



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #28

Draft Agenda

Date: March 30, 2022 (2021/22-06)

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

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #28
March 30, 2022
9:15 a.m. to 12:15 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			-- K. Bretz
	1.02	Discussion	Meeting Norms			4-6 K. Bretz
	1.03	Discussion	"High Five" – Process for identifying consensus			7 K. Bretz
2	Consent Agenda ¹					
	2.01	Approval	i.	Draft Minutes of January 26, 2022	8-14	K. Bretz
			ii.	Draft In-Camera Minutes of January 26, 2022	15-16	
			iii.	Committee Reports	17-32	
			iiii.	Information Items	33-78	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda			3 K. Bretz
	3.02	Discussion	Declarations of Conflict of Interest			79-81 K. Bretz
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair			82 K. Bretz
	4.02	Acceptance	Report on Regulatory Operations			83-87 A. Parr
	4.03	Acceptance	Q3 Unaudited Statements and Variance Report			88-97 A. Kupny
	4.04	Approval	College Performance Measure Framework Report			98-231 A. Parr
5	Council Governance Policy Confirmation					
	5.01	Discussion	Review/Issues Arising			-- B. Lessard-Rhead
			i.	Ends Policies		
			ii.	Council-CEO Linkage Policies		
			iii.	Executive Limitations		
	5.02	Decision	Detailed Review Governance Process Policies (Part 1)			232-234
6	Regular Business					
	6.01	Approval	BME Blueprint - Proposed Amendments			235-246 D. O'Connor
	6.02	Approval	CSE Blueprint - Proposed Amendments			235-237/247-250 D. O'Connor
	6.03	Approval	Alternative Documentation - New Policy			251-256 D. O'Connor
	6.04	Approval	Proof of Identity Policy - Proposed Amendments			257-262 D. O'Connor
	6.05	Acceptance	Annual Operational Plan			263-301 A. Parr
	6.06	Acceptance	Annual Capital and Operating Budgets			302-311 A. Kupny
	6.07	Information	Council and Committee Evaluation			-- S. Verrecchia
7	Council Education					
	7.01	Information	Program Briefing – Examinations Program			312-315 E. Laugalys
8	In Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)					
	8.01	Approval	Move to In-camera			-- K. Bretz
	8.02	Approval	CEO Annual Inflationary Salary Adjustment			316-362 K. Bretz
9	Other Business					
	9.01	Discussion	"So long, farewell, auf Wiedersehen, adieu."			-- A. Parr
10	Evaluation and Next Meeting					
	10.01	Discussion	Meeting Evaluation			On-line K. Bretz
	10.02	Discussion	Next Meeting – May 25, 2022			-- K. Bretz
11	Adjournment					
	11.01	Decision	Motion to Adjourn			-- K. Bretz

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

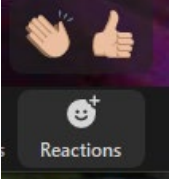
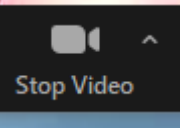
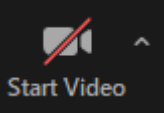
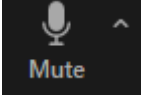
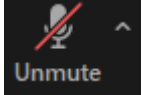
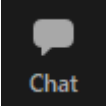
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

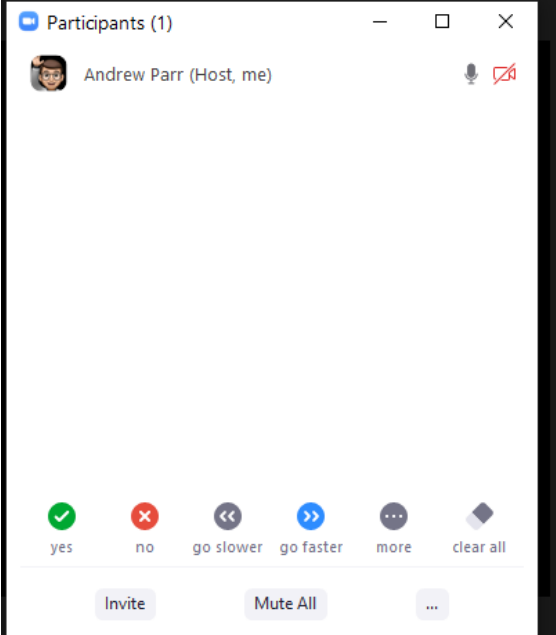
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

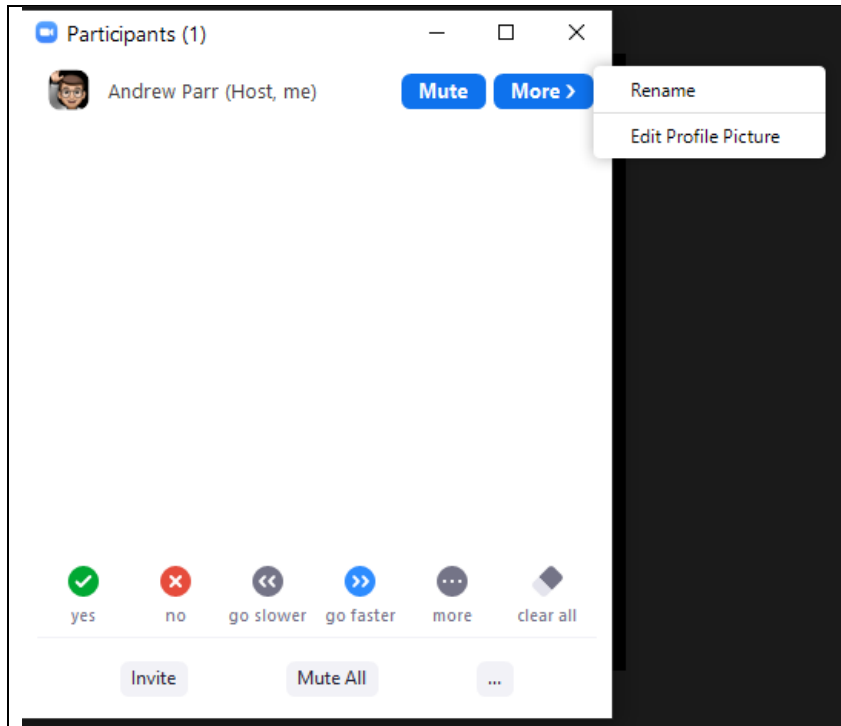
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom application window titled "Participants (1)". Inside the window, there is a list of participants. The first participant is "Andrew Parr (Host, me)". To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there is a row of icons with labels: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three dots icon labeled "more", and a trash can icon labeled "clear all". At the bottom of the window, there are three buttons: "Invite", "Mute All", and a three dots icon.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
January 26, 2022**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (3:5)		Dr. Jonathan Beatty, ND (3:5)
Dr. Kim Bretz, ND (4:5)		
Dr. Shelley Burns, ND (5:5)		
Mr. Dean Catherwood (5:5)		
Mr. Brook Dyson (5:5)		
Ms. Lisa Fenton (5:5)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (5:5)		
Mr. Paul Phillion (4:4)		
Ms. Sarah Griffiths-Savolaine (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. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Richard Steinecke, Legal Counsel		

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:19 a.m. She welcomed everyone to the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	George Tardik
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the Agenda. There were none. However, the Chair noted that Agenda Item 8 will be moved to after the Council Education portion of the meeting.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Paul Phillion
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. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair.
MOVED:	Shelley Burns
SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Regulatory Operations from the 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:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

5. Council Education

5.01 Program Briefing – Registration Program

A Briefing Note highlighting the Registration Program was circulated in advance of the meeting. Ms. Erica Laugalys, Director, Registration & Examinations provided an overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

5.02 Enterprise Risk Management Framework Presentation

The Chair welcomed Mr. Richard Steinecke, from Steinecke, Maciura, LeBlanc, to the meeting to present on the topic of Enterprise Risk Management (ERM). Mr. Steinecke provided the Council with an interactive review of the topic which included case studies as further explanations in relation the concepts being described and encouraged participation using Zoom Polls and dialogue throughout the presentation. He responded to any questions and provided any clarification throughout the discussion.

The Chair thanked Mr. Steinecke for his presentation to Council.

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Detailed Review – Ends Policies

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

6.01(ii) Governance Process Policies

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

6.01(iii) Executive Limitations Policies

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

6.02 Detailed Review (as per GP08) – Council-CEO Linkage Policies

Council members were asked if there were any members who wished to discuss the Council-CEO Linkage Policies. Dr. Brenda Lessard-Rhead, ND (Inactive), Chair of the Governance Policy Review Committee (GPRC), provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to the Council-CEO Linkage Policies as presented.
MOVED:	George Tardik
SECOND:	Lisa Fenton
CARRIED.	

7. Business

7.01 Enterprise Risk Management (ERM)

Mr. Parr provided a quick overview of the newly drafted program and corresponding policies and Committee's Terms of Reference as an encapsulation to the earlier presentation by Mr. Richard Steinecke and responded to any questions that arose.

7.01(i) GP32 – ERM Policy

Dr. Brenda Lessard-Rhead, ND (Inactive), provided a detailed overview of the newly drafted policy being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve GP32 – Enterprise Risk Management Policy as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

7.01(ii) CC09 – Risk Committee – Terms of Reference

Dr. Brenda Lessard-Rhead, ND (Inactive), provided a detailed overview of the newly drafted Terms of Reference for the Risk Committee as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve to approve CC09 - Risk Committee's Terms of Reference as amended.
MOVED:	George Tardik
SECOND:	Shelley Burns
CARRIED.	

7.01(iii) ERM Program (Operating Policy)

Mr. Parr advised the Council members that the ERM Program Policy is an Operating policy that is currently going through the College's internal approval process before being presented to the College's Senior Management Team for approval and implementation. Thus, this policy has been included within the Council's meeting materials as an informational document. He welcomed Council members to e-mail him with any of their comments, feedback or questions.

7.02 Review of College Reserves & Registrant Fees

A Briefing Note highlighting the College Reserves and Registrant Fees was circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a detailed overview and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendation to defer the College's financial review until one more full accounting cycle under normal circumstances.
MOVED:	Dean Catherwood
SECOND:	Brenda Lessard-Rhead
CARRIED.	

7.03 Capital and Operating Budget Consultation

A Briefing Note highlighting the draft Capital and Operating Budgets for fiscal year 2022-2023 was circulated in advance of the meeting. Ms. Kupny provided a detailed overview of each budget and reminded the Council this is an initial review of the budgets for feedback and clarification. She responded to any questions that arose during the discussion.

The final Capital and Operating Budgets will be presented to Council at their March meeting for acceptance.

7.04 Committee Appointment

A Briefing Note listing the Governance Committee's recommendations for the appointment of Dr. Amber Vance, ND (Inactive)¹, to the Inquiries, Complaints and Reports Committee as well as the Governance Committee was circulated in advance of the meeting. Mr. Parr, on behalf of Dr. Gudrun Welder, ND, Governance Committee Chair, presented the Committee's recommendations to the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Governance Committee's recommendation and thereby appoint Dr. Amber Vance, ND (Inactive), to the Inquiries, Complaints and Reports Committee as well as the Governance Committee.
MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:51 a.m.

¹ It is noted that Dr. Amber Vance, ND has completed the process of moving to the General Class just prior to this meeting and therefore is no longer required to use "Inactive" as a part of her title.

MOTION:	That the Council moves to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code so that it may discuss personnel matters relating to the CEO.
MOVED:	Paul Phillion
SECOND:	Jordan Sokoloski
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 within the chat feature via Zoom for each member to copy and paste into a web browser to complete an evaluation form immediately following the end of the meeting.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for March 30, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:38 p.m.

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

Recorded by: Monika Zingaro
Administration Coordinator
January 26, 2022



The College of Naturopaths of Ontario

Action Items List
Council Meeting of January 26, 2022
Meeting No. 27

Item #	Item	Description	Status
27.01	Council-CEO Linkage Policies	Update the linkage policies as amended and upload to Smartsheet and to college website.	Completed
27.02	ERM Policy	Upload the approved ERM policy GP32 to Smartsheet and to college website.	Completed
27.03	Risk Committee	Upload the approved terms of reference for the Risk Committee to Smartsheet and to college website.	Completed
27.04	Committee Appointment	Inform Amber Vance of her appointment to the ICRC and Governance Committees.	Completed



The College of Naturopaths of Ontario

Minutes Redacted

The Council moved to an in-camera session to discuss materials pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*. The minutes of that portion of the meeting are also protected under the same authority and have therefore been redacted from the Council meeting materials being disclosed.



The College of Naturopaths of Ontario

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 30, 2022

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit Committee.
2. 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.



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT

March 2022

For the reporting period of January 1, 2022, to February 28, 2022 the Audit Committee was not required to undertake any activities, and therefore did not convene.

Dr. Elena Rossi, ND
Chair
March 8, 2022.



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE
(January 1 - February 28, 2022)

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review. The Exam Appeals Committee did not meet in this reporting period.

Rick Olazabal, ND (Inactive)
Chair
Exam Appeals Committee
March 17, 2022



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

March 2022

This serves as the Chair report of the Executive Committee for the period January 1, 2022, to February 28, 2022.

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

Dr. Kim Bretz, ND
Council Chair
March 2022



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

March 2022

Between January 1, 2022 and February 28, 2022, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 13th and February 3rd.

January 13, 2022: 13 matters were reviewed, ICRC members drafted 6 reports for ongoing investigations, and approved 5 Decision and Reasons.

February 3, 2022: 11 matters were reviewed. ICRC members approved 6 Decisions and Reasons, drafted 2 reports and delivered 1 oral caution.

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

Dr. Erin Psota, ND
Chair
March 16th, 2022



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT
March 2022

During the reporting period of January 1, 2022 – February 28, 2022, the Governance Committee did not meet.

The Committee expects to meet March 8, 2022.

Thank you,

Dr. Gudrun Welder, ND
Chair
March 2022



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

January 1, 2022 – February 28, 2022

Since the date of the last report, the Patient Relations Committee (PRC) had one meeting scheduled but cancelled due to lack of agenda items.

Ongoing Issues/Topics for Discussion

Funding for Therapy and Counselling

Since the date of the last report, there are five active files with a total of \$25,829.80 of funding accessed with a total of \$1,905 being accessed since the last report.

Next Meeting Date

The Committee's next meeting is scheduled for May 11, 2022

Sam Laldin
Chair
March 2022



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT March 2022

Meetings and Attendance

Since the date of our last report to Council in early January, the Quality Assurance Committee has met on two occasions via teleconference, on January 18th and February 22nd, respectively. No concerns regarding quorum were experienced.

Activities Undertaken

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

Additionally at its **January** meeting, the Committee was given a presentation on its annual committee evaluation by Sandi Verrecchia from Satori Consulting. While the results were generally quite positive, the Committee discussed areas that could be improved to further enhance the work of the Committee going forward.

At its **February** meeting, the Committee received an update from staff on the amended CE Reporting Requirements that had been introduced since 2020 due to COVID19 and determined that it would consider whether to continue with the amended CE requirements or return to the original requirements, at its next meeting.

Additionally, the Committee was updated by staff on the implementation status of the Peer and Practice Assessment component of the Quality Assurance Program for the 2021/22 cycle.

Finally, the Committee considered a request from a Registrant to use courses taken as part of a SCERP (Specific Continuing Education Remediation Program) for meeting their CE requirements.

The Committee identified that this was a gap in its program policies and amended the Quality Assurance Program Policies to include the fact that courses and/ or activities undertaken as the result of ICRC or Discipline Committee- ordered remediation programs will not qualify for CE credits.

Next Meeting Date

March 22, 2022.

Respectfully submitted by:
Barry Sullivan, Chair,
March 10, 2022.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (March 2022)

At the time of this report, the Registration Committee met on January 19th and February 16th.

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 set plans of remediation related to the Ontario Biomedical examination (for entry-to-practise) and the Ontario Prescribing and Therapeutics examination (for meeting the post-registration Standard of Practise for Prescribing).

Referred Applications for Registration

The Committee reviewed applications for registration referred under section 3(2) of the Registration Regulation, related to an applicant's previous conduct raising reasonable doubt as to their ability to practise safely and professionally.

Class Change from Inactive to General

The Committee reviewed a class change application for an applicant over 2 years to determine any atrophy of skill or knowledge that had to be remediated prior to approval of the class change.

Exam Blueprint Amendments

The Committee reviewed and approved amendments made to the blueprints for the Ontario Biomedical exam and Ontario Clinical Sciences exam.

Policy Review

The Committee reviewed and approved a new Alternative Documentation policy to support the assessment of substantial equivalency through PLAR program, and reviewed and approved amendments to the Proof of Identity policy and Registration policy.

Danielle O'Connor, ND
Chair
Registration Committee
March 10, 2022



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

January 1, 2022 – February 28, 2022

During the reporting period the SSRC did not meet.

The Committee finalized a draft list of diseases, disorders and dysfunctions in order to assist in the further defining of the scope of practice, as tasked by the Council. The Committee initiated consultation on the materials in order to identify diseases, disorders and dysfunctions that may be missing for the committee's review.

The goal of further determining the scope of practice using diseases, disorders and dysfunctions was to identify gaps whereby the profession has the knowledge and ability to treat but does not have access to the necessary drugs, labs and resources in order to ensure safe, competent and ethical care. These gaps would provide the foundation and rationale for future access to drugs and laboratory testing.

The Committee is next scheduled to meet on March 28, 2022 to review the feedback from the public consultation.

Respectfully submitted by

Dr. George Tardik, ND
Chair
March 2022



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

March 2022

The Discipline Committee (DC) is independent of Council and therefore has no obligation to submit bimonthly reports addressing Committee matters. 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 2022 to 28 February 2022 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 sessions are also reported.

Discipline Hearings

No hearings were conducted during the reporting period.

New Referrals

There were no new referrals were made to the DC during this period.

Committee Meetings and Training

The Committee as a whole met on 25 January to undergo a training session on executing the role of the Chair of a Discipline Panel. The intention of the training was to give Committee members more confidence to chair a panel for both contested and uncontested matters. This is especially important given that the number of referrals to the DC is anticipated to increase in the near term. The session was facilitated by Lonny Rosen and Elyse Sunshine of Rosen Sunshine LLP, the Independent Legal Counsel to the DC. The session was well attended by the Committee and feedback was positive.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair

11 March 2022



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **January – February 2022**

Committee Update

Since the last update to Council, the Inspection Committee had one teleconference meeting on January 20th, 2022.

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 6 locations.

The outcomes were as follows:

- Part I
 - 1 Pass with 1 Condition, and 7 Recommendations
- Part II
 - 5 Passes with 5 Conditions, and 33 Recommendations
- Fail
 - 0
- Ratified Outcome for a Committee decision made previously by email.
 - Pass for 1 location

Inspection Final Outcomes in Response to Submissions Received for premises that received a pass with conditions.

- There were 2 submissions, both premises received a final outcome of a Pass

Type 1 Occurrence Reports

There was one Type 1 Occurrence reported during this period. The report was due to a patient being referred to emergency services within 5 days of receiving IVIT. The Committee determined that there was no further action required.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

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Closing Remarks

This year will be the start of the second round of inspections on existing premises. We look forward to our inspections highlighting the continued diligence and safety of our Naturopathic IVIT practitioners and hope for a healthy and positive year.

Best of health,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
March 22, 2022



The College of Naturopaths of Ontario

**Governance Policy Review Committee
Bi-Monthly Report
March 2022**

Meetings and Attendance

The Governance Policy Review Committee met on one occasion between January 1 and February 28, 2022, via videoconference, on January 5 2022. Attendance was good with no concerns regarding quorum experienced.

Activities Undertaken

At its **January** meeting, the Committee reviewed and discussed three new Governance Process Policies, specifically GP32 (Enterprise Risk Management), CC09 (Risk Committee Terms of Reference) and the Enterprise Risk Management Program Operating Policy. Proposed amendments were examined, and these policies were subsequently brought forward to Council for approval at the January 26 Council meeting.

As part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed the Council-CEO Linkage Policies (CCL01-CCL03). No Council member feedback was received with respect to these policies. The proposed amendments suggested by the Committee members were submitted to Council for review and approval at their January 26 meeting.

The Committee also reviewed and made suggestions for their Planning Cycle schedule for 2022.

Issues

No issues noted.

Next Meeting Date

March 1, 2022

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)
Chair
March 16, 2022



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

January 1, 2022 – February 28, 2022

During the reporting period the Standards Committee had one meeting with all but one professional member attending. The Committee undertook an initial review of the specific wording, layout and intent of several Standards of Practice, specifically related to controlled acts. The Committee provided feedback and guidance to staff on re-wording and re-drafting for review at its next meeting in March.

Respectfully submitted

Dr. Elena Rossi, ND
Chair
March 2022



The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

March 2022

For the reporting period of January 1, 2022 to February 28, 2022 the Equity, Diversity and Inclusion Committee (EDIC) did not convene a meeting.

Dr. Jamuna Kai, ND

Chair

March 2022.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 30, 2022

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. 263,264)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (Jan and Feb 2022)	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
		<i>Understanding the Public Interest, Understanding the Rush Analysis Terminology and Understanding Transparency.</i>
4.	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from the January 2022 Council meeting.
5.	Correspondence – Re; MOH	Communications received from Health Professional Regulators of Ontario regarding the oversight of traditional Chinese medicine practitioners and acupuncturists in Ontario via letter from the Ministry of Health.
6.	Citizen Advisory Group (CAG)	The Spring 2022 newsletter from CAG released quarterly.

A New Approach by Regulators to Intimate Partner Violence?

by Erica Richler
February 2022 - No. 263

The way in which regulators respond to sexual abuse of clients has evolved over the years. A traditional approach viewing the conduct as unbecoming evolved into a new approach viewing the conduct as a fundamental abuse of power and trust.

The evolving understanding of how regulators should respond to intimate partner violence by practitioners is on the cusp of a rethink.

The Recent Approach

The recent response by professional regulators to intimate partner violence has been an increasing concern that the conduct is highly unethical and brings the profession into disrepute. Thus, even though the conduct usually occurs outside of the practice of the profession, a meaningful response is called for. A recent example where this approach was taken, perhaps with more force than in the past, is found in *Kang (Re)*, 2021 LSBC 23 (CanLII), <https://canlii.ca/t/jq7ff>. In that case the practitioner disagreed with the characterization that the behaviour was “criminal and violent conduct” because the criminal charges were stayed in the face of a peace bond, which was protective in nature. The tribunal said:

The conduct in question is the Respondent’s actions in forcefully grabbing AB’s arms and legs and striking AB in the back of the head two or three times. This Panel characterizes this conduct as intimate partner violence.

Canadian courts have censured intimate partner violence, noting that it occurs in the privacy of one’s home, where one expects to

be safe and often away from the assistance of the public (see for example, *R. v. Donnelly*, 2010 BCSC 1786 at paras. 28 and 29). The seriousness of such acts is also reflected in legislation, for example, s. 718.2(a)(ii) of the *Criminal Code*, which mandates that abusing an intimate partner is an aggravating factor on sentence.

This Panel has no hesitation in finding that, in participating in an act of intimate partner violence, the Respondent engaged in conduct unbecoming the profession.

Given a number of mitigating factors in that case, the tribunal found that a two-month suspension was fair and reasonable.

However, other discipline cases involving intimate partner violence have resulted in only a fine: *Clarke (Re)*, 2021 LSBC 39 (CanLII), <https://canlii.ca/t/jjkfk>.

Under this recent approach, in addition to disavowing the conduct, the regulator also wishes to ensure that the conduct does not replicate itself in the practice of the profession. As such, courses and therapy may be added to deterrence sanctions in order to protect clients and colleagues from future harm.

For example, in *Law Society of Ontario v. Al Zahid*, 2021 ONLSTH 89 (CanLII), <https://canlii.ca/t/jqlpn> the practitioner had been convicted of criminal harassment for repeated communications and threats trying to persuade his former intimate partner to obtain an abortion. The threats included providing copies of recordings of intimate acts with a threat to use them to further harass the former intimate partner. In that case, the tribunal imposed a reprimand plus a requirement to continue in treatment for his behaviour.

In a case involving a health profession, *Ontario (College of Physicians and Surgeons of Ontario) v. Mukherjee*, 2019 ONCPSD 16 (CanLII),

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

<https://canlii.ca/t/hzwcc> the practitioner broke a door into the intimate partner's residence, deliberately drove into her car and sent death threats by text message. The tribunal concluded:

Dr. Mukherjee exploited the power imbalance in his relationship with Ms. B, an intimate partner and employee, by threatening to withdraw the monetary support he was providing her. He did so in a manner that was aggressive and violent, leading to criminal convictions.

The penalty reflects the Committee's and public's expectation that physicians lead by example, including in matters of intimate partner violence and abuse. The six-month suspension and reprimand will serve as deterrents to Dr. Mukherjee and the profession, and send a strong message that such conduct will not be tolerated. Instruction in anger management will provide for Dr. Mukherjee's further rehabilitation. The six month suspension and instruction in anger management also satisfy the need to protect the public, which remains a paramount principle in determining an appropriate penalty.

The six-month suspension in that case indicates the increasing seriousness with which such conduct is being treated by some regulators.

Perhaps a case demonstrating the transition to the new approach is *Ontario (College of Physicians and Surgeons of Ontario) v. Dhanoa*, 2020 ONCPSD 28 (CanLII), <https://canlii.ca/t/j8dzd>. Part of the allegations related to making death threats and illegal possession of a knife "in a family setting". There were also concerns about substance abuse, for which the practitioner was being treated, and failing to disclose the charges and findings. In imposing a five-month suspension and professionalism courses, the tribunal said:

Aggravating factors include that violence was a component of the criminal conviction. Dr. Dhanoa was convicted of assault and given a conditional sentence and probation. The assault occurred in a family setting, which was particularly egregious. The fact that this was male violence against a female augments the egregiousness of the misconduct. As a physician, Dr. Dhanoa may be called upon to treat patients who have been subjected to domestic assault. He needs to be approachable and open to doing that. A conviction of this sort does not inspire confidence that he will fulfill his duty in that regard.

The case is significant for explicitly recognizing both the frequent gender dynamics of the conduct and the impact of the conduct on future patients who have experienced intimate partner violence, albeit as aggravating factors on sanction.

An Emerging New Approach?

In *B.M.D. et al. v. HMTQ*, 2021 ONSC 5938 (CanLII), <https://canlii.ca/t/jhz3p> a practitioner was charged and then pleaded guilty criminally to offences that involved intimate partner violence. The regulator was required by legislation to post the charges and, later, the findings, on the public register. The issue was whether the summary of the charges and findings should mention that they involved intimate partner violence. Even without using the intimate partner's name, many people would be able to identify her. The intimate partner filed an affidavit identifying the harm that she would experience if the posting mentioned the subject of the findings as being related to intimate partner violence.

Ultimately the Court concluded that the information should be posted and that the posting should refer to intimate partner violence:

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

I have concluded that the countervailing public interest in the College investigating and reporting on the criminal actions of one of its professional members outweighs [the intimate partner's] privacy interests. Further, I accept that the physician's commission of an intimate partner assault would be an important matter for his current patients and any potential patients to know about in choosing whether to accept him as their medical treatment provider. Such a choice is intimate to each person. Sadly, too many of a physician's patients may themselves be victims of intimate partner violence. Those individuals, if armed with information that their doctor had committed such an offence, should be afforded an opportunity to choose not to be treated by that physician."

The reasoning in this case suggests that a regulator's function when dealing with intimate violence goes beyond disavowing the conduct, protecting the reputation of the profession, and preventing the conduct from encroaching into the practice context. The regulator also has an ongoing obligation to recognize the harm that can occur to clients and colleagues of the practitioner. Clients and colleagues who have experienced intimate partner violence should have the choice of avoiding dealing with a practitioner with a history of such conduct. Clients and colleagues who share their history of intimate partner violence with a practitioner may legitimately feel that their trust has been violated if they later learn that the practitioner has a history of that very behaviour.

The implications of this new approach remain to be developed. Are all professions equally affected, or is this new approach primarily applicable to professions in which disclosure of intimate partner violence may

be anticipated in the course of the professional relationship?¹ Will this approach result in more frequent disqualification from the profession like there is for frank acts of sexual abuse? How meaningful is the distinction between intimate partner violence involving touching compared to conduct that does not involve touching (like there often is for sexual abuse)? How relevant is the distinction between clients and non-clients (like there sometimes is for sexual abuse)? Will there be an assumption of vulnerability on the part of the recipient of the violence (as there is for sexual abuse) or will the vulnerability have to be proved on a case-by-case basis?

Finally, will a full implementation of the new approach require practitioners to notify, proactively, future employers, colleagues and clients of their history of intimate partner violence?

While not specifically related to professional regulation, the federal House of Commons Standing Committee on the Status of Women is currently studying the issue of intimate partner and domestic violence in Canada and will release a report with recommendations.

This is an important area for regulators of professions to monitor carefully.

¹ For example, lawyers practising family law are expected to screen for family violence with their clients.

External Review of Regulators by the Auditor General

by Natasha Danson
March 2022 - No. 264

There are proposals circulating that will expand the mandate of the Auditor General of Ontario to include auditing self-governing professions. It appears that such reviews will not be limited to the financial integrity of regulators. Given the recent audits of other arms-length regulators of professions and industries, the scope of those reviews will extend to questioning the regulatory approaches and philosophies of regulators.

Five of the more recent reviews by the Auditor General for non-government regulators have been for the following regulators:

- Ontario Motor Vehicle Industry Council
- Ontario Securities Commission
- Alcohol and Gaming Commission of Ontario
- Bereavement Authority of Ontario
- Electrical Safety Authority

By analyzing these reports one can obtain a sense of how the Auditor General perceives its role in such reviews.

Some aspects of those reports deal, as expected, with financial revenue and spending issues, including:

- The accumulation of large surpluses rather than using the resources to enhance regulation;
- Whether appropriate investment strategies were used for surplus funds;
- Whether the regulator's meal and hospitality reimbursement policy was appropriate;
- Compensation levels for staff compared to other regulators; and
- The percentage of compensation fund claims recovered from the offending registrants.

However, many aspects of those reports contain a much broader analysis of the regulators, including policy preferences for the approaches and philosophies of regulators. For example, below is a partial list of the points of scrutiny by the Auditor General.

Inspections and Related Compliance Monitoring

- The number of inspections, etc., conducted, including comparison to past years;
- The use of checklists for inspections, etc., and whether those checklists were made public so that practitioners and the public could better understand the expectations of the regulator;
- Public reporting of inspections, etc., and the accuracy of those public reports;
- The use of risk analysis and selection criteria for scheduling inspections, etc.;
- The necessity of inspections, etc., conducted;
- Whether inspections, etc., could be effectively and safely done remotely;
- The frequency of follow-up inspections, etc., where violations were found and whether they were prioritized on the basis of risk;
- Whether inspectors and enforcement staff were rotated so that they would not repeatedly be in contact with the same registrants;
- Whether regulators used "undercover investigators" or "mystery shoppers" to monitor compliance with the rules by registrants;
- Whether regulatory activities were coordinated with other regulators with overlapping mandates;
- The adequacy of information technology and analytical tools to monitor regulatory performance and to identify patterns of concerns within the profession or industry;
- Whether the regulator monitors the length of time to complete inspections, etc., and whether those timeframes are reasonable;

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- Whether the difference in enforcement action rates among enforcement staff was reasonable; and
- The rate of enforcement action flowing from complaints and the criteria used for evaluating complaints.

Governance

- The percentage of Board members who are from the regulated profession or industry;
- Whether there were term limits for Board members;
- The adequacy and completeness of the performance indicators and targets for the regulator;
- The length of time it took for the regulator to develop and implement key policy changes.

Registration

- The percentage of applicants for registration processed within the target timelines;
- The appropriateness of the registration criteria for applicants (e.g., financial responsibility);
- Whether the regulator follows up quickly with registrants who file incomplete information with their renewal applications;
- Whether the regulator follows up on practitioners who do not renew their registration to ensure that they are not acting illegally; and
- Whether the regulator effectively deters illegal practice by checking advertising and posing as consumers to see the prevalence of illegal practice.

CPD and Quality Assurance

- Whether registrants are required to complete continuing professional development in order to renew their registration.

Public Awareness Activities

- Consumer awareness of their rights and whether the regulator publishes the results of surveys measuring consumer awareness;
- Whether the regulator answers technical questions or has a meaningful way for members of the public to obtain answers to those questions; and
- Whether prices for similar services charged by practitioners was within a reasonable range.

Legislation and Government Role

- The appropriateness of the limits on the compensation fund criteria established in the legislation;
- Whether practitioners should be required to post specified consumer information (e.g., prices for services) online;
- The lack of Ministry oversight related to governance concerns within a regulator;
- Whether the legislation permits the regulator to issue “tickets” and administrative monetary penalties;
- Whether the regulator should be regulating additional categories of practitioners or transactions; and
- Whether the regulator was consulted by government on policy issues or pandemic strategies in which the regulator had expertise.

This broader mandate for the Auditor General is justified under the “value for money” principle, despite the fact that most of these regulators do not receive public funds. As the Auditor General frequently conducts follow up reviews to ascertain whether its recommendations were implemented, these reports can have a significant impact on the future priorities of the regulators subject to the reviews.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Commentary

<https://www.auditor.on.ca/>.

