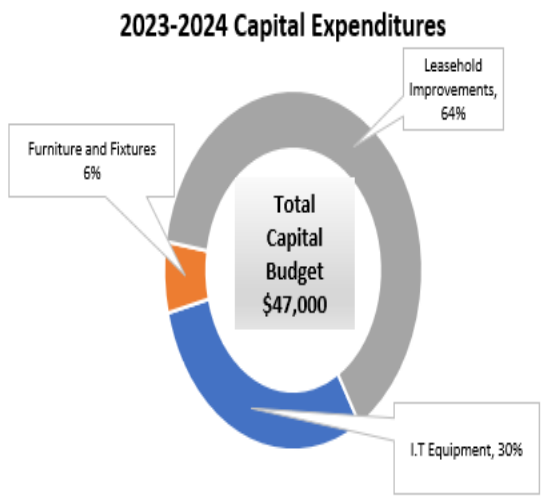
Highlighted in the proposal of the Capital Budget for 2023-2024 is a new line item noted "Leasehold Improvements". This new line item was approved at the July 2022 Council meeting as part of EL05.03 Financial Condition and Activity. Leasehold improvements are an allocation for the purposes of construction and alterations to the physical office space during the term of the lease. With the office relocated there is some minor construction being proposed to the suite to maximize space utilization and add some millwork for storage of basic office and exam supplies.

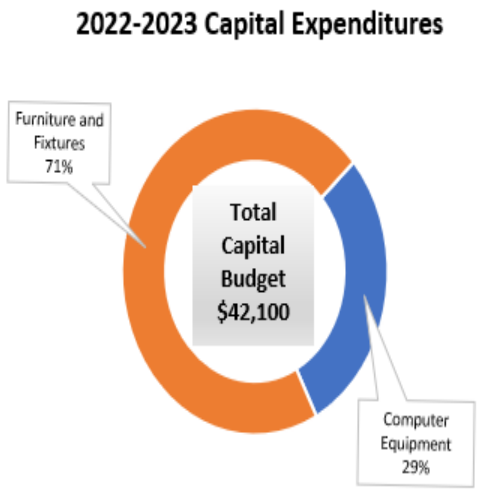
85% of the capital allocation for computer equipment is to support the new Human Resource Plan with the addition of three new staff members in year 1 to compliment the team. The College has a minimal inventory of CPU's and no spare laptops. The remaining 15% is allocated to new IT equipment needed for the boardroom to support interactive meetings.

The allocation for furniture and fixtures is to replace some of the furniture we moved from our old office to our new office to better suit the space. Our existing furniture is oversized for the new space.

In the coming years, the capital budget being proposed is for the procurement of our IT equipment and additional IT equipment to support the Human Resource Plan and to upgrade some of the office seating.

The total Capital Budget (Appendix 1) for 2023-24 is $47,000 which is $4,900 more than was set out last year. This year 64% of the capital budget is being allocated to Leasehold Improvements in lieu of our office move.





Operating Budget

The total draft Operating Budget (Appendix 2) for 2023-2024 is as follows:

Revenue	$3,741,666
Expense	$4,065.651
Net Result	$ (323,985)

The preparation of this year's budget includes a number of new initiatives to align with the new Strategic Objectives including the Regulatory Education Program, Partnership Collaborations and Public Consultations. Additional new initiatives include enhancements to our database to include the Quality Assurance Program and completing the framework of our Risk Program for implementation. This is along with costs that the College will need to incur as a result of government directives introducing an Emergency Class to all Regulators.

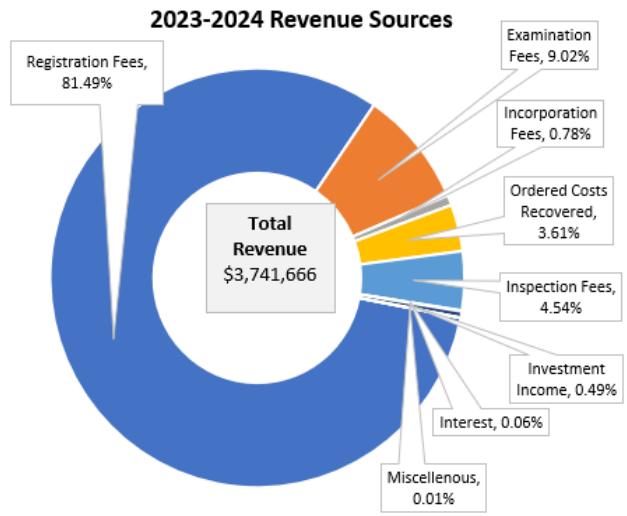
In order to operationalize these new initiatives the College developed a comprehensive Human Resource Plan to ensure it has the resources to be able to deliver them.

