



Approved Agenda – #2020/21-05

Meeting of the Council of the College of Naturopaths of Ontario

Date: March 31, 2021

Time: 9:00 am to 4:30 pm

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
March 31, 2021
9:00 am to 12:30 pm
DRAFT AGENDA

Sect/No.	Action		Item	Page	Responsible	
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 ²					
	2.01	Approval	i.	a) Draft Minutes of January 27, 2021	8-18	K Bretz
				b) In-camera Minutes of January 27, 2021 ³	19	
			ii.	Committee Reports	20-32	
			iii.	Information Items	33-116	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda	1-3	K Bretz	
	3.02	Discussion	Declarations of Conflict of Interest	117-119	K Bretz	
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair	120	K Bretz	
	4.02	Acceptance	Report on Regulatory Operations	121-125	A Parr	
	4.03	Acceptance	Unaudited Financial Statements and Variance Report (Q3)	126-133	A Parr	
5	Council Governance Policy Confirmation					
	5.01	Decision		Review/Issues Arising	--	B Sullivan J Sokoloski
			i.	Council-CEO Linkage Policies		
			ii.	Executive Limitations Policies		
			iii.	Ends Policies		
	5.02	Decision		Detailed Review (as per GP08)	134-139	
			i.	Governance Process Policies (Part 1)		
6	Regular Business					
	6.02	Election	Executive Committee Elections	--	A Parr	
	6.03	Information	Committee appointments and COI declarations	140-143	A Parr	
	6.04	Decision	College Performance Measure Framework Report	144-209	A Parr	
	6.05	Acceptance	Operational Plan 2021-2024	210-249	A Parr	
	6.06	Acceptance	Capital and Operating Budgets 2021-2022	250-255	A Parr	
	7	Business Arising from the Governance Review (11:30 am)				
7.01		Information	Council and Committee Evaluation Program	--	S. Verrecchia	
8	In-Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)					
	8.01	Motion	In-camera session to discuss personnel matters.	--	K. Bretz	
	8.02	Decision	Revised CEO Goals and Development Plan for 2021-2022 ⁴	256	K. Bretz	
	8.03	Motion	To move out of the in-camera session	--	K. Bretz	
9	Other Business					
	9.01	Decision		--	K. Bretz	
10	Next Meeting					
	10.01	Discussion	Next Meeting – May 26, 2021	--	K. Bretz	
11	Adjournment					
	11.01	Decision	Motion to Adjourn	--	K. Bretz	

² Members of Council may request any item in the Consent Agenda to be added to the main agenda.

³ In-camera minutes are redacted from the materials being released publicly for the Council meeting.

⁴ The CEO Goals and Development plan are confidential personal information. They have been redacted from the materials released publicly for the Council meeting.



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

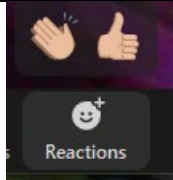
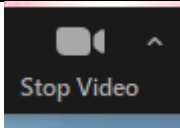
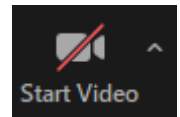
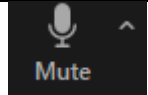
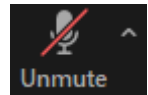
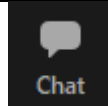
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

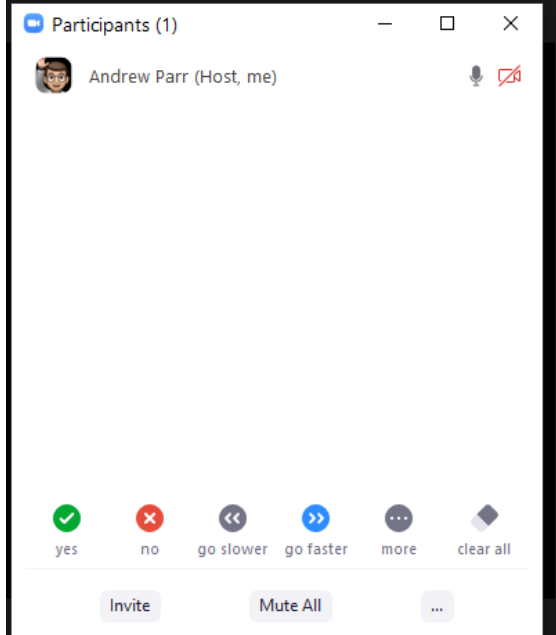
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

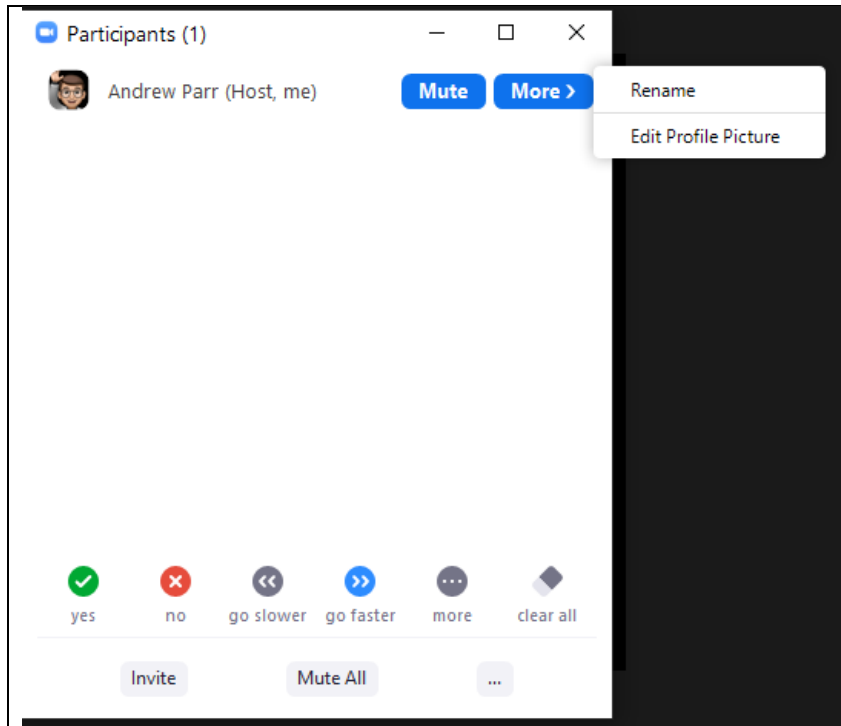
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

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

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
January 27, 2021**

**Teleconference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (3:3) *		Dr. Tara Gignac, ND (3:4)
Dr. Kim Bretz, ND (4:4)		
Dr. Shelley Burns, ND (4:4)		
Mr. Dean Catherwood (4:4)		
Mr. Brook Dyson (1:1)		
Ms. Lisa Fenton (4:4)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (4:4)		
Dr. Danielle O'Connor, ND (4:4)		
Ms. Sarah Griffiths-Savolaine (2:2)		
Dr. Jacob Scheer, ND (4:4)		
Dr. Jordan Sokoloski, ND (4:4)		
Dr. George Tardik, ND (4:4)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

*Attended between 9:00 a.m. – 10:30 a.m.

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:05 a.m. She welcomed everyone to the meeting and recognized new Public member Mr. Brook Dyson. The Chair also noted that the meeting was being live streamed via YouTube to the College's website. As a result, any observers were directed to that feed as opposed to logging into the Zoom meeting.

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:	Brenda Lessard-Rhead
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.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Danielle O'Connor
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded the Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members has been included to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework launched by the Ministry of Health. An error with respect to the listing of Ms. Sarah Griffiths-Savolaine was noted and would be corrected for the next meeting.

4. Monitoring Reports

4.01 Report of the Council Chair

The Report of the Council Chair was circulated in advance of the meeting. The Chair reviewed the report briefly with Council. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Jacob Scheer

SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Operations from the CEO

The Report on Operations from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, identified misspellings of Ms. Sarah Griffiths-Savolaine's name in the report and apologized. He also highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operations from the CEO as presented.
MOVED:	Shelley Burns
SECOND:	Brenda Lessard-Rhead
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Governance Process Policies

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

5.01(ii) Executive Limitations Policies

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

5.01(iii) Ends Policies

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

5.02 Detailed Review (as per GP08) – Council-Registrar Linkage Policies

Council members were asked if there were any Council members who wished to discuss the Council-Registrar Linkage Policies. Dr. Jordan Sokoloski, ND, provided a brief overview of the amendments being presented and responded to any questions that arose during the discussion. A detailed review of the proposed amendments to the policies and Council's acceptance will take place during Agenda Item 6.04.

6. Business

6.01 Proposed by-law Changes

A briefing note highlighting the proposed amendments to the College's by-laws and corresponding document were circulated to the members of the Council in advance of the meeting. Mr. Parr advised the Council that during the consultation of the by-laws no feedback or concerns were received from the College's Stakeholders or Registrants.

Mr. Parr also briefed the Council on issues that have arisen in an analysis of the by-law changes when compared to panel requirements set out in the Code. He was therefore recommending some further changes to the composition requirements set out in section 13 of the by-laws to meet these requirements.

Finally, Mr. Parr identified an issue relating to the Quality Assurance Committee which, although it does not meet in panels and although the Code has no panel composition requirements, such requirements are set out in the Quality Assurance Regulation made under the *Naturopathy Act, 2007*. After a discussion, the consensus of the Council was that the requirements set out in the regulation should also be incorporated into the by-laws.

MOTION:	To approve the proposed by-laws changes as presented.
MOVED:	Jordan Sokoloski
SECOND:	Danielle O'Connor
CARRIED.	

MOTION:	To further amend paragraph (i) of sections 13.02, 13.03, 13.05 of the by-laws to read "at least one Council member who is a Public member and any number of additional Council members".
MOVED:	Brenda Lessard-Rhead
SECOND:	Asifa Baig
CARRIED.	

MOTION:	To further amend paragraph (i) of section 13.06 of the by-laws to read "at least one Council members who is a Public member and at least one Registrant who is a Council member".
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To further amend paragraph (i) of section 13.04 of the by-laws to read "at least two Council members who are Public members and at least one Registrant who is a Council member".
MOVED:	Lisa Fenton
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.02 Executive Committee Vacancies

The Chair informed the Council members that due to the Minister's decision not to re-appoint Mr. Barry Sullivan and Ms. Dianne Delany to the Council, the Executive Committee does not currently have a Council Vice-Chair and the Executive Committee is also missing an Officer-

at-Large (Public member). However, the Committee remains properly constituted with the three remaining members, and the Committee's role moving forward has been reduced to meeting at the call of Chair for urgent matters.

Therefore, the Council may wish to leave the two vacancies unfilled until the election in May 2021 or hold an election during the March 2021 meeting. The Chair reviewed the various challenges in moving forward and the timeframe until the next regular election of the Executive Committee.

After a discussion, the consensus of the Council was to proceed to hold a supplemental election for the Executive Committee vacancies at the March Council meeting.

MOTION:	To hold an election at the March 2021 Council meeting to elect a Council Vice-Chair and/or Officer-at-Large (Public member) to the Executive Committee of the Council of the College.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6.03 Public Member, Public Representatives and CEO Performance Review Panel

Appointments

The Chair reviewed in detail the briefing note distributed to Council in advance of the meeting and highlighted seven recommendations set out in the briefing note for Council to consider. The Chair responded to any questions or concerns that arose during the discussion that followed.

It was noted that the Vice-Chair position, in association with the CEO Performance Review Panel, will be filled after the election in March.