While one can see the value in holding regulators accountable, a number of questions arise as to the appropriateness of using the Auditor General to assume this role. Does the Auditor General have the expertise to assess these matters? Is it fair to assess a regulator on criteria that are not established in advance? Are the assumptions behind the Auditor General's assessment valid (e.g., Should the regulator be the source of casual advice for members of the public as to the content of technical standards? Should the regulator directly address prices charged by practitioners?)?

Will these reports have the effect diminishing the role of a regulator's Board setting regulatory priorities (e.g., a shift from "right-touch regulation" principles to ticking off timely follow-up boxes)? Does the regulatory cost of participating in the review constitute value for money?

External scrutiny of regulators is a trend that is taking hold in Canada. For example, in British Columbia the Office of the Superintendent of Professional Governance has an oversight role for a number of professions. In Ontario the Office of the Fairness Commissioner is already conducting a similar role for the registration practices of most professions, duplicating the proposed role of the Auditor General.

Ultimately, assuming that external monitoring is valuable, is having the Auditor General periodically conduct intensive reviews of some selected regulators the best way of conducting such oversight?

Regardless of the answers to these questions, regulators should consider whether the general recommendations made by the Auditor General in previous reviews warrant reconsideration of some of their own processes.

The reports of the Auditor General can be found at:

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

The Legislature was in recess this month.

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)

Pharmacy Act – The regulation modifies the ability of registrants of the Ontario College of Pharmacists to demonstrate the use of point of care blood devices to patients. (O. Reg. 46/22)

Laboratory and Specimen Collection Centre Licensing Act – The general regulation under this Act has been completely redone. (O. Reg. 45/22)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Naturopathy Act, 1991 – Consultation on the drugs that registrants can prescribe, dispense, compound and sell. Comments are due by March 17, 2022.

Denturism Act, 1991, Massage Therapy Act, 1991, Opticianry Act, 1991 – Consultation on regulations to update the definition of professional misconduct for these professions. Comments are due by March 17, 2022.



Legislative Update – What Happened in January 2022?

Electricity Act, 1998 – Consultation on yet another regulatory authority being empowered to impose administrative monetary penalties, with a particular emphasis on illegal electrical installations. Comments are due by February 24, 2022.

Mandatory Blood Testing Act (MBTA) and the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA) – Consultation on regulation changes to permit more streamlined information being provided to front line responders and workers about communicable diseases. Comments are due by March 3, 2022.

Fixing Long-Term Care Act, 2021 – Consultation on the first series of regulations operationalizing the new statute, which will replace the Long-Term Care Homes Act covering a broad range of topics. Comments are due by February 17, 2022.

Bonus Features

Many of these items will appear in our blog:
[\(www.sml-law.com/blog-regulation-pro/\)](http://www.sml-law.com/blog-regulation-pro/)

Scrutiny of Complaints Dispositions

The complaints decisions of many regulators are subject to external scrutiny. The scrutiny is often focused on whether the public interest was served. The test for such scrutiny varies, but perhaps the most common one has two components: 1) Was the investigation adequate? 2) Was the decision reasonable?

British Columbia's highest Court again waded into the meaning of that test in *The College of Physicians and Surgeons of British Columbia v. The Health Professions Review Board*, 2022 BCCA 10 (CanLII), <https://canlii.ca/t/jlpc1>. The Court slightly modified its view about the test that it had set out in *Moore v. College of Physicians and Surgeons of British Columbia*, 2014 BCCA 466 (CanLII), <https://canlii.ca/t/gfk07>, only eight years earlier around whether regulatory investigations were adequate. The Court described that test as follows:

Adequacy describes a relationship between an action and a goal. An investigation is “adequate” if it is sufficient to meet its goals. There may be many goals of an investigation of a complaint against a physician. Obvious goals include public accountability and uncovering the truth. A further possible goal is to gather sufficient information to allow an effective remedy to be crafted. Scarcity of resources dictates that one goal of investigations will be to obtain necessary information without squandering resources. There are, no doubt, other goals that can be ascribed to the investigative process.

In this case, the complaint decision was first reviewed by the province's Review Board. According to the Court, it was insufficient for the Review Board simply to assert that more investigation

should have been done. Instead, the Review Board should have identified the ways the investigation was inadequate, which in turn would have been likely to produce relevant information that might have affected the disposition of the complaint. The Court found that most of the additional investigatory steps suggested by the Board related to matters where it was likely that the relevant information had already been obtained, meaning that the additional steps related to portions of the investigation that were adequate. There was only one area in the investigation where the Court agreed additional relevant information should be sought as it might affect the decision.

On the issue of whether the disposition was reasonable, the Court said:

[The legislation] indicates that, in respect of the disposition, the statute’s focus of deference is on the College. A failure by the Review Board to afford deference to the College would be a fundamental violation of the statutory scheme. ... The reasonableness standard of review recognizes that there will often be a range of acceptable outcomes on questions of law or fact. Each of those outcomes will be characterized as reasonable, and a tribunal does not fall into error by choosing one of the reasonable outcomes. Any of those outcomes will be a “right” answer.

This legislation also provided for a streaming of complaints into serious and less serious categories. The Court held that it was beyond the jurisdiction of the Review Board to question which stream had been selected; rather the Board should have focused only on whether the investigation was adequate and the decision reasonable.

Other regulators with similar complaints scrutiny criteria will be guided by this decision.

Most Convenient Forum

If a practitioner is registered in two jurisdictions, which should proceed first with the investigation and hearing? This issue arose in *Mema v Chartered Professional Accountants of Alberta (Complaints Inquiry Committee)*, 2022 ABCA 4 (CanLII), <https://canlii.ca/t/jlnm0>. The practitioner was alleged to have engaged in serious financial misconduct in British Columbia. Most of the witnesses were located there. The practitioner argued that the British Columbia regulator should proceed before the Alberta regulator because this was the most convenient forum to address the matter. However, the Court questioned whether the most convenient forum consideration was even an appropriate one in a regulatory context. The practitioner was registered in Alberta and the Alberta regulator had jurisdiction over the practitioner and had the authority to discipline them for their conduct anywhere in the world. In any event, there was no unfairness due to Alberta proceeding first because the British Columbia regulator had deferred its investigation pending the outcome of the Alberta proceedings. Also, there was a question about the jurisdiction of the B.C. regulator since most of the conduct occurred before the practitioner was

registered there (but occurred while registered in Alberta). Also relevant was that some of the conduct (i.e., non-cooperation with the investigation) related solely to the Alberta regulator.

The Court also found that the timeline provisions in the Alberta legislation did not amount to a limitation period and could be extended by the regulator. The Court also maintained the significant costs order imposed by the Alberta regulator for its interim proceedings in the absence of evidence that the order would have a significant impact on the practitioner's ability to defend themselves at the discipline hearing on the merits.

Regulators can discipline practitioners for conduct occurring in another jurisdiction even where that other jurisdiction has an equivalent regulator.

Playing Games

Practitioners facing serious allegations of misconduct have the right to a fair hearing, including adjournments, when necessary to prepare their case or because of health issues. However, where accommodations are repeatedly requested without a solid basis or avoidance techniques are employed with the apparent goal of delaying or derailing the process, regulators and the courts will allow the process to proceed without the practitioner. That was the case in *Gill v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 49 (CanLII), <https://canlii.ca/t/jlmb7>. The practitioner faced serious allegations related to false billing and incompetence. The practitioner obtained adjournments to seek legal counsel, some of whom later withdrew from representing the practitioner, and failed to attend various stages of the proceeding including a pre-hearing conference and the hearing on the merits of the allegations. The practitioner then sought to reopen the hearing to lead additional evidence both on the merits (expert opinion) and on the reasons for non-attendance (medical) but did not follow through on the specified procedure. Eventually, the discipline tribunal made a finding, revoked the practitioner's registration, and imposed significant costs.

The Court dismissed all of the grounds of appeal:

- The fresh evidence should not be accepted as the practitioner had made a tactical choice not to introduce it before the hearing panel and could not now use it.
- Refusing the request for an adjournment of the hearing dates and proceeding with the hearing was procedurally fair in all of the circumstances including the lack of communication from the practitioner and the past history of adjournments.
- The Committee's decision to suspend the practitioner's registration as a term of granting an adjournment of the motion to re-open the hearing was justified given the seriousness of the concerns and strength of the evidence received to date and extensive delays that had already occurred.

- Refusing to re-open the hearing was justified:

The Committee found that there was no reasonable explanation for Dr. Gill's failure to tender this new affidavit evidence sooner. It considered the prejudice to the College with re-opening at that stage – after cross-examinations were complete. It considered the negative impact on the integrity of the Committee's rules and processes in permitting any further delay. The Committee properly exercised its discretion not to admit the new evidence.

The relief sought to re-open the case is granted only in exceptional cases. There is a strong public interest in the finality of disciplinary proceedings and the discretion to re-open a hearing should be exercised sparingly and with the greatest care so that fraud and abuse of the [tribunal's] processes do not result (*671122 Ontario Ltd v Sagaz Industries Canada Inc*, 2001 SCC 5960). This is not an exceptional case. The Committee did not err in its decision not to re-open the case.

- Revocation was a defensible order in the circumstances:

The Committee considered the breadth, severity and persistence of Dr. Gill's misconduct, and noted that his misconduct encompassed both grossly inadequate clinical care that put his patients at risk and dishonest actions by which he placed his own interests ahead of those of his patients and the public. It noted that there was no basis to conclude that the Appellant had shown insight or remorse, nor had he provided meaningful details about any remediation. It is clear from all the evidence that revocation was necessary in terms of the Appellant's incompetence and was the only order that would adequately protect the public and maintain the public's confidence in the medical system....

The findings against Dr. Gill were extremely serious, involving clinical incompetence and dishonest billing in the amount of \$146,000. Revocation was well within the range of available penalties for this misconduct and has been imposed for similar misconduct in recent decisions upheld by this Court

Where the conduct of the practitioner in delaying the process can reasonably be seen as undermining the process, the result can be a determination with minimal practitioner involvement.

Remediation Redux

Regulators are being given increased authority to impose remediation to address concerns about a practitioner's practice at the complaints screening stage. While there are concerns, the

regulator makes no finding of wrongdoing and no discipline hearing is commenced. But at what point does repeated remediation become an abuse of process?

In *Dr. Luay Ali Al-Kazely v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 44 (CanLII), <https://canlii.ca/t/jlmb3>, there were ongoing concerns about a practitioner's record keeping. After issuing advice on two separate occasions, a third concern resulted in a remediation program involving completing educational courses, self-study and assessment by a colleague. The re-assessment revealed ongoing concerns. The practitioner declined voluntary additional remediation. As a result, the Registrar appointed an investigator. The screening committee imposed a further, more intensive remediation program including additional educational courses, some clinical supervision, and a further re-assessment. The practitioner challenged the ongoing remediation.

The Court noted that there had been procedural unfairness in that the practitioner's third and final written submission had not been provided to the screening committee. However, that omission had no impact on the decision. The submission was quite similar to the previous two submissions.

Where a breach of procedural fairness has had no impact on the decision, the matter need not be returned to the decision-maker for reconsideration. As set out by the Federal Court of Appeal in *Nagulathas v. Canada (Minister of Citizenship and Immigration)*, 2012 FC 1159, at para. 24; and the Supreme Court of Canada in *Canada (Minister of citizenship and Immigration) v. Khosa*, 2009 SCC 12, at para. 43), "Where there may be a breach of the rules of fairness, the court should assess whether the error 'occasions no substantial wrong or miscarriage of justice' The breach of procedural fairness must affect the outcome for the court to find a reviewable error".

The Court also rejected the argument that the appointment of an investigator because the practitioner refused to accept a proposal for voluntary remediation was inappropriate:

The Registrar is not barred from initiating an investigation if a member refuses voluntary remediation. In fact, it is a necessary step for the College to use its statutory powers to address the evidence of substandard practice. It would be a dereliction of the College's duty to protect the public if it failed to act in the face of evidence that a physician was practicing below the standard and was unwilling to voluntarily engage in the required remediation.

The Court also accepted the suitability of a course of escalated remediation:

This is the ICRC's second attempt to remediate Dr. Al-Kazely, which is directly related to the record-keeping concerns identified by the Assessor and represent a targeted escalation of educational intervention aimed at remediating the Applicant's lack of success with lower-level remediation. In the circumstances, this is a reasonable and proportionate intervention.

The Court noted that establishing an abuse of process is difficult:

In order to constitute an abuse of process, proceedings must be “unfair to the point that they are contrary to the interests of justice”. An abuse of process is established only where: “(1) the proceedings are oppressive or vexatious; and, (2) violate the fundamental principles of justice underlying the community’s sense of fair play and decency.” (*Toronto (City v. Canadian Union of Public Employees (C.U.P.E.), Local 79*, 2003 SCC 35 (CanLII), 2003 SCC, at para. 35).

In fact, the situation was quite the opposite:

To quash the 2020 SCERP [remediation] and permit Dr. Al-Kazely to forgo any further remediation and reassessment would run contrary to the community’s sense of fair play and its interest in the proper regulation of physicians (*Abdul v. Ontario College of Pharmacists*, 2018 ONCA 699 (CanLII) paras. 16, 18, 22). It was not an abuse of process for the ICRC to find that Dr. Al-Kazely be further remediated.

While remediation efforts must, at some point end, reasonably escalated remediation efforts are appropriate.

Dishonesty: Intent, Mental Health and Sanction

(Justine Wong)

A recent Alberta Court of Appeal case can be applied to how regulators think about dishonesty allegations against practitioners, the use of mental health evidence in determining liability, and sanctioning based on the parity principle.

In *Virk v Law Society of Alberta*, 2022 ABCA 2 (CanLII), <https://canlii.ca/t/jlmgd>, a lawyer was disbarred for engaging in a conflict of interest and dishonesty when he concealed and denied a past sexual affair with the ex-wife of a client. The practitioner represented his client in a paternity and spousal support lawsuit. *Virk* clarifies that conflict of interest and dishonesty allegations can overlap or be separate depending on the facts. As in *Virk*, an overlap need not vitiate a sanction on both allegations.

More importantly, *Virk* clarifies that the threshold for finding dishonesty is low because intention to deceive is not required. However, being negligent or making a mistake that results in an inaccurate statement will not engage a misconduct finding. Instead, Discipline Committees can find misconduct where a practitioner has been wilfully blind, reckless, indifferent, or irresponsible towards stating inaccuracies. Regardless of their field of practise, practitioners must diligently check the truth of their statements and be forthcoming and frank when unsure about the truth.

The expectation for practitioners to be honest also depends on context. This expectation is reasonably higher for solemn occasions. In *Virk*, the same lawyer falsely stated in court that he made full disclosure when he had not. His duty to be candid was high given the formality of the court context. Practitioners must therefore consider the impact of their statements on clients when reflecting on how meticulous they should be in their fact-checking and whether they should speak up when carrying out their duty to be honest.

Virk also encourages regulators to think about how to consider dishonesty allegations where the practitioner argues inculpability due to a mental disorder. As *Virk* indicated, the medical evidence must be strong and, more importantly, material to the alleged misconduct to justify reduced blameworthiness.

Regulators will also find *Virk*'s approach to sanctioning thought-provoking. *Virk* emphasizes a case-by-case approach to determine appropriate order and notes that "comparison with other decisions is rarely decisive." As *Virk* explains, the need to restore public confidence in the profession and protect the public varies by case. For Ontario regulators that usually apply the parity principle by identifying the most directly comparable prior case to determine appropriate sanction, *Virk* advocates a less rigorous approach. Perhaps a strong consideration for regulators is a balanced approach to sanction that contemplates prior cases and the unique circumstances of the case at hand.

Investigative Insults

What should a regulator do where a practitioner refuses to cooperate with an investigation and attacks the investigation aggressively on social media including posting documents from the investigation? The traditional option is to refer the non-cooperation and behaviour itself to discipline. However, this approach can delay the regulator's ability to address the conduct under investigation. In *College of Physicians and Surgeons of Ontario v. O'Connor*, 2022 ONSC 195 (CanLII), <https://canlii.ca/t/jlvck>, the regulator sought a court order compelling compliance and limiting the practitioner's social media postings.

In that case the regulator was investigating a number of practitioners for their conduct related to the pandemic including allegedly issuing medical exemptions on questionable grounds and posting potentially harmful public statements about vaccination, mask mandates and other related topics without scientific support. The practitioners refused to cooperate and posted "angry" statements about the investigation that revealed the identities of regulatory staff, regulatory legal counsel and some practitioners who had been consulted to provide advice on the professional aspects of the alleged conduct.

The Court had little difficulty ordering the practitioners to cooperate fully with the investigation. This was their legal obligation under the legislation.

Generally speaking, a statutory injunction does not place as onerous a burden on the party seeking it as does a mandatory injunction at common law: *Ontario (Minister of Agriculture & Food) v Georgian Bay Milk Co.*, [2008] O.J. No. 485, at para. 34 (S.C.J.). Where a regulator “applies to the court to enforce legislation, and a clear breach of the legislation is established, only in exceptional circumstances will the court refuse an injunction to restrain the continued breach”: *College of Physicians and Surgeons of Ontario v. Canon*, [2018 ONSC 4815](#), at para. 43. “Exceptional circumstances” includes instances where the physician has ceased the activity, making the injunction moot, or where there is uncertainty as to whether the physician has done anything to justify an injunction by the Applicant: *Gavin Downing v. Agri-Cultural Renewal Co-operative Inc. O/A Glencolton Farms*, [2018 ONSC 128](#), at para. 113.

The Court had more difficulty with the request for an order banning publication of certain information about the investigation. All those identified had received disturbing postings and messages from members of the public including messages to the effect that they would face legal repercussions, such as a Nuremburg-type or criminal prosecution. The Court said: “What the Applicant actually wants is a ban on verbal harassment, not physical intimidation.”

The Court did agree that the identity of the practitioner consultants should be protected. They were analogous to witnesses and attempts to harass them could undermine the process: “Without some anonymizing of doctors who come forward in an effort to assist the medical community at large by assisting the regulator, the Applicant may be unable to operate efficiently and effectively ...” However, the court viewed regulatory investigative staff and legal counsel as being analogous to public servants. The values of an open and democratic society allow for criticism, even unfair criticism. The confidential nature of investigations and the lack of an open hearing before the screening committee were not considered as part of the Court’s analysis. The Court wrote:

My reading of the communications cited by the Applicant and its counsel is that they are laced with anger. The language of [the practitioner’s] followers, in particular, is vituperative and certainly not to my liking. It appears defamatory and may be actionable. But it does not really threaten violence or indicate that the authors will take other illegal action against public officials or the Applicant’s personnel. Rather, for the most part it consists of people vowing to take legal action – unfounded legal action, to be sure – but nevertheless not illegal or extra-legal action.

The Court concluded that “If threats of violence or actual intimidation emerge, the Applicant will of course be free to revisit this issue in the face of fresh evidence.”

The Court has provided some guidance as to when it will be prepared to act proactively to prohibit future conduct to ensure effective investigations. This decision will make it more difficult for regulators to protect their staff and representatives from harassment. Of course, different

considerations apply to holding practitioners accountable afterwards for the professionalism of their conduct.

Records vs. Recollection

(Ahmad Mozaffari)

An individual's recollection of a particular event or set of events can be a powerful piece of evidence, however its impact can be significantly undermined by the passage of time. This was the key issue in the recent case of *Szommer v. Ontario College of Nurses*, 2021 ONSC 8463, <https://canlii.ca/t/jlhht>, a case involving a complaint made in 2019 with respect to events that occurred a decade earlier.

The complainant had alleged that a nurse falsely recorded her visits and bloodwork. The College investigated and determined that while the original records were no longer available, the electronic records were and did not bear out the complaint. The complainant asserted the records had been falsified, however based on the time between the events at issue and the complaint and the fact that the available records did not support the complaint, the College did not investigate the allegations of falsification further.

The complainant appealed to the Health Professions Appeal and Review Board (HPARB) and argued that the College should have investigated her allegations of falsification of records further. The HPARB, preferring the available records over the complainant's memory, affirmed the College's decision and held that in the absence of compelling information to the contrary, health records are a reliable source of information as to what occurred during patient encounters. The complainant appealed that decision to the Divisional Court.

Interestingly, the Court put the complainant on notice that it was considering dismissing her application as frivolous, vexatious and/or an abuse. It directed her to explain the legal error made by the HPARB, or the finding of fact for which there was no evidentiary basis such that the Court could be justified intervening with the HPARB's decision. In response, she merely reasserted that the records had been falsified and that it was an error of law for HPARB to accept them.

The Court rejected the complainant's argument and held that her personal recollection of events from ten years prior was not sufficient to displace HPARB's reliance on the records, which was appropriate in the circumstances. Moreover, reliance on the medical records rather than oral testimony of events from ten years ago was even more compelling to the Court. The Court accordingly dismissed the proceeding as frivolous, vexatious and an abuse of process.

It should be noted that the complainant was criticized for bringing her matter by way of application rather than by appeal. However, pursuant to section 70 of the *Health Professions Procedural Code*, a matter may only be brought by appeal if it concerns "a registration hearing or

review”, or a proceeding before a panel of the Discipline or Fitness to Practise Committee, which was not the case here. This apparent oversight, which perhaps can be associated with the summary nature of the ruling, was not part of the primary basis for the decision.

Screening Committee’s Remedial Direction Found to Have a Deterrent Value

Screening committees often recommend or, where authorized to do so, direct practitioners to engage in remedial activities. The rationale for this authority is that such remediation can enhance the quality of the performance of the practitioner and can prevent complaints from a similar nature arising in the future. However, a recent Court decision said that such directions can also have a proper deterrent value: *M.J.S. v. Health Professions Appeal and Review Board*, 2022 ONSC 548 (CanLII), <https://canlii.ca/t/jm05m>.

In that case a practitioner made a comment that was, at a minimum, highly insensitive and inappropriate. The practitioner’s employer investigated the concern and required the practitioner to undergo communications training. The regulator then investigated the matter relying partly, but not entirely, on the employer’s investigation file. The screening committee directed the practitioner to do some self-reflection and to be cautioned in person. Such a caution is posted on the public register.

In upholding the decision (including its affirmation by the reviewing Board), the Court noted that posting the outcome did not fundamentally alter the educational and remedial nature of the direction; it was not a punishment. However, part of the reason for posting it on the public register was the specific deterrence of the practitioner and the general deterrence of the profession as a whole. Overall, the Court held that the caution “is an educational and remedial measure intended to improve the physician’s practice and to benefit the public by avoiding future concerns.”

The Court also provided guidance on the criteria for reviewing the screening committee’s decision. An adequate investigation does not require the screening committee to repeat the employer’s investigation unless there was reason to believe that some relevant information had not been obtained.

In terms of the reasonableness of the decision, a reviewing Board would look to whether the screening committee “explained its reasons for the disposition, tied its disposition to the conduct of concern, and recognized its mandate is to improve a physician’s practice and to protect the public.”



Legislative Update – What Happened in February 2022?

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

Bill 88, Working for Workers Act, 2022 – (Government Bill, passed first reading) Bill 88 is an omnibus Bill. Schedule 3 amends the *Fair Access to Regulation Professions and Compulsory Trades Act, 2006*, applicable to non-health professions, to require Canadian mobility applicants to receive registration decisions within 30 days of a completed application. International applications will have their timelines set out in regulation. Canadian experience requirements will need to be eliminated unless an exemption is obtained. In addition, the *Traditional Chinese Medicine Act, 2006* is repealed; the College will be wound down, and the regulation of the profession, apparently on a voluntary roster basis, will be transferred to the Health and Supportive Care Providers Oversight Authority.

Proclamations

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

Laboratory and Specimen Collection Centre Licensing Act - July 1, 2022 is the day on which a number of amendments reorganizing the regulation of laboratories and specimen collection centres come into force.

Regulations

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

Regulated Health Professions Act – This regulation expands the ability to order the controlled act of magnetic resonance imaging to dentists and nurse practitioners. (O.R. 120/22)

Ontario College of Teachers Act and **Early Childhood Educators Act** – The regulations require that findings of guilt or charges under the *Criminal Code* or the *Controlled Drugs and Substances Act* be posted on the public register where the Registrar determines that they are relevant to a practitioner's registration. The regulations provide guidance as to considerations that the Registrar should take into account in making those determinations. These regulations received significant publicity when they were made. (O. Reg. 54/22 and 55/22)

Healing Arts Radiation Protection Act – The regulations are amended in a number of respects including giving nurse practitioners an expanded role. Most of the provisions take effect on July 1, 2022. (O.R. 87/22)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Naturopathy Act, 1991 – Consultation on the drugs that registrants can prescribe, dispense, compound and sell. Comments are due by March 17, 2022.

Denturism Act, 1991, Massage Therapy Act, 1991, Opticianry Act, 1991 – Consultation on regulations to update the definition of professional misconduct for these professions. Comments are due by March 17, 2022.

Personal Health Information Protection Act – Consultation on proposed regulations that “aim to generally require OH (i.e., Crown agency Ontario Health) to process individual access requests to the EHR, delineate Ontario Health's responsibilities when responding to access requests to EHR data, and require data contributions by public hospitals to the EHR as specified by OH.” This consultation period has been reduced to 45-days from the usual 60-days and notice has also been published in the Ontario Gazette. Comments are due by March 22, 2022.

Fair Access to Regulated Professions and Compulsory Trades Act – Consultation for non-health professions, with comments due by March 9, 2022, on regulations that would achieve the following:

Canadian Experience Definition and Exemptions

Canadian experience would be defined as: “Any period of work experience or experiential training in Canada”. Unless an exemption is obtained, any requirement for Canadian experience as a qualification for registration with a regulated profession would become void after December 2, 2023. A regulated profession may continue to accept Canadian experience in satisfaction of an experience-related qualification for registration if it also accepts international experience as a viable alternative to Canadian experience. A regulated profession may apply for an exemption from the prohibition on Canadian experience requirements in accordance with the prescribed process if it can demonstrate that an exemption is necessary for the purposes of public health and safety.

Language Proficiency Tests

Any regulated profession that imposes an English or French proficiency testing requirement for registration would have to accept proof of completion of a language test accepted by IRCC for immigration purposes (with results satisfactory to the regulated profession) in full satisfaction of that language proficiency testing requirement. Regulated professions may also accept (but not require) other tests of their choosing. Language test results submitted as part of an application for registration must remain valid for at least two years before the date of application. These results will be deemed to remain valid for the duration of the time it takes an applicant to complete the registration process.

Decision-Making Timeframes

Regulated professions would be required to meet maximum timeframes for specific steps in the registration decision-making process.

1. Within 10 business days after receiving an application, provide a written acknowledgment of receipt of the application. The written acknowledgment of receipt should include a statement on whether the application includes everything the regulated profession requires for the application.
2. Within 6 months after receiving an application for registration and everything required for the application, a regulated profession must communicate a decision to the applicant, include written reasons for the decision, and information on the right to internal review or appeal.
3. Within 10 business days after making an internal review or appeal decision, provide the applicant with written communication of the decision made upon the internal review or appeal and written reasons respecting the decision.

Regulated professions would be required to meet the timeframes for 90 percent of applicants. They would also be required to report to the Fairness Commissioner on their compliance with these timeframes (and any other things the Office of the Fairness Commissioner may require), and these reports would be made available to the public. Regulated professions would also be required to report on the ability of applicants, who are eligible for unconditional registration, to become registered within one year of receipt an application. That one-year period includes any third-party processes, such as qualification assessments. Regulated professions would be required to submit annual continuous improvement plans to the Fairness Commissioner that show steps to be taken to meet the standard if they are not meeting it.

Registration Processes During Emergencies

Every regulated profession would be required to file an emergency registration plan with the OFC within one year of the regulations coming into force and would be required to update their plans whenever there is a change in circumstances that may affect the plan, and in any case at least once every five years. The plans must include: 1) measures to maintain registration processes in emergencies 2) a communication plan to inform applicants of emergency registration processes 3) date the plan was last updated 4) date of the next planned update 5) measures to issue temporary/short-term registration and expedite the renewal of registration, if appropriate.

Bonus Features

Many of these items will appear in our blog:
[\(www.sml-law.com/blog-regulation-pro/\)](http://www.sml-law.com/blog-regulation-pro/)

Contemporaneous Access to Hearing Exhibits

The open-hearing principle is robust.

A police discipline hearing was held following a public outcry and independent review into the police service's handling of investigations. In *CBC v. Chief of Police*, 2021 ONSC 6935 (CanLII), <https://canlii.ca/t/jk3nd>, a police officer was alleged to have responded inappropriately to a report that a defendant violently choked a victim during sexual activity. The case was newsworthy because the defendant was released without being charged at the time. The defendant was later found to have murdered eight men, some of them after the interview occurred. During the discipline hearing, a video of the interview between the police officer and the victim was made an exhibit. There already was an order banning publication of the identity of the victim. Without first hearing submissions on the issue, the tribunal ordered a publication ban on the video "on the basis that the video contained intimate details of sex acts ... and was necessary to protect the victim." The media requested an opportunity to make submissions on the publication ban. Before the submissions were heard, the parties agreed to withdraw the video as an exhibit and the media request was not addressed on the merits.

The Court found that the tribunal breached the open-hearing principle when it granted the publication ban over the video without considering the proper principles and when it permitted the exhibit to be withdrawn. The openness principles for courts and tribunals were the same. The Court held that, given the publication ban on the identity of the victim, there was no important public interest in limiting access to the video. "It has long been the law that the sensibilities of individuals are not an important risk justifying a publication ban." The Court also noted that there was "a long line of cases refusing to impose publication bans to protect from shame and embarrassment." The Court did order that the victim's name be redacted from the video.

Of perhaps even greater interest to regulators is the Court's views on the importance of providing timely access to exhibits during the hearing:

Part and parcel of the right to access exhibits is the right to access them in a timely manner. Providing hearing exhibits days or weeks after the hearing has concluded ensures that those exhibits will not form part of the media's reporting and for all practical purposes public access is denied. To submit that there are insufficient resources or that there are other priorities is not a justification for an infringement of the open hearing principle. There was no evidence in this case that the exhibits could not have been made available while the hearing was still pending. Producing the exhibits after the hearing concluded contravened the open hearing principle. Going forward, the Toronto Police Service shall be required to provide exhibits in police misconduct hearings during the hearing except in exceptional circumstances. In addition, the exhibits shall be provided in accordance with the TPS policy to provide access to exhibits at no charge if they are available electronically and at a nominal charge, if they are not available electronically.

Regulators may wish to ensure they have administrative processes to facilitate the prompt distribution of exhibits.

Alleging Intent

In discipline matters, regulators generally do not have to prove that the practitioner had malicious or dishonest intent to engage in the conduct. Failing to fulfill one's professional obligations is generally sufficient to constitute professional misconduct. One exception is where the definition of professional misconduct contains an intent requirement (e.g., "knowingly"). Another exception is where the regulator alleges a particular type of intent which is then not proved.

An example of the second exception is found in the peculiar case of *The Law Society of British Columbia v. Cole*, 2022 BCCA 55 (CanLII), <https://canlii.ca/t/jm8bc>. The matter related to whether the practitioner had advised a client to act contrary to securities requirements. In the first allegation, the regulator alleged that the practitioner knew or ought to have known that their advice contravened the securities requirements. In the second and third allegations, the regulator alleged that the practitioner failed to make reasonable inquiries as to whether the advice was contrary to securities requirements. The hearing panel found that, in all three cases, the practitioner intentionally advised the client contrary to the securities requirements. As such, the first allegation was established, but the second and third were not proved because the intention of the practitioner was worse than alleged (i.e., the evidence showed that the practitioner did much more than "fail to make reasonable inquiries"). The Court refused to grant leave to appeal, saying that the regulator should have sought to amend its particulars at the hearing but should not be able to do so now.

This case highlights the importance of the wording of allegations, and the imperative to amend them, where that is possible, as soon as it becomes clear that the evidence is different from what was originally anticipated.

Vexatious Litigants and Harassment of Regulators

Regulatory staff appear to be facing a pandemic of harassment by some of the practitioners that they regulate. Sometimes, but not always, this is accompanied by vexatious litigation. In *College of Registered Nurses v. Shannon Hancock*, 2022 MBQB 26 (CanLII), <https://canlii.ca/t/jmg9r>, the Court considered harassment of regulatory staff, board and committee members as a factor in restraining future litigation by the practitioner.

In that case, the practitioner had engaged in numerous proceedings against the regulator and their representatives. The Court considered a number of factors in determining that the litigation was vexatious including: the number of proceedings, their unsuccessful nature, the failure to pay costs, the manner of the litigation (e.g., leaving in the middle of a proceedings, failing to attend proceedings, abandoning a proceeding, and commencing another one soon thereafter), making claims that had no reasonable prospect of success, making claims for unrealistic amounts of damages, making apparently spurious allegations against the lawyers for the regulator, and expressing the intent to initiate future litigation. However, of particular interest to regulators may be the following circumstance that was taken into account.

It is also clear that she has proceeded in an abusive, harassing and unacceptable manner against individuals connected to the College. The named defendants in the 2020 action include members of the governing council for the College. These individuals are all volunteers who donate their time and efforts to the work of the College. After naming this group of volunteers as defendants in a legal action and acknowledging the 2020 action was inappropriate, Ms. Hancock continued to harass the members. In April 2021, she managed to track down the private home addresses of these volunteers and deliver packages of materials to their front door. This was unnecessary and unacceptable as she had been involved with the College for years and was aware all correspondences should be directed to the offices of the College.

The Court declared her a vexatious litigant and restricted her ability to continue existing proceedings and initiating new proceedings against the regulator.