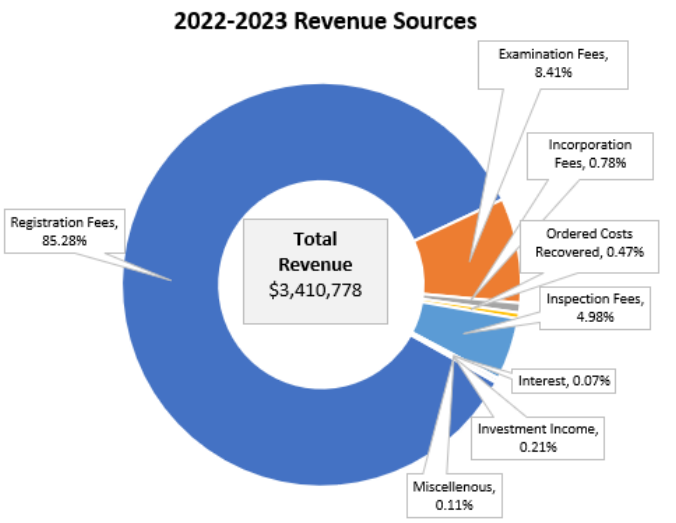
In previous years a deficit was presented in association to projected legal costs for complaints and discipline. The College is now able to better predict costs based on data tracked for contested hearings. This year however, in addition to legal costs the staffing budget has been increased by 5% of the overall expense budget. The staffing budget previously was at 47% of the total operating budget whereas now it is at 52% of the total operating budget. The staffing budget includes both salaries and benefits. Past research by the College has demonstrated that this level is consistent among the health regulatory Colleges given their focus on services rather than products.

Revenues

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

- Registration fees have returned to their normal level, including a CPI increase.
- No fees applied to any Registrant's participating in payment plan, as per recent by-law change.
- Applications for Registration will be as they would normally be on an annual basis, as would the issuance of initial applications.
- Examinations have been increased by 1% of the overall revenue budget. Exams are anticipated to run as normal with the typical number of candidates per session as the College has seen with regularity prior to COVID-19.
- Inspections will be delivered as normal for new premises and the first of the 5-year inspections will be initiated.
- Interest rates on the College's savings account continue to remain low.
- Investment income from the College's Mutual Fund and GIC in anticipated to grow by 20% in comparison to last year.
- Minor growth in professional corporations will continue to grow, but existing corporations will renew.
- DC Ordered Costs is based on the maximum recovery fees the College may claim for a contested and uncontested hearing.
- Miscellaneous income has been significantly declined. This is the line item in which the College previously noted CEWS Subsidies for COVID-19.