MOTION:	To amend the composition requirements set out in the Terms of Reference of the Governance Policy Review Committee to read as "any number of Registrants who are not Council members". The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of at least two (2) but as many members as the Council deems appropriate, including: (i) One (1) or more Council members. (ii) Any number of Registrants who are not Council members. (iii) Any number of Public Representatives as defined in the by-laws.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To appoint Public member Mr. Brook Dyson to the Discipline Committee and the Fitness-to-Practise Committee.
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MOVED:	Jacob Scheer
SECOND:	George Tardik
CARRIED.	

MOTION:	To appoint Mr. Barry Sullivan as a Public Representative to the Quality Assurance Committee (as Chair), the Governance Policy Review Committee (as Chair), and to the Inquiries, Complaints and Reports Committee.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Jordan Sokoloski
CARRIED.	

MOTION:	To appoint Ms. Dianne Delany as a Public Representative to the Governance Committee, the Examination Appeals Committee, the Discipline Committee and the Fitness-to-Practise Committee.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To appoint Dr. Rick Olazabal, ND, as a Registrant to the Examination Appeals Committee.
MOVED:	Brenda Lessard-Rhead
SECOND:	Danielle O'Connor
CARRIED.	

MOTION:	To appoint the Council Chair, Dr. Kim Bretz, ND, Dr. Brenda Lessard-Rhead, ND (Inactive), and Ms. Sarah Griffiths-Savolaine, to the CEO Performance Review Panel.
MOVED:	Jacob Scheer
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To appoint Mr. Dean Catherwood to the Quality Assurance Committee as a Public member.
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MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

6.04 Council Governance Policy Changes

A briefing note highlighting the proposed amendments to the Council Registrar Linkage policies, Governance policies GP04, GP06 and GP08, Committee Terms of Reference, and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Jordan Sokoloski, ND, provided a detailed review of the amendments and responded to any questions or concerns that arose during the discussion that followed.

Mr. Parr also reviewed some additional changes to the Terms of Reference based on the earlier discussions surrounding the Quality Assurance Committee composition, to require at least one Public member and at least one Registrant who is on the Council. Mr. Parr also identified a typographical error in the Audit Committee Terms of Reference.

MOTION:	To approve the proposed amendments to the Council Registrar Linkage policies as presented.
MOVED:	Danielle O'Connor
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To approve the proposed amendments to GP04, GP06 and GP08 as presented.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To approve the proposed amendments to the Committee Terms of Reference as amended.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	That the Council authorizes the Chief Executive Officer, subject to review and approval of the Governance Policy Review Committee, to amend all governance policies to reflect the changes in terminology set out in the by-laws, including changes to make all language gender neutral and to make such housekeeping
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	changes to ensure that the wording is grammatically correct and understood and to correct any other grammatical and typographical errors that might be identified.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

6.05 Amended Ontario Biomedical Exam Blueprints

A briefing note highlighting the proposed amendments to the Ontario Biomedical Exam Blueprints and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the Ontario Biomedical Exam Blueprints as presented.
MOVED:	Lisa Fenton
SECOND:	Jordan Sokoloski
CARRIED.	

6.06 Amended PLAR Program Policy

A briefing note highlighting the proposed amendments to the PLAR Program Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the PLAR Program Policy as presented.
MOVED:	Lisa Fenton
SECOND:	George Tardik
CARRIED.	

6.07 Amended PLAR Appeals Policy

A briefing note highlighting the proposed amendments to the PLAR Appeals Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the PLAR Appeals Policy as presented.
MOVED:	Jacob Scheer
SECOND:	Brenda Lessard-Rhead

CARRIED.	
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6.08 Amended Language Proficiency Policy

A briefing note highlighting the proposed amendments to the Language Proficiency Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the Language Proficiency Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

6.09 College Performance Measure Framework Briefing

A briefing note highlighting the newly developed Framework and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr provided the Council with information of how the new reporting framework for health regulatory Colleges from the Ministry of Health will enable all Colleges to report on the same performance measures, while also indicating areas for improvement and how the public's interest is being protected.

This report will be presented to Council during their March meeting for approval before submission to the Ministry.

6.10 Review of Existing College Reporting Frameworks

A briefing note highlighting all of the current College reports Council receives throughout the year and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr explained in detail the information presented within each report and responded to any questions or concerns that arose during the discussion that followed.

Going forward, the Council agreed to receive the CEO's Report on the Operational Plan twice a year, once half-way through the fiscal year and then at the end of the fiscal year. In addition, the revised CEO's Report on Operations, following the briefing note's Appendix 2 parameters, will be provided at each Council meeting throughout the year.

MOTION:	That the CEO's Report on Operations be revised to report on the parameters as set out in Appendix 2 of the briefing note as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

MOTION:	That the Report on the Implementation of the Governance Plan be eliminated.
MOVED:	George Tardik
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6.11 Registration Fees – Fiscal Year 2021-22

A briefing note highlighting the College's proposed draft Capital and Operating Budgets, and Registration fee information and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr explained in detail the information presented within the briefing note, including the request for approval to waive the \$153 fee to enroll in the College's Payment Plan and the initial 35% payment of total fees to be paid. However, it was noted that if a Registrant should miss a payment, they will be required to pay their remaining balance in full within 30 days, if they do not comply, the Registrant may be suspended. Mr. Parr also explained the possibility of reducing the Registration Fee for fiscal year 2021-22 and responded to any questions or concerns that arose during the discussions that followed.

MOTION:	That the CEO be authorized to waive the annual indexing of Registration fees as required under section 18.04 of the by-laws.
MOVED:	Dean Catherwood
SECOND:	Jordan Sokoloski
CARRIED.	

MOTION:	That the CEO be authorized to implement the payment plan without applying paragraphs (i) and (iv) of section 18.08 of the by-laws.
MOVED:	Danielle O'Connor
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	That there will not be a Registration fee reduction for the 2021-22 fiscal year.
MOVED:	Jacob Scheer
SECOND:	George Tardik
CARRIED.	

7. Business Arising from the Governance Review

7.01 Report on the Governance Implementation Plan - #2

Mr. Parr informed the members of Council that out of the 40 recommendations created through the Governance Review and indicated within the Implementation Plan, 45% have been completed, 50% are on-going to-date and 5% have not been started. Furthermore, he

highlighted major accomplishments thus far and responded to any questions that arose during the discussion and reminded everyone that this report will no longer be provided at each Council meeting.

MOTION:	To accept Report #2 on the Governance Implementation Plan.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
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 3:14 p.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

9. Other Business

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

10. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for March 31, 2021.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 3:27 p.m.

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

Recorded by: Monika Zingaro
Administrative Assistant, Operations
January 27, 2021



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

MEMORANDUM

DATE: March 31, 2021

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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 CHAIR REPORT

March 2021

This serves as the chair report of the Audit Committee for the period January 1, 2021 to February 28, 2021.

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

Dr. Elena Rossi, ND
Chair
March 11, 2021



The College of Naturopaths of Ontario

EXAMINATIONS APPEAL COMMITTEE REPORT
March 2021

The Committee convenes on an as-needed basis, based on received exam appeals (which meet the criteria stipulated in the Examinations Program Policy), requiring deliberation and decision, or needed appeals-related policy review.

The Exam Appeals Committee did not convene in this reporting period.

Dianne Delany
Chair
March 9, 2021



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

March 2021

This serves as the Chair report of the Executive Committee for the period January 1, 2021 to February 28, 2021.

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 2021



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
March 2021

Between January 1, 2021 and February 28, 2021, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 14th and February 4th.

In January, 11 matters were reviewed, ICRC members approved 2 Decisions and Reasons and drafted 1 report.

In February, 9 matters were reviewed, ICRC members drafted and reviewed 6 reports.

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

Dr. Erin Psota, ND
Chair
March 14th, 2021



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT

March 2021

The Governance Committee, convenes on an as-needed basis, based on the by-laws. The Governance Committee met by teleconference on January 18, 2021 and discussed the District 4 Nominee's, Dr. Shelley Burns, ND, and Dr. Jamuna Kailash (Kai), ND, Personal Statements and Biographies to ensure they met the requirements set out in the Election Handbook. These statements will be included within the election balloting information to take place in February 2021 and close in March 2021 for each eligible voter to review.

Dr. Gudrun Welder, ND

Chair

March 11, 2021



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

March 2021

The Patient Relations Committee (PRC) had 1 meeting scheduled during the reporting period (January 1, 2021 to February 28, 2021) but the meeting had to be cancelled due to the lack of agenda items.

Ongoing Issues/Topics for Discussion

Applications for Funding

There were no applications for funding for therapy and counselling during this reporting period. An update was provided on current funding approved, the total amount of funding accessed and the amount remaining for each file. There continues to be four active files with a total of \$14,227.10 of funding accessed which is an increase of \$1,250 since the last report.

Sam Laldin
Chair
March 2021



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT March 2021

Meetings and Attendance

Since the date of our last report to Council in December 2020, the Quality Assurance Committee has met on one occasion, via video-conference, on February 23rd. The previously scheduled January 26th meeting was postponed due to the unavailability of a Public member for quorum purposes.

Activities Undertaken

At its February meeting, the Committee continued with its regular ongoing review and approval where appropriate of new and previously submitted CE category A credit applications. In addition, the Committee reviewed and made decisions with respect to 2 CE Reporting deadline extension requests.

The Committee also considered a staff presentation on a proposed amended process and recommendations for the provision of Peer and Practice Assessments in 2021/22. After review and discussion of the materials provided, the Committee approved the following recommendations: that all Peer and Practice Assessments would be conducted virtually in 2021/22; that the process and forms currently in use would be amended as presented, to accommodate virtual assessments; and, that the QAC would randomly select 50 Registrants to undergo a virtual Peer and Practice Assessment in 2021/22. Finally, the Committee further reviewed and discussed a case involving a Registrant's failure to meet the requirements of the Quality Assurance Program and decided to refer the matter to the ICRC for their consideration.

Issues

None, other than the continuing implications of the COVID19 pandemic.

Next Meeting Date

March 23, 2021

Respectfully submitted by,

Barry Sullivan, Chair.
March 12, 2021.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (March 2021)

In this reporting period, the Registration Committee had met three times: January 6, February 17 and March 17.

Life Registration

The Committee reviewed three applications for life registration.

Exam Remediation

The Committee continued to set exam plans of remediation, for candidates who have made two unsuccessful attempts of a College examination. Two plans of exam remediation were set during this period.

Entry-to-Practice Reviews and Referrals

The Committee continued to review applications for registration referred under the Health Professions Procedure Code. In this reporting period, six of the referred applications related to subsections 5(4)(a) of the Registration Regulation with respect to exceptional circumstances, i.e. those that may have waylaid an applicant from making their application for registration in the two years following their date of graduation, and 5(2)(b) of the Registration Regulation with respect to currency, namely the review of proposed learning plans to address an applicant's skill atrophy prior to issuance of a certificate of registration. The Committee also reviewed one application with respect to 3(4) of the Registration Regulation regarding an applicant's physical or mental condition or disorder.

Policy Updates

The Committee finalized amendments to and approved the Ontario Biomedical Exam blueprint as well as the Language Proficiency Policy, the PLAR Program Policy and the new PLAR Appeals Policy.

Danielle O'Connor, ND
Chair
Registration Committee
March 15, 2021



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

March 2021

During the reporting period of January 1, 2021 to February 28, 2021, the SSRC did not meet. Meeting are scheduled based on work flow.

Staff of the College in discussion with the chair identified a number of resources to be obtained and developed an initial approach to reviewing the Scope of Practice of the profession. During the reporting period staff of the College met with representatives of the Ministry of Health to review the drug submission made by the Council in 2019. Staff, in conjunction with the Chair, have answered preliminary questions and provided additional information as request by the MOH regarding the Council's amendments to the schedules of the general regulation made under the *Naturopathy Act, 2007*.