Expectations of Regulatory Investigations

In *MacDonald v. College of Dental Hygienists of Ontario*, 2022 ONSC 632 (CanLII), <https://canlii.ca/t/jm3zz>, a practitioner, who was found to have engaged in a sexual relationship with a patient based on adverse credibility findings, challenged the finding primarily on the basis that the investigation was inadequate and unfair. The Court disagreed, finding that the investigation was appropriate.

1. It was not necessary for the regulator to obtain a sworn or signed statement from the key witness to facilitate the cross-examination of the witness at the resulting discipline hearing. A statement from the investigator outlining what the witness said during an interview with the witness was sufficient. The practitioner could still cross-examine on any inconsistent statements made by the witness.
2. On appeal the practitioner raised a concern that the evidence of the patient was more detailed than what was contained in the investigation interview statement, thus making it more difficult to cross-examine the patient. The Court said that it was incumbent on the practitioner to raise the issue at the hearing and to ask for additional time to prepare for the cross-examination, rather than raise the concern for the first time on appeal.
3. The practitioner also expressed a concern that the investigation report was not filed as an exhibit at the hearing. The Court noted that the practitioner had not requested that it be filed as an exhibit and, in any event, had the full opportunity to cross-examine the investigator on the report.
4. The regulator did not obtain the 911 tapes of a call made by the patient that may have been relevant to the sequence of events. The Court found that the regulator did not have an obligation to obtain those tapes and was not required to disclose evidence it did not have. If the practitioner believed that this third-party document was necessary for a fair hearing, they should have sought an order from the panel directing their production.

5. The practitioner proposed to testify on matters not put to the patient when the patient was cross-examined contrary to the *Browne and Dunn* rule. The panel permitted the practitioner to do so but allowed the regulator to recall the patient to address the new areas. The patient refused to testify a second time and the regulator lost the opportunity to respond to the new evidence. The panel chose not to compel the patient to testify. The Court held that this caused no unfairness to the practitioner as the panel did not discount the practitioner's evidence because of the non-compliance with the *Browne and Dunn* rule. In addition, the practitioner had no right to cross-examine the patient a second time.
6. The practitioner also expressed concern that the panel had not taken all possible measures to ensure that the patient and their spouse did not observe each other's evidence during the hearing. The hearing was held electronically. The Court held that reasonable measures were taken (e.g., directing the exclusion of witnesses) by the panel and there was no evidence of any breach of the order excluding witnesses from observing the hearing before they testified.

The Court upheld the credibility findings made by the hearing panel.

Streamlined Discipline Hearings

Many regulators have recurring issues that some practitioners seem to ignore. Often, they involve a failure to comply with a routine obligation. For example, many regulators have issues with practitioners completing their annual renewal documentation or comply with professional development requirements. Sometimes these issues can be dealt with through administrative suspensions. However, where judgment is required to assess the nature and degree of non-compliance, discipline hearings may be the only effective remedy.

For the Law Society of Ontario, this recurring issue is, surprisingly, a failure to cooperate with the regulator during complaints or investigations. There are approximately 40 to 50 such discipline hearings each year. Frequently the practitioner complies by the time the hearing is held. This process causes delays and consumes unnecessary resources.

Recently the disciplinary tribunal changed its processes to address this concern. The initiative includes the following components:

1. Scheduling such cases through an expedited stream.
2. Using a presumptive written hearing process to consider the matter (leaving the possibility of an oral hearing for exceptional cases, such as where the fact of non-cooperation is genuinely disputed).
3. Setting out a grid of usual dispositions, as follows:
 - a one-time non-disciplinary invitation to attend without costs where all outstanding answers are provided within 14 days of filing of the Notice of Application

- no costs, if failure to co-operate is found by a written hearing but all outstanding answers have been provided prior to the hearing
 - reduced costs of \$1,500, if failure to co-operate is found by a written hearing and there continue to be outstanding answers
 - standardized penalty orders where the application proceeds by written hearing
 - no change to penalty or costs principles if the application proceeds to an oral hearing
4. Providing for paid “duty counsel” to assist practitioners in non-cooperation cases.

Aspects of this approach might be a model for other regulators. For more information see: <https://lawsocietyontario.azureedge.net/media/iso/media/about/convocation/2022/convocation-february-2022-tribunal-committee-report.pdf>.



The College of Naturopaths of Ontario

Understanding the Public Interest

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

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

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

Serving the public interest means ensuring the following.

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

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

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

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

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

Considerations/Questions to ask oneself during deliberations include:

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

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

What the public interest is NOT!

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

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

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

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

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

Risk Treatment or Mitigation Techniques

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

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

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

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

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

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

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



The College of Naturopaths of Ontario

Council Meeting Evaluation
January 26, 2022
10 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	1 @ 4 9 @ 5	4.9
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.	1 @ 4 8 @ 5 1 @ skipped	4.9
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.	10 @ 5	5.0
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	10 @ 5	5.0
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.	10 @ 5	5.0
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.	3 @ 4 7 @ 5	4.7
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale:	4 @ 4 6 @ 5	4.6

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	1 - Not at all adequately prepared to 5 - More than adequately prepared.		
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.	10 @ 5	5.0
What Worked Well	From the following list, please select the elements of today's meeting that worked well. • Meeting agenda • Council member attendance • Council member participation • Facilitation (removal of barriers) • Ability to have meaningful discussions • Deliberations reflect the public interest • Decisions reflect the public interest	• Meeting agenda (9) • Council member attendance (7) • Council member participation (8) • Facilitation - removal of barriers (8) • Ability to have meaningful discussions (7) • Deliberations reflect the public interest (9) • Decisions reflect the public interest (9)	
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement. • Meeting agenda • Council member attendance • Council member participation • Facilitation (removal of barriers) • Ability to have meaningful discussions • Deliberations reflect the public interest • Decisions reflect the public interest	• Meeting agenda (0) • Council member attendance (1) • Council member participation (0) • Facilitation (removal of barriers) (0) • Ability to have meaningful discussions (0) • Deliberations reflect the public interest (0) • Decisions reflect the public interest (0)	
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?	None	
Final Feedback	Excellent educational piece provided today.		
	Chair facilitated the meeting excellently.		
	Thank you for providing the page numbers at the start of each section. Excellent meeting.		

Comparison of Evaluations by Meeting 2021-2022

Topic	May 2021¹	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	Ave
Were issues discussed essential? 1 - Not at all essential to 5 - Very Essential.	4.2	4.2	4.7	4.6	4.9		4.52
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.7	4.5	4.8	4.8	4.9		4.74
Time Management 1 - Not at all managed to 5 - Very well managed.	--	4.2	4.8	4.8	5.0		4.7
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	--	4.5	4.8	4.7	5.0		4.75
Right People 1 - None of the right people to 5 - All of the right people.	--	4.0	4.8	4.7	5.0		4.63
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.3	4.5	4.5	4.7	4.7		4.54
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.2	4.0	4.5	4.8	4.6		4.42
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	--	4.1	4.8	4.6	5.0		4.63
Number of Evaluations	10	11	10	11	10		10.4

¹ The May 2021 meeting used a slightly different format of questions. Only comparable questions have been entered into this summary.

Ministry of Health
Ministry of Long-Term Care
Assistant Deputy Minister
Strategic Policy, Planning & French
Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée
Sous-ministre adjoint
Division des politiques et de la planification stratégiques,
et des services en français

438 avenue University, 10^e étage
Toronto ON M7A 2A5



February 28, 2022

Beth Ann Kenny
c/o Health Professional Regulators of Ontario

Dear Beth Ann Kenny,

We would like to inform you of recent developments regarding the oversight of traditional Chinese medicine practitioners and acupuncturists in Ontario.

Today, the government introduced Bill 88, *Working for Workers Act, 2022*. Schedule 5 of the Bill is the *Traditional Chinese Medicine Repeal Act, 2022*, which if approved would remove barriers to the practice of traditional Chinese medicine (TCM) and will support the move of the profession to a voluntary oversight model under the Health and Supportive Care Providers Oversight Authority when that organization is established.

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (College) will maintain its regulatory functions until such time as the proposed Act is proclaimed into force. The ministry will be working work with the College in the intervening period to support the transition of TCM practitioners and acupuncturists to the voluntary Oversight Authority.

Furthermore, the performance of acupuncture will be returned to the public domain. At a future date, the Ministry of Health will bring forward regulatory amendments to O. Reg. 107/96 (Controlled Acts) made under the *Regulated Health Professions Act, 1991* to achieve this. These proposed amendments would be posted to Ontario's Regulatory Registry for comment prior to being brought forward for government consideration.

The Ministry will work with the health regulatory Colleges whose members are currently performing acupuncture to identify how this change may impact the guidance and standards issued to their membership.

.../2

Links to the news release/backgrounder and Bill can be found here:

<https://news.ontario.ca/en/backgrounder/1001668/working-for-workers-act-2022>
<https://www.ola.org/en/legislative-business/bills/parliament-42/session-2/bill-88>

Sincerely,

A handwritten signature in black ink, appearing to read 'Sean Court', with a stylized flourish at the end.

Sean Court
Assistant Deputy Minister

c: Allison Henry, Director



SPRING 2022 NEWSLETTER

A Quarterly Newsletter for Citizen Advisory Group Members

Hi CAG Members,

Thank you to all Members who have been sharing information about the CAG with their networks. We appreciate you spreading the word about what we do!

[Visit our website](#)

KEEP SCROLLING TO FIND:

- Consultation updates from our Partners
- Volunteer opportunities
- Open public consultations
- Additional patient and caregiver resources we think you will enjoy!

CONSULTATION UPDATES

**College of Audiologists and Speech-Language Pathologists
(CASLPO): Complaints Process and Information – New Simplified
Complaints Process Infographic Published**



CASLPO would like to again thank CAG Members for your valuable input, feedback, and suggestions at the [February 8, 2020 meeting](#) to help us enhance the quality and clarity of the complaints process information on our website. Following the meeting:

- [CASLPO's main website landing page](#) was modified so that the '[Make A Complaint](#)' button is more prominent;
- The [Complaints Process web page](#) content has been revised to increase clarity and understanding; and
- CASLPO's Conduct and Communications departments collaborated to develop the new simplified Complaints Process infographic (now accessible in [English](#) and [French](#)).

In addition to the new infographic, increasing clarity, and recently added FAQs, CASLPO continues to look at new ways to enhance information for the public.

OPEN PUBLIC CONSULTATIONS

***CPSO: Physicians' Relationship with Industry & OHP Standard: Image
Guidance***

[CPSO](#) wants to hear your thoughts on two open

consultations: your input helps us assess our guidance and expectations and supports us in fulfilling our mandate to serve in the public interest.



Current Policy: *Physicians' Relationships with Industry: Practice, Education and Research*

We want you to help us update our current [Physicians' Relationships with Industry: Practice, Education and Research](#) policy that sets out expectations for doctors in their interactions with commercial enterprises associated with health care (i.e., "industry").

- Visit our [dedicated consultation page](#) and let us know your thoughts on how we can improve the existing policy.

New Draft *Out-of-Hospital Premises (OHP) Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain*

We also want you to help us finalize our new draft [OHP Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain](#) to enhance patient safety, clarify CPSO's expectations, and to address some of the known issues in this space.

- You can go to the [dedicated consultation page](#) to help us refine the draft *OHP Standard*.

Please click the dedicated consultation pages linked above or visit CPSO's [consultation page](#) to provide your feedback by **Wednesday, March 23, 2022**. If you'd like to be notified for all future CPSO consultations, join our mailing list [here](#).

ADDITIONAL RESOURCES

CPSO: eDialogue (March 2022)



eDialogue is the fully digital version of CPSO's long-running print magazine. It's mobile-friendly and includes articles and Practice Profiles related to health regulation, policies, health trends, and practice improvement.

Be sure to check out the following articles from our [March 2022](#) issue:

- [‘Bias and Female Surgeons’](#)
- [‘Creating an Inclusive Space’](#)
- [‘Reclaiming Herself’](#)

You can [subscribe to eDialogue](#) to receive notifications when new content is added.

CONO: We're Now on Facebook and LinkedIn!

The College of Naturopaths of Ontario (CONO) is pleased to announce the launch of our inaugural social media presences on [Facebook](#) and [LinkedIn](#)!

We're excited to be able to engage more registrants and members of the public than ever before, and to highlight and raise awareness of CONO's activities and its vital mission.

Ontario Caregiver Organization: Peer Support Program



The Ontario Caregiver Organization is looking for experienced caregivers to apply to their 1:1 [Peer Support Program](#) to connect with other caregivers, share experiences, and receive direct support together. Those who are interested can apply to [become a Peer Mentor](#) and connect with a Peer Support Lead to answer any questions, guide you through training, and create a profile to match with another caregiver who needs you.

[Apply to become an Ontario Caregiver Organization Peer Mentor today!](#)

Recent Open-Access Journal Articles

- [“The Research Family Advisory Committee: the patient and family view of implementing a research-focused patient engagement strategy,”](#) Research Involvement and Engagement (February 2022)
- [“Qualitative Examination of Shared Decision-Making in Canada’s Largest Health System: More Work to be Done: Shared Decision-Making—More Work to be Done,”](#) *Journal of Patient Experience* (December 2021)
- [“The tensions between healthcare providers and patient and family advisory committees \(PFACs\): A comparative health system analysis between England and Ontario,”](#) *Patient Experience Journal* (November 2021)

Citizen Advisory Group
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This email was sent to Margot.White@collegeofnaturopaths.on.ca
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The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2021-2022**

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, 2021 to March 31, 2022.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (Inactive)	Partner, BRB CE Group	BRB CE Group provides continuing education courses for NDs through in-person conferences and on-line webinars and records. The College requires NDs to take continuing education courses and approved courses for credits.

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Kim Bretz, ND	CCNM, Designs for Health, New Roots Herbal (Europe only), and Cytomatrix/Canprev – fee for speaking events	Paid on a per engagement basis.
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at the clinic.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2021-22 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Asifa Baig	May 26, 2021	June 2, 2021	None
Dr. Jonathan Beatty, ND	May 26, 2021	May 6, 2021	None
Dr. Kim Bretz, ND	May 26, 2021	April 20, 2021	Yes
Dr. Shelley Burns, ND	May 26, 2021	April 24, 2021	Yes
Dean Catherwood	May 26, 2021	May 17, 2021	None
Brook Dyson	May 26, 2021	May 10, 2021	None
Lisa Fenton	May 26, 2021	May 17, 2021	None

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.

Tiffany Lloyd	March 4, 2022	March 14, 2022	None
Sarah Griffiths-Savolaine	May 26, 2021	May 13, 2021	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 26, 2021	March 31, 2021	Yes
Paul Phillion	July 8, 2021	July 15, 2021	None
Dr. Jacob Scheer, ND	May 26, 2021	May 27, 2021	None
Dr. Jordan Sokoloski, ND	May 26, 2021	May 5, 2021	None
Dr. George Tardik, ND	May 26, 2021	May 18, 2021	None

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

Updated: March 15, 2022



The College of Naturopaths of Ontario

Report from the Council Chair

This is the Chair's Report (previously known as the President's Report) of the current Council cycle and provides information for the period January to February 2022.

This recent two-month period has been a busier period within the COVID-19 pandemic. I have continued to liaise with the Chief Executive Officer (CEO) on broad issues impacting the College. We continue to follow the direction from the Ministry of Health and hope to see more positive changes to come.

As this will be my last report before leaving the role, I want to take the opportunity to thank the CEO, staff, members of Council, Registrants, stakeholders and the members of the public who have all played a key part in my time with the College of Naturopaths of Ontario. The support I have received in the role of Chair and over the last 6 years has been immense. I appreciate all the hard work and clear dedication from those I have been fortunate enough to be in contact with. It has truly been an honour to see the College and the profession grow over these years and I am excited to see where the College goes in the future. While I plan to continue with some committee work (so you have not completely gotten rid of me), I wish everyone associated with the organization all the best and know I will miss talking and working with you!

Dr. Kim Bretz, ND
Council Chair
March 2022



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)							1774
General Class							1589
In Good Standing	1526	1533	1552	1568	1565		1568
Suspended	15	16	15	21	18		21
Inactive Class							171
In Good Standing	167	166	165	166	164		164
Suspended	5	5	5	5	5		5
Life Members	22	22	22	22	22		22
Changes in Registration Status							
Suspensions	6	2	1	6	7		22
Resignations	2	0	1	3	8		14
Revocations	3	0	0	0	2		5
Reinstatements	1	0	1	1	7		10
Class Changes							
GC to IN	0	1	0	4	8		13
IN to GC (< 2 years)	1	3	1	0	0		5
IN to GC (> 2 years)	0	0	0	0	1		1
Life Membership Applications							
Approved	0	0	0	0	0		0
Not Approved	0	0	0	0	0		0
Professional Corporations (Total)							
New applications approved	5	5	0	1	2		13
Renewed	11	14	13	21	12		71
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	2	18	11	25	2		58
On-going applications	16	25	32	38	14		
Certificates issued	9	5	19	26	11		70
Referred to RC	2	4	5	2	2		15
Approved	0	1	4	1	1		7
Approved – TCLs	0	1	1	0	0		2
Approved – Exams required	0	0	0	0	0		0
Approved – Education required	2	2	0	1	1		6
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	0	0	0		0
	On-going	1	1	1	1	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	68	N/A	N/A	38		106
	BME							
	Scheduled	0	0	1	0	0		1
	Held	0	0	1	0	0		1
	Candidates	N/A	N/A	64	N/A	N/A		64
	Clinical Practical Exam							
	Scheduled	1	1	2	0	1		5
	Held	0	1	2	0	1		4
	Candidates	23	40	70	N/A	27		160
	Therapeutic Prescribing							
	Scheduled	1	1	1	0	0		3
	Held	1	1	1	0	0		3
	Candidates	35	14	35	N/A	N/A		84
	IVIT							
	Scheduled	1	0	0	1	0		2
	Held	1	0	0	1	0		2
	Candidates	19	N/A	N/A	19	N/A		38
	Exam Appeals							
	CSE							
	*** Granted	0	0	0	0	0		0
	*** Denied	0	0	0	0	0		0
	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		0
	*** Denied	0	0	0	0	0		0
	Exam Question Development							
	*** CSE questions developed	0	0	0	0	0		0
	*** BME questions developed	0	125	0	0	0		125

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	1	0	0		1
	Funding application approved	0	0	0	1	0		1
	Funding application declined	0	0	0	0	0		0
	Number of Active Files	4	4	4	5	5		5
	Funding Provided	\$2,732	\$2,353	\$1,240	\$725	\$2,205		\$9,255
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	0	0	11	26	6		43
	Completed	0	0	11	26	6		43
	CE Reporting							
	Number in group	0	0	491	0			491
	Number received	0	0	483	0			483
	P&P Assessment required	0	0	0	0	0		0
	QAC Reviews							
	Accepted	2	0	1	0	0		3
	Work Required	0	0	0	0	0		0
	QAC Referrals to ICRC	0	0	0	0	0		0
1.6 Regulatory Activity: Inspection Program								
	New premises registered	8	5	4	0	2		19
	New Premise Inspection							
	Part I Scheduled	8	1	4	4	1		18
	Part I Completed	8	1	4	4	1		18
	Part II Scheduled	1	4	3	7	1		16
	Part II Completed	1	4	3	7	1		16
	New premises-outcomes							
	Passed	12	0	6	8	6		32
	Pass with conditions	5	0	2	3	4		14
	Failed	0	0	0	1	0		1
	Secondary Inspections							
	Scheduled	0	0	0	0	0		0
	Completed	0	0	0	0	0		0
	Second inspections							
	Passed	0	0	0	0	0		0
	Pass with conditions	0	0	0	0	0		0
	Failed	0	0	0	0	0		0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	3	1	2	2	2		10
	Patient died	0	0	2	0	0		2
	Emergency drug administered	0	0	0	0	0		0

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	4	4	6	4	6		24
	CEO Initiated	5	2	0	1	3		11
	ICRC Outcomes							
	Letter of Counsel	3	3	3	3	5		17
	SCERP	2	3	2	3	2		12
	Oral Caution	6	1	1	2	2		12
	SCERP & Caution	0	0	0	0	0		0
	No action needed	1	2	1	0	1		5
	Referred to DC	0	0	0	2	0		2
	Summary of concerns							
	Advertising	4	0	0	1	5		10
	Failure to comply	0	0	0	0	2		2
	Ineffective treatment	2	2	2	1	0		7
	Out of scope	5	2	2	2	1		12
	Record keeping	1	2	0	1	1		5
	Fees & billing	2	0	3	0	1		6
	Lab testing	0	0	0	0	0		0
	Delegation	0	0	0	0	0		0
	Harassment	0	0	1	0	0		1
	QA Program comply	1	0	0	0	0		1
	C&D compliance	0	0	0	0	0		0
	Failure to cooperate	1	1	1	0	0		3
	Boundary issues	0	0	2	1	0		3
	Practising while suspend.	0	1	0	0	1		2
	Unprofessional, unbecoming	0	0	0	0	0		0
1.8 Regulatory Activity: Cease & Desist								
	C&D Issued	2	3	4	3	1		13
	C&D Signed	1	2	1	5	0		9
	Injunctions							
	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	1	1	0	0	3		5
	Completed	0	1	1	0	0		2
	Discipline hearings							
	Contested	1	0	0	0	0		1
	Uncontested	1	0	1	0	0		2
	Contested Outcomes							
	Findings made	0	0	0	0	0		0
	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	82	91	94	75	85		427
	Telephone	59	58	71	42	39		269
	Top inquiries							
	COVID-19	21	17	16	13	10		77
	Scope of practice	12	8	15	14	10		59
	Conflict of interest	0	0	8	0			8
	Tele-practice	9	9	9	8	7		42
	Inspection program	0	8	0	0	4		12
	Patient visits	10	0	6	6	8		30
	Advertising	6	0	4	4	4		18
	Lab testing	0	23	15	10	4		52
	Notifying patients when moving	8	4	0	5			17
	Fees & billing	0	6	7	4	7		24
	Record keeping	6	6	15	6			33
	Grads working for a Registrant	7	0	0	0			7
	Registration					6		6
	Completing Forms/Letters for Patients	4	10	24	0	8		46
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	0	0	0	0		0
	Upheld	0	1	0	0	1		2
	Returned	0	0	0	0	0		0
	Overtaken	0	0	0	0	0		0
	Pending	2	1	1	1	0		5
1.12 Regulatory Activity: HRTTO Matters								
	In progress	1	1	1	1	1		1
	Decided	0	0	0	0	0		0
	In favour of applicant							0
	In favour of College							0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 1, 2022

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, 2021, which represents the third quarter of our 2021-2022 fiscal year.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, as of December 31, 2021.

At the end of Q3 the College is in a good financial position with a surplus of \$1,188,323 as noted under Current Earnings.

The College continues in a strong cash position that will support its operations for the current fiscal year.

The quality of the Accounts Receivable continues to be strong with less than 1% of payments going into default this quarter in our Pre-Authorized Payment Plan. This accounts for on average, three default payments per month. The default rate of 1% remains unchanged from Q2. The overall default rate of the year thus far is 1.6%. The last withdrawal of the Pre-Authorized Payment Plan was in January 2022.

The Canada Emergency Wage Subsidy (CEWS) continued to be available for employers to apply up to October 23, 2021. On October 24, 2021, this program was replaced by two new programs. The Tourism and Hospitality Recovery Program and the Hardest-Hit Business Recovery Program. These two programs take effect until May 7, 2022. The College qualified and was in receipt of a small subsidy in December.

As a side note, the CEWS program which started in March 2020 to October 2021, has approved 4,977,390 applications from the 5,025,870 received and has paid out \$100.16 billion in subsidies.

The College's investments are performing as expected, as interest rates continue to remain low.

Accounts Payable and Other Liabilities have returned to be within normal business practice limits as the College returns to a normal fiscal year cycle. They are both in line with normal College operations.

Total Equity remains declined due to the loss in the last fiscal year. This loss was a result of the discount that was provided on registration fees and depressed examination fees in 2020-21.

Statement of Operations

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

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

Revenue

Total Year-to-Date actual revenue was \$3,474,350. This compares to the Year-to-Date budget of \$3,230,067 resulting in a favorable variance of \$244,283 (108% over budget).

The primary line items that resulted in the favourable variance were registration fees, examination fees, inspection fees and miscellaneous income. These higher revenues offset several other line items that experienced lower than budgeted revenues for the quarter.

Line Item	Current 2021-2022 Fiscal Year				Prior 2020-2021 Fiscal Year		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q3- Actual Revenue	Q3- Variance in \$	Q3- Variance in %
Registration Fees	2,976,746	2,862,367	122,475	104 % over budget	28,965	(135,667)	82% under budget
Examination Fees	282,152	232,200	49,952	122% over budget	33,850	(41,150)	55% under budget
Incorporation Fees	25,310	20,500	5,010	123% over budget	8,731	5,081	239% over budget
Inspection Fees	50,000	67,500	(16,150)	74% under budget	12,500	(7,500)	37% under budget
Misc. Income (CEWS Subsidy)	129,081	22,000	107,081	587% over budget	126,163	126,163	*this line item was not budgeted for in 2020-21*

Registration Fees – In Q3 there were 12 new general class registrations processed. All of these registrations were pro-rated for the remainder of this fiscal year. The additional revenue was generated by 34 applications for Entry to Practice. With COVID-19 restrictions being lifted, this program has begun to see an increase in activity. It is regular business operations to see lesser revenue generated by this program during this time of year.

Examination Fees – A total of three exams were run this quarter, Clinical Practical Exam, IVIT Exam and Clinical Sciences Exam, in which each exam was attended by approximately 25 candidates. This is in addition to another 30 candidates completing the online Jurisprudence Exam. With additional exams scheduled in Q4, it is anticipated that this program will achieve its full budgeted revenue.

Incorporation Fees- At the end of Q3 this program has met its budgeted revenue targets. The majority of this revenue is due to the renewal of professional corporations. Between the start of the fiscal year to the end of Q3, a total of 12 new applications have been received.

Inspection Fees- There were 14 inspections completed in Q3. A total of seven inspections were Part II inspections grandfathered under old payment structure. The new payment structure is a combination of Part I and Part II fees incorporated into a new premise fee which was applied to seven premises. At the end of this quarter the program has generated 45% of its anticipated revenue. This shortfall is due to inspection activity being limited during COVID-19 shutdown restrictions.

Misc. Income (CEWS Subsidy)- In Q3 there were four eligibility reporting periods available for which the College met the criteria for one. The College was in receipt of a small subsidy in December in the amount of \$7,034.

Expenses

Total Year-to-Date expenses were \$2,286,026 compared to the Year-to-Date budget of \$2,692,769. The favorable variance of \$406,743 is 15% below budget. The primary items that contributed to lowered expenses are as follows:

Line Item	2021-2022				2020-2021		
	Year to Date Expense	Year to Date Budget	Variance in \$	% within the Budget	Q3- Actual Expense	Q3- Variance in \$	Q3- Variance in %
Office and General	99,187	175,557	76,370	44% under budget	14,448	(106,552)	88% under budget
Consulting Fees- General	43,825	68,970	25,145	36% under budget	47,558	(22,192)	32% under budget
Consulting Fees- Assessors	22,196	38,700	16,504	43% under budget	3,488	(16,312)	82% under budget
Exam Fees and Expenses	172,959	213,339	40,380	19% under budget	32,353	(36,600)	53% under budget

Legal Fees-General	19,654	34,620	14,966	43% under budget	10,726	601	106% over budget
Legal Fees-Discipline	48,953	178,000	129,047	72% under budget	49,988	32,988	294% over budget
Council Fees and Expenses	139,062	178,977	39,915	22% under budget	15,995	(25,093)	61% under budget
Hearings	7,628	30,843	23,215	75% under budget	10,924	5,148	189% over budget
Public Education	49,734	60,783	11,049	18% under budget	43,101	12,419	140% over budget
Education and Training	10,455	23,582	13,127	56% under budget	655	(7,395)	92% under budget
Printing and Postage	851	1,419	568	40% under budget	12	(826)	99% under budget

Office and General (58% of YTD budget): As the College continues to work remotely there are a number of cost savings in this line item that include janitorial services, office supplies, translation, and photocopies. Recruitment costs have also had cost savings as current platforms used have had positive feedback and have not required supplementary costs.

Consulting Fees General (61% of YTD budget): This line item includes consulting fees for general operations, registration, professional corporations and drug, substance, and lab program. With the exception of general operations, all of the other programs have not incurred any consultant fees thus far. General operations has cost savings due to some customized work to be completed in Alinity has not been necessary and some of it will be deferred to the following fiscal year.

Consulting Fees Assessors (41% of YTD budget): This item includes costs incurred for both Peer & Practise Assessors and Inspectors. This item remains well below budget due to the postponement, due to COVID-19 of all Peer & Practice Assessments except those ordered by the Quality Assurance Committee. A total of 14 inspections were completed this quarter.

Exam Fees and Expenses (66% of YTD budget): Although three exams were delivered in the third quarter and typical expenses for room rental, per diems and supplies incurred, the inability to deliver exams in the first quarter has resulted in lower year to date costs, including translation as no exams to date have been requested to be translated to French.

Legal Fees General (42% of YTD budget): There were a number of programs this quarter that did not incur any legal charges. Costs were generated by the Operations and Registration departments this quarter. It is anticipated that this line item will have some year end cost savings.

Legal Fees Discipline (22% of YTD budget): The reduction in expenses is due to no hearings having been held in Q2 and one uncontested hearing being held in Q3. The contested hearing has been deferred to the following fiscal year. Legal fees will continue to be incurred as preparatory work continues to be underway for a number of upcoming cases.

Council Fees and Expenses (66% of YTD budget): All committees continued to meet via Zoom and did not incur costs for accommodations, travel or meals. Additional savings are as a result of the Executive Committee not having any meetings and some meetings that were originally budgeted for full days were half days.

Hearings (22% of YTD budget): There was one uncontested hearing held in Q3. The contested hearing that was postponed to Q3-Q4 has been confirmed to be scheduled in the following fiscal year. As a result, this program will have cost savings of over \$100,000 this year.

Public Education (45% of YTD budget): Work is underway for the translation of materials into French for the College's French website. This work is anticipated to be billed at the end of Q4. Costs savings have primarily occurred in the updating and purchasing of additional graphics to our existing website. The College has an extensive image resource library to leverage.

Education and Training (43% of YTD budget): At the end of Q3 staff specified training has either been deferred to the following fiscal year when sessions are available in person and some workshops have been attended online at no cost to the College. Approximately half the training budget has been utilized by Quality Assurance due to the postponement of Peer & Practice assessments this year.

Printing and Postage (45% of YTD budget): Postage fees continue to remain minimal this quarter due to the College continuing to work remotely and various programs being postponed due to COVID-19 restrictions, including the mail out of inspection packages and candidate exam results. Majority of correspondence is now being mailed out electronically where applicable.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q3 have tipped the scale in which revenues have exceeded budgeted allocations by 1% with total revenues at 101%.

Overall expenses are at 69% of the annual budget which illustrates a slight costs savings that is consistent for the end of the quarter using the benchmark of 25% per quarter.

Capital Expenditures

By the end of Q3 a total of 97% of the I.T budget has been used to replace three laptops and basic computer accessories such as keyboards. The capital allocation of \$1,500 for furniture and fixtures is not anticipated to be utilized.

Forecasting to Year End

At the end of this quarter the College's total revenue is \$3,474,350 and total expenditures are \$2,286,026. The cost savings difference of \$1,188,324 to date is not anticipated to be fully used in the fourth quarter, thus a surplus is anticipated at the end of this fiscal year in the range of \$300,000-\$500,000.

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.