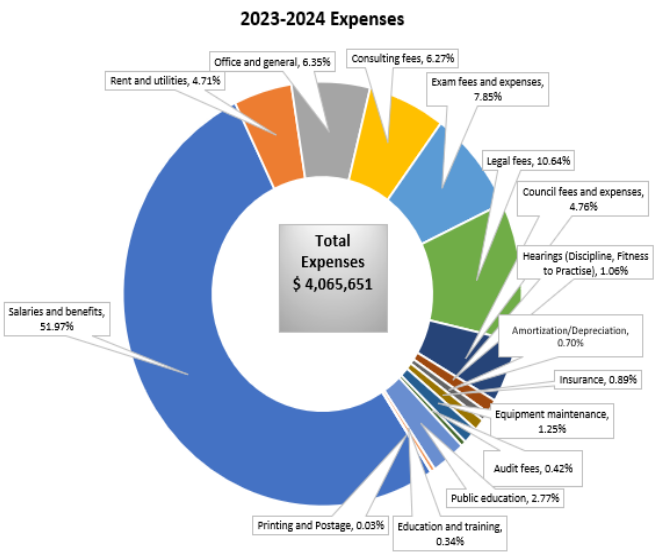


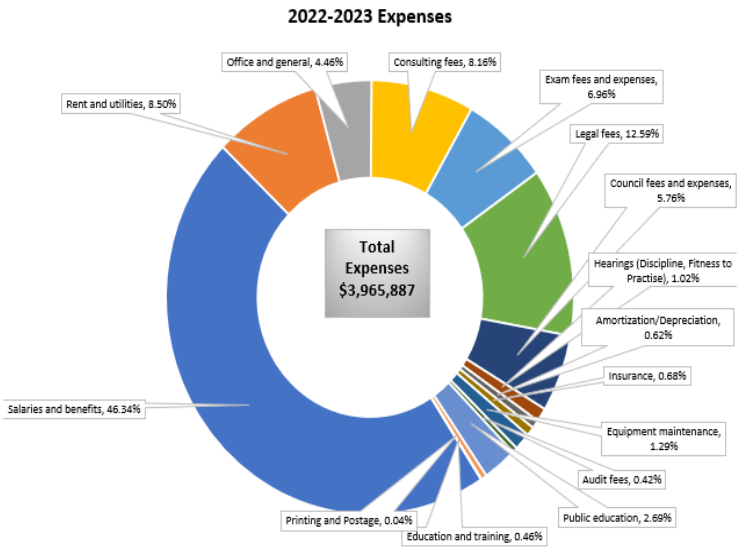


Expenses

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. This has significantly reduced meeting expenses such as travel, accommodations and meals.
- Discipline costs have remained stable from the previous year. This year the College is anticipating three contested hearings.
- In general consulting there has been a decrease of 50% as much of the budget for last year was to support the office relocation.
- Rent costs for this year have also decreased by close to $130,000 per year due to the smaller footprint of our new office space.
- Staff salaries and benefits have been increased by the inflationary factor, however, pay for performance bonus has been reduced by 50% from the previous year. There are also three new roles that have been added as per the Human Resource Plan to our existing staffing compliment. This line item has been increased from previous year by 13%.
- 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 In Conversation With.





Operating Budget and Capital Budget

The total draft Operating Budget with the Capital Budget (Appendix 3) for 2023-2024 is as follows:

Revenue	$3,741,666
Expense (Capital)	$47,000
Expense (Operating)	$4,065,651
Net Result	$ (370,985)

ANALYSIS

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

- Operational (people) - As budgets include salary dollars, there is always a risk that the College is not able to keep up to the compensation levels of the employment market pay and loss of personnel may occur. In addition, with expansion of existing programs and development of new programs, funding concerns arise with the addition of new staff positions to prevent the potential for staff burnout and increased turnover.
- Financial (market) – The interest rates in Canada continue to be unstable and are at a lower rate of return on the College's investments pre COVID-19.
- Financial (credit) - The payment plan makes the College a creditor and subjects the College to a risk of default in payment. The payment plan supported close to 550 Registrants last year and is expected to see similar numbers this year. The role of the College does provide it with sufficient leverage such that there is no history of loss in this regard.
- 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 been high for the last two year with an overall increase of just over 10% to annual fees combined over the last two years.
- Strategic (political) - The political environment continues to have a degree of instability and uncertainty due to staffing shortages in our healthcare system. Initiatives by the

government such as the introduction of an Emergency Class will have an impact on all Regulators.

- 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.

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.
- Timely, accessible and contextual– With the change to the frequency of Council meetings, and the approval of the new Strategic Plan and Operational Plan at its January 2023 meeting, the final proposed budget has 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 by including and aligning with the College's Operating Plan and Strategic Plan thus illustrating that the College is financially responsible.
- The budgets act as whole to support the College's Operating 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, 2023

The College of Naturopaths of Ontario

CAPITAL BUDGET 2023-2024

	2023-24		2024-25		2025-26	
Computer Equipment	**Computer Equiptment:**		**Computer Equiptment:**		**Computer Equiptment:**	
	Laptop (with docking station) - 3	$9,000.00	Laptop (with docking station) - 4	$13,200	Laptop (with docking station) - 3	$ 10,200.00
	CPU Workstations x 2	$3,000.00	CPU Workstations x 2	$ 3,400.00	CPU Workstations x 2	$ 3,800.00
	Boardroom Technology	$2,000.00				
Total Comp Equip	***Total Computer Equiptment***	$14,000.00	***Total Computer Equiptment***	$16,600.00	***Total Computer Equiptment***	$ 14,000.00
Furniture and Fixtures	**Furniture and Fixtures:**		**Furniture and Fixtures:**		**Furniture and Fixtures:**	
	Kitchen Furniture	$3,000.00	Office Chairs-10	$ 12,000.00	Guest/Reception Chairs-6	$ 5,000.00
	Total Furniture and Fixtures	$3,000.00	***Total Furniture and Fixtures***	$12,000.00	***Total Furniture and Fixtures***	$5,000.00
	Leasehold Improvement:	$30,000.00				
	Total Leasehold Improvement	$30,000.00				
Total Furnit. & Fixtures	Total Budget	$47,000.00	Total Budget	$28,600.00	Total Budget	$ 19,000.00
Total Budget						