Respectfully submitted by

Dr. George Tardik, ND
Chair
March 2021



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

March 2021

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

This report is for the period from 1 January 2021 to 28 February 2021 and provides a summary of any hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Discipline Hearings

No hearings were conducted during the reporting period.

A Panel of the Committee issued a Decision and Reasons in the matter of CONO v. Taras Rodak (DC18-01) on 12 February 2021. The penalty phase for this matter has not yet been scheduled.

New Referrals

No new referrals were received during the reporting period.

Committee Meetings and Training

No committee meetings were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

14 March 2021



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **January-February 2021**

Committee Update

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

Inspection Outcomes

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

The outcomes were as follows:

- Part I
 - 1 Pass with 1 Recommendation
 - 1 Pass without Recommendations
- Part II
 - 1 Pass without Recommendations
 - 4 Passes with a total of 21 Recommendations

Type 1 Occurrence Reports

There were 4 Type 1 Occurrences reported for this period.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

Although regional lockdown measures have slowed some of the inspections, the impact on the inspection program has not been significant. We are looking forward to a healthy and productive year ahead.

Best of health,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
March 17, 2021



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT March 2021

Meetings and Attendance

Since the date of our last report to Council in December 2020, the Governance Policy Review Committee has met on one occasion, via video-conference; on March 11th. Attendance has been good with no concerns regarding quorum experienced.

Activities Undertaken

At its **March** meeting, the Committee first considered proposed amendments resulting from the CEO's comprehensive review of all Governance policies, the purpose of which was 'to reflect the changes in terminology set out in the bylaws, including changes to make all language gender- neutral and to make such housekeeping changes to ensure that the wording is grammatically correct and to correct any other grammatical and typographical errors that might be identified'. Following review and discussion around suggested additional changes, the Committee approved the proposed amendments per the prior authorization from Council at the January meeting.

The Committee also reviewed the Governance Process Policies (Part 1)- and considered related Council Member feedback in developing proposed amendments to those policies, to be submitted to Council for review and approval as part of their mandated detailed review at their March meeting.

Issues

None; other than the continuing implications of the COVID-19 pandemic.

Next Meeting Date

May 4, 2021.

Respectfully submitted by,

Barry Sullivan, Chair,
March 12, 2021



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 24, 2021

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. 253, 254)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (January, February)	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	Registrar Magazine	A new publication for the regulatory sector has been launched. Issue 1 (Winter 2021) of The Registrar is enclosed.

A Primer on Bias

by Bernie LeBlanc
February 2021 - No. 253

The impartiality of tribunals is essential to public confidence in professional regulation. This principle is encapsulated in the legal concept that an appearance of bias on the part of a member of a tribunal is unfair and can, in some circumstances, nullify the tribunal's decision.

However, courts are also hesitant to permit bald assertions of bias or an overly strict approach to the issue to interfere with the operation of tribunals. That is particularly the case in professional regulation matters where it is likely that adjudicators have had contact with many practitioners in the profession and where the structure of the regulator means that adjudicators have often had regulatory contact with hearing participants.

Courts therefore begin with a strong presumption of impartiality. The grounds for apprehension must be substantial; mere suspicion is not enough. Also regulators tend to be careful to avoid constituting hearing panels where there might be an issue. As a result, judicial findings of bias are rare.

It is still useful to appreciate the principles of bias in adjudicative matters. A helpful resource is the recent background paper published by the Australian Law Reform Commission on *The Law on Judicial Bias: A Primer*. Some care must be taken in reading this document because the test for apprehension of bias in Australia seems to be more rigorous than the one used in Canada, using words like "might" rather than "likely" or "would".

The paper begins by reiterating the perspective that courts bring to bias issues: the hypothetical lay observer. The paper quotes a case in which the observer is said to have the following qualities:

(1) taken to be reasonable; (2) does not make snap judgments; (3) knows commonplace things and is neither complacent or unduly sensitive or suspicious; (4) has knowledge of all the circumstances of the case; and (5) is an informed one who will have regard to the fact that a judicial officer's training, tradition and oath or affirmation, equip the officer with the ability to discard the irrelevant, the immaterial and the prejudicial.

The paper then goes on to describe the main categories, or circumstances, of bias.

Interest

The paper describes what kinds of interest can result in an appearance of bias:

the mere existence of an interest will not result in automatic disqualification; a party alleging bias must articulate logical connection between the interest of the judge and the prejudicial outcome. ... [Those interests] include business, professional or other commercial relationships, such as shareholdings in litigant companies, and even a "strong commitment to a cause relevant to a party or a case".

Conduct

The conduct of an adjudicator at, or even outside of, the hearing can create an appearance of bias. This can include private communications with a party, witness

FOR MORE INFORMATION

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or legal representative. It can also include a hostile demeanour and comments made during the hearing. It can also include involvement in extra-curricular activities that undermine the appearance of neutrality in the specific case.

Prejudgment

The paper indicates that while adjudicators are not expected to enter the proceedings with a blank mind, they must do so with an open mind. However, recent thinking on implicit bias and recognition that we are all the product of our experiences has resulted in a refinement of thinking on this topic.

Predispositions or inclinations to determine a matter in a particular way are not, however, prohibited by the bias rule, unless they are “sufficiently specific or intense” to amount to prejudgment. Claims of apprehended bias based on a judge’s gender or ethnicity (and alleged concomitant unconscious prejudice) have not been upheld. In some cases, litigants have used a judge’s prior record of decisions (including by use of statistics) to argue that the judge is predisposed to certain views about particular types of cases or litigants and that it is impossible for the judge to hear the case with an open mind. [footnotes omitted]

Association

Some relationships may, in some circumstances, create an appearance of bias: “This includes relationships with family members, personal friends, counsel, witnesses or organisations that may suggest a lack of impartiality”. However, whether a relationship meets the hypothetical lay observer test will depend on all of the circumstances including the nature of the relationship, whether it remains active, its intensity

and the other surrounding circumstances. As noted above, some leeway is afforded to the reality that professional members will have contact with many colleagues in the profession.

Extraneous Information

The paper also identifies appearance of bias concerns where a “decision-maker has knowledge of some prejudicial but inadmissible fact or circumstance that prevents them from bringing an impartial mind to the decision”. Again the issue is whether a hypothetical lay observer would reasonably conclude that the information would play on the subconscious of the adjudicator.

Exceptions

There are two recognized exceptions to the rule against adjudicators acting when there is a reasonable apprehension of bias. The first is where the affected party waives the objection. However, for a waiver to be effective, the person must have knowledge of all of the relevant facts. Thus full disclosure of the facts by the adjudicator may be required. This may also be difficult where the circumstances creating an appearance of bias emerges in a piecemeal fashion (e.g., a course of conduct by the adjudicator during the hearing). The paper also raises concerns as to whether an implied waiver (by not objecting) is sometimes unfair.

The second exception is where there is no one else to adjudicate the issue who does not have a similar appearance of bias and there is an obligation to make a decision. An example of this is where a complaint is made against a member of the Council or Board of the regulator and all members of the tribunal are appointed by the Council or Board.

Self-Recusal Procedure

The paper also raises interesting questions about the usual process for addressing an appearance of bias (i.e., by raising an objection with the adjudicator). The paper says that:

... behavioural psychology research shows how cognitive biases make it particularly difficult for anybody, including judges “to bring an impartial mind to an application that concerns their own conduct”.

The paper also notes:

The procedure also presents a dilemma for lawyers, who may be deterred from making applications to disqualify judges, as it can be seen as an insult to the honesty and integrity of the judicial officer.

However, requiring other adjudicators to address an appearance of bias concern has a significant potential to disrupt proceedings.

Conclusion

The paper provides a useful analysis of the underlying concepts related to bias on the part of adjudicators. It also identifies some areas for possible reform. While the specifics may not be directly applicable in Canada, the discussion can assist regulators in developing policies and procedures to avoid appearance of bias issues arising in the first place.

The paper can be found at:

<https://www.alrc.gov.au/wp-content/uploads/2020/12/The-law-on-judicial-bias.pdf>.

Is Irremediable Becoming the New Ungovernable?

by Natasha Danson
March 2021 - No. 254

A practitioner's past history can have a significant impact on subsequent disciplinary sanctions. Previously, a practitioner with a significant past history was labelled "ungovernable". It appears that term is being replaced with the less loaded term of "irremediable".

In *Hanson v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 513 (CanLII), <https://canlii.ca/t/jct84> the practitioner admitted engaging in three types of professional misconduct:

1. Being found guilty of an offence for billing for services unsupported by records;
2. Failing to meet the standards of practice with respect to patient assessment and treatment as well as record keeping, and demonstrating a lack of knowledge and judgment; and
3. Permitting a vaccine to be administered by a staff person and then engaging in a lengthy cover up to mislead the regulator, including by preparing a false record and encouraging a staff person to take responsibility for it.

The discipline panel revoked the practitioner's registration. The Court upheld that outcome despite the fact that the practitioner had, since the alleged conduct, successfully completed a course of clinical remediation and mentorship resulting in a report that the practitioner "was a skilled physician, his charting consistently met the standard of care, he did not expose his patients to danger and did not lack

judgment or knowledge." If these were the only facts, a sanction of revocation would be difficult to justify.

However, the practitioner had an extensive prior history going back almost twenty years. The Court summarized the prior history as follows:

... [the] disciplinary history encompassed two prior Discipline Committee hearings and 11 decisions of the ICRC or Complaints Committee which resulted in the Appellant:

1. Being suspended from practice in 2001 for six months, reduced by three months upon completion of an ethics course;
2. Receiving two reprimands;
3. Being cautioned five times;
4. Being counseled once;
5. Being referred to the Quality Assurance Committee to address clinical issues and poor records;
6. Being required to take numerous educational courses concerning clinical issues, record keeping and ethics;
7. Undergoing clinical supervision and/or re-assessment of his practice on three separate occasions; and
8. Entering into three separate undertakings with the College concerning his practice and health.

The concerns involved numerous examples of unethical conduct, including misleading other health care practitioners and the regulator, clinical concerns, and record keeping lapses.

In addressing the standard of review, the Court applied the case of *Mitelman v. College of Veterinarians of Ontario*, 2020 ONSC 3039 (CanLII),

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Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

<https://canlii.ca/t/j883c> to conclude that the test was whether the sanction was clearly unfit or contained errors in principle.

The Court held that in finding that the practitioner was irremediable, it was appropriate for the discipline panel to consider his entire disciplinary history. The Court said “when considering penalty, the Committee was entitled to consider the whole of the Appellant’s disciplinary record, including conduct which occurred after the conduct that led to the misconduct in issue”. The Court said:

The Committee’s decision that the Appellant was irremediable was based on its consideration of the Appellant’s lengthy disciplinary record, that he already had several opportunities at rehabilitation, without success and that his improvements were not sustained over time. In reaching that conclusion the Committee considered both the 2018-2019 clinical assessment and the subsequent reassessment. The Committee made no error in principle.

The Court also found that the practitioner’s history of mental illness and substance abuse did not establish a basis for a sanction less than revocation:

While there was evidence before the Committee of the Appellant’s diagnosis of substance use and bipolar disorders and that he had been subject to health monitoring since 2019, there was no evidence or submissions made to the Committee that the Appellant’s mental health or the treatment of his disorders in any way contributed to the misconduct in issue.

In the absence of such evidence or submissions, the Committee did not err in not considering those issues as mitigating factors. There must be some connection in the evidence between the health issue and the misconduct in question before the matter can be considered in respect of penalty.