Thank you,

Agnes Kupny
Director of Operations



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION
As of December 31, 2021 (Q3)
75% of Fiscal Year

ASSETS

Chequing / Savings		
Bank - Operating Funds	\$	8,413.68
Bank - Savings	\$	498,429.98
Petty Cash	\$	500.00
<i>Total Chequing / Savings</i>		<u>\$ 507,343.66</u>
Accounts Receivable		
Accounts Receivable	\$	435,610.71
Allowance for Doubtful Accounts	\$	(32,374.50)
Ordered DC Costs	\$	2,000.00
<i>Total Accounts Receivable</i>		<u>\$ 405,236.21</u>
Other Current Assets		
Prepaid Expenses	\$	83,126.06
Investment in Mutual funds	\$	1,568,927.39
Accrued Interest	\$	1,407.10
Investment in GIC	\$	514,379.08
<i>Total Other Current Assets</i>		<u>\$ 2,167,839.63</u>
Fixed Assets		
Computer Equipment	\$	76,930.93
Furniture and Fixtures	\$	159,390.70
Accumulated Amortn - Computers	\$	(46,077.82)
Accumulated Amortn - Furniture	\$	(141,680.99)
<i>Total Fixed Assets</i>		<u>\$ 48,562.82</u>
TOTAL ASSETS		<u>\$ 3,128,982.32</u>

LIABILITIES AND EQUITY

Accounts Payable		
Accounts Payable	\$	116,815.77
Credit cards	\$	(112.98)
<i>Total Account Payable</i>		<u>\$ 116,702.79</u>
Other Current Liabilities		
HST Payable	\$	3,472.86
<i>Total Current Liabilities</i>		<u>\$ 3,472.86</u>
Equity		
Retained Earnings	\$	(394,093.84)
Patient Relations Fund	\$	89,192.65
Business Continuity Fund	\$	1,075,385.00
Investigations and Hearing Fund	\$	1,000,000.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	1,188,322.86
<i>Total Equity</i>		<u>\$ 3,008,806.67</u>
TOTAL LIABILITIES AND EQUITY		<u>\$ 3,128,982.32</u>



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q3 commencing October 01, 2021 to December 31, 2021

	Q3						12 MONTH ENDING MARCH 31, 2022				ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Oct-Dec'21 Budget	Oct-Dec'21 Actual	BUDGET FAV (UNFAV) VARIANCE		Oct-Dec'20 Actual	Oct-Dec'20 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE			
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%		
Revenue												
Registration and Member Renewals	164,323	141,923	(22,400)	86%	28,965	(135,667)	2,862,367	2,976,746	114,379	104%	2,877,889	103%
Examination Fees	32,900	47,950	15,050	146%	33,850	(41,150)	232,200	282,152	49,952	122%	292,000	97%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	5,300	7,102	1,802	134%	8,731	5,081	20,500	25,310	4,810	123%	23,150	109%
Ordered Costs Recovered	4,000	4,950	950	124%	3,250	(750)	12,000	11,550	(450)	96%	16,000	72%
Inspection Fees	42,500	25,750	(16,750)	61%	12,500	(7,500)	67,500	50,000	(17,500)	74%	110,000	45%
Interest	1,000	495	(505)	50%	(183)	(15,303)	3,000	1,425	(1,575)	48%	4,000	36%
Investment Income	1,500	(1,721)	(3,221)	-115%	-	-	10,500	(1,914)	(12,414)	-18%	12,000	-16%
Miscellaneous Income (CEWS Subsidy)	-	7,034	7,034	1000%	126,163	126,163	22,000	129,081	107,081	587%	22,000	587%
Total Revenue	251,523	233,483	(18,040)	93%	213,276	(69,126)	3,230,067	3,474,350	244,283	108%	3,357,039	103%
Expenses												
Salaries and Benefits	399,709	378,097	21,612	5%	385,478	(18,544)	1,223,217	1,217,448	5,769	0%	1,621,321	75%
Rent and Utilities	75,513	75,643	(130)	0%	71,529	(3,651)	231,539	234,839	(3,300)	-1%	307,052	76%
Office and General	55,211	20,248	34,963	63%	14,448	(106,552)	175,557	99,187	76,370	44%	170,688	58%
Consulting Fees-General	2,400	12,629	(10,229)	-426%	47,558	(22,192)	68,970	43,825	25,145	36%	71,370	61%
Consulting Fees-Complaints and Inquires	30,250	40,323	(10,073)	-33%	40,214	6,964	97,750	110,379	(12,629)	-13%	128,000	86%
Consulting Fees-Assessors/Inspectors	15,000	15,336	(336)	-2%	3,488	(16,312)	38,700	22,196	16,504	43%	53,700	41%
Exam Fees and Expenses	50,571	65,703	(15,132)	-30%	32,353	(36,660)	213,339	172,959	40,380	19%	267,703	65%
Legal Fees-General	10,672	13,784	(3,112)	-29%	10,726	601	34,620	19,654	14,966	43%	46,780	42%
Legal Fees-Complaints	15,925	22,289	(6,364)	-40%	15,100	(33,900)	51,638	46,445	5,193	10%	65,566	71%
Legal Fees-Discipline	50,000	20,413	29,587	59%	49,988	32,988	178,000	48,953	129,047	72%	192,000	25%
Council Fees and Expenses	20,857	23,285	(2,428)	-12%	15,995	(25,093)	178,977	139,062	39,915	22%	211,694	66%
Hearings (Discipline, Fitness to Practice)	11,648	798	10,850	93%	10,924	5,148	30,843	7,628	23,215	75%	34,619	22%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	16,715	0%
Insurance	-	-	-	0%	0	-	31,000	24,840	6,160	20%	31,000	80%
Equipment Maintenance	12,045	12,630	(585)	-5%	11,653	1,963	36,335	37,971	(1,636)	-5%	48,380	78%
Audit Fees	-	(16,000)	16,000	0%	0	-	16,500	(400)	16,900	102%	16,500	-2%
Public Education	13,711	4,359	9,352	68%	43,101	12,419	60,783	49,734	11,049	18%	109,945	45%
Education and Training	950	4,961	(4,011)	-422%	655	(7,395)	23,582	10,455	13,127	56%	24,082	43%
Printing and Postage	494	288	206	42%	12	(826)	1,419	851	568	40%	1,912	45%
Total Expenses	764,956	694,786	70,170	9%	753,222	(211,042)	2,692,769	2,286,026	406,743	15%	3,419,027	67%
Total Revenue over Expenses	(513,433)	(461,303)	(88,210)	17%	(539,946)	141,916	537,298	1,188,324	(162,460)	17%	(61,988)	



The College of Naturopaths of Ontario

Statement of Operations

	2021-2022			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Dec'21 Budget
REVENUES				
Registration and member renewal fees	\$ 2,877,889	\$ 2,976,746	103%	\$2,862,367
Examination fees	\$ 292,000	\$ 282,152	97%	\$232,200
Deffered capital funding	\$ -	\$ -	-	\$0
Incorporation fees	\$ 23,150	\$ 25,310	109%	\$20,500
Ordered costs recovered	\$ 16,000	\$ 11,550	72%	\$12,000
Inspection fees	\$ 110,000	\$ 50,000	45%	\$67,500
Interest	\$ 4,000	\$ 1,425	36%	\$3,000
Investment Income	\$ 12,000	\$ (1,914)	-16%	\$10,500
Miscellenous	\$ 22,000	\$ 129,081	587%	\$22,000
TOTAL REVENUES	\$ 3,357,039	\$ 3,474,350		\$3,230,067
EXPENSES				
Salaries and benefits	\$ 1,621,321	\$ 1,217,448	75%	\$1,223,217
Rent and utilities	\$ 307,052	\$ 234,839	76%	\$231,539
Office and general	\$ 170,688	\$ 99,187	58%	\$175,557
Consulting fees				
Consultants - general	\$ 71,370	\$ 43,825	61%	\$68,970
Consultants - complaints and inquiries	\$ 128,000	\$ 110,379	86%	\$97,750
Consultants - assessors/inspectors	\$ 53,700	\$ 22,196	41%	\$38,700
Exam fees and expenses	\$ 267,703	\$ 172,959	65%	\$213,339
Legal fees				
Legal fees - general	\$ 46,780	\$ 19,654	42%	\$34,620
Legal fees - complaints	\$ 65,566	\$ 46,445	71%	\$51,638
Legal fees - discipline	\$ 192,000	\$ 48,953	25%	\$178,000
Council fees and expenses	\$ 211,694	\$ 139,062	66%	\$178,977
Hearings (Discipline, Fitness to Practise)	\$ 34,619	\$ 7,628	22%	\$30,843
Amortization/Depreciation	\$ 16,715	\$ -	0%	\$0
Insurance	\$ 31,000	\$ 24,840	80%	\$31,000
Equipment maintenance	\$ 48,380	\$ 37,971	78%	\$36,335
Audit fees	\$ 16,500	\$ (400)	-2%	\$16,500
Public education	\$ 109,945	\$ 49,734	45%	\$60,783
Education and training	\$ 24,082	\$ 10,455	43%	\$23,582
Printing and Postage	\$ 1,912	\$ 851	45%	\$1,419
TOTAL EXPENSES	\$ 3,419,026	\$ 2,286,027		\$2,692,767
EXCESS OF REVENUES OVER EXPENSES	\$ (61,987)	\$ 1,188,323		\$537,299



The College of Naturopaths of Ontario

2021-22 Capital Statement

Line Item	Total Budget (April 2021-March 2022)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$7,700.00	\$1,065.00				\$1,756.30	\$385.99	\$2,407.69	\$1,885.57					\$7,500.55	\$199.45
Furniture & Fixtures	\$1,500.00													\$0.00	\$1,500.00
Total	\$9,200.00													\$7,500.55	\$1,699.45



The College of Naturopaths of Ontario

BRIEFING NOTE

College Performance Measure Framework Report 2021

PURPOSE: To seek approval of the Council to submit the College's 2021 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.	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 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. The first submissions were due by the end of March 2021 and covered the 2020 year.

Following receipt of the first submissions, the Ministry released a Report on the outcomes and revised the framework which was re-released in the fall of 2021. The College is now required to submit its 2021 report by March 31, 2022.

DISCUSSION POINTS:

The College's submission is attached and is presented to the Council in two parts.

1. A document has been created that takes the measures out of the Ministry's formal document (due to issues with adding text to the PDF document provided by the Ministry) and presents it in a table format. For reference, information that is provided by the Ministry is presented in the shaded areas of the table; those areas with a white background are the responses from the College.
2. The second part is Part 2 of the CPMF which is our College's data that has been added to the Ministry's actual framework report.

Behind these two documents is a complete version of the CPMF document as issued by the Ministry for reference if any of the questions are unclear and Council members wish to reference the original.

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 45 (90%) with the following areas not met:

- Implementation of a full risk management program (partially met).
- The College has a DEI Plan (partially met)
- Reviewed activities through a DEI lens (not met).
- Having a reserve policy and a sufficient level of reserves (based on Council's policy) (partially met).
- Implementation of a Risk-based approach to registration (partially met).

The College and its Council are actively pursuing activities in all the areas where the College is reporting that it has met only partially (4) or has not met (1).

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, 2022

College Performance Measure Framework Report
Draft Report – Part 1

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.		
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	The College fulfills this requirement:	YES
	The competency and suitability criteria are public: YES	
	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 of the necessary information about a potential nominee to ensure they meet these requirements: i. Nomination and Consent Form. ii. Confirmation of Eligibility Form iii. Election Undertaking iv. Conflict of Interest Questionnaire v. Fiduciary Duties Acknowledgement and Undertaking vi. Agreement and Undertaking regarding Duties of Council members vii. Candidate biography and personal statement	
	In September 2021, the Council approved a new Qualifying Program for individuals who wish to seek nomination for election to Council or appointment to a Committee. GP31 – Qualifying Program sets out all of the required elements and what is needed by a potential nominee or committee candidate to be deemed to have successfully completed the program. As part of this program, each potential nominee for election and each committee candidate must complete a competency self-assessment which is conducted on-line. In making determinations regarding potential nominees, the Governance Committee, which oversees the Qualifying and Training Programs for the Council receive all of 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 of the eligibility requirements regarding whether a potential nominee meets those requirements. Finally, a panel of the Governance Committee interviews each potential nominee and makes recommendations to the full Governance Committee who will then determine whether the potential nominee is qualified to seek election to Council or be appointed to a Committee. A copy of the full Assessment program may be found on the College's website.	

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: 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 you 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.	YES
b. Statutory Committee candidates have: i met pre-defined competency and suitability criteria.	The College fulfills this requirement: 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 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	YES

	competency requirements as well as the additional requirements for certain committees .	
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: 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 in 1.1 a ii, the orientation session is approximately 3 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.	YES
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: 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 t 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.	YES

Measure		
1.2 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.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:	The College fulfills this requirement:	YES
	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 61-62 of the January 26, 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. In 2021-2022, over the six meeting cycle a definite trend to improved meetings can be seen. . 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 28, 2021 meeting agenda. This framework was revised in November 2021. The changes can be found on page 118 of the November Council Meeting Materials. Once these processes are completed, the reports are made available on the College's website.	
i. Council meetings; and ii. Council.		
b. The framework includes a third-party assessment of Council effectiveness at a	The College fulfills this requirement:	YES
	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.	

minimum every three years.	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 2021. Council and Committee evaluations are available publicly on the College's website. The next cycle will be initiated in April of 2022.		
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	<table border="1" data-bbox="491 386 1776 422"> <tr> <td data-bbox="491 386 1409 422">The College fulfills this requirement:</td><td data-bbox="1409 386 1776 422">YES</td></tr> </table> At the completion of the Council and Committees evaluation process in July 2021, a Council planning survey was undertaken in response to in the evaluation report to allow Council members to provide feedback on proposed solutions for addressing identified needs One need identified by the Council was the desire for some time for them to get to know one another on a more personal level and network, something that has been lost since moving to an on-line video platform. Within the survey, Council members were provided with a time allocation option and, as a result, a 30-minute pre-meeting networking opportunity was implemented and continues today. The survey also listed several education and training priorities that had been identified either in the evaluation report or from discussions of that report in the Council meeting. From among those priorities, Council has had education and training in the following areas: • 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. • Training on the Council Policy Governance Framework, conducted by the Chair of the Governance Policy Review Committee. • Training on Enterprise Risk Management conducted by Richard Steinecke of Steinecke Maciura LeBlanc. It is important to note that the policy governance framework and risk management topics were among the top five topics identified by the Council as training priorities. In addition to these trainings, program briefings are provided which Council has noted provide a lot of information in a succinct manner to apprise all Council members on a topic quickly and easily. During July and August 2021, all Council and Committee members were required to complete training offered by the College on the following topics:	The College fulfills this requirement:	YES
The College fulfills this requirement:	YES		

	• Understanding the Roles of Key Players in Regulation • Defining the Public Interest • Interactive Public Interest Case Study and reporting • Duties of Council & Committee members • Duties Scenario Group discussion • Conflict of Interest • Interactive Conflict of Interest Case Study and reporting • Critical Decision-making considerations • Group Safety Scenario discussion • Review of the Legislative Framework • Right Touch Regulation Case Study and reporting • Important Terms & Concepts • Overview of the College • Practical things to for use in their roles • Volunteer Program Overview In addition, each 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) • 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 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 34 to 52 of the Council meeting package from September 2021.				
iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	<table border="1"> <tr> <td data-bbox="491 1089 1409 1125">The College fulfills this requirement:</td><td data-bbox="1409 1089 1774 1125">YES</td></tr> <tr> <td colspan="2" data-bbox="491 1125 1774 1414"> During the pandemic, public expectations surrounding discrimination and bias against non-white communities came to the forefront. In discussion with other Colleges and in conjunction with HPRO, the College made this a priority. At the same time, the College heard from several Registrants that equity and diversity were important issues to them and received offers to work with the College in this area. In May 2021, the Council approved terms of reference for the creation of an Equity, Diversity and Inclusion Committee. The College then promoted the creation of this committee to seek volunteers from the public and the profession. We are pleased to say that a committee of ten individuals, two of whom are public representatives has been established and is working on plans for how to approach this important topic. </td></tr> </table>	The College fulfills this requirement:	YES	During the pandemic, public expectations surrounding discrimination and bias against non-white communities came to the forefront. In discussion with other Colleges and in conjunction with HPRO, the College made this a priority. At the same time, the College heard from several Registrants that equity and diversity were important issues to them and received offers to work with the College in this area. In May 2021, the Council approved terms of reference for the creation of an Equity, Diversity and Inclusion Committee. The College then promoted the creation of this committee to seek volunteers from the public and the profession. We are pleased to say that a committee of ten individuals, two of whom are public representatives has been established and is working on plans for how to approach this important topic.	
The College fulfills this requirement:	YES				
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	At the same time, the CEO appointed an Equity, Diversity and Inclusion Officer, at the Director level, to assist the Committee and liaise with HPRO on important initiatives that they have been working on. With respect to risk management, the Council recognized the importance of this to the public and good governance in January 2020 at which time it authorized the CEO and Deputy CEO to complete a university level course from McMaster University. Upon completion of the course, the College's briefing process was augmented to improve the risk assessment process for key issues (this can be seen on page 123 of the Council meeting package from September 2021). 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 55-56 of the Council meeting materials of September 2021). 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 23 of the Council meeting materials of September 2021).
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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	
	The College fulfills this requirement:	YES

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 ii. accessible to the public.	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 32 policies, that establish how the Council will govern itself. These policies include both a Council Code of Conduct and an Avoiding Conflict of Interest policy. 3. Executive Limitations Policies, of which there are 17, which limit the means by which the CEO can achieve the strategic objectives, such that the CEO can use any means within the limitations set by the Council. 4. Council-CEO Linkage Policies, of which there are three, which establish the way in which the Council and CEO will interact and work collaboratively. During each Council cycle of six meetings, each of these policies is reviewed in detail by both the Council and the Governance Policy Review Committee. The latter may bring recommendations for change forward, either based on feedback from the Council, the CEO or based on its own review. The Avoiding Conflict of Interest policy was last reviewed and amended on January 27, 2021 and is scheduled for further review at the March 2022 meeting. The Council Code of Conduct was last reviewed and amended on January 27, 2021; however, new changes are being proposed by the Governance Policy Review Committee for consideration of the Council at its March 30, 2022 meeting. These changes will incorporate important elements surrounding Council and Committee members avoiding discrimination and bias, including unconscious bias. A copy of the updated approved version may be found here.				
ii. accessible to the public.	<table border="1"> <tr> <td data-bbox="491 935 1409 971">The College fulfills this requirement:</td><td data-bbox="1409 935 1776 971">YES</td></tr> <tr> <td colspan="2" data-bbox="491 971 1776 1036">All of these policies are available on the College's website in the Resource section.</td></tr> </table>	The College fulfills this requirement:	YES	All of these policies are available on the College's website in the Resource section.	
The College fulfills this requirement:	YES				
All of these policies are available on the College's website in the Resource section.					
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 to their Council duties (i.e. cooling off periods). Further clarification:	<table border="1"> <tr> <td data-bbox="491 1036 1409 1071">The College fulfills this requirement:</td><td data-bbox="1409 1036 1776 1071">YES</td></tr> <tr> <td colspan="2" data-bbox="491 1071 1776 1424"> 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 2 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 <i>Naturopathy Act, 2007</i> was fully proclaimed. For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including: </td></tr> </table>	The College fulfills this requirement:	YES	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 2 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 <i>Naturopathy Act, 2007</i> was fully proclaimed. For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including:	
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Colleges may provide additional methods not listed here by which they meet the evidence.	• 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.		
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	<table border="1" data-bbox="501 691 1772 724"> <tr> <td data-bbox="501 691 1394 724">The College fulfills this requirement:</td><td data-bbox="1394 691 1772 724">YES</td></tr> </table> 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 69 of the January 26, 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 January 26, 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.	The College fulfills this requirement:	YES
The College fulfills this requirement:	YES		

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.	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 on 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.				
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).	<table border="1"> <tr> <td data-bbox="491 773 1419 805">The College fulfills this requirement:</td><td data-bbox="1419 773 1778 805">Yes</td></tr> <tr> <td colspan="2" data-bbox="491 805 1778 1292"> 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. 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 109 of the January 26, 2022 Council meeting package. The Public Interest Tool may be found at page 55 of the same package. </td></tr> </table>	The College fulfills this requirement:	Yes	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. 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 109 of the January 26, 2022 Council meeting package. The Public Interest Tool may be found at page 55 of the same package.	
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e. The College has and regularly reviews a formal approach to identify, assess and	<table border="1"> <tr> <td data-bbox="491 1292 1419 1325">The College fulfills this requirement:</td><td data-bbox="1419 1292 1778 1325">Partially</td></tr> <tr> <td colspan="2" data-bbox="491 1325 1778 1422"> In 2020 and 2021, 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 </td></tr> </table>	The College fulfills this requirement:	Partially	In 2020 and 2021, 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	
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manage internal and external risks. This approach is integrated into the College's strategic planning and operations.	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.
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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: 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.	Yes
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).	The College fulfills this requirement: The Executive Committee of the College last met on December 2, 2020 and did not meet at all in 2021. 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, 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.	Yes
i. the meeting date;	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	

ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	meeting materials. This last occurred on January 27, 2021 following the final regular meeting of the Executive Committee. Please see page 31 of the Council meeting materials package for January 27, 2021.				
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">The College fulfills this requirement:</td><td style="width: 20%; text-align: center;">Yes</td></tr> <tr> <td colspan="2"> 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 to contact the College. </td></tr> </table>	The College fulfills this requirement:	Yes	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 to contact the College.	
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b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">The College fulfills this requirement:</td><td style="width: 20%; text-align: center;">Yes</td></tr> <tr> <td colspan="2"> 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. For example, at the time of preparing this submission, the dates for a hearing on a </td></tr> </table>	The College fulfills this requirement:	Yes	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. For example, at the time of preparing this submission, the dates for a hearing on a	
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	matter of Allan Bortnick was posted within the past week while the hearing dates are set for May and June 2022.	
	With respect to the “status”, the College provides a link to a separate web page that describes the six steps in disciplinary matters to ensure that the public understands where the College is on any given referral to the DC.	
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:	Partially
	In 2021, the Council of the College appointed an Equity, Diversity and Inclusion (EDI) Committee to address diversity, equity and inclusion (DEI) matters. The committee has met on two occasions and in December 2021 approved its preliminary action plan on how it will proceed to address DEI matters in concert with the Council.	
	Presently, the College is working with the Committee to develop a DEI tool to be used by the Committee, other committees and the staff as a DEI lens through which all policies, procedures and activities can be evaluated.	
	Is the College planning to improve:	Yes
	In the coming year, it is expected that the tool will be completed and the EDI Committee will be able to start work implementing its action plan approved in December 2021.	
b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	The College fulfills this requirement:	No
	This has not yet been initiated but is anticipated for 2022.	
Further clarification: 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.	
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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.		
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
	The College's Strategic Plan is embodied in two policies of the Council that are referred to as "Ends" policies under the Council's governance model: • E01 - Ends Statements represents the objectives the Council as set for the College's future state. • E02 – Ends Priorities represents the priorities the Council has assigned to its overall objectives. 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 covers the upcoming next fiscal year and the subsequent two years. 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 2021 on page 210. A copy of the Operational Plan for the coming fiscal year may be found here. In preparation of the College's annual budget- the College uses the following strategies to allocate resources accordingly: ○ The use of granular spreadsheets for tracking expenditures and remaining budget for each program/activity/project. ○ Sending out Requests for Proposals and Quotes in advance of projects to inform budget planning. ○ Advance project planning for larger projects to ensure appropriate budget allocations. ○ Participation of all departments of the College in the preparation of the budget to ensure the budget accurately reflects each program's expense and revenue allocations. ○ Internal review processes of the proposed budget prior to being presented to Council to ensure accuracy of information. ○ Presentation of the budget with the Operational Plan to aid Council's understanding and help inform Council decisions regarding both documents.	

	The budget presented to the Council is for the upcoming fiscal year along with estimates for the subsequent two years. This aligns with the Operational Plan presented to the Council in support of its strategic objectives. A copy of the most recent budget at the time of preparing this report can be found on page 250 of the March 2021 meeting materials package.	
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
	The College has two financial reserves policies. The first is an Executive Limitation Policy set by the Council that establishes its 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. This is primarily due to COVID-19 and the Council’s decision to reduce registration fees by 40% in the 2020 registration year as a short-term financial relief measure for Registrants. As a result, the College dipped into its reserves to maintain full operations. Registration fees for 2021 and 2022 have been returned to their normal amounts. In January 2022, the Council was advised of the levels within the Restricted Reserve Funds which formed part of the rationale for the Council’s decision to defer an audit of the Registration Fees to determine whether they are set appropriately; an activity committed to by the Executive Committee at an earlier date. Information on College fees and reserves may be found on page 105 of the January 2022 Council meeting materials package.	
	Is the College planning to improve:	Yes
	Over time, the College is intending to ensure that any surplus funds generated at the end of the fiscal year are automatically used to top up the restricted reserve funds in accordance with the Council’s Executive Limitation policy.	
c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the	The College fulfills this requirement:	Yes
	The Council receives a number of 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 73 of the January 2022 Council meeting materials package. The College’s Operating Plan includes ongoing Human Resources planning which includes the maintenance of equitable hiring practices that considers 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.	

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).	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 66 of the November 2021 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 88 through 91 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 of the senior management team to act in their absence in the event that 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).				
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).	<table border="1"> <tr> <td data-bbox="491 837 1404 873">The College fulfills this requirement:</td><td data-bbox="1404 837 1778 873">Yes</td></tr> <tr> <td colspan="2" data-bbox="491 873 1778 1411"> The College Council is regularly briefed on the College's data plan and any related issues. For example, throughout 2020 the Council was briefed on the need for and development of an new database system to manage Registrant and applicant records. The College migrated its Registrant database to a new provider. This upgrade resulted in several enhancements including: • Enhanced login security for both staff and Registrants (multi-factor authentication) • Enhanced user profile set ups and authorization levels • Enhanced security features for processing payments • New processes developed to support transition of activities from manual processes to electronic- most notably Council Elections • More functionality allowing for more processes to be automated and/or improved • Registrant integrated platforms available for dialogue amongst peers on Council and in committees • Cloud storage within Canada The College also transitioned to a new payment processor. This upgrade resulted in the following enhancements: • Direct interface between new Registrant database and payment processor • Significantly less data entry by staff </td></tr> </table>	The College fulfills this requirement:	Yes	The College Council is regularly briefed on the College's data plan and any related issues. For example, throughout 2020 the Council was briefed on the need for and development of an new database system to manage Registrant and applicant records. The College migrated its Registrant database to a new provider. This upgrade resulted in several enhancements including: • Enhanced login security for both staff and Registrants (multi-factor authentication) • Enhanced user profile set ups and authorization levels • Enhanced security features for processing payments • New processes developed to support transition of activities from manual processes to electronic- most notably Council Elections • More functionality allowing for more processes to be automated and/or improved • Registrant integrated platforms available for dialogue amongst peers on Council and in committees • Cloud storage within Canada The College also transitioned to a new payment processor. This upgrade resulted in the following enhancements: • Direct interface between new Registrant database and payment processor • Significantly less data entry by staff	
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	• Transactions automatically closed and balanced at the end of the day The College also finalized the launch of its new website over the past year. Highlights of this upgrade include: • Ease of Public and Registrants accessing information • Enhanced functionality of posting information to the website • Developed and continues to be supported by a third party • Ability to run enhanced statistical information on website visits etc. • The ability to offer information in French (the launch of the French website is anticipated in the spring of 2022). All staff are 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 are being 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 has also proposed to the Council to enhance accessibility to the website with the addition of a supplementary Accessibility App which supports anyone with a visual disability and further supports inclusivity; implementation is pending budget approval by the Council at the end of March 2022. It is also important to note that the College's information systems are segregated in terms of how each one is stored and backed up- this additional layer of security means that in the event one of the College's system's is compromised -the compromise will not affect the other The College also sub-contracts an I.T company which in addition to regular I.T 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 email and dark web monitoring.
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Measure	
Required Evidence	College Response

	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 within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> Regulatory Colleges: Canadian Alliance of Naturopathic Regulatory Authorities and its members. Through this alliance and its individual members, the College has been addressing entry requirements, movement under labour mobility legislation, alignment of practice expectations as well as locating and preventing unauthorized practitioners. The College has been instrumental in the further growth and stability of the newly created Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). Through this alliance and with its key regulatory authority members, the College has established channels of communication surrounding applications for registration (to address jurisdictional shopping at entry-to-practice and facilitate the seamless movement of naturopaths between jurisdictions). A standard Certificate of Standing request forms for letters of standing has been created and is now used across Canada and a standardized application for registration questions has been established to ensure each of the Canadian regulatory authorities is collecting the same evaluative information. Through the alliance, a Memorandum of Understanding has also been created related to registration requirements for telepractice, which has been adopted and implemented in all jurisdictions. This document ensures that all Regulators take the same approach, namely that wherever a patient is located, the ND must be registered in that jurisdiction in order to provide care, whether in person or remote/electronic means of care. This optimally protects patients in all regulated jurisdictions.
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	Finally, a national comparison chart on the scope of practice of the profession was created to facilitate communication, address applications made under labour mobility provisions and legislation, and develop future cooperative initiatives. Through its partnership with regulators in BC and Alberta, the College is able to verify and confirm the qualifications of applicants who are seeking to move under labour mobility provisions and legislation and help curtail 'jurisdiction shopping' (i.e., applicants seeking to avoid specific entry-to-practise requirements in their intended jurisdiction by using labour mobility). The College also issues Cease & Desist letters as necessary to protect the public from unqualified and unauthorized practitioners. Regulatory Colleges: Ontario Health Regulators In partnership with several other health regulatory authorities, the College has been able to issue Cease & Desist letters as necessary to protect the public from unqualified and unauthorized practitioners (CTCMPAO, CPO, CMTO). We have also worked to align practice expectations working Ontario College of Pharmacists and the National Alliance of Pharmacy Regulatory Authorities relating to overlapping areas of scope and the impact of federal changes to the level at which Vitamin D requires a prescription, which provided the College with the ability to clarify for Registrants their scope and to understand how changes to Vitamin D impact their practices. System Partners: Ministry of Health The College maintains what we believe to be a positive relationship with the Ministry of Health in particular in areas of alignment of practice and quality of care across the system. We have continued to support this Ministry's initiatives surrounding COVID-19, including a) strongly encouraging naturopaths as health professionals to be vaccinated and b) encouraging naturopaths to enroll in the program to improve the roll out of vaccinations and c) providing updated information to the profession during the ever changing status of the pandemic. This year, the College worked closely with the Health Workforce Regulatory Oversight Branch and the Laboratories and Diagnostic Branch to provide clarification to our Registrants about laboratory testing requirements, including jurisdictional and test specific limitations. Our work with the Health Workforce Regulatory Oversight Branch and through them with the Drug Branch we were able to obtain clarification surrounding changes to the levels at which Vitamin D becomes a drug. The College also worked with the Ontario College of Pharmacists as well as the National Association of Pharmacy Regulatory Authorities to clarify the pending changes made by Health Canada and their impact on the regulation of naturopaths in the context of prescribing Vitamin D. 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
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	• 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 2021 Virtual 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. In addition to obtaining examination related information and DEI information, the College also had a senior staff member complete the Certified Investigator Training Program. 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 "pushed" information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i>
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	<i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> In Conversation With The College has engaged with a key partner in regulation, the profession itself, to ensure that the general expectation of the public is that every Registrant is aware of their regulatory responsibilities. While this happens in a number of ways, in the past year the College launched a new and innovative approach using a fireside chat format. “In Conversation With...” was created with the intention of allowing the profession 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. Sessions included “In Conversation with ... the CEO” where key topics including COVID-19, complaints and disciplinary processes, practice and scope questions, and the College’s approach were asked and answered. A second session “In Conversation With ... Dr. Mary-Ellen McKenna, ND (Inactive)” arose out of a high demand for answers to practice related questions during the first session. As the Manager of Inspections and Regulatory Education Specialist, Dr. McKenna, ND (Inactive) answered questions about COVID-19, Telepractice, Record Keeping, Fees and Billing, and Continuing Education. While outside of this reporting period, a third session was held with Dr. Kim Bretz, ND, Council Chair in February where she was able to demystify some of the questions surrounding the role of the Council, the upcoming election and election processes, the amount of work her role entails and the future of the College. The College will be continuing the In Conversation With series throughout 2022. COVID-19 Vaccinations The College also engaged the profession in another important process in support of the public’s expectation that those people who can be vaccinated will be, and that regulated health professionals would be vaccinated. The College conducted an informal, anonymous survey of the profession in 2021 in an effort to extrapolate the vaccine status and intent of the profession in being vaccinated. Having obtained a response from approximately 33.5% of the profession, a briefing was provided to the Council as part of its November Council Meeting materials package (page 139) which provided the Council with the information it needed to be satisfied that issuing a statement to the profession was warranted. On November 25, 2021, the College Council released an important statement to the profession, strongly urging all Registrants to be vaccinated against COVID-19. Satori Consulting and the Council Evaluation Processes The College and Council partnered with Satori Consulting Inc. in 2021 to launch the Council and Committee Evaluation Process. It has long been noted that regular evaluations of the Council and its Committees are not only in
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the public interest but an expectation of the public in the context of good governance. With Satori Consulting, the College completed its first multi-faceted evaluation process that included a) an evaluation of the Council and each Committee, b) an evaluation of each Council and Committee member (self-evaluation and peer evaluations); and c) a report and action plan for each committee and the Council as well as each Committee and Council member. The individual reports and action plans are confidential between Satori Consulting and the Council/committee member; however, the Council and Committee evaluation reports are available on the [College's website](#).

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 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 every web page on our site into French. 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. The roll out of French web pages is in progress, however, the major section of [About Us](#) has been launched with our next phase intending to address key areas for the public, including complaints and discipline. Early in the next fiscal year, the College will also be launching its public registry as a bilingual service.

Technology Upgrades

There is a general assumption within the public, including the profession, that the College will make use of technology to streamline public and Registrant interactions with the College and increase productivity within the College itself, that is, make better use of its human resources. First, the College has partnered with Softworks Group to develop and launch a new database and Registrant portal to improve the College's ability to engage and exchange information with Registrants and applicants. Through Softworks' Alinity Program, the College has streamlined its renewal process (increasing our success rate from 96% to 99%), launched on-line application processes, on-line examination registration, and on-line applications and renewals for professional corporations. The integrated payment system has reduced our credit card processing costs by nearly 50% and our new streamlined payment program system, allowing Registrants to pay registration fees in a series of installments rather than in one lump sum, has increased participation from around 20 Registrants annually to over 500 Registrants last year.