The College of Naturopaths of Ontario

OPERATING BUDGET

	2023-2024		2024-2025		2025-2026	
	Budget	% of Bud.	Estimate	% of Act.	Estimate	% of Est.
REVENUES						
Registration and member renewal fees	$ 3,049,041	81%	$ 3,240,123	86%	$ 3,447,895	87%
Examination fees	$ 337,625	9%	$ 329,375	9%	$ 329,375	8%
Defferred capital funding	$ -	0%	$ -	0%	$ -	0%
Incorporation fees	$ 29,000	1%	$ 31,400	1%	$ 33,800	1%
Ordered costs recovered	$ 135,000	4%	$ 54,950	1%	$ 57,750	1%
Inspection fees	$ 170,000	5%	$ 90,000	2%	$ 90,000	2%
Interest	$ 2,400	0%	$ 2,600	0%	$ 2,800	0%
Investment Income	$ 18,200	0%	$ 18,200	0%	$ 18,200	0%
Miscellenous	$ 400	0%	$ 400	0%	$ 400	0%
TOTAL REVENUES	$ 3,741,666		$ 3,767,048		$ 3,980,220	
EXPENSES						
Salaries and benefits	$ 2,112,864	52%	$ 2,321,243	57%	$ 2,734,475	61%
Rent and utilities	$ 191,300	5%	$ 207,660	5%	$ 211,080	5%
Office and general	$ 258,173	6%	$ 254,860	6%	$ 266,976	6%
Consulting fees						
Consultants - general	$ 57,750	1%	$ 61,150	1%	$ 22,750	1%
Consultants - complaints and inquiries	$ 132,000	3%	$ 132,000	3%	$ 132,000	3%
Consultants - assessors/inspectors	$ 65,000	2%	$ 68,000	2%	$ 63,000	1%
Exam fees and expenses	$ 319,283	8%	$ 307,667	8%	$ 308,503	7%
Legal fees						
Legal fees - general	$ 28,400	1%	$ 29,820	1%	$ 31,311	1%
Legal fees - complaints	$ 104,000	3%	$ 105,800	3%	$ 107,690	2%
Legal fees - discipline	$ 300,000	7%	$ 126,000	3%	$ 126,000	3%
Council fees and expenses	$ 193,694	5%	$ 171,304	4%	$ 174,228	4%
Hearings (Discipline, Fitness to Practise)	$ 42,945	1%	$ 31,964	1%	$ 23,785	1%
Amortization/Depreciation	$ 28,425	1%	$ 33,950	1%	$ 32,634	1%
Insurance	$ 36,000	1%	$ 37,800	1%	$ 39,690	1%
Equipment maintenance	$ 50,960	1%	$ 53,526	1%	$ 56,201	1%
Audit fees	$ 17,000	0%	$ 17,850	0%	$ 18,743	0%
Public education	$ 112,555	3%	$ 101,354	2%	$ 110,064	2%
Education and training	$ 13,975	0%	$ 13,675	0%	$ 16,975	0%
Postage & Courier	$ 1,327	0%	$ 1,320	0%	$ 1,390	0%
TOTAL EXPENSES	$ 4,065,650		$ 4,076,942		$ 4,477,494	
EXCESS OF REVENUES OVER EXPENSES	$ (323,984)		$ (309,894)		$ (497,274)	

College of Naturopaths of Ontario
2023- 2024 Operaing and Capital Budget

OPERATING			
REVENUE			
	Registration and Member Renewal Fees	$	3,049,041
	Examination Fees	$	337,625
	Defferred Capital Funding	$	-
	Incorporation Fees	$	29,000
	Ordered Costs Recovered	$	135,000
	Inspection Fees	$	170,000
	Interest	$	2,400
	Investment Income	$	18,200
	Miscellenous	$	400
TOTAL REVENUES		$	3,741,666
EXPENSES			
	Salaries and Wages	$	2,112,864
	Rent and Utilities	$	191,300
	Office and general	$	258,173
	Consulting fees	$	254,750
	Exam fees and expenses	$	319,283
	Legal fees	$	432,400
	Council fees and expenses	$	193,694
	Hearings (Discipline, Fitness to Practise)	$	42,945
	Amortization/Depreciation	$	28,425
	Insurance	$	36,000
	Equipment maintenance	$	50,960
	Audit fees	$	17,000
	Public education	$	112,555
	Education and training	$	13,975
	Printing and Postage	$	1,327
TOTAL EXPENSES		$	4,065,651
NET OPERATING SURPLUS/(DEFICIT)		$	(323,985)
CAPITAL EXPENSES			
I.T Equipment		$	14,000
Furniture & Fixtures		$	3,000
Leasehold Improvements		$	30,000
NET CAPTIAL (DEFICIT)		$	(47,000)
NET COLLEGE SURPLUS/(DEFICIT)		$	(370,985)