In addition, the Court noted that the practitioner’s compliance with three previous undertakings did not detract from the finding that he was irremediable. The Court accepted the panel’s observation, borrowed from another case, that while the practitioner had “responded to the direction of the College in the sense that he completed the educational courses required of him, attended cautions, and worked under supervision, the Committee finds that they have had little or no impact and that he had made few of the fundamental changes necessary.”

The Court concluded that the revocation was proportional both in the sense that it was appropriate for the finding made and in that it was consistent with prior similar cases:

Given the evidence before the Committee together with its findings, I do not consider the penalty imposed on the Appellant of revocation was disproportionate. The misconduct in question involved clinical matters, record keeping, as well as integrity and dishonesty issues. In light of the serious, repetitive nature of the Appellant’s misconduct, the lengthy history of disciplinary matters and the fact that the Appellant had not benefitted from repeated efforts at rehabilitation, the Committee’s conclusion that rehabilitation was not a factor supports a penalty of revocation having regard to the principles in play, protection of the public,

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

general deterrence and public confidence in the regulation of the profession.

The penalty proposed by the Appellant of a 12-month suspension followed by supervision and reassessment does not meet those principles.

Finally, while no two cases are alike, the penalty of revocation is consistent with the misconduct in the cases of revocation the Committee considered, [*citations omitted*]. Revocation is not limited to matters of incompetence or breach of an undertaking.

This case shows that a finding that a practitioner is irremediable, similar to the more traditional finding that a practitioner is ungovernable, justifies a sanction of revocation.

Prepared by Richard Steinecke

In This Issue

- Pharmacists and nurses gain expanded authority for vaccinations, see p. 1
- Ongoing regulations related to the pandemic, see p. 1
- Consultation on limiting questions on sexual history in school sexual violence cases, see p. 2

Bonus Features

- Regulators' Confidentiality Protections, pp. 2-3
- Third Party Complaints, pp. 3-4
- Lawsuits for Failure to Act on a Complaint, p. 4
- Request to Reconsider, pp. 4-5

Ontario Bills

(www.ola.org)

The Legislative Assembly was in recess this month.

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

Regulated Health Professions Act – The controlled acts regulation is amended to permit pharmacists and registered nurses to administer a COVID-19 vaccine without an order so long as it is done pursuant to a Ministry of Health program (Ontario Regulation 9/21, Filed January 13, 2021).

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations relating to the management of the pandemic were made. Most related to the nature of restrictions.

Proposed Regulations Registry
 (www.ontariocanada.com/registry/)

Ministry of Training, Colleges and Universities Act – Consultation to amend the Sexual Violence at Colleges and Universities regulation so that “[d]uring the institution's investigative process, students who share their experience of sexual violence through disclosing, accessing support, and/or reporting to the institution, would not be asked irrelevant questions by the institution's staff or investigators. Examples of such irrelevant questions would include those relating to past sexual history or sexual expression.” There is a similar consultation under the *Private Career Colleges Act*. Comments are due by March 15, 2021.

Bonus Features

Many of these cases will appear in our blog:
 (www.sml-law.com/blog-regulation-pro/)

Regulators’ Confidentiality Protections

Most regulators must maintain confidentiality with respect to the information they hold. Many regulators also have statutory protections preventing their representatives from being compelled to testify in other proceedings and preventing regulatory information from being disclosed in other legal proceedings. In *Dunbar v The Law Society of British Columbia*, 2021 BCSC 8 (CanLII), <http://canlii.ca/t/jcf3k>, a court reinforced the strength of those provisions.

In *Dunbar*, the petitioner (who was imprisoned for a crime) wanted to use information from the regulator to support efforts to set aside their conviction. The regulator had investigated the petitioner’s lawyers for incompetence concerns. The case is complicated by the fact that, in addition to the statutory protections, the information sought was also protected by legal privilege. Furthermore, counsel to the parties and the imprisoned individual already had been given access to the documents under strict limitations. In terms of the statutory protection against representatives of the regulator being compelled to disclose information or participate in other proceedings, the regulator conceded there might be rare exceptions, such as where an innocent person’s freedom was at stake. In reviewing the documents, the Court found it unlikely that the documents were relevant to this exception. However, the Court said that, even if the documents were relevant,

... I would have found that the privacy interests the Law Society seeks to maintain must be preserved. The relevance of the documents for Mr. Dunbar’s intended purposes is, at best, marginal. It cannot compete with the interests of the Law Society, which are advanced in the public interest to foster candour in Law Society investigations, and to protect privacy interests.

Thus, the Court maintained the confidentiality of the documents.

Interestingly, the Court had to refer to the content of the documents in order to provide meaningful reasons. However, those references to the content of the documents were redacted from the public version of the reasons for decision.

Third Party Complaints

Where a third party complains about the conduct of a practitioner, complex issues arise. The complainant is not entitled to confidential client information. The regulator must assess whether it should obtain the relevant client information and, if so, what if any of it should be disclosed to the complainant.

In *King v. Gannage*, 2020 ONSC 7967 (CanLII), <http://canlii.ca/t/jc98k>, the complaint was whether a practitioner should be providing an alternative therapy to children with autism. The Court indicated that the regulator can take into account the confidentiality of the information when exercising its discretion to obtain it. In addition, it stated that, while the practitioner did not have the implied authority to disclose client information that would exist if the complainant were a client, they had discretion to provide the information to the regulator under the *Personal Health Information Protection Act*. The practitioner chose not to provide client information. The Court upheld the decision of the regulator that the complaint did not provide a sufficient basis to warrant the regulator obtaining the appointment of an investigator to collect client information from the practitioner.

The Court also indicated that the screening committee did not need to review hyperlinks to additional, unscientific, resources provided by the complainant:

Moreover, if the applicant believed that some of the sources found in the hyperlinks were significant, it was up to her to bring those specific sources to the ICRC's attention. As a complainant, she had the responsibility to clarify her concerns for the ICRC. As well, it was important that she do so in order that the responding physician could adequately respond. The fact that the ICRC did not consider these hyperlinks does not render the investigation inadequate.

The Court also found there was no unfairness in the regulator not retaining an expert witness in the circumstances of the case. The screening committee was in a position to determine the issues on its own.

The Court also found that the decision of the screening committee was reasonable:

As I said above, the ICRC's role is to assess the standard of practice of an individual physician, not to determine, in the abstract, whether controversial alternative medicine theories are acceptable.

There was no information before the screening committee that clearly demonstrated that the alternative therapy was harmful or, even, ineffective. This case provides a useful guide to regulators caught up in a dispute over “philosophical” approaches to practice.

Lawsuits for Failure to Act on a Complaint

Two recent decisions in different provinces and different contexts reiterate the same principle: regulators and investigators cannot be sued for failing to act on complaints.

In *Fariad v. Toronto Police Services Board*, 2021 ONSC 374 (CanLII), <https://canlii.ca/t/jcmzk>, the police investigated a complaint of assault. Following the investigation, the officer chose not to lay charges. The complainant sued, arguing that while the officer had broad discretion as to whether to lay charges, that discretion was not exercised for proper purposes in this case. The Court struck out the claim on the basis that the police officer’s duty was to protect the public interest generally and not to the individual complainant. The complainant’s remedy, if there was one, was to make a misconduct complaint against the officer.

Similarly, in *Lu v Real Estate Council of British Columbia*, 2021 BCSC 109 (CanLII), <https://canlii.ca/t/jcslp>, an individual sued the regulator for failing to investigate complaints. They claimed that the failure to do so resulted in financial losses to them. The Court struck out the claim as there was no cause of action against a regulator for failing to investigate a complaint. Regulators choose to take action, or not, with a view to the public interest in general and not out of any legal duty to the individual complainant. The immunity provision also protected the regulator.

Prudent regulators view complainants as a valuable resource to their regulatory activities. However, they do not act on behalf of complainants.

Request to Reconsider

Can a practitioner who has been disciplined and who has exhausted their appeal rights request the discipline tribunal to reconsider its decision? Or do the principles of finality apply?

In *Kennedy v. College of Veterinarians of Ontario*, 2021 ONSC 578 (CanLII), <https://canlii.ca/t/ict11>, no definitive answer was provided. However, the Court indicated that it would be rare for a reconsideration request to succeed. While the *Statutory Powers Procedure Act* allows tribunals to make rules permitting reconsideration, few disciplinary tribunals have made broad rules. The rules that do exist are generally limited to correcting minor errors and require that such requests must be made quickly.

In this case, a veterinarians’ licence was revoked. After exhausting all appeals, the practitioner brought numerous motions to reopen the hearing to receive fresh evidence and to set aside the original decision on the basis that it had been fraudulently rendered. No substantive fresh evidence

or specific evidence of fraud was provided. The Chair of the discipline tribunal declined to schedule the motions on the basis that there was no jurisdiction to hear them.

The Court, without deciding whether there was a residual possibility of reopening hearings in the absence of a rule for doing so, held as follows:

... the Chair reasonably refused to schedule the motions given the lack of any evidence to establish fraud affecting the original Discipline Committee decision. There is simply no evidence to support the assertions that there is relevant fresh evidence, or that the evidence meets the test for admitting fresh evidence, or that the College engaged in “fraudulent” behaviour before or during the discipline proceedings. There is nothing in the evidence that would cast doubt on the panel’s findings that Dr. Kennedy practised while his licence was suspended or that he failed to pay costs. At its highest, Dr. Kennedy makes bald allegations of fraud in the 2017 professional misconduct proceeding, unsupported by any evidence. The issues raised were largely disclosure and third-party production issues already dealt with the by Divisional Court in the 2018 decision, or issues which Dr. Kennedy had a chance to raise in the Discipline Committee proceeding itself. In the circumstances, on the evidence before the Chair, the dismissal of the motions to adduce fresh evidence and reopen the hearing was inevitable.

The Court also found that there was no basis for finding that the Chair of the discipline tribunal was biased on the basis they had been the President of the regulator during the original discipline process.



Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

There were no relevant bills 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)

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations were made relating to the management of the pandemic. Most related to the nature of restrictions.

Proposed Regulations Registry
[\(www.ontariocanada.com/registry/\)](http://www.ontariocanada.com/registry/)

Dentistry Act and Denturism Act – A combined consultation is being held on proposed amendments to the registration regulation for both Colleges. These amendments include administrative suspensions for failing to provide required information to the College and to clarify the rules for administrative suspensions, revocations and reinstatement of certificates of registration. For denturism the proposed amendments also include revisions to the approval of denturism programs for registration purposes. Comments are due by April 5, 2021.

Ministry of Training, Colleges and Universities Act – Consultation to amend the Sexual Violence at Colleges and Universities regulation so that “[d]uring the institution's investigative process, students who share their experience of sexual violence through disclosing, accessing support, and/or reporting to the institution, would not be asked irrelevant questions by the institution's staff or investigators. Examples of such irrelevant questions would include those relating to past sexual history or sexual expression.” There is a similar consultation under the *Private Career Colleges Act*. Comments are due by March 15, 2021.

Bonus Features

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

Constricting Confidentiality Clause

Can a witness summoned by a regulator decline to answer questions because they owe a duty of confidentiality to their employer? *In the Matter of B*, 2020 ONSC 7563 (CanLII), <https://canlii.ca/t/jc38n>, the Superior Court of Justice - Ontario said no. Unless a specific question raises a compelling confidentiality obligation that outweighs a regulator's right to obtain information to protect the public, the witness must answer the question.