The College has also engaged 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:

- Volunteering. In the past, volunteers completed a manual form that was faxed or emailed and reviewed by College staff. In this past year, using Smartsheet, the College has launched an on-line [Volunteer Application form](#), [Volunteer Candidate declaration](#), [volunteer competency self-assessment](#) and a [volunteer review \(test\)](#) after completion of College training. We have also created a mentoring program that allows volunteers to [enroll in the individual program](#), [group program](#) and/or virtual education programs. All of these are available for the public to volunteer as well as for Registrants.
- Registration. Separate and apart from the on-line processes through Alinity, the College has also automated workflows around the [Name Change process](#), [Resignation Process](#), Collection of Information for [Entry-to-Practise](#) when a candidate must develop a learning plan for review by the Registration committee, [Change of Class Applications](#), and for those who have been Inactive for more than 2 years, the process of identifying and developing their [learning plan](#).
- Council elections. In the past, the Council election process was essentially paper-based. Nominations had to be on a form signed by three different Registrants. This process has been automated with the on-line [Nomination and Consent Form](#), [Confirmation of Eligibility](#), the [Conflict of Interest Declarations](#), [Fiduciary Duties Agreement](#), [Agreement to perform Council duties](#) and the [election undertaking](#). Most unique about this process is the nominations process where a potential nominee provides information about their nominators and once the College confirms they are eligible to nominate the candidate, an automated process of confirming their agreement to nominate and obtaining the consent to stand for election occurs using the workflows and requiring no further human intervention.
- The College has also fully automated its human resources and payroll systems such that staff can easily [request a planned absence](#), [report an unplanned absence](#), [seek authorization for overtime](#) and report their [attendance, hours worked and expense claims](#) all in an on-line environment.
- The College has automated many other internal processes including seeking regulatory authorizations, approval of documents for release, seeking the support of the communications team, payment of per diems and expenses and invoice approval and payment authorizations. Unfortunately, not all of these forms can be made publicly available.

Equity, Diversity, Inclusion and Belonging

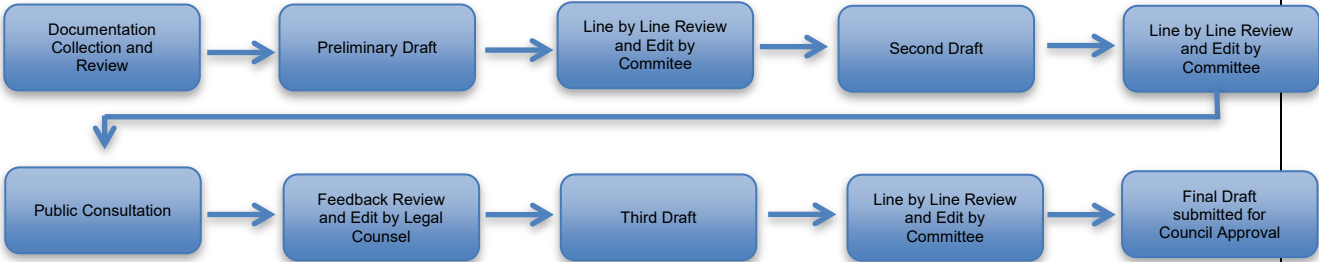
The College has continued its partnership with both the Canadian Centre for Equity and Diversity and the Ontario Human Rights Commission to provide important training to staff and volunteers of the College. It is an expectation of the public that decision-makers, volunteers, and staff of the College 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.
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Measure 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.		
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
	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.	
ii. uses cyber security measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
	The 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 also Cyber Security training as well as ongoing training on these topics. 3. Staff are regularly tested with spoof emails 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. Policy and procedures are in place with role accountabilities and authorizations in accordance with the College's I.T Corporate Permissions policy. 7. Policy and procedures in place regarding use of the College website (e.g., what may be posted). 8. Policy and procedures in place about what is permitted on the College's I.T 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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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).		
Required Evidence	College Response	
a.The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:	YES
	The Council created a new Standards Committee, whose role as outlined in the approved Terms of Reference. The Committee's role is 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 <i>Naturopathy Act, 2007</i> and the by-laws as they pertain to the Standards of Practice of the profession. The Inspection Committee (IC), which oversees the IVIT Program and standards within VIIT 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.	

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; padding: 5px;">The College fulfills this requirement:</td><td style="width: 35%; text-align: center; padding: 5px;">Yes</td></tr> </table> The following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, policies:  <pre> graph LR A[Documentation Collection and Review] --> B[Preliminary Draft] B --> C[Line by Line Review and Edit by Committee] C --> D[Second Draft] D --> E[Line by Line Review and Edit by Committee] E --> F[Public Consultation] E --> G[Final Draft submitted for Council Approval] F --> H[Feedback Review and Edit by Legal Counsel] H --> I[Third Draft] I --> J[Line by Line Review and Edit by Committee] J --> G </pre> 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.	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes		
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; padding: 5px;">The College fulfills this requirement:</td><td style="width: 35%; text-align: center; padding: 5px;">Yes</td></tr> </table> As noted elsewhere in this report, during the reporting year, the College created an 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.	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes		

the care provided by the registrants of the College.	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. Add link to amended Code of Conduct once approved
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Measure		
9.1 Applicants meet all College requirements before they are able to practice.		
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.)	The College fulfills this requirement: 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.	YES

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
	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 (November 2021) Language Proficiency Policy (September 2021) Proof of Identify Policy (February 2022; pending Council review & approval March 30, 2022) Good Character (last review/approval July 2021) Alternative Documentation Policy (<i>new policy</i> ; pending Council review & approval March 30, 2022) Registration Regulation (last reviewed November 2021)	
Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
Required Evidence	College Response	
c. A risk-based approach is used to ensure that currency ₃ and other	The College fulfills this requirement:	Partially
	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	

competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	Section 4 of the Registration Regulation and includes similar provisions to those required of applicants for registration. Currency and competency requirements were determined through staff research, Committee and Council discussion, and consultations (both public and Ministry related) as part of drafting and finalizing the Registration Regulation prior to proclamation of the <i>Naturopathy Act, 2007</i> in 2015. In November 2021, both currency and good character requirements were reviewed as a part of the review of the Registration Policy and the Registration Regulation. 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 email 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.		
	<table border="1"> <tr> <td data-bbox="491 1065 1409 1101">Improve performance</td><td data-bbox="1409 1065 1774 1101">Yes</td></tr> </table>	Improve performance	Yes
Improve performance	Yes		
	In December 2020, the College moved to a new CRM system which provides currency auditing capabilities not available under the former system. Currency audits under the new system were initiated at the close of renewal in 2021 and the first round of notices were sent to Registrants in year 2 of their reporting period who still need to accrue sufficient hours to meet the requirement. Additional policy edits to the Registration Policy to further flesh out currency reporting is anticipated for May 2022.		
Measure 9.3 Registration practices are transparent, objective, impartial, and fair.			
Required Evidence	College Response		
	<table border="1"> <tr> <td data-bbox="491 1360 1409 1393">The College fulfills this requirement:</td><td data-bbox="1409 1360 1774 1393">Yes</td></tr> </table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes		

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).	In its last assessment report (November 2021), the OFC had identified nine outstanding recommendations from the audit conducted in 2018, four of which had been fulfilled and three which were later characterized as best practices, opposed to compliance recommendations (but also fulfilled). Of the two recommendations that remain outstanding, these are anticipated to be fulfilled prior to the April 1, 2022 deadline to maintain the status of OFC's assigned status of 'full compliance.'
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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.	The College fulfills this requirement:	YES
	Name of Standard: Inspection Program Requirements – Existing/5 year scheduled, New Premises Part I and New Premises Part II Duration of period of support: May 2021 – December 2021 Activities undertaken to support registrants: • Training of inspectors on new requirements • October 2021, Manager Professional Practice hosted an In Conversation with and answered real time questions related to the program changes • Newsletter articles and blog posts outlining the program changes and why • All email notices informing of new changes and how they will be applied included direct contact information for staff support and questions % of registrants participated by each • # of Registrants who have met the Standard of to administer a substance by IVIT: 314 ○ 3.5% training of new inspectors	

Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	9% contacted staff with questions and clarifications Evaluation conducted on effectiveness The inspection conducted since the new requirements were incorporated show that the majority of premises have successfully implemented them.
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Measure		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.		
Required Evidence	College Response	
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
	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.	
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:	Yes
	- 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 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 - Employers - Registrants - other stakeholders 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 Manager, Professional Practice who provides information to the Registrant on the potential concern and possible ways to remedy the deficiency.				
iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<table> <tr> <td>The College fulfills this requirement:</td><td>Yes</td></tr> <tr> <td colspan="2"> 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. </td></tr> </table>	The College fulfills this requirement:	Yes	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.	
The College fulfills this requirement:	Yes				
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.					

Measure					
10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.					
Required Evidence	College Response				
a. The College tracks the results of remediation activities a registrant is directed	<table> <tr> <td>The College fulfills this requirement:</td><td>YES</td></tr> <tr> <td colspan="2"> 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 2021, the Quality Assurance Committee granted all Registrants who failed to submit or were </td></tr> </table>	The College fulfills this requirement:	YES	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 2021, the Quality Assurance Committee granted all Registrants who failed to submit or were	
The College fulfills this requirement:	YES				
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 2021, the Quality Assurance Committee granted all Registrants who failed to submit or were					

to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	deficient in meeting their CE requirement an extension until February 28 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 required to undergo a Peer & Practice Assessment as a result of failing to complete their CE requirement in order to ensure that they have maintained the necessary knowledge, skills and judgment in practising the profession. The Quality Assurance Committee received the Peer Assessor's report of the Registrant and based on the information available deemed the Registrant's knowledge, skills and judgment satisfactory and no additional remediation was required.
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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	The College fulfills this requirement:	YES
	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 explaining the complaint process to potential and actual complainants. In the early stages, without encouraging or discouraging the filing of a complaint, they ensure that the individual is aware of what the process entails. Actual complainants benefit from regular follow up not only by email but also by telephone so that all of the questions can be answered, and they can be reassured of where the College is in the process and what to expect in the subsequent stages.	

complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and					
iii. Evaluated by the College to ensure the information provided to complainants is clear and useful.	<table> <tr> <td>The College fulfills this requirement:</td><td>Yes</td></tr> <tr> <td colspan="2">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.</td></tr> </table>	The College fulfills this requirement:	Yes	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.	
The College fulfills this requirement:	Yes				
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.					
b. The College responds to 90% of inquiries within 5 business days, with follow-up timelines as necessary.	<table> <tr> <td>The College fulfills this requirement:</td><td>Yes</td></tr> <tr> <td colspan="2">The College responds to inquiries within 5 business days 100% of the time.</td></tr> </table>	The College fulfills this requirement:	Yes	The College responds to inquiries within 5 business days 100% of the time.	
The College fulfills this requirement:	Yes				
The College responds to inquiries within 5 business days 100% of the time.					
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 of regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions	<table> <tr> <td>The College fulfills this requirement:</td><td>yes</td></tr> <tr> <td colspan="2"> 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. </td></tr> </table>	The College fulfills this requirement:	yes	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.	
The College fulfills this requirement:	yes				
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.					

that affect them etc.).	
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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.		
Required Evidence	College Response	
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
	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.	

Measure 12.1 The College addresses complaints in a right touch manner.		
Required Evidence	College Response	
a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the	The College fulfills this requirement:	YES
	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 reviewed by the Committee and last revised in 2021. The Committee revised its processes to include the newly developed ADR program into the process and timing.	

prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	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.
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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.		
Required Evidence	College Response	
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
	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 2021 the College has shared information in following contexts: • Other Ontario Regulators for the purposes of: ○ Joint investigations ○ Providing information about registrants of other Colleges that came to our attention during an investigation ○ 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 • 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; ○ Providing information about practitioners in another jurisdiction who may be holding out as being able to practise in Ontario. • Police Services ○ Where requested by police the College has provided records of investigations, details of naturopathic practice and records. ○ Worked with police services in the collection and seizure of records related to College investigations	

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 KPI's, including a clear rationale for why each is important.	The College fulfills this requirement:	YES
	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 4 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.	
	The College fulfills this requirement:	Yes

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 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. For example, during COVID-19, there were periods when the report indicated no exams were delivered and no candidates had sat the exam. This was explained as being the result of COVID-19; however, had no explanation been offered, Council would have made the necessary enquiries. In terms of risk, this report allows the Council to assess the risk of non-compliance with the College's mandate and to address with the CEO longer term impacts. 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 for 2021-22 may be found on page 66 of the November 2021 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 pages 120 and 139 of the November 2021 Council meeting materials package are examples of how briefing notes brought to the Council form a part of the Council's risk management approach. Supporting materials may be found on pages 50 and 51 of the same package.
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Measure	14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
Required Evidence	College Response		
a. Council uses performance and risk review findings to identify where improvement	The College fulfills this requirement:		YES
	Improvement opportunities are presented to the Council for every item on its agendas throughout the year. The following summarizes these opportunities.		

activities are needed.	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. Within the context of Council meetings, this has been done on several occasions. For example, in 2019-2020 the Council noted that activities surrounding the continued re-development of the Prior Learning Assessment and Recognition Program (PLAR) were delayed. It asked that this be improved upon in subsequent years as developments in other provinces represented a risk of a potential increase in French applicants and without improvements, the College would not be positioned to meet that need. In the subsequent year, these were made a priority in the next operational plan.
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Measure 14.3 The College regularly reports publicly on its performance.		
Required Evidence	College Response	
b. 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
	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	

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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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.

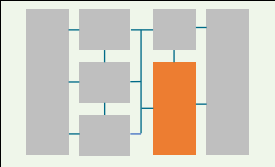
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<i>What does this information tell us?</i> 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 2021. 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 13.1(a) of Standard 11.	
Type of QA/QI activity or assessment:	#		
i. Continuing Education Reporting			
ii. Self-Assessment			
iii. Peer & Practice Assessment			
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i>	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
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.
CM 2. Total number of registrants who participated in the QA Program CY 2021			
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 as of the start of CY2021.			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 2021, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

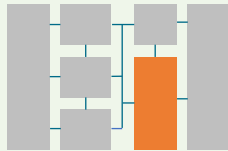
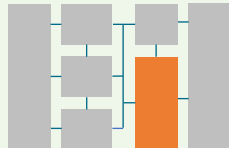
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method:			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	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 judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
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 2021	Formal received	Complaints	Registrar initiated	Investigations	<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse					
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

Formal Complaints NR Registrar’s Investigation ** <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
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 2021			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 committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021			
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 2021			
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
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 13							
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# 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							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <Delegation & Conflict of Interest>						
* <i>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 2021.</i> ++ <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i> NR							
What does this information tell us? <i>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.</i>							
<i>Additional comments for clarification (if needed)</i>							

Table 7 – Context Measure 11

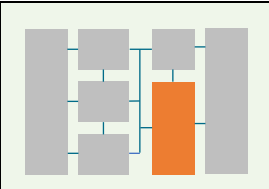
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method:		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. 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.
I. A formal complaint in working days in CY 2021		
II. A Registrar’s investigation in working days in CY 2021		
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

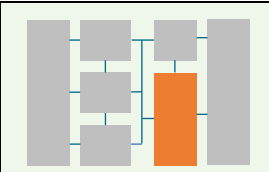
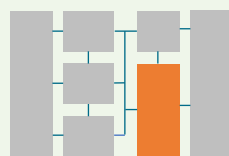
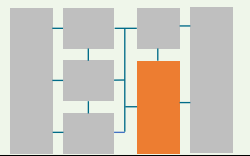
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What 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. <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>	
I. An uncontested discipline hearing in working days in CY 2021			
II. A contested discipline hearing in working days in CY 2021			
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method:			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us?</i> 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			
II. Incompetence			
III. Fail to maintain Standard			
IV. Improper use of a controlled act			
V. Conduct unbecoming			
VI. Dishonourable, disgraceful, unprofessional			
VII. Offence conviction			
VIII. Contravene certificate restrictions			
IX. Findings in another jurisdiction			
X. Breach of orders and/or undertaking			
XI. Falsifying records			
XII. False or misleading document			
XIII. Contravene relevant Acts			

<i>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</i> <u>NR</u>
<i>Additional comments for clarification (if needed)</i>

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us?</i> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation			
II. Suspension			
III. Terms, Conditions and Limitations on a Certificate of Registration			
IV. Reprimand			
V. Undertaking			
<i>* 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 may not equal the total number of discipline cases.</i> 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 Professionals 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 he/she 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](#)

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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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; and
- 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

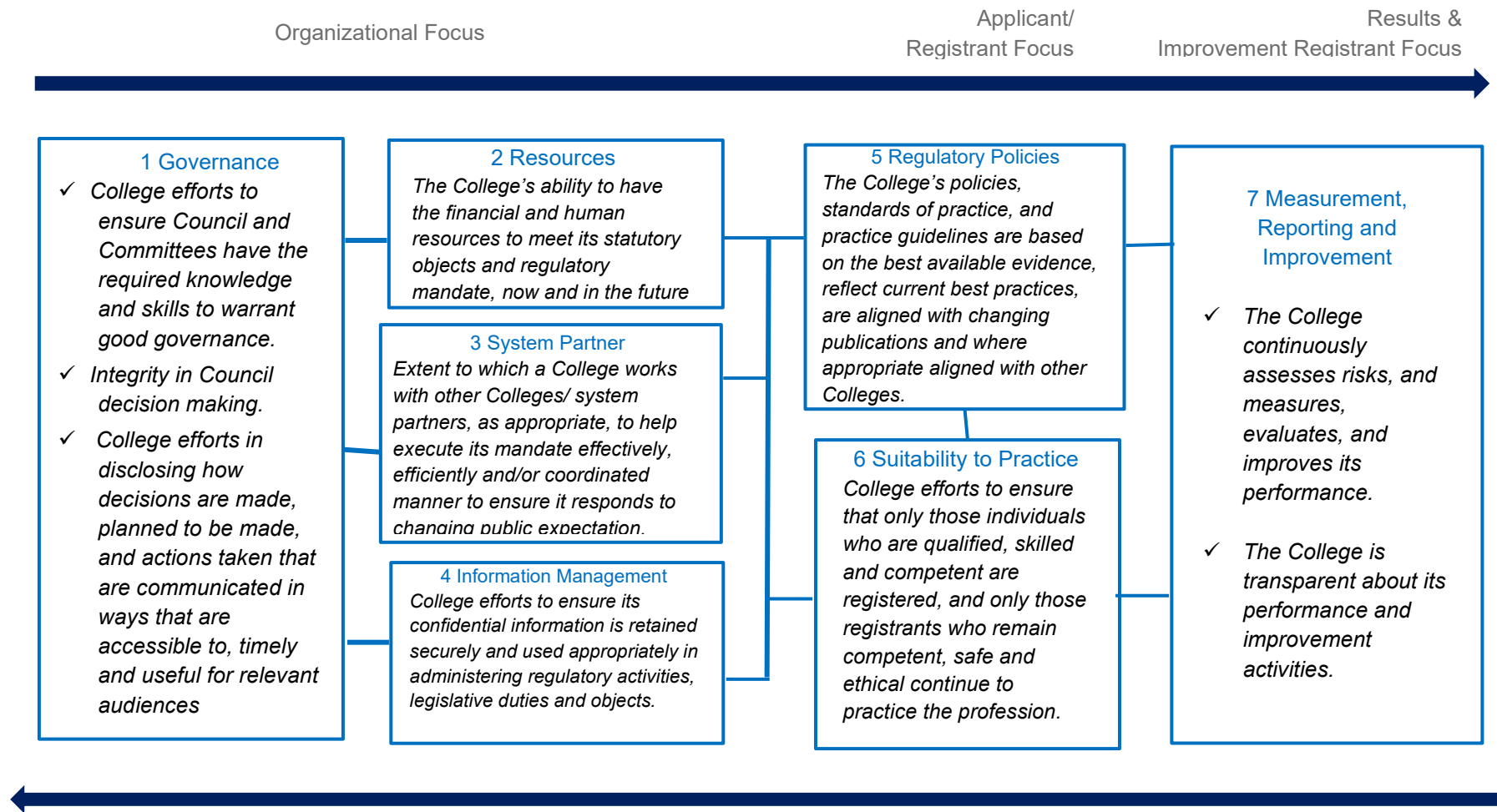


Figure 2: CPMF Domains and Standards

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 second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline 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 Tools 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 and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations 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 2021 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 2020 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 is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

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 activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

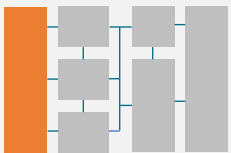
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with ‘Meets Standard’ to illustrate that the current response is consistent with last year’s response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

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	The College fulfills this requirement:
			The competency and suitability criteria are public: <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		<i>Additional comments for clarification (optional):</i>	

		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:	
			• 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 to the website if training topics are public OR list orientation training topics.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	
		i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	
		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:	
			• 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 to the website if training topics are public OR list orientation training topics for Statutory Committee.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	

		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:	
			• 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 to the website if training topics are public OR list orientation training topics.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	

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:	
		• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	
			- A third party has been engaged by the College for evaluation of Council effectiveness: <i>If yes, how often over the last five years?</i> - Year of last third-party evaluation.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		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:	
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	

		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:	
		- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. - Please insert a link to Council meeting materials where this information is found OR - Please briefly describe how this has been done for the training provided <u>over the last year</u>.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			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:	
			• Please provide the year when 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 review.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (optional)</i>				

		ii. accessible to the public.	The College fulfills this requirement:	
			Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		b. 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).	The College fulfills this requirement:	
			- Cooling off period is enforced through: - 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; - Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR - Where not publicly available, please describe briefly cooling off policy.	
		<u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.		

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		
		<i>Additional comments for clarification (optional)</i>			
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:		
			• 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: • Please insert a link to the most recent Council meeting materials that includes the questionnaire.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		
			<i>Additional comments for clarification (optional)</i>		

		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:	
			• 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. 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.	The College fulfills this requirement:	
			• Please provide the year 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (if needed)	

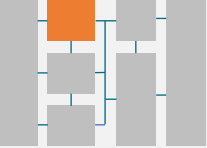
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
			- 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	
			Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

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:	
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	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:	
	Please insert a link to the College’s Notice of Discipline Hearings.	

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

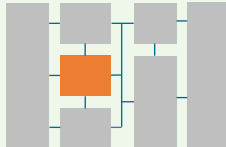
		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement:	
			• Please insert a link to the Equity Impact Assessments conducted by the College 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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		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. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Choose an item. • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the 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.
			Additional comments for clarification (optional)

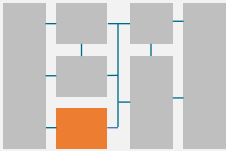
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • 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?	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	

		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).	The College fulfills this requirement:	
			- 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. 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

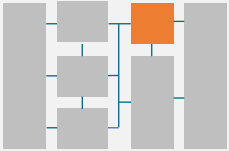
		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Choose an item.
			Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan.	
			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 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>	

	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i>
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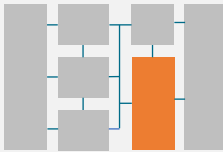
		Measure	
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	
			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.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		Measure	
		8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:
			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 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).
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		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.	The College fulfills this requirement:	
			Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		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:	
			• 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		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.)².	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link 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.).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	
			• 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 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

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 ³ 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:
		• 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.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		<i>Additional comments for clarification (optional)</i>

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	
	• 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:	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:
			• 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: <i>If not, please provide a brief explanation:</i>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		Additional comments for clarification (optional)	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
	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:
		• 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. • Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
		Additional comments for clarification (optional)

⁴ “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:	
			• 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 OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> – Public – Employers – Registrants – other stakeholders	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	
			• Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
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 practising.	The College fulfills this requirement:		Choose an item.
	• 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.		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		

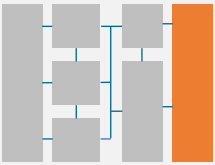
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by 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 them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement:
			• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional)</i>

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		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:	
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			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:		
		• Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
		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:		
		• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		

			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:	
			• Please insert a link to guidance document 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).	
			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 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:	
			• Please insert a link to the policy OR please briefly describe the policy. • Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
		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)		

		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.		
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Required Evidence	College Response	
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:	
			Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

			<i>Additional comments for clarification (if needed)</i>	
		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:	
			Please insert a link to Council meetings 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.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

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.	The College fulfills this requirement:	
	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.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (if needed)	
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:	
	Please insert a link to the College’s dashboard or relevant section 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?	
	Additional comments for clarification (if needed)	

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.

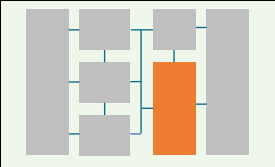
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: 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 2021*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. 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 13.1(a) of Standard 11.</i>
Type of QA/QI activity or assessment:	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i>	

Table 2 – Context Measures 2 and 3

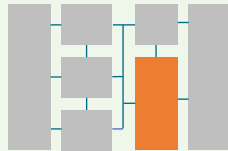
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell 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 2021, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2021			
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 as of the start of CY2021.			
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

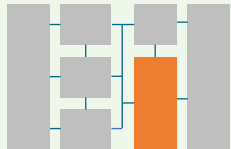
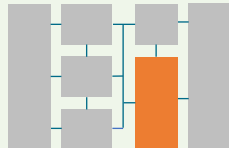
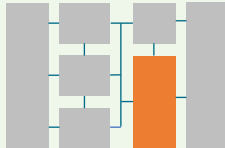
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method:			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	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 judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR			
* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.			
**This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
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 2021		Formal received	Complaints	Registrar initiated	Investigations
Themes:		#	%	#	%
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse					
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**			100%		100%
<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>					

Formal Complaints NR Registrar’s Investigation ** <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
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 2021		<i>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 committee.</i>		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021				
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 2021				
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#			%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)				
II.	Formal complaints that were resolved through ADR				
III.	Formal complaints that were disposed of by ICRC				
IV.	Formal complaints that proceeded to ICRC and are still pending				
V.	Formal complaints withdrawn by Registrar at the request of a complainant				
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious				

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
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 13							
Statistical data collected in accordance with the recommended method or the College’s own method: If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# 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							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <please specify>						
* <i>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 2021.</i> ++ <i>The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i> NR							
What does this information tell us? <i>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.</i>							
<i>Additional comments for clarification (if needed)</i>							

Table 7 – Context Measure 11

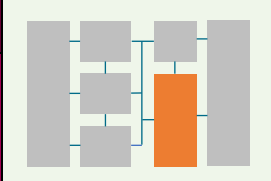
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method:			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. 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.	
I. A formal complaint in working days in CY 2021			
II. A Registrar’s investigation in working days in CY 2021			
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

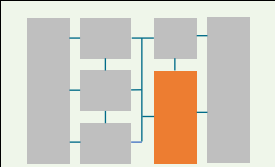
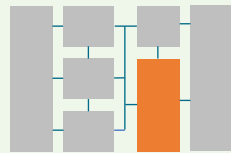
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does 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. <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2021		
II. A contested discipline hearing in working days in CY 2021		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		

Table 9 – Context Measure 13

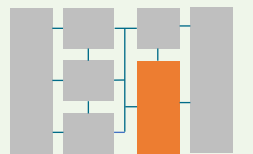
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method:			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us?</i> 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			
II. Incompetence			
III. Fail to maintain Standard			
IV. Improper use of a controlled act			
V. Conduct unbecoming			
VI. Dishonourable, disgraceful, unprofessional			
VII. Offence conviction			
VIII. Contravene certificate restrictions			
IX. Findings in another jurisdiction			
X. Breach of orders and/or undertaking			
XI. Falsifying records			
XII. False or misleading document			
XIII. Contravene relevant Acts			

* *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)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method:			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us?</i> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation			
II. Suspension			
III. Terms, Conditions and Limitations on a Certificate of Registration			
IV. Reprimand			
V. Undertaking			
<i>* 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 may not equal the total number of discipline cases.</i>			
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 Professionals 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 he/she 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 16, 2022

TO: Council members

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

RE: Review of the Governance Process Policies (Part 1)

The Governance Policy Review Committee (GPRC) met on March 1, 2022 to review the Governance Process Policies GP01-GP10 (Part 1) policy suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Council-CEO Policies.

In keeping with the revised Council Annual Cycle, the March meeting of the Council includes a detailed review of the Governance Process Policies GP01-GP10 (Part 1):

- GP01.01 – Governance Commitment
- GP02.02 – Governing Style
- GP03.02 – Council Code of Conduct
- GP04.02 – Council Job Description
- GP05.03 – Role of the Council Chair
- GP06.06 – Committee Principles
- GP07.02 – Cost of Governance
- GP08.03 – Annual Planning Cycle
- GP09.01 – Council Communication
- GP10.01 – Conflict Resolution

The staff circulated information to Council members in advance of the Committee meeting. No feedback was provided by Council members with respect to any of the Governance Process Policies GP01-GP10 (Part 1); however, the Committee has reviewed the policies in detail and has several recommendations for consideration of Council.

GP03.03 – Code of Conduct for Council and Committee Members

In the second sentence of the opening paragraph, the Committee noted to add Council and Committee members after accordingly to allow for an easier read of the below bullet points. In addition, the Committee would like to include updated wording within bullet point #2 and #6 to provide a clearer understanding this policy is reflected of Committees and Committee members as well. The Committee also had an in-depth discussion prior to adding new bullet point #12, as well as renaming the policy.

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Recommendation – That the second sentence of the opening paragraph be amended to read like “Accordingly, Council and Committee members,” thus, removing “Council members” from the beginning of each bullet point thereafter. Include the wording “and/or the Committee to which they are appointed” to bullet point #2. Also, to include the words “or Committee member” and “or Committee” within bullet point #6. Adding bullet point #12 to the policy worded as the following “Must, in all their college activities, commit themselves to the principles of objectivity and decision-making that is free of discrimination and bias, including unconscious bias. They must hold their Colleagues accountable to these same principles.” Lastly, changing the policy name to read as “Code of Conduct for Council and Committee Members”.

GP05.04 – Role of the Council Chair

The Committee reviewed this policy and was concerned initially about a lack of reference to GP05.04 within bullet point #3b and is of the view this should be referenced.

Recommendation – That bullet point #3b be amended to refer to GP05.04 – Role of the Council Chair.

GP06.07 – Committee Principles

The Committee read through this policy and noticed the two recently created Council Committees were not included within the list of bullet point #2f.

Recommendation – That bullet point #2f be amended to include the Equity, Diversity and Inclusion Committee (CC08), and the Risk Committee (CC09).

GP08.04 – Annual Planning Cycle

The Committee held a discussion about the current timelines outlined within the policy and are of the view to reduce the number of policies reviewed during the Governance Process policies at a given time and divide them into three parts instead of the current two by reviewing the Terms of Reference on their own.

In addition, the Committee felt it is important to add a new element to the September meeting annually to include a briefing on the Policy Governance Framework of the Council.

Lastly, the Committee mentioned moving the CEO’s annual inflationary salary adjustment to Meeting #5 in January instead of Meeting #6 in March, as it is typically discussed during that meeting instead.

Recommendation – That the timelines of the in-depth review of Council policies be adjusted to the following beginning next fiscal year, Meeting #1 (May) – review of Governance Process Policies – (Committee Terms of Reference, Part 3), Meeting #4 (November) – review of Ends Policies and Council-CEO Linkage Policies, Meeting #5 (January) – review of Governance Process Policies (Part 1), and Meeting #6 (March) – review of Governance Process Policies (Part 2). Also, to include a briefing on the Policy Governance Framework of the Council by the Chair of the Governance Policy Review Committee during Meeting #3 in September. Lastly, to move the CEO’s annual inflationary salary adjustment to Meeting #5 in January.

GP09.02 – Council Communication

The Committee reviewed this policy and is of the view to remain consistent throughout the policies, that the updated terminology of Registrant and CEO adopted by the College be implemented within bullet point #3i.

Recommendation – That bullet point #3i be amended to refer to Register as CEO and Members as Registrants.

2. GP06 – Committee Terms of Reference

The Committee reviewed their feedback in relation to the Committee Terms of Reference. As a result of the Committee's thorough discussion of the Terms of Reference, this section of documents will require a more in-depth review by College staff to make amendments to all the Terms of Reference than expected. Thus, they will be brought to Council for their consideration at the May meeting.

Respectfully submitted,

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

March 2022



The College of Naturopaths of Ontario

BRIEFING NOTE

Revisions to the Ontario Biomedical Examination and Ontario Clinical Sciences Examination Blueprints

PURPOSE: Council is asked to review and approve revisions to the Ontario Biomedical Examination and Ontario Clinical Sciences Examination Blueprints

OUTCOME Approval of the amended blueprints is sought.

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

PROCESS:

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

BACKGROUND:

The Registration Regulation establishes that the College's registration examinations are set or approved by Council. Examination blueprints are the foundational document which establishes the content for high stakes examinations and provides a means for the Council to set and/or approve the examinations without having to review individual questions or other content.

In April 2019, and May 2021, the Ontario Clinical Sciences exam and Ontario Biomedical exam replaced the North American Physicians Licensing Examination (NPLEX) Parts I and II in Ontario as requisite entry-to-practise examinations for registration with the College.

As part of its duties, the Exam Committee (Entry-to-Practise) undertakes regular reviews of the examination blueprints, to ensure ongoing accuracy of weighting with respect to testable content, currency of entry-to-practise competency, as well as clarity of language and makes recommendations to the Registration Committee regarding needed revisions.

Draft revisions to the Ontario Biomedical exam and Ontario Clinical Sciences exam blueprints (attached) were made following the Exam Committee's January 2022 and the Registration Committee's February 2022 reviews.

DISCUSSION POINTS:

Amended Other Blueprint Parameters – Biomedical Exam

At its January 27, 2021 meeting, the Council approved changes to the item type parameters in the blueprint to remove case-based questions from the examination, in recognition that

attempting to turn a straight-forward, stand-alone biomedical exam question into a case-based question (or a scenario-based question) solely for the purpose of meeting the blueprint requirements was slowing down the exam maintenance work being performed, and created no additional benefit with respect to assessing a candidate's competency. Additionally, approval was granted with the understanding that the removal of case-based or patient-scenario based questions from the exam would not affect its psychometric validity.