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 insomuch 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, Meazure 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 Meazure 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 hose 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 2023

The College of Naturopaths of Ontario

Council Meeting
March 29, 2023

Video Conference
APPROVED MINUTES

Council		
Present		**Regrets**
Dr. Jonathan Beatty, ND (4:6)		
Dr. Shelley Burns, ND (6:6) *		
Mr. Dean Catherwood (6:6)		
Mr. Brook Dyson (6:6)		
Ms. Lisa Fenton (6:6)		
Dr. Anna Graczyk, ND (5:6) **		
Ms. Sarah Griffiths-Savolaine (6:6)		
Ms. Tiffany Lloyd (5:6)		
Dr. Denis Marier, ND (6:6)		
Mr. Paul Philion (6:6)		
Dr. Jacob Scheer, ND (6:6)		
Dr. Jordan Sokoloski, ND (6:6)		
Dr. George Tardik, 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, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

*Present until 12:20 p.m.
**Present until 12:07 p.m.

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 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:	Jacob Scheer
SECOND:	Sarah Griffiths-Savolaine
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. Ms. Sarah Griffiths-Savolaine proposed moving Item 8 up in the agenda pending on timing to have all Council members present. In addition, Item 6.04 has been removed from the agenda.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Paul Philion
SECOND:	Anna Graczyk
CARRIED.	

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

Dr. Jonathan Beatty, ND, advised the Chair he has completed the Form and has no conflicts to declare.

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:	George Tardik
SECOND:	Lisa Fenton
CARRIED.	

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

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Paul Philion
SECOND:	Tiffany Lloyd
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3
A Variance Report and the Unaudited Financial statements ending December 31, 2022 (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:	Anna Graczyk
SECOND:	Jacob Scheer
CARRIED.	

4.04 College Performance Measure Framework Report (CPMF)
Mr. Parr reviewed in detail the CPMF Report 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 of the College of Naturopaths of Ontario as presented.
MOVED:	Jonathan Beatty
SECOND:	Shelley Burns
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 (Part 2) Policies
Council members were asked if there were any members who wished to discuss the Governance Process (Part 2) Policies. The Chair provided a detailed overview of the amendments being presented on behalf of the Governance Policy Review Committee as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	George Tardik
SECOND:	Paul Philion
CARRIED.	

5.03 Policy Review – Governance Process Policies 15 & 16
The Chair provided a detailed overview of the amendments being presented on behalf of the Governance Policy Review Committee as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

At the conclusion of the discussion, the Council agreed that going forward their evaluation process outlined within GP16 would occur every second year after this fiscal year.

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

6. Business
6.01 Annual Operational Plan 2023-2027 Fiscal Years
A comprehensive Briefing Note and the Operational Plan document 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 2023 - 2024. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Operational Plan for 2023-2027 as presented.
MOVED:	Paul Philion
SECOND:	George Tardik
CARRIED.	

6.02 Annual Capital and Operating Budgets 2023-2024 Fiscal Year
A detailed Briefing Note and the draft 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 2023-2024 as presented.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Shelley Burns
CARRIED.	

6.03 Emergency Class – Registration Regulation Amendments
A Briefing Note and corresponding documentation highlighting the amendments to the Emergency Class – Registration Regulation was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the Emergency Class – Registration Regulation amendments as presented.			
MOVED:	Denis Marier			
SECOND:	Paul Philion			
IN FAVOUR	Public Members	6 (out of 6)	Professional Members*	5 (out of 5)
OPPOSED	Public Members	0 (out of 6)	Professional Members	0 (out of 5)
CARRIED.				

*Dr. Shelley Burns, ND and Dr. Anna Graczyk, ND were not present during this discussion and motion.

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, provided a detailed overview of the program and the processes within the program that the College follows and responded to any questions that arose during the discussion.

The Chair thanked Ms. Laugalys for presenting the Program to 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 11:45 a.m.

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

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

10. Meeting Evaluation and Next Meeting
10.01 Evaluation
The Chair advised the Council members that 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 31, 2023.

10. Adjournment
10.01 Motion to Adjourn
The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 1:11 p.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Tiffany Lloyd

Recorded by: Monika Zingaro
Administration Coordinator
March 29, 2023

Approved: May 31, 2023