In the Matter of B, an employee of a company under investigation by the securities regulator was summoned by the investigator. The employee refused to answer any questions about the matter on the basis that their employment contract prevented the disclosure of any matters related to the employer. The Court held that such a provision must be interpreted as being subject to a legal requirement to provide information to the regulator. The Court said:

Likewise, while an employer can expect that an employee will adhere to its contractual obligations to maintain confidentiality, it cannot possibly expect that the employee will maintain that confidentiality in the face of a summons issued by the (Ontario Securities Commission) OSC pursuant to its statutory powers under s. 13 of the Act. To hold otherwise

would encourage an employer to deliberately exclude the language “except for disclosure required by law” from the confidentiality provisions in an employment agreement, in order to insulate the employer from investigation by securities regulators. I cannot accept that position.

The Court did allow for case-by-case exceptions where a privilege claim might attach to the information. However, the Court suggested that such exceptions would be rare.

Scrutiny of Discipline Decisions

Another decision from western Canada carefully scrutinizes a disciplinary decision. In *Phillips v Law Society of Saskatchewan*, 2021 SKCA 16 (CanLII), <https://canlii.ca/t/jcvzm>, the issue was whether a lawyer’s fees were unfair to the point of constituting professional misconduct (i.e., conduct unbecoming). The Court set aside the findings of misconduct.

In a detailed and technical discussion, the Court determined that the standard of review applied the test of correctness to the legal interpretation of the definition of misconduct (as opposed to application to the facts). It also held that in discretionary decisions, a court would review the criteria for exercising discretion on the basis of correctness but would give deference in the review of the exercise of discretion itself.

The first issue was whether an element of intent was required. The Court said that this depended on both the wording of the definition of misconduct and the actual wording of the allegations themselves. Where the allegation refers to whether the lawyer was candid about his fees, an element of intent was imported. On another allegation as to whether the fees were fair and reasonable, no element of intent was included; the strict liability criteria applied.

The second issue related to how the disciplinary tribunal used a civil court finding that the fees charged were excessive given the degree of success achieved by the lawyer. The disciplinary tribunal found that the civil court finding constituted proof of the allegations. The Court held that the civil court finding only constituted *prima facie* evidence of the facts found there. The discipline tribunal failed to consider all of the circumstances in deciding how much weight to give to that finding. For example, the issue in the civil case (whether the client should be charged for the work) was different than for the discipline hearing (was the work so unnecessary or poorly performed as to constitute professional misconduct). In addition, by accepting the civil court finding as proof of the allegations, the disciplinary tribunal had, in effect, shifted the overall burden of proof to the practitioner.

The third issue was centred on the discipline tribunal’s refusal to permit the practitioner to call an expert witness because the report of the expert’s proposed testimony was not provided on time. The Court held that the discipline tribunal failed to address whether the exception for cases of “manifest unfairness” should have been applied. The Court identified a number of considerations were not addressed including the seriousness of the proceedings, the importance of the evidence, and the

procedural alternatives to ensure fairness to the other side. The Court concluded that this decision demonstrated a failure to identify the criteria for the decision rather than simply an exercise of discretion.

So far, the Ontario courts do not seem to be applying the same degree of scrutiny as the western Canadian courts to findings of professional misconduct. Interestingly, the Supreme Court of Canada recently granted leave to appeal in another western Canada case applying a high level of scrutiny to disciplinary decisions: *Law Society of Saskatchewan v. Abrametz*, 2021 CanLII 13273 (SCC), <https://canlii.ca/t/jddw3>. The Supreme Court's decision in that case could be significant to professional regulators.

Duty to “Cooperate Fully”

Many regulators require practitioners to participate in professional development and quality improvement activities. This requirement often comes with a duty to cooperate with the program. In *Mirola v. College of Physicians and Surgeons of Newfoundland and Labrador*, 2021 NLSC 12 (CanLII), <https://canlii.ca/t/jcwck>, the practitioner was disciplined for failing to “cooperate fully” with the regulator's peer assessment program. The regulator attempted to set up two meetings with a panel of peers. In the first instance, the practitioner raised a number of objections to the proposed meeting including assertions that the panel did not constitute true peers. As a result, the regulator, realizing the objections could not be addressed in time, cancelled the meeting rather than inconvenience the panel of peers. For the second meeting, the practitioner objected to its timing given his schedule included a planned meeting with a client. After the practitioner refused certain accommodations, that meeting was also cancelled.

The Court upheld the finding of professional misconduct for failing to cooperate fully. The practitioner threw up barriers to the meeting rather than make good faith efforts to cooperate with the peer panel. The regulator's cancellation of the meetings in the face of the practitioner's response in order to spare the peer panel from wasted time did not justify the practitioner's non-cooperation.

However, the Court returned the case to the tribunal to reconsider the sanction. The absence of reasons to explain why a fine and costs order ought to be made and their amounts (\$5,000 and \$10,000 respectively) prevented the Court from assessing their appropriateness.

Is Irremediable Becoming the New Ungovernable?

A practitioner's past history can have a significant impact on subsequent disciplinary sanctions. Previously, a practitioner with a significant past history was labelled “ungovernable”. It appears that term is being replaced with the less loaded term of “irremediable”.

In *Hanson v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 513 (CanLII), <https://canlii.ca/t/jct84>, the practitioner admitted engaging in three types of professional misconduct:

1. Being found guilty of an offence for billing for services unsupported by records;
2. Failing to meet the standards of practice with respect to patient assessment and treatment as well as record keeping, and demonstrating a lack of knowledge and judgment; and
3. Permitting a vaccine to be administered by a staff person and then engaging in a lengthy cover up to mislead the regulator, including by preparing a false record and encouraging a staff person to take responsibility for it.

The discipline panel revoked the practitioner's registration. The Court upheld that outcome despite the fact that the practitioner had, since the alleged conduct, successfully completed a course of clinical remediation and mentorship resulting in a report that the practitioner "was a skilled physician, his charting consistently met the standard of care, he did not expose his patients to danger and did not lack judgment or knowledge." If these were the only facts, a sanction of revocation would be difficult to justify.

However, the practitioner had an extensive prior history going back almost twenty years. The Court summarized the prior history as follows:

... [the] disciplinary history encompassed two prior Discipline Committee hearings and 11 decisions of the ICRC or Complaints Committee which resulted in the Appellant:

1. Being suspended from practice in 2001 for six months, reduced by three months upon completion of an ethics course;
2. Receiving two reprimands;
3. Being cautioned five times;
4. Being counseled once;
5. Being referred to the Quality Assurance Committee to address clinical issues and poor records;
6. Being required to take numerous educational courses concerning clinical issues, record keeping and ethics;
7. Undergoing clinical supervision and/or re-assessment of his practice on three separate occasions; and
8. Entering into three separate undertakings with the College concerning his practice and health.

The concerns involved numerous examples of unethical conduct, including misleading other health care practitioners and the regulator, clinical concerns, and record keeping lapses.

In addressing the standard of review, the Court applied the case of *Mitelman v. College of Veterinarians of Ontario*, 2020 ONSC 3039 (CanLII), <https://canlii.ca/t/j883c>, to conclude that the test was whether the sanction was clearly unfit or contained errors in principle.

The Court held that, in finding that the practitioner was irremediable, it was appropriate for the discipline panel to consider his entire disciplinary history. The Court said, “When considering penalty, the Committee was entitled to consider the whole of the Appellant’s disciplinary record, including conduct which occurred after the conduct that led to the misconduct in issue”. The Court also said:

The Committee’s decision that the Appellant was irremediable was based on its consideration of the Appellant’s lengthy disciplinary record, that he already had several opportunities at rehabilitation, without success and that his improvements were not sustained over time. In reaching that conclusion the Committee considered both the 2018-2019 clinical assessment and the subsequent reassessment. The Committee made no error in principle.

The Court also found that the practitioner’s history of mental illness and substance abuse did not establish a basis for a sanction less than revocation:

While there was evidence before the Committee of the Appellant’s diagnosis of substance use and bipolar disorders and that he had been subject to health monitoring since 2019, there was no evidence or submissions made to the Committee that the Appellant’s mental health or the treatment of his disorders in any way contributed to the misconduct in issue.

In the absence of such evidence or submissions, the Committee did not err in not considering those issues as mitigating factors. There must be some connection in the evidence between the health issue and the misconduct in question before the matter can be considered in respect of penalty.

In addition, the Court noted that the practitioner’s compliance with three previous undertakings did not detract from the finding that he was irremediable. The Court accepted the panel’s observation, borrowed from another case, that while the practitioner had “responded to the direction of the College in the sense that he completed the educational courses required of him, attended cautions, and worked under supervision, the Committee finds that they have had little or no impact and that he had made few of the fundamental changes necessary.”

The Court concluded that the revocation was proportional both in the sense that it was appropriate for the finding made and in that it was consistent with prior similar cases:

Given the evidence before the Committee together with its findings, I do not consider the penalty imposed on the Appellant of revocation was disproportionate. The misconduct in question involved clinical matters, record keeping, as well as integrity and dishonesty issues. In light of the serious, repetitive nature of the Appellant’s misconduct, the lengthy history of

disciplinary matters and the fact that the Appellant had not benefitted from repeated efforts at rehabilitation, the Committee’s conclusion that rehabilitation was not a factor supports a penalty of revocation having regard to the principles in play, protection of the public, general deterrence and public confidence in the regulation of the profession.

The penalty proposed by the Appellant of a 12-month suspension followed by supervision and reassessment does not meet those principles.

Finally, while no two cases are alike, the penalty of revocation is consistent with the misconduct in the cases of revocation the Committee considered, [*citations omitted*]. Revocation is not limited to matters of incompetence or breach of an undertaking.

This case shows that a finding that a practitioner is irremediable, similar to the more traditional finding that a practitioner is ungovernable, justifies a sanction of revocation.

One Year Incarceration

Professional regulation rarely results in jail. However, in *Law Society of Alberta v Beaver*, 2021 ABQB 134 (CanLII), <https://canlii.ca/t/id93p>, a former practitioner ended up being sentenced to jail for one year for contempt of court. Mr. Beaver’s registration was suspended and then revoked for misusing trust funds. When he continued practising, a court issued an injunction requiring him to stop.

Mr. Beaver continued to practise for many months. However, he concealed this by using a new lawyer to “front” his actions. When the regulator began investigating his continued practise, he concealed his actions by destroying documents and creating false documents. He also encouraged his “fronting” lawyer to provide false information.

The Court identified a number of aggravating factors including the following:

Mr. Beaver’s contempt and illegal practice of law was deliberate. Mr. Beaver was the ringleader and directing mind. He recruited Ms. Jura into his scheme. The Jura/Beaver collaboration where Mr. Beaver “was leading everything” exploited Ms. Jura to conceal Mr. Beaver’s illegal activities. Mr. Beaver’s concealed unlicensed practice was a business venture, he did it for money. Mr. Beaver planned and executed a clandestine illegal enterprise.

The Jura/Beaver arrangement was not “a one off”, but went on for six months and involved at least seven matters. However, the true and full scale of Mr. Beaver’s misconduct cannot be determined because Mr. Beaver directed that Ms. Jura destroy the incriminating evidence that could be used against him. That direction is a highly aggravating factor, since it means that the LSA and the Court cannot evaluate the full extent of Mr. Beaver’s illegal conduct....

A further aggravating factor is that Mr. Beaver's illegal actions effectively terminated another lawyer's career.

The Court also disagreed with most of the mitigating factors suggested by Mr. Beaver. It disagreed that there was an honest mistake about his legal obligations. The Court could not agree that Mr. Beaver was generally of good character. It also found that the damage to Mr. Beaver's employment prospects and reputation were the direct product of his own behaviour.