Having removed the case-based and scenario-based content from the Biomedical Examination, it was noted that other blueprint parameters related to patient population no longer applied, being that patient specific information (i.e., age) would not be present in a stand-alone question.

As such, a recommendation is being made to remove the patient population information from the other parameters section of the Biomedical exam blueprint.

Amended Blueprint Competencies – Clinical Sciences Examination

Competencies 2.01.03 and 2.01.02– The combination of 2.01.03 and 2.01.02 is being recommended for clarity and robustness of competency.

Competencies 2.02.03 with 2.02.02– The combination of 2.02.03 and 2.02.02 is being recommended for clarity and robustness of competency.

Competency 2.04.05 – “Traction and compression” are being proposed to be removed from the wording of competency 2.04.05 to reduce redundancy, understanding that these are encompassed in competencies 2.04.03 and 2.04.04.

ANALYSIS

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

- Strategic risk:
 - Reputation - As tested competencies change and differ over time from the NPLEX series, the College will continue to face the ongoing risk of criticism from external parties regarding the validity and psychometric soundness of the College's Biomedical and Clinical Sciences examinations.

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.

- Relevant, credible, and accurate information: Ensuring that examination blueprints are consistently updated to reflect what is being assessed in the examination may increase trust in the processes of the College.

Financial Impact – There is no financial impact at issue on this matter.

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.

- The Ontario Biomedical exam and the Ontario Clinical Sciences exam will continue to assess relevant competencies for the provision of safe and competent naturopathic care for Ontarians.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Ontario Biomedical examination blueprint and the Ontario Clinical Sciences examination blueprint.

ACTION ITEMS

The blueprints will be updated as separate documents and in the Biomedical Exam Reference Guide and in the Clinical Sciences Exam Reference Guide; an updated copy of each Reference Guide will be posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

March 18, 2022

CONO Biomedical Examination Blueprint

Competencies	% of Exam
1. CARDIOVASCULAR SYSTEM	10-12%
<i>1.01 Embryology</i>	
1.01.01 Embryological development of the cardiovascular system, including the valves and chambers of the heart and the blood vessels.	
<i>1.02 Histology</i>	
1.02.01 Microscopic anatomy of the heart and blood vessels.	
<i>1.03 Anatomy</i>	
1.03.01 Location and structure of the heart, major vessels, and pericardium.	
1.03.02 Location and structure of the heart valves.	
1.03.03 Location and branching patterns of coronary arteries.	
1.03.04 Anatomical patterns of the peripheral vascular system.	
1.03.05 Location and structure of microcirculation.	
<i>1.04 Physiology</i>	
1.04.01 Function of the heart valves and their associated sounds in relation to the cardiac cycle.	
1.04.02 Pressure, flow and resistance as it relates to the cardiovascular system.	
1.04.03 Regulation of ventilation, gas exchange and tissue perfusion.	
1.04.04 Autonomic regulation and electrical conduction of the cardiac muscle.	
1.04.05 Electrical measurement of the heart.	
1.04.06 Forces involved in the circulation of blood and lymph, and the regulation of blood flow.	
1.04.07 Physiological adaptive changes related to exercise.	
<i>1.05 Biochemistry</i>	
1.05.01 Metabolic pathways of the heart	
<i>1.06 Genetics</i>	
1.06.01 Gene expression and consequences of the genetic abnormalities that underlie cardiovascular disease processes	
<i>1.07 Microbiology</i>	
1.07.01 Role of infectious agents involved in cardiovascular disease	
<i>1.08 Pathology</i>	
1.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the cardiovascular system	
2. ENDOCRINE SYSTEM	9-11%
<i>2.01 Embryology</i>	
2.01.01 Embryological development of the organs of the endocrine system	
<i>2.02 Histology</i>	
2.02.01 Microscopic anatomy of the endocrine system	
<i>2.03 Anatomy</i>	
2.03.01 Location and structure of the endocrine organs	

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Competencies	% of Exam
2.03.02 Location and structure of the circulatory pathways of blood related to the endocrine organs	
2.04 Physiology	
2.04.01 Mechanisms and functions of endocrine organs.	
2.04.02 Hormonal functions, synthesis, release, transport and feedback.	
2.04.03 Hormonal changes occurring during puberty.	
2.04.04 Hormonal changes occurring during aging.	
2.04.05 Physiological adaptive changes related to stress.	
2.05 Biochemistry	
2.05.01 Metabolic pathways related to the endocrine system.	
2.05.02 Synthesis of hormones.	
2.06 Genetics	
2.06.01 Gene expression and consequences of the genetic abnormalities that underlie endocrine disorders.	
2.07 Microbiology	
2.07.01 Role of infectious agents involved in endocrine disorders.	
2.08 Pathology	
2.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the endocrine system.	
3. GASTROINTESTINAL SYSTEM	10-12%
3.01 Embryology	
3.01.01 Embryological development of the gastrointestinal tract and glands.	
3.02 Histology	
3.02.01 Microscopic anatomy of the gastrointestinal tract and related organs.	
3.03 Anatomy	
3.03.01 Location and structure of the organs and glands of the gastrointestinal system.	
3.03.02 Location and structure of the circulatory pathways of blood related to the gastrointestinal system.	
3.04 Physiology	
3.04.01 Mechanisms and functions of the gastrointestinal organs and glands.	
3.04.02 Processes and regulation of digestion, absorption, and elimination.	
3.04.03 Immune functions of the gastrointestinal system.	
3.05 Biochemistry	
3.05.01 Structure, absorption, transport, mechanism of action, and function of vitamins and minerals.	
3.05.02 Metabolism of carbohydrates, fats, proteins.	

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Competencies	% of Exam
3.05.03 Metabolism of essential and non-essential nutrients (fatty acids and amino acids).	
3.05.04 Bilirubin metabolism and detoxification pathways.	
<i>3.06 Genetics</i>	
3.06.01 Gene expression and consequences of the genetic abnormalities that underlie gastrointestinal disease processes.	
<i>3.07 Microbiology</i>	
3.07.01 Role of the microbiome in the processes of digestion, nutrient production, absorption, and elimination.	
3.07.02 Role of infectious agents in the gastrointestinal system.	
<i>3.08 Pathology</i>	
3.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the gastrointestinal system.	
4. HEMATOPOIETIC SYSTEM	6-8%
<i>4.01 Embryology</i>	
4.01.01 Role of stem cells in hematopoiesis.	
<i>4.02 Histology</i>	
4.02.01 Microscopic anatomy and origins of blood cells.	
<i>4.03 Anatomy</i>	
4.03.01 Location and structure of the hematopoietic system.	
<i>4.04 Physiology</i>	
4.04.01 Composition and function of blood cells and plasma.	
4.04.02 Synthesis and degradation of blood cells.	
4.04.03 Maturation of blood cells.	
4.04.04 Mechanisms and regulation of hematopoiesis and hemostasis.	
<i>4.05 Biochemistry</i>	
4.05.01 Metabolic pathways related to the hematopoietic system.	
<i>4.06 Genetics</i>	
4.06.01 Gene expression and consequences of the genetic abnormalities that underlie hematopoietic disease processes.	
<i>4.07 Microbiology</i>	
4.07.01 Role of infectious agents involved in the hematopoietic system.	
<i>4.08 Pathology</i>	
4.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the hematopoietic system.	
5. IMMUNE SYSTEM	10-12%
<i>5.01 Embryology</i>	
5.01.01 Embryological development of the immune system.	
<i>5.02 Histology</i>	
5.02.01 Microscopic anatomy of the lymphoid organs.	
<i>5.03 Anatomy</i>	

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Competencies	% of Exam
5.03.01 Location and structure of the lymphatic system.	
5.03.02 Location and structure of the lymphoid organs.	
5.04 Physiology	
5.04.01 Processes involved in innate immunity.	
5.04.02 Processes involved in adaptive immunity.	
5.04.03 Functions of cells, antibodies, and cytokines in humoral and cell-mediated immunity.	
5.04.04 Structure and function of histocompatibility antigens and their associated diseases.	
5.04.05 Pathways of cellular and cytokine signaling in response to injury, infection, and foreign bodies.	
5.04.05 Structure, function, and pathways of complement compounds.	
5.04.06 Functions and regulation of lymphatic fluid and lymphoid organs.	
5.05 Biochemistry	
5.05.01 Metabolic pathways related to the immune system.	
5.05.02 Biochemistry of synthesis and degradation of lymphatic fluid and its components.	
5.06 Genetics	
5.06.01 Gene expression and consequences of the genetic abnormalities that underlie immunological disease processes.	
5.07 Microbiology	
5.07.01 Classification of viruses, bacteria, fungi, protozoa, and helminths based on structural and biological characteristics.	
5.08 Pathology	
5.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the immune system.	
6. INTEGUMENTARY SYSTEM	6-8%
6.01 Embryology	
6.01.01 Embryological development of the ectoderm.	
6.02 Histology	
6.02.01 Microscopic anatomy of the layers of the skin and dermal-epidermal junction and normal pigmentation.	
6.02.02 Microscopic anatomy of nails, hair follicles, and associated structures.	
6.02.03 Microscopic anatomy of glands associated with the integumentary system.	
6.03 Anatomy	
--No competency for this category--	
6.04 Physiology	
6.04.01 Physiological processes related to injury, including cellular injury and adaptive change.	
6.04.02 Temperature regulation and sensory reception.	
6.04.03 Absorption and elimination functions of the integumentary system.	
6.04.04 Protective functions of the integumentary system.	

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Competencies	% of Exam
6.05 Biochemistry	
6.05.01 Synthesis of vitamin D in skin.	
6.05.02 The role of essential and non-essential nutrients associated with the structure and function of the integumentary system.	
6.06 Genetics	
6.06.01 Gene expression and consequences of the genetic abnormalities that underlie integumentary disease processes.	
6.07 Microbiology	
6.07.01 Characteristics and role of normal flora and role of infectious agents in dermatological conditions.	
6.08 Pathology	
6.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the integumentary system.	
7. MUSCULOSKELETAL SYSTEM	7-9%
7.01 Embryology	
7.01.01 Embryological development of the musculoskeletal system including muscle, bone, connective tissue, and joints.	
7.02 Histology	
7.02.01 Microscopic anatomy of the musculoskeletal system including muscles, bones, and joints.	
7.03 Anatomy	
7.03.01 Classification, location and structure of the different types of joints in the body.	
7.03.02 Origin, insertion, main action, and innervation of the muscles and ligaments of the body.	
7.03.03 Classification, location and structure of the bones of the body.	
7.04 Physiology	
7.04.01 Mechanisms and factors affecting contraction of skeletal, smooth, and cardiac muscle.	
7.04.02 Function of connective tissues of the musculoskeletal system.	
7.04.03 Physiological adaptive changes to the musculoskeletal system in response to fasting and exercise.	
7.04.04 Remodeling and repair of osseous and cartilaginous structures and the nutrients affecting it.	
7.04.06 Integrative functions of the musculoskeletal system related to proprioception, posture, venous return, and lymphatic flow.	
7.05 Biochemistry	
7.05.01 Metabolic pathways of the musculoskeletal system.	
7.06 Genetics	
7.06.01 Gene expression and consequences of the genetic abnormalities that underlie musculoskeletal disease processes.	
7.07 Microbiology	

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Competencies	% of Exam
--No competency for this category--	
<i>7.08 Pathology</i>	
7.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the musculoskeletal system.	
8. NEUROLOGICAL SYSTEM	10-12%
<i>8.01 Embryology</i>	
8.01.01 Embryological development of the neural tube and its derivatives.	
<i>8.02 Histology</i>	
8.02.01 Microscopic anatomy of neurons and neuroglia.	
<i>8.03 Anatomy</i>	
8.03.01 Location and structure of the central nervous system and cranial nerves.	
8.03.02 Location and structure of the peripheral nervous system and spinal nerves.	
8.03.03 Structures involved in special senses.	
8.03.04 Pathways of the cerebral blood supply and flow of cerebrospinal fluid.	
<i>8.04 Physiology</i>	
8.04.01 Functions and components of the brain and spinal cord.	
8.04.02 Functions and pathways of the cranial nerves.	
8.04.03 Function of the peripheral nervous system.	
8.04.04 Pathways and functions of the autonomic nervous system.	
8.04.05 Pathways and functions of the somatic nervous system.	
8.04.06 Pathways and functions of the special senses and associated structures.	
8.04.07 Regulation of synaptic transmission, graded potentials, action potential, and axon conduction.	
<i>8.05 Biochemistry</i>	
8.05.01 Metabolic pathways of the neurological system.	
8.05.02 Neurotransmitter synthesis, function, and degradation.	
<i>8.06 Genetics</i>	
8.06.01 Gene expression and consequences of the genetic abnormalities that underlie neurological disease processes.	
<i>8.07 Microbiology</i>	
8.07.01 Infectious agents of the neurological system.	
<i>8.08 Pathology</i>	
8.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the nervous system.	
9. PULMONARY SYSTEM	7-9%
<i>9.01 Embryology</i>	
9.01.01 Embryological development of the respiratory tract.	
<i>9.02 Histology</i>	
9.02.01 Microscopic anatomy of the respiratory tract.	
<i>9.03 Anatomy</i>	
9.03.01 Location and structure of the upper respiratory tract.	

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Competencies	% of Exam
9.03.02 Location and structure of the thorax in relation to the pleura, lungs, heart, mediastinum, and diaphragm.	
<i>9.04 Physiology</i>	
9.04.01 Circulation of blood and the flow of air in the lungs.	
9.04.02 Regulation of ventilation.	
9.04.03 Regulation of gas exchange and tissue perfusion.	
9.04.04 Physiological adaptive changes related to exercise and environmental factors.	
9.04.05 Non-respiratory functions of the pulmonary system.	
<i>9.05 Biochemistry</i>	
9.05.01 Metabolic pathways of the pulmonary system.	
<i>9.06 Genetics</i>	
9.06.01 Gene expression and consequences of the genetic abnormalities that underlie pulmonary disease processes.	
<i>9.07 Microbiology</i>	
9.07.01 Infectious agents of the pulmonary system.	
<i>9.08 Pathology</i>	
9.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the pulmonary system.	
10. SEXUAL HEALTH	8-10%
<i>10.01 Embryology</i>	
10.01.01 Embryological development of the sexual organs, the placenta, and the breast.	
10.01.02 Developmental processes related to gametogenesis, implantation, and embryogenesis.	
<i>10.02 Histology</i>	
10.02.01 Microscopic anatomy of the sexual organs and the breast.	
<i>10.03 Anatomy</i>	
10.03.01 Location and structure of the sexual organs and breast.	
<i>10.04 Physiology</i>	
10.04.01 Mechanisms of sexual arousal and response.	
10.04.02 Regulation of hormones related to sexual functions.	
10.04.03 Regulation of menstruation.	
10.04.04 Regulation of oogenesis and spermatogenesis.	
10.04.05 Physiological adaptations related to pregnancy.	
10.04.06 Regulation of lactation.	
<i>10.05 Biochemistry</i>	
10.05.01 Biochemistry of hormone synthesis and degradation related to sexual functions.	
10.05.02 Metabolic pathways of the reproductive system.	
<i>10.06 Genetics</i>	

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Competencies	% of Exam
10.06.01 Gene expression and consequences of the genetic abnormalities that underlie reproductive disease processes.	
<i>10.07 Microbiology</i>	
10.07.01 Characteristics of infectious agents involved in sexually transmitted infections.	
<i>10.08 Pathology</i>	
10.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the reproductive system.	
11. URINARY SYSTEM	6-8%
<i>11.01 Embryology</i>	
11.01.01 Embryological development of the urinary system.	
<i>11.02 Histology</i>	
11.02.01 Microscopic anatomy of the urinary system.	
<i>11.03 Anatomy</i>	
11.03.01 Location and structure of the urinary system.	
<i>11.04 Physiology</i>	
11.04.01 Circulation of blood in the urinary system.	
11.04.02 Regulation of urinary filtration, re-absorption, and secretion.	
11.04.03 Regulation of blood pressure and red blood cell production.	
11.04.04 Regulation of fluids, osmolality, electrolytes, vitamins, minerals, and pH.	
<i>11.05 Biochemistry</i>	
11.05.01 Metabolic pathways of the urinary system.	
<i>11.06 Genetics</i>	
11.06.01 Gene expression and consequences of the genetic abnormalities that underlie urinary disease processes.	
<i>11.07 Microbiology</i>	
11.07.01 Infectious agents of the urinary system.	
<i>11.08 Pathology</i>	
11.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the urinary system.	

Other Blueprint Parameters

Patient Population	% of Exam
Pediatric (0-14)	10-20%
Adult (15-49)	30-40%
Older Adult (50-65)	30-40%
Geriatric (over 65)	10-20%

Item Type	% of Exam
Independent	100%

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Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	91-95%
Application	5-9%

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CONO Clinical Examination Blueprint

Competencies	% of Exam
1. ASSESSMENT & DIAGNOSIS	30-34%
<i>1.01 Evaluate patients.</i>	
1.01.01 Apply ethical principles to doctor-patient interactions.	
1.01.02 Take a medical and psychosocial history.	
1.01.03 Perform a physical examination.	
1.01.04 Select lab tests*.	
1.01.05 Collect and prepare specimens for lab evaluation.	
1.01.06 Select imaging studies*.	
<i>1.02 Assess common conditions, both acute and chronic.</i>	
1.02.01 Identify risk factors.	
1.02.02 Recognize signs and symptoms.	
1.02.03 Identify comorbidities.	
1.02.04 Generate a differential diagnosis.	
1.02.05 Determine pathogenesis and etiologies.	
<i>1.03 Interpret findings.</i>	
1.03.01 Interpret findings of physical examination.	
1.03.02 Interpret results of lab tests.	
1.03.03 Identify factors that may interfere with lab results.	
1.03.04 Interpret results of imaging.	
1.03.05 Predict the complications and sequelae.	
1.03.06 Determine the prognosis.	
1.03.07 Monitor patient progress using lab tests and imaging studies.	
<i>1.04 Apply evidence informed practice to patient management.</i>	
1.04.01 Interpret and critique the results of research studies.	
1.04.02 Apply the results of research studies to patient management	
2. MODALITIES	55-59%
<i>2.01 Manage patient care by applying principles of botanical prescribing.</i>	
2.01.01 Evaluate the safety of botanical medicine prescriptions, including side effects, contraindications, interactions, and toxicity.	
2.01.02 Prescribe botanical medicines* <u>including the posology</u> using and prescribing abbreviations , based on pharmacognosy, therapeutic effects, indications, mechanisms of action, and route of administration.	
2.01.03 Determine the posology, including documentation of prescribing abbreviations.	
<i>2.02 Manage patient care by applying principles of homeopathic prescribing.</i>	
2.02.01 Demonstrate knowledge of the critical aspects of case taking (e.g., timing, sidedness, intensity, aggravating and ameliorating factors).	
2.02.02 Prescribe homeopathic preparations* for acute conditions based on keynotes, <u>including the posology and use of prescribing abbreviations</u> , based on using classical Hahnemannian homeopathy.	

Competencies	% of Exam
2.02.03 Determine the posology, including use of prescribing abbreviations based on classical Hahnemannian homeopathy.	
<i>2.03 Manage patient care by applying principles of clinical nutrition, including nutraceuticals*.</i>	
2.03.01 Assess diet and nutritional status (intake, absorption, utilization, loss).	
2.03.02 Evaluate the safety of nutritional interventions, including side effects, contraindications, interactions, and toxicity.	
2.03.03 Prescribe nutritional interventions based on indications, bioavailability, food sources, route of administration, and requirements for macronutrients and micronutrients.	
2.03.04 Prescribe therapeutic diets* based on indications and contraindications.	
2.03.05 Counsel patients about general nutrition and food sources of nutrients.	
<i>2.04 Manage patient care by applying principles of physical medicine.</i>	
2.04.01 Evaluate the safety of physical medicine interventions, including side effects, contraindications and interactions.	
2.04.02 Perform specialized orthopedic tests*.	
2.04.03 Perform osseous manipulation.	
2.04.04 Perform soft tissue manipulation.	
2.04.05 Treat patients using therapeutic devices (diathermy, sine wave and TENS, interferential and micro-current, traction and compression , light therapy, and therapeutic ultrasound).	
2.04.06 Prescribe and administer hydrotherapy treatments.	
2.04.07 Prescribe therapeutic exercise.	
2.04.08 Counsel patients regarding prevention of musculoskeletal conditions.	
<i>2.05 Manage patient care by applying principles of counseling and health psychology.</i>	
2.05.01 Apply basic counseling principles, and use counseling techniques to provide patient care.	
2.05.02 Counsel patients regarding lifestyle choices, health promotion, and the prevention of chronic disease.	
2.05.03 Use and prescribe mind-body techniques.	
2.05.04 Identify and address lifespan/developmental issues.	
2.05.05 Use evidence-based psychological assessment tools*.	
<i>2.06 Manage patient care by applying principles of Traditional Chinese Medicine.</i>	
2.06.01 Demonstrate knowledge of the critical aspects of case taking (e.g., ten questions, pulse and tongue).	
2.06.02 Recognize signs and symptoms according to Traditional Chinese Medicine patterns (eight principles, vital substances, organs, meridians, five elements).	
2.06.03 Diagnose Zang-Fu pathologies*.	
2.06.04 Evaluate the safety of Chinese patent herbal formulas*, including side effects, contraindications, interactions, and toxicity.	
2.06.05 Prescribe Chinese patent herbal formulas based on Zang-Fu diagnosis.	

Competencies	% of Exam
2.06.06 Determine acupuncture* prescription.	
2.06.07 Administer acupuncture including point location, angulation, depth, and clean needling technique.	
2.06.08 Evaluate the safety of acupuncture including side effects, contraindications, interactions, and cautions.	
2.06.09 Prescribe adjunct therapies (moxibustion, cupping, electro-acupuncture, and laser).	
<i>2.07 Manage patient care by applying principles of pharmacotherapy.</i>	
2.07.01 Evaluate the safety of pharmaceuticals, including side effects, contraindications, interactions, and toxicity.	
2.07.02 Prescribe pharmaceuticals* based on therapeutic effects, indications, mechanisms of action, and route of administration.	
2.07.03 Monitor and assess for therapeutic drug levels.	
3. CRITICAL CARE AND PUBLIC HEALTH	9-13%
<i>3.01 Manage high-risk patients and critical conditions.</i>	
3.01.01 Identify high-risk patients and critical conditions.	
3.01.02 Manage high-risk patients and critical conditions, including referral as appropriate.	
3.01.03 Perform Cardiopulmonary Resuscitation.	
3.01.04 Administer oxygen.	
<i>3.02 Implement occupational and public health policies.</i>	
3.02.01 Apply principles of sterilization, disinfection, and universal precautions.	
3.02.02 Manage bio-hazardous substances and materials.	
3.02.03 Counsel patients regarding communicable diseases.	
3.02.04 Report communicable diseases to local public health authorities.	
3.02.05 Report adverse reactions to therapeutic substances to Health Canada.	

Other Blueprint Parameters

Condition	% of Exam
1. Vascular	9-11%
2. Infectious	9-11%
3. Neoplastic	4-6%
4. Degenerative	9-11%
5. Inflammatory/Immunologic	9-11%
6. Congenital/Developmental	6-8%
7. Autoimmune	8-10%
8. Toxic/Environmental	6-8%
9. Traumatic	4-6%
10. Endocrine	9-11%
11. Metabolic	6-8%

12. Psychosomatic/Psychiatric	9-11%
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Patient Population	% of Exam
Pediatric (0-14)	15-25%
Adult (15-49)	25-35%
Older Adult (50-65)	25-35%
Geriatric (over 65)	15-25%

Item Type	% of Exam
Independent	28-32%
Case-Based	68-72%

Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	15-25%
Application	45-55%
Critical Thinking	25-35%



The College of Naturopaths of Ontario

BRIEFING NOTE

Alternative Documentation Policy

PURPOSE: The Registration Committee is seeking Council approval of the College's Alternative Documentation Policy.

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

While the College has a duty to regulate the profession in the public interest, as an Ontario regulatory body, it also has a commitment to uphold registration practices in keeping with the four principles of the Office of the Fairness Commissioner (OFC), such that they are fair, impartial, objective, and transparent.

In support of fairness, and in recognition that both applicants who have graduated from a Council on Naturopathic Medical Education (CNME) accredited program and those seeking registration through the Prior Learning Assessment and Recognition (PLAR) program, may encounter exceptional circumstances outside of their control, where College-required documentation to support an application for registration or an assessment within the PLAR program cannot be obtained, an Alternative Documentation policy (attached) has been created and is being provided to the Council for review and approval.

DISCUSSION POINTS:

General Policy Requirements and Criteria

In keeping with similar policies of other Ontario regulatory authorities, both health and non-health alike, the criteria for acceptance of alternative documentation are specific to an individual's inability to obtain required documentation due to exceptional circumstances outside of their control. Documentation may relate to pre-registration, such as proof of identity, an application for registration, such as letters of standing, or in support of a PLAR applicant's Stage 1 paper-based assessment in the PLAR Program, such as an academic transcript.

As the criteria for acceptance of alternative documentation for substantiating language proficiency differs from the criteria set out in this policy, requests for acceptance of alternative documentation in relation to language proficiency will continue to be managed in accordance with the College's Language Proficiency Policy.

Review Process

The policy's proposed review process considers that some alternative documentation requests will relate to registration requirements, with decisions having to be made by the Registration Committee, while other documentation requests will be specific to an assessment within the PLAR program and therefore best handled by the PLAR Committee.

ANALYSIS

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

- Strategic risk:
 - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are fair and transparent.

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.

- Balance: Public protection and organizational accountability are maintained while still allowing procedural fairness to occur.

Financial Impact – There is no direct financial impact at issue on this matter.

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.

- The proposed policy appropriately safeguards the public interest, while still operating in accordance with the principles of the Office of the Fairness Commissioner.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered by the Registration Committee, to the best of our ability, in the following ways:

- Whether the proposed policy unduly favours a particular group (socio-economic or other) and has the potential to create inequity between applicants and/or PLAR applicants.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve the Alternative Documentation Policy.

ACTION ITEMS

The policy will be posted on the College website and information will be added to the PLAR Applicant Handbook and the Application for Registration Handbook, also posted on the website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

March 18, 2022

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. P07.08
	Alternative Documentation	Page No. 1

Intent/Purpose To establish a policy governing the requirements for acceptance of alternative documentation by the College of Naturopaths of Ontario (the College).

Definitions	Act	Means, the Naturopathy Act, 2007, S.O.2007, Chapter 10, Schedule P, as amended from time to time.
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Affidavit	Means a written statement of fact that is sworn under oath or affirmed to be true. An affidavit must be signed before a Commissioner of Oaths or Notary Public.
	Certified Copy	Means a photocopied document that has been certified and signed by a Notary Public or Commissioner of Oaths to verify that the document is a true copy of the original document.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the <i>Regulated Health Professions Act, 1991</i> and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the <i>Regulated Health Professions Act, 1991</i> .
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	Commissioner of Oaths	Means an individual as defined under <i>the Commissioners for Taking Affidavits Act, 1990</i>
	Notary Public	Means an individual as defined under the <i>Notaries Act, 1990</i> .
	PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.
	PLAR Committee	Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR program.

DATE POLICY APPROVED		REVIEW DATE

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. P07.08
	Alternative Documentation	Page No. 2

Prior Learning Assessment and Recognition (PLAR) program

Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program.

Registrant

Means an individual, as defined in section 1(1) of the Health Profession Procedural Code.

Registration Committee

Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panel(s) of this statutory committee are responsible for all registration matters as set out in the Code.

RHPA

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

General Policy	Criteria	Any applicant or PLAR applicant who can provide persuasive evidence to demonstrate that it is extremely difficult or impossible to obtain original documentation, due to exceptional circumstances beyond their control, may request to have alternative documentation considered in support of meeting requirements for registration. or assessment through the PLAR program.
		Requests for consideration of alternative documentation for substantiating language proficiency are handled in accordance with the College's Language Proficiency Policy.
	Exceptional Circumstances	Exceptional circumstances which will be considered in requests for acceptance of alternative documentation include, but are not limited to: • An inability to obtain one's records due to war or civil unrest. • Loss of documentation due to natural disaster. • An inability to obtain one's records as a result of political, ethnic or religious persecution. • The issuing body/institution no longer existing.
	Translation of Materials	All materials provided to the College to support a request for the acceptance of alternative documentation must be in either English or French. Applicants and PLAR applicants are required to provide certified translations of all materials not written in either official language, at their own expense. To ensure that translations have not been modified in any way, translations must be sent directly from the certified translator to the College. Translations must be performed by qualified professionals who are certified by a government organization, such as Association of Translators and Interpreters of Ontario or a
DATE POLICY APPROVED		REVIEW DATE

 The College of Naturopaths of Ontario	Policy Type REGISTRATION	PROGRAM POLICIES
	Title Alternative Documentation	Policy No. P07.08
		Page No. 3

translator who has been certified by a Member organization of the Internal Federation of Translators (<http://www.fit-ift.org/>).

Alternative evidence

Alternative evidence that may be considered includes:

- Certified copies of documents from the applicant, PLAR applicant or other available resources.
- Signed affidavits.
- Documentary evidence from an instructor(s), supervisor(s), or employer(s).
- Educational reference(s) and/or academic referees.

Request for Acceptance of Alternative Evidence	Review of Requests	All requests made for acceptance of alternative documentation, with the exception of documents submitted to support a PLAR applicant's Document of Education and Experience in Stage 1 of the PLAR program, will be reviewed by a Panel of the Registration Committee. PLAR applicant requests for acceptance of alternative documentation to support Stage 1 of the PLAR program will be reviewed by the PLAR Committee.
Outcomes	Request Approved	A request may be approved if the Panel or Committee is satisfied that: • original documentation could not be obtained due to exceptional circumstances, and; • the applicant or PLAR applicant has met the requirement(s) that would otherwise be demonstrated by the original documentation which could not be obtained.
	Request Denied	A request may be denied if the Panel or Committee is not satisfied that an applicant or PLAR applicant has made efforts to provide persuasive evidence that required documentation cannot be obtained due to exceptional circumstances. In instances where exceptional circumstances can be substantiated but the alternative evidence does not satisfy the Panel or Committee that the requirement has been met, the applicant or PLAR applicant may be requested to provide additional information or evidence as directed by the Panel or Committee.

DATE POLICY APPROVED		REVIEW DATE



The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Proof of Identity Policy

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

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

At its October 24, 2014, meeting, the transitional Council approved the College's Proof of Identity Policy which sets out the requirements for establishing both the identity of individuals seeking registration, and those registered with the College.

In January 2018, the Council approved further amendments to the policy which included the acceptance of alternative documentation in instances where proof of identity was not available.

Draft amendments to the Proof of Identity policy (attached) have been made in light of a new Alternative Documentation policy, and to update policy definitions, terminology, and language to align with the newer policies under the College.

DISCUSSION POINTS:

Alternative Documentation (Proof of Identity Not Available)

Minor amendments have been made to remove the policy directive for acceptance of an affidavit when proof of identity is unavailable, and instead reference the new Alternative Documentation policy where this information is now housed.

Amended Definitions & Language

Minor amendments have also been made to capture language associated with the new governance model (e.g., Registrant vs Member), a process in keeping with any older, existing policies undergoing review and amendment.

ANALYSIS

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

- Operational risk:
 - Process: Process risk comes from the Committee, in their review, ensuring that all of the necessary practices and procedures for update have been identified and properly amended.
- Strategic risk:
 - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, and up to date.

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.

- Relevant, credible, and accurate information: Proposed policy amendments ensure that the information imparted in the Policy fully reflects all processes and procedures and can be relied on as an accurate reflection of current practice.

Financial Impact – There is no direct financial impact at issue on this matter.

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.

- Regular reviews of policies governing registration practices ensure the processes and procedures put in place remain appropriate for safeguarding the public interest, while still operating in accordance with the principles of the Office of the Fairness Commissioner.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered to the best of our ability in the following ways:

- Whether proposed amendments unduly favoured a particular group (socio-economic or other) and have the potential to create inequity between Registrants.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Proof of Identity policy.