Incarceration for one year was ordered. Mr. Beaver was given only three days to organize his affairs. Contemporaneously, a six-month period of incarceration was ordered following a similar analysis in another case: *College of Physicians and Surgeons v Ezzati*, 2021 BCSC 205 (CanLII), <https://canlii.ca/t/jd2sd>.

Procedural Rulings

Most procedural rulings do not have a significant impact for regulators. However, *Torgerson v. Health Professions Appeal and Review Board*, 2021 ONSC 1185 (CanLII), <https://canlii.ca/t/jd9hv>, may be an exception.

In that case a physician was seeking judicial review of a decision cautioning her and requiring her to complete some remedial training. The initial decision was made by the regulator's complaints screening committee and was upheld by an independent appeal and review board.

A summary of the decision was published on the public register of the regulator, as required by the legislation. The physician challenged the decision as amounting to a sanction because of its publication. The physician sought to add the published summary in the record before the Court even though it had not been part of the record of decision by either the screening committee or the board. The Court conceded that there was a strong presumption that judicial review should be based solely on the record of the body being reviewed. However, it stated that an exception applied where important contextual information could assist the reviewing Court. The Court allowed the published summary to be added to the record, subject to reconsideration by the Court panel actually hearing the application. This ruling emphasizes the significance of published summaries of decisions.

A second issue was whether the portion of the record setting out the past complaints history against the practitioner should be sealed. During the proceedings before the board, that portion of the record had not been shared with the complainant because of its sensitivity. The Court agreed to seal that portion of the record, similarly subject to reconsideration by the panel hearing the judicial review application itself. Again, this procedural ruling recognizes the sensitivity of this type of information.

Of course, it will likely be the decision of the panel hearing the application for judicial review on the merits that will be of most interest to regulators.

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Push for greater regulation of massage, counselling therapy professions

NEW CANADIAN LEADERSHIP

Profiling RECO's Director of Litigation

CONSUMER PROTECTION IN THE TERRITORIES:

The challenge of self-regulation North of 60

CONSUMER FOCUS

A Nova Scotia family's devastating sinkhole story

FRAUD PREVENTION MONTH 2021

Canadian regulators collaborate to raise awareness

TOW TRUCK TROUBLES:

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MILLENNIAL MAKING MOVES:

Catherine Ouimet's Rise to CEO of the Barreau du Québec





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From the Editor's Desk

It all began in 2017 at the CLEAR Annual Education Conference in Denver, Colorado. In a conversation with other regulatory communications practitioners from Canada and the US, we were seated in the hotel lobby excited to once again be in each other's presence. That evening, while updating each other about our lives and work, we also discussed opportunities to improve sector-wide communications and learn from each other to jointly protect the public interest.

Almost four years later, some of that has now been realized.

Welcome to the first edition of The Registrar magazine, a national publication about consumer protection in Canada.

In this inaugural issue, we recognize March 8, International Women's Day, and dedicate the cover to a young CEO in Quebec. We profile the journey of a director of litigation in Ontario whose humble roots began in Uganda. March is the Competition Bureau's annual Fraud Prevention Month, and The Registrar presents some of your fellow regulators' campaigns. We also share a heartbreaking consumer story from Nova Scotia.

The Registrar magazine is the result of hundreds of phone calls, emails and in-person meetings. I am truly thankful for the talented, curious and diverse group of journalists from across Canada that was assembled to create this publication about you, for you.

Thinking about our initial meeting, I hope that in some small part, The Registrar magazine reflects of the great ideas we discussed that evening in Denver.

M. Daniel Roukema

NEXT EDITION: JUNE 7

The Registrar
magazine

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Saskatchewan Paves Way to Establish College of Massage Therapy

Marco Vigliotti

Massage therapists in Saskatchewan marked a major victory. Regulation for practitioners, say industry advocates, is paving the way for health professional status and greater recognition of credentials outside the province.

In December, the Saskatchewan Party government introduced legislation to establish the Saskatchewan College of Massage Therapy, a new regulatory body that will govern the province's massage therapists. The regulator will function like many other health

Coast-to Coast-to Coast





This legislation will provide the legitimacy to work within health care systems and provide services to those residents in Saskatchewan in need of massage.”

professional regulators. It will provide examinations for entry to practice, enforce the criteria to be permitted to practice, and serve as a disciplinary and complaints body.

The three associations representing massage therapists in the province -- the Natural Health Practitioners of Canada, Massage Therapist Association of Saskatchewan and the Canadian Massage and Manual Osteopathic Therapists Association -- are applauding the legislation, saying establishing a formal regulator will allow members greater legitimacy to work within the healthcare system and ensure their credentials are recognized in different provinces.

Lori Green, executive director of the Massage Therapist Association of Saskatch-

ewan, says creating a regulator will also allow patients to claim massage therapy as a medical expense on their income tax forms. Currently this is not permitted in provinces where the profession is not regulated. “This legislation will provide the legitimacy to work within health care systems and provide services to those residents in Saskatchewan in need of massage,” she told The Registrar, adding that she expects the legislation to pass this spring.

While the provincial legislation is a necessary first step, it will be up to the three associations -- operating as a transitional council -- to determine the College’s bylaws and structural and governance framework. Their challenge includes how to recognize practicing massage therapists who do not have degrees from recognized educational institutes.

“The desire is not to exclude anybody who’s been working for years as a massage therapist,” Green explained. “We’ll have to go through some credentialing and make sure that our standards are up to the standards that throughout Canada, so definitely, that will be the hardest part.”

Once a regulator is up and running, massage therapists in Saskatchewan can expect to have their credentials recognized in jurisdictions like Ontario and B.C. that already have regulatory bodies, Green says. This will allow for greater labour mobility



for those in the profession. “We will have labour mobility; our members can work in B.C. and Ontario if they choose to go there,” she added.

At the end of the day, establishing a province-wide regulator to oversee the industry will provide greater comfort to the public and provide title protection for practitioners, says Jeremy Sayer, government and industry relations manager with the Canadian Massage and Manual Osteopathic Therapists Association.

“In unregulated provinces, anyone can call themselves a massage therapist -- even if you have no training,” he explained.

“For our members, there will be mul-

tiples benefits [of having a regulator], the biggest will be the automatic recognition of [being a] healthcare professional.”

Tendai Nzuma, the CEO and Registrar of the Natural Health Practitioners of Canada, says establishing a new regulator will “raise the status of the profession in the province” and create “more opportunities for collaboration with other health professionals, [and] as such improving health outcomes for the public.” It also underscores the professional and government’s commitment to consumer protection. “We are pleased at the decision to go forward with regulation, and will continue to support our therapists in the province through the transition,” he added.

A Nationwide Effort to Regulate Counselling Therapists is Being Realized

Anqi Shen

Counselling therapists in several provinces can establish a practice without need for proof of training and professional oversight.

That is because counselling therapists are not recognized and regulated like other health professionals. Counselling therapists are calling on



their respective health ministries to regulate their profession to establish greater safeguards in the public interest. Associations advocating on behalf of practitioners say the timing for regulation is more urgent than ever as demand for mental health services are surging as a result of the COVID-19 pandemic.

Glen Grigg is chair of the Federation of Associations for Counselling Therapists in British Columbia (FACT-BC) which collectively represents approximately 6,000 counselling therapists. He contends that an unregulated marketplace increases risk. Associations whose roles are to solely advocate on behalf of professions, not the public, are ill-equipped to regulate the therapists. “There’s no one body that can set standards and hold people responsible for those standards. It’s not safe and it’s not fair,” he says. “If you don’t have one authority that can do that, the kinds of harms that can slip into a system are very serious,” Grigg says. “We hear about unregulated people who have provided incompetent and harmful care, and there’s nothing we can do about it.”

For decades, the FACT-BC has been lobbying for regulation of the profession, and in December, it submitted a formal application to the BC Minister of Health, Adrian Dix, calling on the province to declare regulation of psychotherapists in the public’s interest.



For decades, the FACT-BC has been lobbying for regulation of the profession, and in December, it submitted a formal application to the BC Minister of Health”

In Alberta, after years of lobbying, a new college is set to open this fall after 12 years of lobbying. Fourteen associations merged to become the Association of Counselling Therapists of Alberta (ACTA), which will transition to the College of Counselling Therapy of Alberta in the near future. Linda Sahli, CEO and registrar of ACTA, says she expects up to five thousand practitioners to be registered with the College. “It’s a long time coming. I think yesterday was the right time to do it, but today is a critical time to do it. Especially during pandemic times, mental health services are becoming so much more important,” Sahli says. “We’re also dealing with the opioid crisis layering on top of it and exacerbated by the situation. Becoming

EMPLOYMENT OPPORTUNITY

EXECUTIVE DIRECTOR

Electrical Contractors Association of Alberta



a regulated profession will increase the capacity in a province to provide [mental health] resources.”

Psychotherapy is currently regulated in four provinces: Quebec, Ontario, Nova Scotia and New Brunswick. FACT’s Saskatchewan chapter and the Prince Edward Island Counselling Association (PEICA) have also put forward applications for regulation. Newfoundland & Labrador is in active discussions with the government, while Manitoba also has an application ready to submit, says Barbara MacCallum, CEO emerita of the Canadian Counselling and Psychotherapy Association.

“In PEI, it’s moving along really nicely now but they had to wait a few years because there was new umbrella health legislation, and there were four or five professions ahead of the counselling profession,” MacCallum says. “The process is different in every province; it’s really a matter of the will of the ministry of health to go ahead with regulation.”

As it stands, associations have professional codes of ethics but because they aren’t granted statutory authority to regulate a profession, there are limits to recourse with no disciplinary consequences if practitioners do harm. “The worst we can do to somebody if they are practicing unethically is to say that they can’t be a part of the association anymore, but we can’t

stop them from practicing. We can’t pull licenses or levy fines; we can only work with the counsellor to rectify the situation if possible,” MacCallum says.

Regulation also helps make counselling therapists part of healthcare teams, MacCallum says. “A family doctor sometimes would be reluctant to refer to a counsellor if they weren’t regulated because they weren’t actually sure if they were referring to a practitioner that is appropriately trained. Now, in Ontario, for example, there is a regulatory body and there are standards.”

Health plans that employers offer to employees often only include psychologists and social workers, but not psychotherapists, MacCallum says. “We’ve been talking to insurance companies for years and have advocated for the inclusion of counsellors, and they always said come back when you’re regulated. We’ve been working really hard at regulation and we’re starting to see a shift in the insurance industry.”

With these efforts it is hoped that regulation of the Counselling Therapists will be widely implemented across Canada. This will benefit the counsellors and patients in assuring the professionalism of their craft.

More information on counselling therapy and other regulated health professions can be found in the [Canadian Regulatory Guide](#).

Addressing Reconciliation through Canada's Legal System

Damian Ali

A pledge for greater Indigenous inclusion in modern Canadian law practices has taken a firm step forward.

The Federation of Law Societies of Canada has reaffirmed its commitment to supporting reconciliation efforts by adopting new guiding principles designed to foster greater inclusion of Indigenous perspectives and principles.

"We are committed to fostering reconciliation in all aspects of our work and have adopted Guiding Principles to ensure Indigenous perspectives inform our progress," reads a December 2020 statement from the group, which is the coordinating body for Canada's 14 law societies.

"We are also committed to supporting the efforts of law societies and law schools to enhance the knowledge and competency of future and existing law professionals across Canada."

In the statement, the Federation -- whose members regulate lawyers, (and some oversee paralegals and other legal professionals within their jurisdictions) -- laid out various frameworks and principles they developed from their June 2020 Truth and Reconciliation Commission (TRC) Calls to Action Advisory Committee report. The group also acknowledged that legal professionals and others in the justice field must improve their relationships with Indigenous individuals and communities.