ACTION ITEMS

The policy will be updated and posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

March 18, 2022

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. P07.02
	Proof of Identity	Page No. 1

Intent/Purpose	To establish a policy governing <u>the proof of identity</u> requirements for establishing the identity of Applicants for Registration, Candidates to write an examination, and Members of the of the College of Naturopaths of Ontario <u>(the College)</u> .	
Definitions	<u>Act</u><u>Applicant</u> An individual who has made a formal application to the College for a Certificate of Registration. <u>Means, the Naturopathy Act, 2007, S.O.2007, Chapter 10, Schedule P, as amended from time to time.</u> <u>Applicant</u> <u>Means an individual who has made a formal application to the College for a Certificate of Registration.</u> <u>Affidavit</u> <u>Means a written statement of fact that is sworn under oath or affirmed to be true. An affidavit must be signed before a Commissioner of Oaths or Notary Public.</u> <u>Candidate</u> Means a<u>Any person who has submitted an examination application or is engaged in any examination which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.</u> <u>Chief Executive Officer (CEO)</u> <u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u> <u>Commissioner of Oaths</u> <u>Means an individual as defined under the Commissioners for Taking Affidavits Act, 1990</u> <u>Notary Public</u> <u>Means an individual as defined under the Notaries Act, 1990.</u> <u>Member</u> As defined in section 1(1) of the Health Profession Procedural Code means a Member of the College. <u>Notary Public</u> A Notary as defined under the Notaries Act, 1990. <u>PLAR applicant</u> <u>Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.</u> <u>Pre-Registration</u> <u>Means a process whereby an individual who intends to seek registration or assessment with the College provides the College with information to establish themselves before formally submitting an application for Registration.</u> <u>Prior Learning Assessment and Recognition</u> <u>Means a process used to determine the competency of individuals<u>Applicants</u> who do not have formal education from a CNME-accredited program.</u>	
DATE APPROVED		DATE LAST REVISED
October 30, 2014		January 24, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. P07.02
	Proof of Identity	Page No. 2

(PLAR) program

Pre-Registration	A process whereby an individual who intends to seek registration with the College provides the College with information to establish themselves with the College before formally submitting an application for Registration.
Registrar	The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the <i>Regulated Health Professions Act, 1991</i> and who performs the duties assigned to that position under the Act, the Code, the <i>Naturopathy Act, 2007</i> and the regulations made thereunder.
Registrant	<u>Means an individual, as defined in section 1(1) of the Health Profession Procedural Code, means a Member of the College.</u>
Registration Committee	<u>Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code.</u> Means: The statutory committee of the College responsible for all registration matters referred to it by the Registrar. Panel(s) of this statutory committee are responsible for all registration matters as set out in the Health Professions Procedural Code.
Registration Regulation	<u>Means</u> Ontario Regulation 84/14 as amended from time to time.
RHPA	<u>Means, the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, as amended from time to time</u>
Supporting Documentation	Official records provided by a court, tribunal, educational institution, licensing or regulating body, or other government sanctioned organization which provides details surrounding and the outcome of an event.

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General Policy	When Required	Proof of identity, in a form acceptable as outlined in this policy, is required from: • An Applicant who is submitting an application for Pre-Registration or registration with the College; • A Candidate who is submitting an application to sit an examination with the College; and <u>At point of Pre-Registration with the College.</u> • A Member when <u>When</u> requesting a change of the name as it appears on the Public Register or as it has been previously provided to the College.
	General Requirements	To establish identity, the College requires an Applicant, Candidate and Member to provide their <u>the individual's</u> full legal name,

DATE APPROVED	DATE LAST REVISED
October 30, 2014	January 24, 2018

 The College of Naturopaths of Ontario	Policy Type	REGISTRATION	PROGRAM POLICIES
	Title	Proof of Identity	Policy No. P07.02
			Page No. 3

signature, current photograph and date of birth as well as disclosure of all other names or former names by which the individual may have been known, including any nicknames or abbreviations by which the individual may be known.

Supporting Documentation Proof of Identity	Accepted Identification	Any one of the following documents will be accepted by the College as proof of identity for Applicants during Pre-Registration: • A<u>a</u> Canadian p<u>rovincial</u> or t<u>erritorial</u> driver's licence; • A<u>a</u> Canadian Provincial-provincial or Territorial-territorial identification card; • A<u>a</u> Canadian passport; • A<u>a</u> Canadian c<u>itizenship</u> card; • A<u>a</u> Secure Certificate of Indian Status Card, issued on or after December 15, 2009; • A<u>a</u> Temporary-temporary visitors' permit; • a Record of L<u>anding</u>; • A<u>a</u> foreign passport. The document submitted must be current and valid, that is, they i.e., must be <u>an</u> official documents that includes a photograph and signature, and they must not have expired. Notwithstanding the documents that may provide proof of identity, the College of Naturopaths of Ontario (the College) does not require that an Applicant<u>applicant, PLAR applicant, candidate</u> or a Member Registrant be a resident of Ontario or a Canadian citizen.
	Change of Name	A C<u>c</u>andidate, A<u>a</u>pplicant or PLAR applicant or Member who wishes to change his or her<u>their</u> name as <u>previously provided</u> or provided, or a Registrant who wishes to change their name as it appears on the Public Register shall provide one or more of the following documents: • a <u>Government</u>government-issued proof of marriage document;document • a <u>Change</u>change of name certificate <u>issued by the government of Ontario;</u>Ontario • a <u>certificate of divorce;</u>divorce • an sworn affidavit for validation of identity signed by a Commissioner of Oaths; or • A<u>a</u> Court order showing legal name, date of birth and court seal.
	Alternative Documentation	Should any of the items be missing or incomplete, Applicants will need to provide additional official documents to complete the identification requirements per the College's satisfaction.
Proof Not Available	Sworn Affidavit Alternative Documentation	Requests for consideration of alternative documentation for substantiating identity are handled in accordance with the College's Alternative Documentation Policy. Where an applicant cannot provide proof of identity, the College may accept a sworn affidavit

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DATE APPROVED	DATE LAST REVISED
October 30, 2014	January 24, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No.
	Proof of Identity	P07.02
		Page No.
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~~commissioned by a Notary Public or a Commissioner of Oaths,
subject to acceptance by a panel of the Registration Committee.~~

DATE APPROVED	DATE LAST REVISED
October 30, 2014	January 24, 2018



The College of Naturopaths of Ontario

BRIEFING NOTE

Operational Plan for 2022-2025

PURPOSE: Seeking the acceptance of the Operational Plan for 2022-2025 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 and the Senior Management Team provides the Council with an updated Operational Plan. The plan is a three-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 Council's 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 plan is divided in four sections as articulated in the introduction. These include:

1. Regulate the Profession.
2. Governance.
3. Corporate Activities.
4. Program Development.

The College's top priority is regulating the profession in the public interest. These operational activities are set out in section 1 and with results now being reported to Council at each of its six meetings.

The remaining activities will be reported on to the Council twice annually, once at six months and again at the end of the year.

New this year and in keeping with parameters identified in the College Performance Measure Framework, the Operational Plan includes references to the Operating Budget by providing the funds that have allocated for each area of activity where it can be broken out.

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 2022.

Operational Plan

APRIL 1, 2022 TO MARCH 31, 2025

Activity	Key Performance Indicators
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THE OPERATIONAL PLAN FOR 2022-2025

The coming three years of operations 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.

This Plan is set out in four major sections as follows.

Part 1: Regulate the Profession.

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

Part 2: Governance

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

Part 3: Corporate Activities

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

Part 4: Program Development

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Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
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This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year as well as the priority projects identified by the Directors and Managers within the College.

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

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

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

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
The College will operate a program that allows Registrants to obtain Certificates of Authorisations for professional corporations that they wish to establish.	• A process for Registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. • Applications will be reviewed, and decisions provided to Registrants. • New corporations will be added to the Corporations register of the College. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorised.
1.02. Entry to Practise	Estimated annual costs: \$140,000
All 3 Planning Years	
The College will operate an Entry-to-Practise program that enables new graduates and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	• A process that enables both recent graduates and individuals from other jurisdictions to apply for registration with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • 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.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.	• A process for evaluating individuals under the Council's PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Current information about the PLAR process will be made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools related to the assessment process. • Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program.
1.03. Examinations	Estimated annual costs: \$450,000
All 3 Planning Years	
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from CNME-accredited programs and PLAR candidates seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.	• The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually.
All College examinations will be maintained through an examination question development and retirement program.	• A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE • 25% of the questions and cases used in the Clinical Practical exam will be reviewed annually.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
1.04. Patient Relations Program	Estimated annual costs: \$25,000
All 3 Planning Years	
The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i>. Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	• A Patient relations program will be maintained. • Current information (handbooks) for Registrants and Patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.
1.05. Quality Assurance Program	Estimated annual costs: \$175,000
All 3 Planning Years	
The College will operate a Quality Assurance (QA) Program as set out in the <i>Regulated Health Professions Act, 1991</i> and the Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i>.	• Annual registrant self-assessment ○ Review renewals to ensure all Registrants have completed self-assessment, follow up with those who do not. • Continuing Education (CE) Reporting, in three groups, one group each year ○ The reporting group will be tracked, and CE reports analyzed. ○ Follow up with those not received. ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up. • Peer & Practise Assessment program ○ QAC determines number of assessments to be completed. ○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	• CE course approval program ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on website.
1.06. Inspection Program	Estimated annual costs: \$150,000
All 3 Planning Years	
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to designated Registrant as soon as they are approved by the Committee.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	- 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.
1.07. Complaints and Reports	Estimated annual costs: \$495,000
All 3 Planning Years	
The College will operate a Complaints and Reports program to receive information and complaints about Registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the <i>Regulated Health Professions Act, 1991</i> through the Inquiries, Complaints and Reports Committee (ICRC).	- Complaints received by the College will be processed in accordance with the Code. As such, - Where approved by the ICRC, or warranted under the RHPA, investigators will be appointed and clarifying documents provided, along with any necessary support. - Matters will be processed in a manner that ensures fairness and due process for all parties involved, including opportunities for responding and commenting on submissions provided to the process - Complaints will be resolved within 150 days and if not resolved, parties involved and HPARB will be notified. - Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. - Complaint and report files will be presented for the consideration and screening by the ICRC. As such, - Panel appointments are drafted for Chair's approval upon receipt of a new matter. Database of appointments is

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	maintained. Conflicts are tracked and recorded in meeting minutes. ○ Training is conducted for any new ICRC members appointed. ○ Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Registrants' prior history with the College/BDDT-N is maintained. ○ Materials for matters being brought before the ICRC will be presented to the Committee. ○ Decision and Reasons are drafted by ICRC staff, reviewed by legal counsel, reviewed and approved by the Panel. ● Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. ● The status and summary of active and closed complaint and reports are regularly updated and maintained on the College's website. ● Program information will be maintained on the College's website.
1.08 Cease & Desist	Estimated annual costs: Incorporated with complaints and reports.
All 3 Planning Years	
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to Registrants who are breaching the standards of practice in a manner that presents a risk of public harm.	● C&D letters are drafted and sent to the individual via Process Server, where applicable. ● Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College's website. ● Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. ● Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. ● Information about unauthorized practitioners who failed to sign a confirmation is provided to the Deputy CEO.

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Activity	Key Performance Indicators
	Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.
1.09 Alternate Dispute Resolution Program	Estimated annual costs: \$5,000
All 3 Planning Years	
The College will operate an Alternate Dispute Resolution Program to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies	- Complaints received by the College will be reviewed by College staff for ADR eligibility. As such, - Where eligible the complainant will be provided information about ADR and an opportunity to decide whether they wish to proceed with ADR. - Where eligible and the complainant agrees, the Registrant will be provided information about ADR and an opportunity to decide whether they wish to proceed with ADR. - Where eligible and both parties agree, the matter is provided to the CEO to confirm eligibility and if approved, to refer the matter to ADR. - An independent College approved Mediator is appointed for each ADR matter. - A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral.
1.10. Hearings	Estimated annual costs: \$500,000
All 3 Planning Years	
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	- Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. - Information for disclosure is provided to the CEO/legal counsel.

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Activity	Key Performance Indicators
	• Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearing of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • 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.

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Activity	Key Performance Indicators
1.11. Regulatory Guidance	Estimated annual costs: \$40,000
All 3 Planning Years	
The College will operate a Regulatory Guidance program that will respond to Registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.	- E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist. - Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.
1.12. HPARB Appeals	Estimated annual costs: \$5,000
All 3 Planning Years	
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the RC and for appeals of decisions of the Inquiries, Complaints and Reports Committee.	- College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving alert of an appeal. - Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. - Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions. - HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.
1.13. HRTO Matters	Estimated annual costs: \$2,500
All 3 Planning Years	
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).	- All notices received by the HRTO will be provided to Legal Counsel of the College. - College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. - 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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Activity	Key Performance Indicators
1.14 Standards	Estimated annual costs: \$25,000
All 3 Planning Years	
The College will operate a program to develop and maintain the Standards of Practice of the profession and any related policies and guideline. Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	- College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. - Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. As such, staff will - Prepare consultation materials and release them publicly. - Receive and respond to any inquiries about the consultations. - Assemble and summarize consultation submissions for the Committee and present these to the Committee for review. - Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. - Staff will also maintain a program of alerting Registrants of any changes to the standards.
1.15 Scheduled Substance Review Program	Estimated annual costs: \$5,000
All 3 Planning Years	
The College will operate a program for review of drugs, substances and laboratory testing authorized to the profession through the General Regulation and Regulations made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA).	- The College will support the Scheduled Substances Review Committee (SSRC) as it regularly reviews the drugs and substances authorized to the profession in the General Regulation and the list of laboratory tests authorized to the profession in the LSCCLA to ensure appropriateness and to identify any gaps. - Meetings of the SSRC will be held at the call of the Committee Chair and information related to matters to be presented to the Committee will be prepared and assembled by staff.

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Activity	Key Performance Indicators
	- Staff will support the SSCR as it undertakes a review of the Scope of Practice of the profession and any consultation of stakeholders relating to existing or new substances, drugs or lab tests. As such, staff will - Prepare consultation materials and release them publicly. - Receive and respond to any inquiries about the consultations. - Assemble and summarize consultation submissions for the SSRC and present these to the Committee for review. - Where the SSRC makes recommendations for amendments to Council, staff will support the Council evaluation process and, if approved, prepare any Regulation amendments for approval of Council and submission to the Ministry of Health.

2. Governance & Accountability of the College	Estimated annual costs: \$200,000
The College will ensure that it is properly governed by a Council and an Executive Committee as required under the <i>Regulated Health Professions Act, 1991</i> and that these governing bodies fulfill their roles and responsibilities under the Act and are properly constituted as set out in the <i>Naturopathy Act, 2007</i> and the College by-laws. The College will also ensure that it remains accountable to the Minister of Health on behalf of the people of Ontario, as well as any other oversight bodies established by the Government of Ontario. As such, the following operational activities will be undertaken.	

2.01. Proper Constitution & Composition	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will operate a program to ensure that the College Council, and its committees are always properly constituted and therefore able to fulfill their governance obligations.	Council elections will be delivered annually in accordance with the by-laws. As such,

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Activity	Key Performance Indicators
	○ Calls for Nominations will be issued, and an election handbook will be provided to guide interested Registrants through the election process. ○ Nominations and candidacy materials will be provided to the Governance Committee for review in accordance with the Qualifying Program approved by the Council. ○ Where nominations are received, elections will be completed by the first week of April and where none are received, in accordance with the Supplemental Election process set out in the by-laws. • Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. As such, ○ Election information will be provided to all existing and incoming Council members about the Executive Committee positions and elections. ○ Elections will be held annually at the May meeting and supplemental elections when determined by the Council. • Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.	• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. • Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be

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Activity	Key Performance Indicators
	presented to the Council or the Executive Committee on an as-needed basis.
2.02. Competency-based Appointments	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will fully implement and manage the Council's Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.	- A minimum of two orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. - Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. - Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College's volunteer program. - The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.
2.03. Volunteer Training Program	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training and fulfill their duties.	- A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. - All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination.

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Activity	Key Performance Indicators
	All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.
2.04. Effective Assessment Processes	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.	- The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. - The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, - A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting. - 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.
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.	- Council will undertake a performance review of the CEO on an annual basis in accordance with its policies. A such, - The Council will be provided necessary materials to undertake the review, which is based on the goals and development plan set by the CEO and approved by the Council, as part of the July Council meeting.
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.

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Activity	Key Performance Indicators
The College will operate a program that identifies and mitigates risks to the Council and the College.	• The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. • The College will update the organization-wide risk assessment, including but not limited to: ○ Identifying potential bias in assessment methods or procedures, ○ Evaluating and prioritizing areas identified as high risk, ○ Developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers, and ○ Establishing a means to ensure corrective actions are implemented in a timely manner, ○ Monitoring of mitigated risks.
2.05. Effective Quality Decision-making	Estimated annual costs: Not broken out
All 3 Planning Years	
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.

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Activity	Key Performance Indicators
2.06. Transparency	
All 3 Planning Years	
The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.	• A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor's report will be presented to the Council at its July meeting and included in the Annual Report. • Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July. • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, ○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.
• Regulatory processes and matters of the public interest will be routinely disclosed.	• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.
2.07. Accountability	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will provide Health Force Ontario (HFO) the annual reporting data as required under the Code.	- Applications for registration and registration renewal forms will be refined to support the collection and annual reporting of HFO data. - The annual Health Force Ontario submission will be made by May 30 and any corrections submitted by September 30.
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 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.
2.08. Strategic Planning	Estimated annual costs: \$30,000
	2022-2023

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
Using a qualified and skilled external consultant, the Council will undertake a planning process to define a clear Strategic Plan to communicate your priorities to stakeholders, respond to the College's Performance Measurement Framework and support decision-making in the years ahead.	- An environmental scan will be undertaken to ensure there is a clear understanding of the existing context in which the College operates. - Meetings with stakeholders will be held to ensure our understanding of key issues and to challenge, validate or refine early themes emerging from the environmental scan. - Registrants will be consulted through an on-line survey to ensure a broad understanding of their perspectives and priorities. - A series of half-day workshops will be held by the Council to explore developed themes, opportunities for change and options. - A formal strategic plan as well as revised Ends Statements and Ends Priorities will be drafted and validated with the Council.
	2023-2024
	No developmental activities required.
	2024-2025
	No developmental activities required.

3. Corporate Activities	Estimated annual costs: \$510,000
3.1. Human Resources	Estimated annual costs: \$55,000
The College recognizes that its human resources are a key asset. It also recognizes that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as, in the delivery of operational programs.	
All 3 Planning Years	
The College will manage its human resources in such a way 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. As such,

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Activity	Key Performance Indicators
	○ Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions. ○ Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes. ○ New positions and vacant positions will be advertised on the College's own website, as well as in one or more forums for job postings. • College staff will be compensated in a manner that reflects the current market value of the positions. As such, ○ A salary range for each position shall be maintained and updated annually using the Consumer Price Index for November Ontario All-Items published in December. ○ Compensation for new hires will be based on the salary ranges. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. As such, ○ A policy governing the on-boarding of new staff will be maintained and implemented. ○ New staff will be oriented to the College, its role and how it meets its obligations. ○ Initial training of new staff shall be provided by the College to enable quick integration into the work force. ○ An evaluation of performance will be conducted at the conclusion of the 3-month probationary period.

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Activity	Key Performance Indicators
	• Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. As such, ○ Performance reviews will be conducted on all staff annually and will be completed by the end of July. ○ A program for appropriate compensation changes will be maintained that is based on pay-for-performance using salary increases or bonuses. • Staff who are leaving the College will be treated with respect they and dignity. As such, ○ Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed. ○ Staff who resign their position will be asked to complete an exit interview that provides feedback to the College.
College management and staff will work collectively to continue to build and enhance the College “team” as a unified work force and to ensure that the College’s workplace environment is conducive to the team approach.	• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse and discrimination, including annual reviews of the College’s relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences. As such, ○ On at least a semi-annual basis, the College will provide formal social opportunities for the staff. ○ Informal social opportunities to develop the staff rapport and team will also be provided.

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Activity	Key Performance Indicators
	○ On a quarterly basis, the CEO shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow as well as the opportunity to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.
The College will provide staff within on-going training to enhance individual and program performance.	• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.
3.2. Financial Management	Estimated annual costs: \$110,000
All 3 Planning Years	

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Activity	Key Performance Indicators
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements. CEO, through the Director of Operations, will develop a budget	• Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. • Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08). • The annual external audit of the College's financial status will be supported by the staff. As such, ○ Staff will provide all necessary information and support requested by the auditor. ○ The Audit Committee will meet at least twice to review the Auditor's findings. ○ The Auditor's report and audited financial statements will be presented to the Council in July and released publicly once approved. ○ Any concerns identified by the Auditor with respect to financial management practices will be addressed by the CEO within thirty (30) days of the report being accepted by the Council.

3.3. French Language Services	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will continue to support and expand French language services through maintaining sufficient bilingual staff and translating materials for College programs into French.	• The College will continue to ensure that bilingual staff are available to provide service to the public and Registrants. • The Annual Report, Discipline Decisions & Reasons, Standards and Practise Guidelines will be made available in French.

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Activity	Key Performance Indicators
	- The College's website will be fully translated and available in French. - Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French.
The College will ensure that its regulatory processes, including but not limited to complaints/reports, discipline and fitness-to-practise are equipped to conduct hearings in French.	The College will work with the Ministry of Health and the Public Appointments Secretariat to seek public appointments who are fully bilingual for appointment to the Discipline and Fitness to Practise Committees.
3.4. Regulations, Policies & Procedures	Estimated annual costs: Not broken out
The College has developed and implemented many program and operating policies and procedures since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating.	
All 3 Planning Years	
A review cycle will be undertaken of existing Regulations, program policies, operating policies and related procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.	- Working with Committee Chairs, the College will ensure that all regulations and program policies are accurate and appropriate for the College's work. As such, - Regulations will be reviewed with the Committees on a bi-annual basis and any recommendations for amendments brought before the Council. - Program Policies that are approved by the Council will be reviewed on an on-going basis with approximately 5% being completed each year. - All Operating policies and procedures will be accurate to the manner in which the College functions and will be appropriate for the role of the College. As such, 20% of all existing policies and procedures will be reviewed on an annual basis.

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Activity	Key Performance Indicators
	○ All policies will be posted for the use of College staff in the performance of their duties. ○ New policies and procedures will be developed as needed.
3.5. Records Management and Retention	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will conduct on-going and regular audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies.	• Re-training will be provided to staff surrounding the nature of which records are retained and those that are disposed of (transitory records). • The Records Management and Retention Policies will be reviewed with each department to ensure that they file and retain records according to the policy and correct any records filing deficiencies.
3.6. Corporate Communications	Estimated annual costs: \$345,000
All 3 Planning Years	
The College will maintain a program of outbound communications and messaging to the Registrants, public and stakeholders through defined program elements.	• Registrants and stakeholders of the College will be informed of the College's on-going work and new developments. As such, ○ Ten editions of iNformedD will be produced and delivered electronically. ○ The Blog and News sections of the College's website will be updated regularly. ○ The College's overall website will be accurate, up-to-date and a valued tool for users. ○ The College's social media channels will be updated regularly.

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

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Activity	Key Performance Indicators
	in the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). • The College will engage Ontarians on regulatory matters. As such, ○ The College will participate in the Citizens Advisory Group (CAG) as a mechanism for public engagement on key consultations undertaken by the College. ○ The College will continue to invite citizens to participate in the College through its social media channels, newsletter and CEO blog as well as supporting the College as Public Representatives. • The College will engage naturopathic educational students on regulatory and profession-specific matters. As such, ○ The Director of Registration and Examinations will meet with CCNM students about the registration process and entry-to-practise exam(s). ○ The College will provide information that is relevant to the student body through a variety of means.

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

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Activity	Key Performance Indicators
In 2020 the novel coronavirus impacted Canada and Ontario unlike any pandemic in the past. The health care system was essentially shut down requiring the College to provide regular information, guidance and support to Registrants. In addition, the ongoing enforcement of the rules for those attempting to circumvent government and College Directives. A program of providing on-going support and guidance will be maintained by the College as long as the pandemic is active in this Province.	• Updates to the profession will be provided at times when it is important and relevant. • In concert with the Standards Committee, current Standards and Guidelines will be updated as necessary in response to pandemic. • Reopening guidelines will be issued to the profession and updated as needed to guide and assist them. • The College will attend COVID teleconferences organized by the Ministry Emergency Operations Centre (MEOC). • Department functions will be amended to facilitate the continuation of key regulatory processes. • Ongoing monitoring of changes and updates by the CMOH and the MOH.
4.02. Risk-based Regulation	Estimated annual costs: \$25,000
The Council's Governance Report approved in July 2020 included the mandate that the College moved towards a risk-based regulation approach. The work started on this program in 2020-2021 will be continued and the program that is developed will be presented to the Council for approval and, if approved, implemented.	2022-2023
	• The development of the Risk-based Regulation approach initiated in the prior fiscal year will continue with the development of a program overview that provides all relevant details. • The College will engage stakeholders to consider the proposed model and determine the most effective means of assessing data that is collected to identify risks and potential mitigation activities. • Preliminary policies that articulate the approach to be used will be developed.
	2023-2024 • Program policies and related procedures will be finalized and presented to the Council for approval. • A process of risk identification and mitigation will be initiated and presented to Council. • The risk identification process will be implemented.

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	• Risk mitigation process will be implemented. • The tool will be finalized and implemented.
	2024-2025
	• The process will be monitored and reported on to the Council. • A review of the effectiveness of risk identification and mitigation process will be undertaken. • The program will be evaluated and adjusted to improve effectiveness as warranted.

4.03. Volunteer Program Development and Implementation	Estimated annual costs: \$25,000
The College Council has stated among its values that its human resources are a key asset. The College's human resources go well beyond the traditional use of that term in the context of staff. The College's human resources, and therefore key assets, includes the many volunteers who work with the College on Council and Operating Committees and who perform key roles within the regulatory framework. As such, the College will develop an overarching and comprehensive volunteer program that covers recruitment, competency assessment, training and recognition.	
The College will develop a comprehensive approach to the recruitment and retention of volunteers.	2022-2023 • A new approach to the on-going recruitment of volunteers from both the profession and the public will be developed in concert with the Governance Committee of the Council. • A retention program that will be developed that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. • In concert with the Governance Committee, a mentoring program will be developed and implemented as a means of providing support to volunteers and adding value for both new and existing volunteers.

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	A recognition program for volunteers will be developed as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.
	2023-2024
	Evaluation of program and updating as needed.
	2024-2025
	No additional development activities required.
4.04. Fair Registration Practices & Currency Requirements	Estimated annual costs: \$25,000
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in its report of 2018, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.	2022-2023
	- A review of registration requirements will be undertaken: - In concert with the Registration Committee, entry to practice and registration requirements will be reviewed for relevancy and currency. - Tools to assess currency of knowledge, skill and judgment at entry to practise will be amended to reflect updates to core competencies and/or the competency profile of the profession. - Audits of Registrant practise hours in the new database management system will be operationalized - An audit of applicant files will be undertaken in conjunction with the overall audit of the College's filing system.
	2023-2024
	The College will seek to implement any additional recommendations resulting from further OFC assessment, changes to OFC fair registration practice or fair access

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	requirements, or Ministry feedback in relation to the CPMF reporting
4.05. PLAR Program – Demonstration-based Assessment	Estimated annual costs: \$25,000
As a result of COVID-19, beta testing and operationalization of cases associated with the final demonstration-based, OSCE-type component (“Interaction with a Simulated Patient”) of the PLAR program had to be delayed.	2023-2024
	- The “Interaction with a Simulated Patient” (ISP) component of the PLAR program will be operationalized: - 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.
4.06. Review of College Finances and Fees	Estimated annual costs: DEFERRED
In 2018, the Executive Committee committed the College to undertake a review of the College’s financial status and registration fees levied to the profession to ensure that the fees were at the appropriate level to ensure the long-terms sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment. In January 2022 the Council deferred this item until the College can complete a fifth accounting cycle under normal operations.	2022-2023
	No additional development activities required.
	2023-2024
	- A Request for Proposals process will be initiated in support of this project. As such, - A selection team of staff and Council members will be established, - A request for proposals will be issued, - Responses to the RFP will be evaluated by the selection team and interviews held with potential vendors, - A contract will be awarded. - The Auditor selected will be engaged to complete the necessary work. Using the first five full years of operations, an independent

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	audit will be undertaken of the College's financial standing, financial risks, recommended levels of reserves and actual reserves, and revenues, in particular, Registrant fees to determine the appropriate and necessary fee levels. As such, • Final by-law changes to the fee schedule will be presented to Council for approval. 2024-2025 • The fees for the Registration year 2024-2025 (which begin to be collected in February 2024, may be adjusted based on the by-law changes.
4.07 Property Search The College will engage in an open and transparent process to seek appropriate space for the head office of the College that meets the current and future needs of the College.	Estimated annual costs: \$20,000 2022-2023 • Using the needs assessment developed in the prior year, the College will work with its broker of record to issue a request for proposals from various office buildings to allow for an open bidding process from buildings that can meet or exceed College needs. • The College will negotiate a lease agreement with the building management of the selected location, including any leasehold changes needed for the location. • The College will issue a request for quotes from companies that are needed to support a move should one be required. As such, requests for quotes or proposals will be issued to, ○ Companies that specialize in office move, if a move is required. ○ Companies that specialize in office design, if a move to a new location is required.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
	○ Companies that specialize in office construction, if a move is required and construction is needed. • Preparations will be made to any new office space in anticipation of occupancy by the end of February 2023 2023-2024 • The College will work to promote any address changes and to settle the College operations and personnel into new space if a move was required. 2024-2025 • No additional development activities required.
4.08 Enterprise Risk Management	Estimated annual costs: \$30,000
The College will develop and implement an enterprise risk management (ERM) designed to identify, monitor and mitigate risks faced by the College.	2022-2023
	• Working with the Risk Committee and the Governance Policy Review Committee, existing Executive Limitations policies will be reviewed and proposed changes developed to incorporate the new ERM framework. • All risks will be assessed and prioritized. • Mitigation strategies will be developed. • A risk report will be presented to the Council for review and acceptance. • The Council will be asked to identify the College's true level of risk tolerance and the nature and timing of risk monitoring reports.
	2023-2024
	No additional development activities required.
	2024-2025
	No additional development activities required.

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All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
4.09 Equity, Diversity, and Inclusion	Estimated annual costs: \$135,000
The College will develop and implement an equity, diversity and inclusion initiative.	2022-2023
	• A general statement for the Council on EDI will be developed in concert with the EDI Committee and presented to the Council for consideration. • A Governance Process and Executive Limitation policy relating to EDI will be developed in concert with the EDI Committee and the Governance Policy Review Committee for the consideration of the Council. • Recruitment of new volunteers and staff will be one that is based on equity, diversity and inclusion. • Committee Terms of Reference will include EDI language. • Existing job profiles will be updated to include EDI language. • Existing Regulations and program policies will be reviewed by the EDI Committee and recommendations offered that ensure they are free of bias, discriminatory and racist elements.
	2023-2024
	• Existing Regulations and program policies will be reviewed by the EDI Committee and recommendations offered that ensure they are free of bias, discriminatory and racist elements. • Bi-annual re-education for all volunteers and staff on Unconscious Bias and Diversity and Inclusion training.
	2024-2025
	• Existing Regulations and program policies will be reviewed by the EDI Committee and recommendations offered that ensure they are free of bias, discriminatory and racist elements.

Index:

All 3 Planning Years	2022-2023	2023-2024	2024-2025
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Activity	Key Performance Indicators
4.10 Data Migration	Estimated annual costs: \$20,000
The College's existing server is reaching end of life. College data will be migrated off the server and into the cloud.	2022-2023
	• The College will be developing a project plan in collaboration with the I.T company. • The College's data will be migrated with identical security features including VPN. • The College will make the necessary provisions should it be required to support cloud operations in new office space, including installation of equipment. • Transitioning the server to the cloud will reduce the College's need for larger space to support existing server and will decrease carbon footprint. • Pre-migration testing will be conducted to minimize operational disruptions. • At the end of 2022 College data will be fully migrated to the cloud. • All of the College's data will be stored in Canada, including current Alinity (cloud application).
	2023-2024
	• No additional development activities required.
	2024-2025
	• No additional development activities required.

Index:

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

BRIEFING NOTE

Capital and Operating Budgets for 2022-2023

PURPOSE: Council is asked to review and to accept the draft Capital and Operating Budgets for the fiscal year April 1, 2022 to March 31, 2023.

OUTCOME Acceptance of both capital and operating budgets for fiscal year April 1, 2022 to March 31, 2023.

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

PROCESS:

Activity:	Presentation and discussion.		
Results:	Acceptance of the budgets.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	An overview of the changes since the last meeting to each of the two budgets will be presented by the Director of Operations.	5 minutes
	2.	Q&A, discussion by Council.	10 minutes

BACKGROUND:

Each year, the Senior Management Team (SMT) 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.

Following the discussion at the January 26, 2022, a few changes have been made to both the Capital and Operating Budget for 2022-2023. These changes are highlighted below and are accompanied by the draft Operational Plan.

The draft Capital Budget for 2022-2023, 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 2021-2022, and two additional years of estimates is attached to this briefing note as Appendix 2 for the Council's review and discussion.

In addition to the two budgets is a summary sheet as requested by Council to illustrate the combination of the Capital and Operating budgets. It is important to note that when reviewing this sheet, that the operating budget covers the year to which it relates, whereas the capital budget covers a time frame greater than one year. As a result, a budgeted surplus may not become available in the same time frame.

DISCUSSION POINTS:

Budget Timing

Now that the Council has moved to a six-meeting cycle, the January Council meeting allowed for Council to review and provide input on the budgets, this in turns allows time for the College to make any necessary amendments and then to accept the budgets at the end of March, which is close to the start of the next fiscal year.

Capital Budget

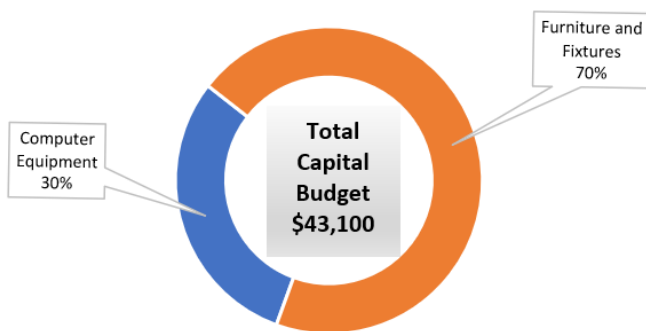
A Capital Budget is a budget allocating money for the acquisition or maintenance of fixed assets such as land, buildings, and equipment (Oxford Dictionary). A simplistic view of a Capital Budget is that the purchases made are added to the College's asset list and are depreciated over a defined period.

The capital budget has been updated with two transactions since January. Computer equipment costs have been increased by \$1,000. The VOIP switch which supports the College's telephone system will need to be replaced when the College moves. The cost of this panel has been quoted by our I.T provider at \$3,000.

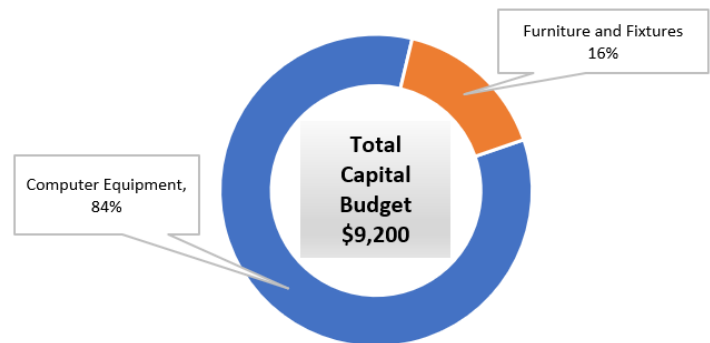
The second adjustment that has been made is to computer equipment for 2023-2024 with the removal of \$80,000 which was budgeted by the College for the purchase of a new server. The College SMT has decided elected to transition its operations to the cloud at the end of the life cycle of the current server.

The total Capital Budget (Appendix 1) for 2022-23 is \$43,100 which is \$33,900 more than was set out last year. This year we are anticipating a large shift from the monies we spent on computer equipment last year to furniture and fixtures this year. These expenses are anticipated in advance of the College moving its head office by the end of February 2023.

2022-2023 Capital Expenditures



2021-2022 Capital Expenditures



Operating Budget

The total Operating Budget (Appendix 2) for 2022-2023 is as follows:

Revenue	\$3,548,678
Expense	<u>\$3,879,414</u>
Net Result	\$ (330,736)

At this time the deficit for the coming year is based on the number of cases that have been referred to discipline. There are currently 10 cases pending of which the College is anticipating 50% of the cases to take place. Three of the cases are anticipated to be contested hearings and each contested hearing runs on average 5 to 10 business days which is very costly, in addition to the preparatory work.

The College is also in the process of developing new and expanding existing programs which have additional costs associated such as the volunteer mentoring program, Risk-Based Regulation, and new reporting requirements under the College Performance Management Framework.

Lastly, there are a few one time allocations that are unique including costs associated with an office move and the development of the College's new strategic plan.

Revenues

The revenue that was calculated and presented at the January 2022 Council meeting has been adjusted to one line item for an overall increase to revenue by \$127,000.

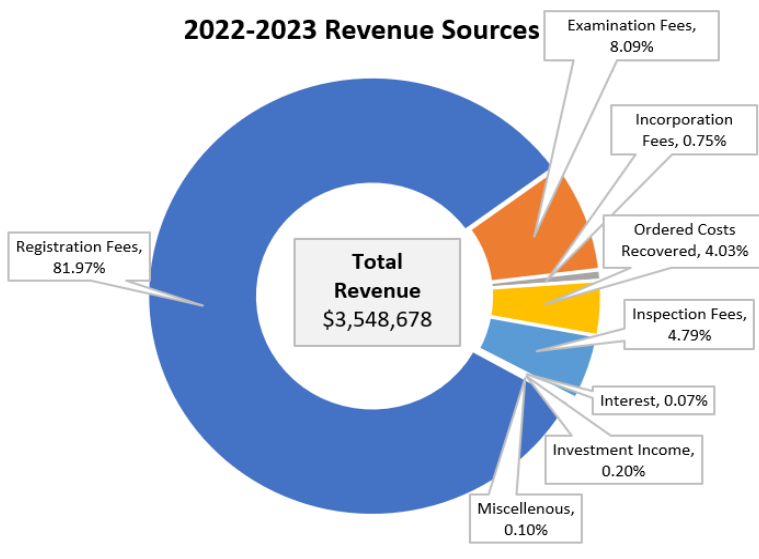
- Ordered Costs Recovered- have been increased based on the legal recovery costs that the College has been historically awarded, based on the type of hearing. For a uncontested hearing 25% of legal costs have been applied and for a contested hearing a 60% allocation has been made.

The remaining revenues are unchanged and have been calculated using the following high-level assumptions.

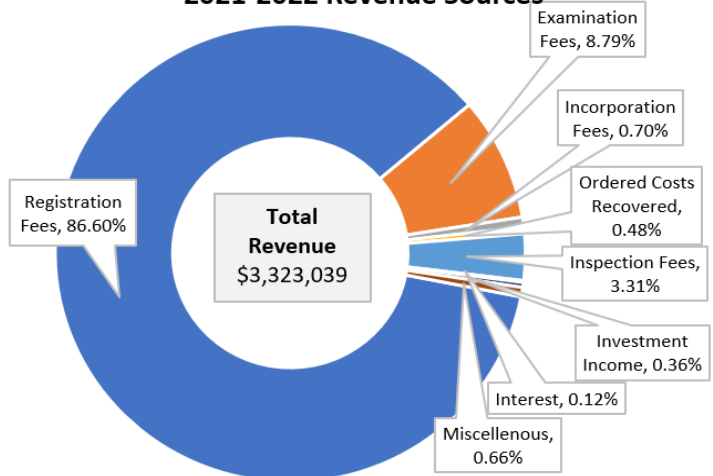
- Registration fees will be returned to their normal level, including a CPI increase that would be added this year.
- No fees applied to any Registrant's participating in payment plan, as per recent by-law changes.
- Applications for Registration will be as they would normally be on an annual basis, as would the issuance of initial applications.
- Examinations will run as normal with the typical number of candidates per session as the College has seen with regularity prior to COVID-19, and a small increase has been noted for those who may not have been able to complete examinations that were cancelled in the prior year.
- 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 and investment accounts remaining low.
- Minor growth in professional corporations will continue to grow, but existing corporations will renew.
- CEWS subsidy has been extended to May 7, 2022, however the College is not anticipated to meet the requirements for funding, or if so it will be significantly less.

The revenues that have been developed are based on the government removing current Step 2 COVID-19 provisions by the end of March 2022. However, College operations and revenues will continue to be impacted by COVID-19 until the country is no longer under any restrictions and limitations .

2022-2023 Revenue Sources



2021-2022 Revenue Sources



Expenses

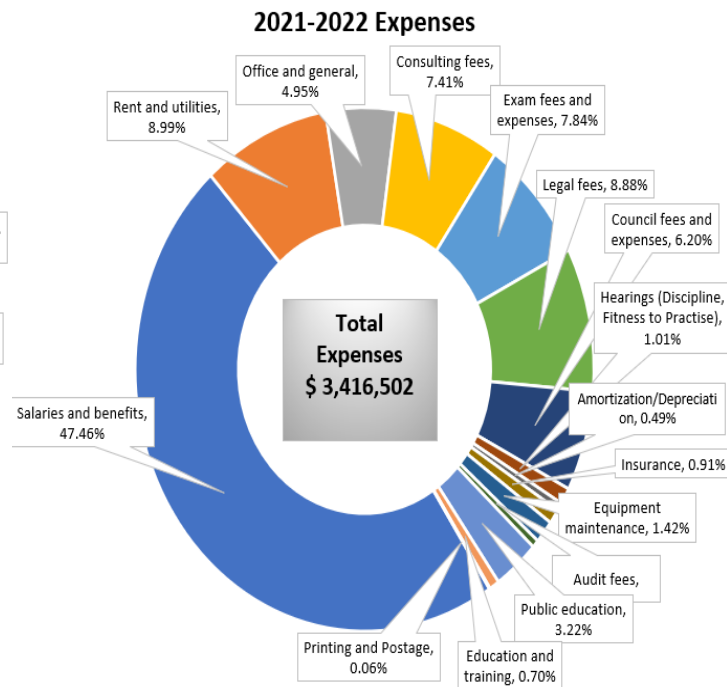
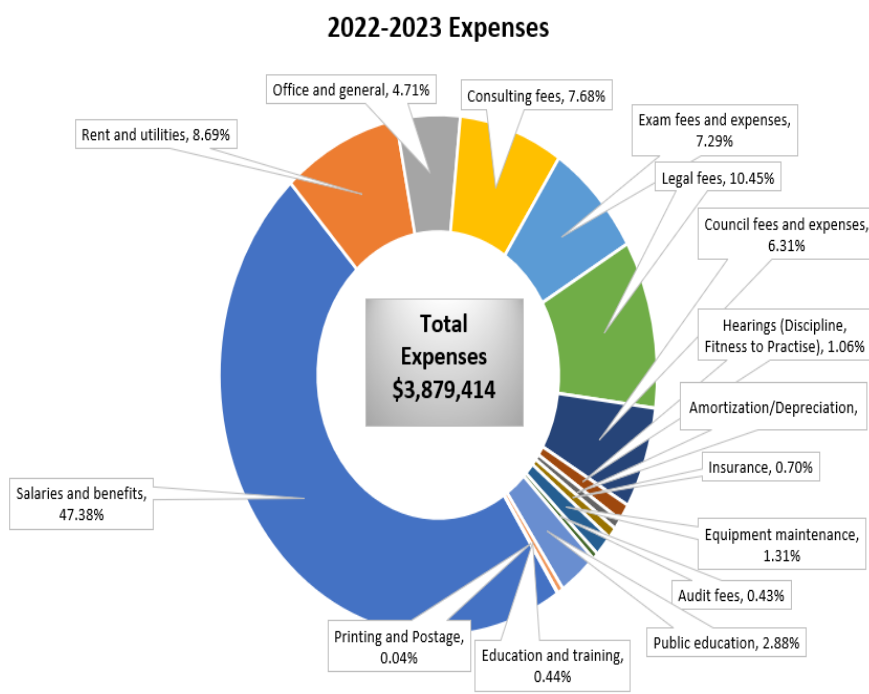
Expenses have been adjusted since the January Council meeting for a number of programs by both decreasing and increasing certain line items. Overall expenses have been decreased by \$86,473 from what was presented to the Council in January 2022.

The following adjustments have been made:

- Consulting Fees under Council have increased by \$15,000 for the consulting services of Carolyn Everson for Strategic Planning due to expanded scope of work.
- Council Training Fees have been increased by \$1,148 to include training for the EDI Committee
- Discipline Costs- in this program costs have been decreased by \$94,800. This is due to a decrease from 3 to 2 uncontested hearings and fees for a contested hearing being adjusted from \$100,000 each to \$75,000 each.
- Consulting Fees in Operations have been decreased by \$25,600 this is primarily due to the postponement of the financial review which was budgeted at \$40,000 and a decrease of \$3,600 for specific data programming in our new software. However, \$18,000 was added to this line item for the cost of migrating the College's data into the cloud from the server.
- License Fees in Operations have been increased by \$600 per month, this is due to the College's current accounting software requiring access to a remote server. Cloud storage this with our accounting software is only available in the United States and at this time the College's policies and procedures support only data storage in Canada due to different privacy legislation requirements.
- Memberships in Public Engagement (Communications) has been increased by \$4,750 to include both active and inactive Registrants as CANRA members. Previously had budgeted only active Registrants.
- There are a number of changes that have been made to the Examinations Program- these changes have resulted in the re-allocation of certain line items vs. actual decreases. Overall changes to the program have resulted in an increase of \$6,898. While expenses for Per Diems have been decreased and Training fees have been zeroed out, these costs have been added into a new payment structure for examiners under consultant fees. This is in addition to an update we have received from Yardstick regarding an increase to fees based on last iteration of draft amendments to maintenance contracts and amended Prescribing Fees. In addition, travel costs have been decreased.

The following are highlights from the expenses that were presented to Council in January 2022, that have remained unchanged:

- Council and all Committees will predominantly meet via Zoom, with an allocation made for one in-person meeting and training for Council (dependent on government restrictions). This significantly reduces meeting expenses such as travel, accommodations and meals. However, Per Diems have increased due to the creation of 4 new committees.
- Discipline costs have been increased slightly to account for an increased number of scheduled hearings to take place including three contested hearings.
- Both legal and consulting fees have been increased due to the number of cases currently under investigation and the complexities of the matters under investigation.
- Under Operations in consulting there are also a couple of one-time allocations noted such as costs of movers, moving supplies, and data drops in anticipation of the office moving in Q4.
- Rent costs for this year will remain relatively the same, however due to current space requirements we anticipate a smaller footprint for our new office requirements.
- Staff salaries and benefits have been increased by both an inflationary factor, as well as pay-for-performance bonus or salary increases to ensure that the College remains as competitive as possible to retain its staff.
- Important regulatory processes, including Peer & Practice Assessments and Inspections have been included in the budget on the assumption that the current lockdown will be lifted by the end of March.



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 potential of the need for additional resources.
- Financial (market) - Declining interest rates result in a lower return on the College's investments. The budget is not largely reliant on these revenues. Additionally, the College is subject to changes in the market as they impact the profession. Should the government shut down the health care sector again, there is risk to the College's funding, in particular as it relates to the credit risk described below.
- 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 500 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, when the College has discounted and not increased fees in two years, thus potentially exposing registrants to financial hardship.
- Strategic (economic environment)- The consumer price index increase this year has doubled in comparison of the last two years. It is one of the larger increases that have been applied to annual fees year over year.
- Strategic (political) - The political environment continues to have a degree of instability and uncertainty due to the COVID-19 pandemic and a lack of clarity as to which measures the government may take and their impact on the economy and health care. In addition, the province may have a change in government pending the June 2022 election.
- 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 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 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 21, 2022



The College of Naturopaths of Ontario

OPERATING BUDGET

	2022-2023		2023-2024		2024-2025	
	Budget	% of Bud.	Estimate	% of Est.	Estimate	% of Est.
REVENUES						
Registration and member renewal fees	\$ 2,908,828	82%	\$ 3,075,102	83%	\$ 3,250,979	85%
Examination fees	\$ 287,000	8%	\$ 323,800	9%	\$ 323,800	8%
Deffered capital funding	\$ -	0%	\$ -	0%	\$ -	0%
Incorporation fees	\$ 26,550	1%	\$ 28,750	1%	\$ 30,950	1%
Ordered costs recovered	\$ 143,000	4%	\$ 102,000	3%	\$ 102,000	3%
Inspection fees	\$ 170,000	5%	\$ 170,000	5%	\$ 114,000	3%
Interest	\$ 2,400	0%	\$ 2,400	0%	\$ 4,000	0%
Investment Income	\$ 7,200	0%	\$ 7,200	0%	\$ 10,800	0%
Miscellaneous	\$ 3,700	0%	\$ -	0%	\$ -	0%
TOTAL REVENUES	\$ 3,548,678		\$ 3,709,252		\$ 3,836,529	
EXPENSES						
Salaries and benefits	\$ 1,837,942	47%	\$ 2,011,464	51%	\$ 2,018,507	53%
Rent and utilities	\$ 337,215	9%	\$ 278,978	7%	\$ 300,425	8%
Office and general	\$ 182,768	5%	\$ 190,402	5%	\$ 202,332	5%
Consulting fees						
Consultants - general	\$ 102,400	3%	\$ 44,800	1%	\$ 4,800	0%
Consultants - complaints and inquiries	\$ 132,000	3%	\$ 132,000	3%	\$ 132,000	3%
Consultants - assessors/inspectors	\$ 63,600	2%	\$ 63,600	2%	\$ 72,600	2%
Exam fees and expenses	\$ 282,867	7%	\$ 311,047	8%	\$ 312,109	8%
Legal fees						
Legal fees - general	\$ 45,817	1%	\$ 47,600	1%	\$ 49,504	1%
Legal fees - complaints	\$ 100,725	3%	\$ 102,000	3%	\$ 99,875	3%
Legal fees - discipline	\$ 259,000	7%	\$ 276,000	7%	\$ 201,000	5%
Council fees and expenses	\$ 244,620	6%	\$ 203,182	5%	\$ 143,361	4%
Hearings (Discipline, Fitness to Practise)	\$ 40,950	1%	\$ 36,250	1%	\$ 33,250	1%
Amortization/Depreciation	\$ 24,709	1%	\$ 36,655	1%	\$ 43,173	1%
Insurance	\$ 27,000	1%	\$ 28,080	1%	\$ 29,203	1%
Equipment maintenance	\$ 51,008	1%	\$ 53,044	1%	\$ 55,164	1%
Audit fees	\$ 16,500	0%	\$ 17,680	0%	\$ 18,387	0%
Public education	\$ 111,584	3%	\$ 105,559	3%	\$ 104,749	3%
Education and training	\$ 17,055	0%	\$ 13,700	0%	\$ 14,448	0%
Postage & Courier	\$ 1,655	0%	\$ 1,723	0%	\$ 1,842	0%
TOTAL EXPENSES	\$ 3,879,414		\$ 3,953,764		\$ 3,836,729	
EXCESS OF REVENUES OVER EXPENSES	\$ (330,736)		\$ (244,512)		\$ (200)	

**CAPITAL BUDGET 2022-2023**

	2022-23		2023-24		2024-25	
Computer Equipment	Laptop (with docking station) - 3	\$9,000.00	Laptop (with docking station) - 3	\$9,600.00	Laptop (with docking station) - 3	\$10,200.00
	Computer Accessories (mice, key	\$600.00	Computer Accessories (mice, key	\$600.00	Computer Accessories (mice, ke	\$1,000.00
	Desktop Printer	\$500.00	Monitors-2	\$600.00	Monitors-2	\$600.00
	VOIP Switch (pending infrastructure of new office)	\$3,000.00				
				\$10,800.00		
Total Comp Equip		\$13,100.00				\$11,800.00
Furniture and Fixtures	Misc New Furniture	\$20,000.00	Office Chairs-10	\$12,000.00	Guest/Reception Chairs-6	\$5,000.00
	Window Coverings	\$10,000.00	Kitchen Furniture	\$3,000.00	Office Chairs-10	\$14,000.00
Total Furnit. & Fixtures		\$30,000.00		\$15,000.00		\$19,000.00
Total Budget		\$43,100.00		\$25,800.00		\$30,800.00

Please note in 2022-2023 additional costs have been allocated to furniture and fixtures due to College being in a new office space

College of Naturopaths of Ontario
2022- 2023 Operating and Capital Budget

**OPERATING
REVENUE**

Registration and Member Renewal Fees	\$	2,908,828
Examination Fees	\$	287,000
Deferred Capital Funding	\$	-
Incorporation Fees	\$	26,550
Ordered Costs Recovered	\$	143,000
Inspection Fees	\$	170,000
Interest	\$	2,400
Investment Income	\$	7,200
Miscellaneous	\$	3,700
TOTAL REVENUES	\$	3,548,678

EXPENSES

Salaries and Wages	\$	1,837,942
Rent and Utilities	\$	337,215
Office and general	\$	182,768
Consulting fees	\$	298,000
Exam fees and expenses	\$	282,867
Legal fees	\$	405,542
Council fees and expenses	\$	244,620
Hearings (Discipline, Fitness to Practise)	\$	40,950
Amortization/Depreciation	\$	24,709
Insurance	\$	27,000
Equipment maintenance	\$	51,008
Audit fees	\$	16,500
Public education	\$	111,584
Education and training	\$	17,055
Printing and Postage	\$	1,655

TOTAL EXPENSES **\$ 3,879,414**

NET OPERATING SURPLUS/(DEFICIT) **\$ (330,736)**

CAPITAL EXPENSES

I.T Equipment	\$	13,100
Furniture & Fixtures	\$	30,000

NET CAPITAL (DEFICIT) **\$ (43,100)**

NET COLLEGE SURPLUS/(DEFICIT) **\$ (373,836)**



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Examinations Program

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practise of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical, and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical, and competent patient care and guide patients to understand the standard of care that they can expect from a naturopath.
3. **Ensuring Continuing Competence** – The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent, and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline** – The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

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

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome of public protection, and risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the Examinations Program and processes of the College.

Examinations Program

Two categories of examinations are administered by the College: entry-to-practise and post-registration. Entry-to-practise examinations are those which assess entry-level competencies for ensuring individuals granted registration with the College are competent, ethical, and qualified to practise naturopathy in Ontario. Post-registration examinations are those which assess a Registrant's knowledge, skill, and judgment to perform additional controlled acts, as set out in the General Regulation of the College.

Entry-to-Practise Examinations

Section 5(1) of the College's Registration Regulation stipulates non-exemptible requirements for registration, which include the successful completion of those registration, clinical, and jurisprudence examinations, set or approved by Council. Presently, these examinations include:

- The Ontario Clinical (Practical) examinations, administered three times a year, which assess a candidate's hands-on practical skills in acupuncture, naturopathic manipulation, and physical exam/instrumentation.
- The Ontario Biomedical examination (launched in 2020), administered twice a year, which assesses a candidate's essential medical knowledge of body systems and their interactions, body functions, dysfunctions and disease states.
- The Ontario Clinical Sciences examination (launched in 2019), administered twice a year, which assesses a candidate's knowledge of necessary naturopathic competencies for the treatment of patients and their ability to apply critical thinking to patient case scenarios.
- The Ontario Jurisprudence examination, a low-stakes, open-book online examination module, offered on a continuous basis, which assesses a candidate's understanding of the ethical and legal framework within which Ontario naturopaths practise.

Together, these examinations, which may be completed in any order of a candidate's choosing, provide a fulsome snapshot of a candidate's competency and readiness to practise the profession.

To ensure that entry-to-practise examinations remain a valid tool for assessing a candidate's entry-level knowledge and skill, and that the potential for candidates to pass due to familiarity with the testing structure or repeated exposure to content gained through multiple sittings is limited, three attempts in total are granted to successfully complete any entry-to-practise examination, with the exception of the Ontario Jurisprudence examination where multiple attempts are permitted. After two unsuccessful attempts, a candidate is required to complete additional training or education as mandated by a panel of the Registration Committee to remediate noted deficiencies related to demonstrated knowledge or skill prior to being permitted a third and final attempt of the exam. After a third unsuccessful attempt of an exam, a candidate is required to complete another program in naturopathy before being permitted any further examination attempt.

Exam Transition

In 2014, the transitional Council of the College began development of the Ontario Clinical Sciences examination and the Ontario Biomedical examination to replace the (then recognized) Naturopathic Physicians Licensing Examinations (NPLEX), administered by the North American Board of Naturopathic Examiners (an American-based examination body), as Ontario entry-to-practise exams.

In launching the Ontario Biomedical and Clinical Sciences examinations, four predominant concerns which resided in the continued acceptance of the NPLEX by the College, both as part of its entry-to-practise suite of exams and as part of its Prior Learning Assessment and Recognition (PLAR) program, were resolved. These were:

1. The College's ability to enforce its Registration Regulation provisions around number of permitted attempts and required remediation for entry-to-practise examinations.
2. The College's ability to offer entry-to-practise/PLAR examinations in French.
3. A candidate's ability to request and be granted exam accommodations in accordance with the Ontario Human Rights Code and,
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, ProctorU (formerly Yardstick Assessment Strategies). Item writers, who develop and peer review new content for the Ontario Biomedical and Ontario Clinical Sciences examination are also NDs, trained on content development and use of the ProctorU 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 Clinical (Practical) Examinations are NDs who have a strong working knowledge of the therapies being assessed. Examiners for the IVIT Examination are NDs who have met the Standard of Practice for Prescribing, the Standard of Practice for IVIT, and who perform IVIT as part of their practice. Assessors for the Prescribing & Therapeutics examination are pharmacists registered in good standing with the Ontario College of Pharmacists. Examiners and assessors are trained on the purpose of the examination, examiner/assessor duties, and examiner/assessor rules and principles as well as specifics regarding the examination component they are examining/assessing.

Importance of this Program

The College's Examinations Program is a critical component of safeguarding the public interest by ensuring those issued a certificate of registration to practise the profession, and those deemed eligible to perform additional controlled acts granted to the profession, have the requisite knowledge, skills, and judgement to practise naturopathy safely, competently, and ethically.

Respectfully submitted,

Erica Laugalys
Director, Registration & Examinations

March 2022



The College of Naturopaths of Ontario

Materials Redacted

Pages 316-362 have been redacted pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code. The materials include personnel related materials that are personal information to the individual to whom they pertain.

The Council will be moving to an in camera session to discuss these materials pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code.



The College of Naturopaths of Ontario

**Council Meeting
March 30, 2022**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (4:6) *		Ms. Asifa Baig (3:6)
Dr. Kim Bretz, ND (5:6)		Ms. Sarah Griffiths-Savolaine (5:6)
Dr. Shelley Burns, ND (6:6)		
Mr. Dean Catherwood (6:6)		
Mr. Brook Dyson (6:6)		
Ms. Lisa Fenton (6:6)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (6:6)		
Ms. Tiffany Lloyd (1:1)		
Mr. Paul Phillion (5:5)		
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		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Sandi Verrecchia, Satori Consulting		
Dr. Danielle O'Connor, ND, Chair Registration Committee		

*Attended meeting beginning at 9:52 a.m.

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:17 a.m. She welcomed everyone to the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	Brenda Lessard-Rhead
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as amended.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
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. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair.
MOVED:	Shelley Burns
SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Regulatory Operations from the 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:	Tiffany Lloyd
SECOND:	Jordan Sokoloski
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3

A Variance Report and the Unaudited Financial statements ending December 31, 2021 (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:	Jacob Scheer
SECOND:	Lisa Fenton
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 by end of day tomorrow. 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:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

5.Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Ends Policies

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

6.01(ii) Council-CEO Linkage Policies

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

6.01(iii) Executive Limitations Policies

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

6.02 Detailed Review (as per GP08) – Governance Process Policies (Part 1)

Council members were asked if there were any members who wished to discuss the Governance Process Policies (Part 1). Dr. Brenda Lessard-Rhead, ND (Inactive), Chair of the Governance Policy Review Committee (GPRC), provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to the GP03.03 – Code of Conduct for Council and Committee Members as presented.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	To approve the proposed amendments to the GP05.04 – Role of the Council Chair as presented.
MOVED:	Paul Phillion
SECOND:	George Tardik
CARRIED.	

MOTION:	To approve the proposed amendments to the GP06.07 – Committee Principles as presented.
MOVED:	Paul Phillion
SECOND:	Lisa Fenton
CARRIED.	

MOTION:	To approve the proposed amendments to the GP08.04 – Annual Planning Cycle as presented.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	To approve the proposed amendments to the GP09.02 – Council Communication as presented.
MOVED:	George Tardik
SECOND:	Tiffany Lloyd
CARRIED.	

6. Business

6.01 Biomedical Examination (BME) Blueprint

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

MOTION:	To approve the proposed changes to the BME Blueprint as presented.
MOVED:	Jordan Sokoloski
SECOND:	Lisa Fenton
CARRIED.	

6.02 Clinical Sciences Examination (CSE) Blueprint

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

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

6.03 Alternative Documentation Policy

A Briefing Note and corresponding documentation highlighting the proposed new Alternative Documentation policy were circulated in advance of the meeting. Dr. O'Connor, ND, Registration Committee Chair, provided a detailed overview of the policy and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed new Alternative Documentation policy as presented.
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MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

6.04 Proof of Identity Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the Proof of Identity policy were circulated in advance of the meeting. Dr. O'Connor, ND, Registration Committee Chair, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Proof of Identity policy as presented.
MOVED:	Shelley Burns
SECOND:	George Tardik
CARRIED.	

The Chair thanked Dr. O'Connor, ND, for presenting the proposed changes to Council.

6.05 Annual Operational Plan 2022-2025 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 2022 - 2023. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Operational Plan for 2022-2025 as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

6.06 Annual Capital and Operating Budgets 2022-2023 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 2022-2023 as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jordan Sokoloski

CARRIED.	
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6.07 Council and Committee Evaluation

The Chair invited Ms. Sandi Verrecchia, President of Satori Consulting, to present for the Council members the intended process for the upcoming Council and Committee evaluations for fiscal year 2021-2022. She went into detail of the timeline that will be followed, for instance, May 2 the survey for all Council and Committee members will go live until May 20, then individual briefings will be held between June 13 – July 29 to present the information gathered from the surveys.

In addition, she provided an overview of how the survey will be formatted with sample questions and reminded Council that all reviews will remain confidential. She also advised all Council members that when taking the survey to allot approximately two full hours for completion, and to begin brainstorming feedback and area(s) of improvement(s) for everyone they work with on either Council or their Committees to include within the survey. She responded to any questions or concerns that arose during the discussion that followed.

The Chair thanked Ms. Verrecchia for her presentation to Council.

7. Council Education

7.01 Program Briefing – Examinations Program

A Briefing Note highlighting the Examinations Program was circulated in advance of the meeting. Ms. Erica Laugalys, Director, Registration & Examinations provided an overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:50 a.m.

MOTION:	That the Council moves to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code so that it may discuss personnel matters relating to the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer
CARRIED.	

9. Other Business

9.01 “So long, farewell, auf Wiedersehen, adieu.”

Mr. Parr thanked Dr. Kim Bretz, ND, Chair, and Dr. Brenda Lessard-Rhead, ND (Inactive), for all of their hard work and service to protect the public's interest throughout their terms on the Council. Fellow Council members also expressed their gratitude towards each of them and look forward to continuing working with them on various Committees.

MOTION:	To thank Dr. Brenda Lessard-Rhead, ND (Inactive), on behalf of the entire Council for their dedication to protect the public's interest, their
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	continued support of Council tasks and being a great fellow Council member throughout their years of service.
MOVED:	Jordan Sokoloski
SECOND:	Kim Bretz
CARRIED.	

MOTION:	To thank Dr. Kim Bretz, ND, Chair, on behalf of the entire Council for their dedication to protect the public's interest, their continued support of Council tasks and being a great fellow Council member throughout their years of service.
MOVED:	George Tardik
SECOND:	Jacob Scheer
CARRIED.	

9.02 Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for May 25, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:41 a.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Jacob Scheer

Recorded by: Monika Zingaro
Administration Coordinator
March 30, 2022

Approved: May 25, 2022

Council Highlights
March 30, 2022 (Meeting #28¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, January 26, 2022 from 9:17 a.m. to 11:41 a.m. Seven of the seven elected professional members and five of the seven public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Council Rebecca Durcan of the law firm Steinecke Maciura LeBlanc. The agenda and supporting materials for the meeting were released via the College's website on March 23, 2022 and continue to be available on the [College's website](#).

In addition to its regular routine business and receipt of reports from each of the Chair and Chief Executive Officer as well as the Operating Report, the Council considered several important matters which have been highlighted below.

Q3 Unaudited Statements and Variance Report – The Council considered and accepted the unaudited financial statements as presented for Q3 (October 1 – December 31, 2021).

College Performance Measure Framework (CPMF) Report – The Council reviewed and accepted the CPMF Report to be submitted to the Ministry of Health and also found here on [our website](#).

Biomedical Examination (BME) Blueprint – The Council considered and accepted recommendations from the Registration Committee for amendments to the BME Blueprint which is an element of the Exam Committee (Entry-to-Practise) which undertakes regular reviews of the examination blueprints. Amendments made were to remove the patient population information from the other parameters section within the Blueprint found here on [our website](#).

Clinical Sciences Examination (CSE) Blueprint – The Council considered and accepted recommendations from the Registration Committee for amendments to the CSE Blueprint which is an element of the Exam Committee (Entry-to-Practise) which undertakes regular reviews of the examination blueprints. Amendments made were to add clarity and robustness of competencies within the Blueprint found here on [our website](#).

Alternative Documentation Policy – The Council considered and accepted recommendations from the Registration Committee for amendments to the Alternative Documentation Policy which is an element of the Registration Program Policies. Policy has been created as a guideline should an applicant encounter exceptional circumstances outside of their control, where College-required documentation to support an application for registration or an assessment within the PLAR program cannot be obtained. This can be found here on [our website](#).

Proof of Identity Policy – The Council considered and accepted recommendations from the Registration Committee for amendments to the Registration Policy which is an element of the Registration Program Policies. Amendments were required due to new Alternative Documentation policy, and to update policy definitions, terminology, and language to align with the newer policies under the College. This can be found here on [our website](#).

¹ This is the 28th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.

Annual Operational Plan 2022-2025 – The Council reviewed and accepted the Annual Operational Plan for fiscal year 2022-23 and the following two fiscal year’s planning. This can be found here on [our website](#).

Annual Capital and Operating Budgets 2022-23 – Ms. Kupny, Director of Operations, presented to the Council for review and acceptance the draft Capital and Operating Budgets for fiscal year April 1, 2022 – March 31, 2023, and two additional fiscal year’s estimates – both budgets were approved as presented.

Council Education – As a part of the College and its Council’s commitment to good governance, the Council conducted an educational exercise. Ms. Erica Laugalys, Director of Registration & Examinations, conducted a program briefing about the Examinations Program. Program briefings are provided for informational purposes to ensure the Council is aware of all the complex programs operated by the regulatory body.

In-camera Portion – The Council held an in-camera portion of their meeting pursuant to paragraph (d) of section 7(2) of the HPPC to discuss personnel matters.

Readers who have questions are invited to contact the College by e-mail at general@collegeofnaturopaths.on.ca.

Andrew Parr, CAE
Chief Executive Officer
April 1, 2022