Truth and Reconciliation

The Truth and Reconciliation Commission of Canada was created in 2008 with the purpose of documenting the

abhorrent historical implications of Indian Residential Schools, or IRS.

As described on the National Centre for Truth and Reconciliation's website, Canada's relationship with Indigenous peoples has suffered greatly because of the adverse impacts of IRS systems. The commission was established to help repair this relationship through a more

concrete understanding of the events that transpired.

The Truth and Reconciliation Commission's final report in 2015 included nearly 100 separate calls to action, including several demanding reforms in the legal system, with the commission emphasizing the unique importance of Indigenous rights and sovereignty in the country.



“Developing a justice system that works alongside Indigenous-inclusive law societies and schools was clearly an important goal of the Commission”



Justice Murray Sinclair was chairman of Canada's Truth and Reconciliation Commission from 2009-2015.

Developing a justice system that works alongside Indigenous-inclusive law societies and schools was clearly an important goal of the Commission, who felt this was necessary to address the past harms that currently affect Indigenous communities, and survivors of IRS systems.

Showing Commitment

The Federation says implementing these calls to actions and improving the relationship between the legal system and Indigenous peoples are a priority.

Specifically, the 2015 Final Report called upon the Federation through Calls to Action 27 and 28. Call to

Action 27, as described in the Federation's Advisory Committee report, demonstrated the need for lawyers to receive appropriate cultural competency training.

Call to Action 28, on the other hand, spoke to the need for law schools themselves to educate their students about the relationship between Indigenous individuals and the law.

"The recommendations put forward in this report reflect a broad interpretation of the goals of the TRC Calls to Action," the Federation's Advisory Committee report read. "They also suggest an expanded role for the Federation and legal regulators in advancing Reconciliation with Indigenous peoples across Canada."



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Consulting with Indigenous legal experts and ensuring that Indigenous perspectives were reflected in these initiatives was paramount, the Federation said in its statement. This commitment was also reflected in several, practical initiatives developed by the Federation, including working with law schools that have developed their own creative academic initiatives.

Professor Frankie Young of Western Law applauded the Federation for recognizing the need to act.

“Historically, the law has been used as a lever against Indigenous nations and that certain activities, such as ceremonies, were found to be illegal,” said Young.

“For the Federation to recognize how important it is for the legal profession to become competent in understanding how critical Indigenous culture, traditions, and legal Indigenous orders are to the fabric of Canada is really significant.”

Law societies across Canada noted their own efforts towards reconciliation, in accordance with the Federation’s pledge. Spokesperson Jennifer Wing says that the Law Society of Ontario supports the Federation’s statement of commitment.

Although their own work is ongoing, Wing says that the Law Society of Ontario offers a myriad of programs to assist lawyers in their endeavours.

One such program is a guide -- created to assist lawyers and litigation counsel in particular -- about working with Indigenous clients.

“The LSO has a duty to maintain and advance the cause of justice and the rule of law, to facilitate access to justice for the people of Ontario and to protect the public interest,” said Wing.

“As such, the LSO has been working towards reconciliation and building cultural competency in the legal professions for many years.”

President of the Law Society of British Columbia Dean Lawton said that reconciliation with Indigenous peoples in Canada is an absolutely essential goal for not just law societies and the Federation, but also all citizens.

“Our law society in 2019 passed a resolution requiring all lawyers in the province to take a course that will deal with and help them with cultural competency, anti-racism and other important initiatives,” Lawton said.

“We want to augment not just written history, but also stories and video reflections by many people in different communities about this experience and the importance of reconciliation.”

Becoming a National Information Hub was also crucial, the Federation said in its statement of commitment. Steve Raby, President of the Federation of Law Societies of Canada, says that a public information site is in development,

which will include initiatives undertaken by justice system actors, and provide better transparency about the Federation's reconciliation activities.

Young says that this is an excellent idea, as it is important for legal professionals to understand Indigenous legal traditions, in addition to gaining a holistic understanding through resources and training.

"Indigenous nations are diverse across Canada," said Young. "The Mi'kmaq people in Eastern Canada are going to be different [from] the Anishinaabe people, so I think an area that parties can go and get information would be very critical. It would give them the opportunities and resources that will lead them in the direction to where they can at least learn more."

Moving Forward

Young says that the path forward involves legitimizing Indigenous legal traditions, as well as giving them the same weight and effect as common and civil law systems in Canada.

Reconciliation efforts, as it pertains to the plurality of Canada's legal system, need to recognize that Indigenous legal traditions have an integral role to play, she says.

"I cannot imagine law students coming into the legal system, in 2021 onward, without being exposed and aware of



these legal traditions in Canada," said Young. "This preliminary education is really critical for many students and legal professionals, if they haven't learned about it in prior education."

In regards to the Federation, law societies across the country and stakeholders, Lawton says that consultation is imperative, with respect to the continued commitment towards truth and reconciliation efforts.

"A colleague of mine once gave me this phrase a number of years ago, to guide us when thinking about consultation," he said. "It is 'nothing about us, without us.'"

"In other words, if you are a policy maker, and are looking at initiatives involving Indigenous peoples, consultation is essential," said Lawton. "That to me is critical, and is something I try to remind myself about as often as I can."

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Nursing in The North: A Look at The NWT's Only Self-Regulated Health Profession

Natalie Pressman

Our northern territories create a unique landscape for consumer protection. Compared to the considerably larger numbers of self-regulating professions in most Canadian provinces, far fewer exist in the North.

Combined with the sparse population in the Arctic region and its vast geography, self-regulation becomes challenging.

With dozens of regulators in most provinces, only accountants, architects, engineers, geoscientists, and lawyers oversee their professions in the Northwest Territories.

The Department of Health and Social Services (HSS) governs 15 health professions covered by 14 different Acts, all overseen by one registrar.



Denise Bowen, Executive Director, RNANT/NU

HSS explained that self-regulation is not feasible in most cases. “The small pool of professionals could pose conflicts of interest,” said Umesh Sutendra, a department spokesperson.

“[This is] especially in circumstances when intervention is required.”

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is the jurisdiction’s only self-regulating health profession. And the RNANT/NU is the only health profession not under the HSS registrar’s purview. Despite its regulatory role, it serves a dual purpose, also representing the interests of nurses.

Denise Bowen, the executive director of RNANT/NU for four years, explained that while the advocacy and regulatory model was once widespread across the country, RNANT/NU will soon become one of the last Canadian nursing associations with a dual mandate.

In August 2020, one of the associations with a dual mandate, the Col-

lege and Association of Registered Nurses of Alberta (CARNA) moved to discontinue its dual mandate.

According to its website, CARNA’s decision was “pre-empted [by] the Provincial Government’s announcement requiring associations and colleges currently operating as one entity to separate.”

Bowen said the Northwest Territories and Nunavut continue to hold the role of advocate and consumer protector, in part because of its population size. The dual mandate “encourages more accountability and responsibility from the nurses.”

As members of the association, nurses sit on committees to look at documentation standards or draft new guidelines,” Bowen said. “Our members have input where elsewhere they wouldn’t.”

RNANT/NU’s ongoing challenge is that half of the nurses practising in the Northwest Territories and Nunavut are not long-term residents but instead practitioners from southern Canada with temporary contracts. This has created an ongoing need to remind nurses to register with RNANT/NU, even if they are not residents. Practitioners are also in need of training to help them effectively navigate nursing in northern jurisdictions.





Some nurses visit the Northwest Territories and never leave. “I moved here more than 20 years ago,” said one nurse, originally from Nova Scotia who wishes to remain anonymous.” It’s an amazing work-life balance living in the spectacular Northwest Territories.

But indeed, it’s important that temporary nurses have the right training to respond to this region’s unique circumstances.”

With decades of her life dedicated to nursing, Bowen’s commitment to an organization that is fair, balanced and transparent is evident.

“Nurses take on the responsibility of taking a reasonable, prudent, sober second look at things,” Bowen said of the importance of RNANT/NU to the profession and the public. “I think it means a lot to healthcare up here.”

***This article
is the first
instalment in a
series examining
consumer
protection in
Northern Canada.***

Could Professional Regulation Solve Ontario's Tow Truck Industry Woes?

Lana Hall

Coast-to Coast-to Coast

In 2020, Ontario's tow truck industry made headlines after large-scale police stings resulted in charges of arson, drug and weapons possession, and even homicide, in an ongoing turf war among industry operators. Allegedly, some towing groups also defrauded insurance companies by staging collisions.

According to transportation, consumer protection and towing industry representatives, limited regulatory oversight has enabled this industry to operate

under the radar for years. Provincial regulation could change that.

Currently, 18 out of 444 municipalities in Ontario have bylaws governing towing, but no province-wide regulations or professional licensing exist, says Raymond Chan, government relations manager at the Canadian Automobile Association's (CAA).

"There's no requirement for any sort of formal training or education or certification," he says. "It's pretty much the Wild West. As long as you've got a G license, you are qualified to start hooking up vehicles and start towing them up and down the roads of Ontario."

In June 2020, following a blitz that resulted in 50 charges against towing industry members and a Toronto police officer, all allegedly assumed to be part of a tow truck corruption ring, Ontario Premier Doug Ford announced the cre-





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ation of a provincial task force to oversee the industry.

“The task force will help develop a regulatory model that will increase safety and enforcement, clarify protections for consumers, improve industry standards and consider tougher penalties for violators”, reads a press release issued at the time. At a related press conference, Ontario’s Minister of Transportation Caroline Mulroney called for legislation to be enacted by the fall of 2021. The Ontario Provincial Police is conducting their own internal probe into towing-related corruption and on February 25, charged one of their own inspectors with breach of trust.

The idea of tow industry regulation isn’t new. In 2014, Gila Martow, Progressive Conservative MPP for Thornhill, began fielding complaints from her constituents about tow truck activity in her riding.

“I started hearing all these reports of cars being taken to places they hadn’t agreed upon and being charged for things they hadn’t agreed to,” she says. “I heard of people going to see their car once they figured out where the car was, and it was far more damaged than when it was hooked up to the tow. So obviously there’s a bigger problem there.”

After consulting with the CAA, the Ontario Provincial Police, the Provincial Towing Association of Ontario and other



“Ultimately, provincial legislation could protect the public interest and safeguard the reputation of the industry’s many operators committed to honest service and ethical professional standards.”

industry groups, Martow tabled a private member’s bill to reform the industry. Recommendations included a provincial registry for tow truck operators and an “Uber-type system” for dispatching, paying and regulating service.

“Every tow truck would be on the system, so the clients would know exactly where their car is and would get paid through the system so there couldn’t be extra billing or cars being taken to unusual places,” says Martow. “It would just be done properly.” The bill, however, didn’t reach legislation. Now, Martow is hopeful the government will implement regulation. ‘If there is one thing the pandemic has shown us, it’s

that the government can move really fast when it wants to,” she says.

Ultimately, provincial legislation could protect the public interest and safeguard the reputation of the industry’s many operators committed to honest service and ethical professional standards, according to CAA.

“For most people, the second largest investment outside of their home is probably their vehicle. I’m not sure about you, but I wouldn’t want an individual hooking up my vehicle without knowing what to do. We need some level of

standardization and we need to ensure that consumers are protected,” Chan says. “Most of the towing industry itself in Ontario is good ... but the fact that we have all these people who are doing these illegal activities or are trying to seek revenge on each other in the tow industry really says a lot and we think by reforming it and providing these levels of oversight, we will definitely seed out some of these problem areas.”

The provincial government is expected to announce an update on the task force’s activities in the spring of 2021.



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Catherine Ouimet

Millennial Making Moves:

Le Barreau du
Québec Hires
Youngest CEO
in its History

Marco Vigliotti



Cover Story

Catherine Ouimet's start to her tenure as executive director of the Barreau du Québec was unlike any of her predecessors.

She took the reins of the regulator for Quebec's nearly 28,000 lawyers this past August in the midst of one of the worst pandemics in modern history, grappling with court closures and restrictions on public gatherings that impacted the delivery of everything from the bar exam to regular meetings.

But this wasn't entirely uncharted territory for Ouimet.

She had spent the past four-plus years as the director of the organization's clerk's office (or registry office), which allowed her to more readily adapt to the challenges of the new role and reduce the learning curve in a time of unprecedented disruption.

"I think I was very lucky, in a sense. I can't imagine [a new executive director] coming from outside and taking this position, not knowing the culture — how we do things must be a greater challenge," she said in a telephone interview with The Registrar.

Ouimet falls into the small but growing ranks of young, female professionals holding leadership positions within Canada's regulatory bodies. In a field where many professionals work well past retirement age, this millennial's elevation to such a high-profile and influential position at an earlier part of

“ Ouimet falls into the small but growing ranks of young, female professionals holding leadership positions within Canada's regulatory bodies. In a field where many professionals work well past retirement age, this millennial's elevation to such a high-profile and influential position at an earlier part of her career especially stands out. But, there should be no doubt about her experience.”

her career especially stands out. But, there should be no doubt about her experience.

Her career in the legal field started in the latter half of 2008 as an articling student with the Quebec ombudsman's office. Then in early 2009, she became the executive director of the Jeune Barreau de Montréal — the youth or young bar association — and would lead the organization for nearly eight years, taking on many of the responsibilities she now has on her plate with the Barreau du Québec.

These include developing plans, policies and priorities for the group; managing staff and major events; representing the organization publicly; negotiating agreements on its behalf; and keeping on top of financial matters.

“What really appealed to me [about the organization] is it had a really big action in pro bono [work]. We had a lot of different programs to give legal advice to the public,” Ouimet said of the Jeune Barreau de Montréal.

“[During my time], we really grew as an association. When I started at the young bar, we had three employees. And when I left, we had six and we had doubled attendance for all our activities. So, it was really interesting for me to see the growth during these years.”

In fact, Ouimet started her MBA during her time with the young bar association, providing her with specific education on managing businesses and organizations.

“I really liked the role as an executive director there. I started my MBA ... and I figured it was the best thing to do to get more knowledge on how to run things and how to manage properly. So, I pursued my career in management and I really, really enjoyed it,” she explained.

After a successful tenure at the young bar association in Montreal, Ouimet moved to the Barreau du Québec in the summer of 2016, becoming the director of the clerk's office, where she managed all of the legal and disciplinary committees and was responsible for client services and the main registration process for entry to



the bar. In essence, she directly oversaw the organization's major regulatory functions.

And after four years or so in the role, the Barreau's executive director retired and Ouimet decided to apply for the top job, saying she thought it was a "good time" for her to seek out that role.

Unfortunately, the COVID-19 pandemic temporarily derailed the hiring process.

Ouimet says she participated in the first round of interviews for the position in February 2020 but when the

pandemic hit, the hiring process was delayed and she wouldn't be named to the post until August.

Unsurprisingly, she says the ongoing COVID-19 crisis represents her biggest current challenge in the position as she's had to shift her attention away from implementing her long-term vision to focus on crisis management instead.

"Because I came from the inside, I knew everybody and I already was very familiar with the culture and how we do things at the Quebec bar. But I think the most challenging part is when you're in a new position, you want to

Le Barreau du Quebec is the regulatory body that oversees the province's 28,000 lawyers.





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come in with your vision and you want to put things in place and be able to improve things,” she explained.

“But with COVID, know that it's hard. You need to focus on things that aren't going to be there in the future necessarily. We need to focus on problems that are short term. So it's hard to, for a new leader to do that, instead of really trying to work on their long-term vision. So I guess that's what's [been] the most challenging for me.”

“I still continue [to pursue] my projects and my vision, but it has to make room for the day-to-day focus on COVID [and] the impact on our employees and on the members,” she said.

Ouimet says communications to members has been a major priority during the pandemic as members need to feel that they are being properly informed and the Barreau is representing their interests, especially as the sector faces court closures and major disruptions to their standard practices.

“They need to feel that they're also to in-

form them, and to represent them when it's necessary, on different committees, and liaison committees with the courts and with the practice,” she explained.

When asked for her thoughts on the impact of her new title, Ouimet says she hopes her elevation to the top job in the provincial legal field's regulatory body sends a positive signal to younger lawyers in the profession that their voices matter.

“When I took the position, I received a lot of congratulatory emails, and I was very curious to see the reaction of our members and [stakeholders]. It was very positive. People saw that as a kind of a message from our governing body, saying we want or we trust the new generation. We want to go forward with change,” she said.

“So it was really fun to see that. I guess it could be seen as a message to younger people to tell them, ‘there are opportunities there. And it's not just the older people who are more experienced. It's also open to everyone who [will] work hard.’”

Video Message – click to view

A woman with curly hair, wearing a white shirt and a dark blazer, is shown from the chest up. She is looking directly at the camera with a slight smile. The background is a blurred office or modern building interior with large windows.

I AM QUALIFIED.



International Women's Day

A Home Destroyed by a Sinkhole Leaves a Nova Scotia Family with Few Answers and Little Hope

Ritika Dubey/M. Daniel Roukema

It was 3 AM when the house shook. Then glass broke and the power went off. Just like a horror movie, that is how the ordeal began more than three years ago for a Nova Scotia family whose home collapsed into a sinkhole, crushing their dreams, and nearly their lives.

Heather Strickey and her teenage daughter experienced that terrifying reality in the early hours of September 3, 2017. They were in their Falmouth home on Mountain View Drive about 65 kilometres northwest of Halifax in the Annapolis Valley. Her husband, Chris Strickey, and their other child were away on a father-daughter trip that Labour day weekend. They returned to find themselves homeless.

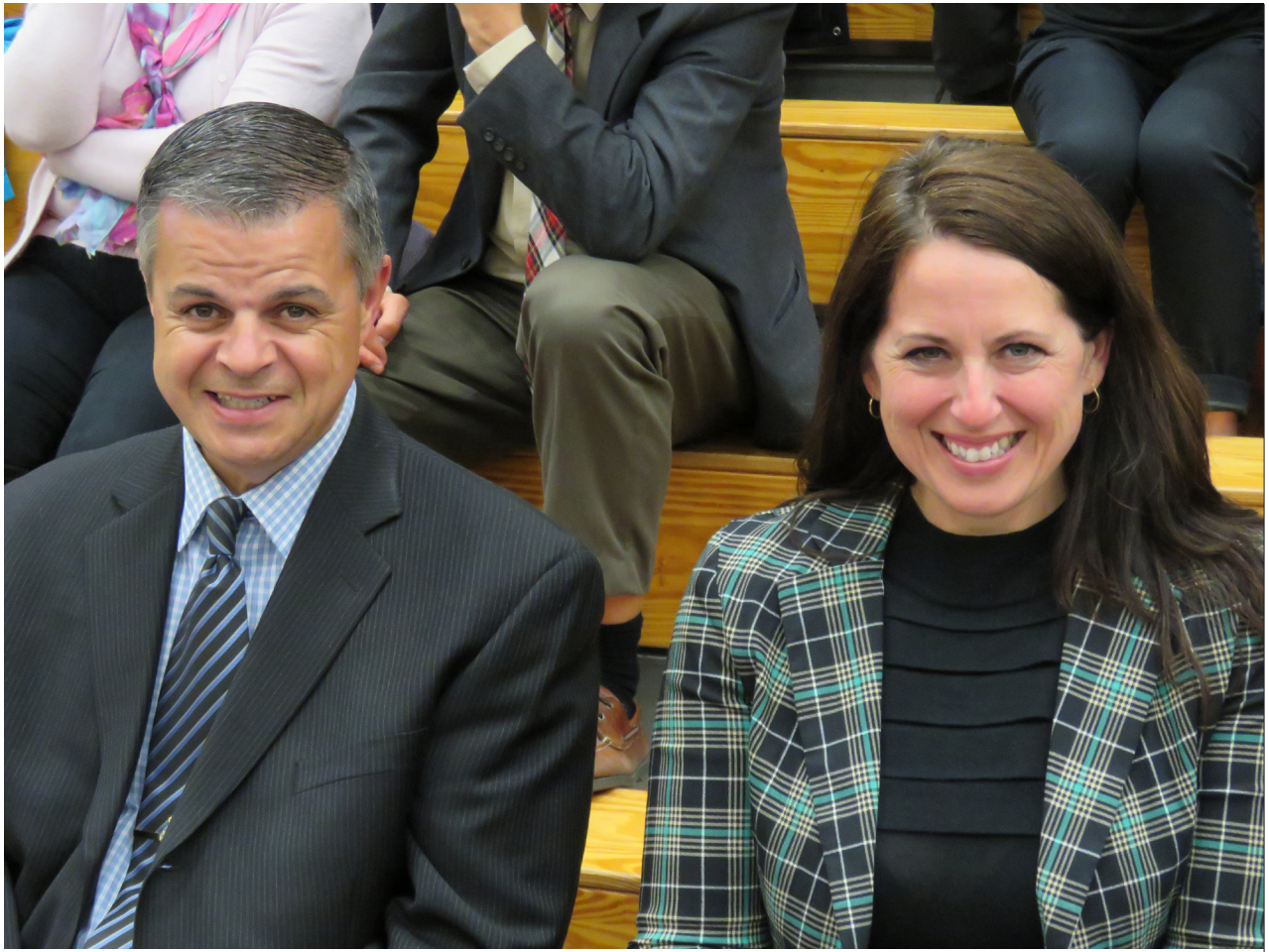
Terrified by the house's unexpected movements, Heather grabbed her phone, hid in the bathroom with her daughter and dialed 911. "I called and told the operator what was hap-

pening," she said, recollecting those frightening moments. "I am pretty sure there are intruders in our house."

Relaying the conversation from the police to Heather, the 911 operator said "it's a sinkhole. You need to get out of your house immediately. Only grab the most important things and get out." At that moment, Heather had no idea that the family would never return.

Overnight, the Strickeys lost their entire home, personal items, and memories to a nine-meter-deep sinkhole. The terrifying incident was compounded when the family's insurance company, Wawanesa Mutual Insurance, denied them coverage citing that "earth movement" or settlement was not covered in their plan.

Both Heather and Chris work at King's-Edgehill School, a private co-educational institution in the



Brave Faces: Despite the lingering trauma, the Strickeys remain engaged and do all they can to appear upbeat and positive for their children and the school's students.

neighbouring town of Windsor. After temporary stays with friends and family for ten months, the school responded to the family's plight and offered them temporary residence while they sorted out the ordeal. Shouldered with mortgage payments on a \$500,000 home that was eventually torn down in 2018, the family remains to this day in a small apartment on campus.

After years of seeking answers, compensation, and a return to a normal life, the Strickeys find themselves

“**The only clarity they have is that seemingly, all protections afforded to them as consumers have failed.**”

running out of options. The family continues to wonder whether there were any warning signs for a sinkhole and who should be accountable. The only clarity they have is that seemingly, all protections afforded to them as consumers have failed.

Sinkholes are sudden depressions of earth formed from changes in soil density. The province of Nova Scotia has a large land area near the former Strickey home that is at risk of sinkholes from karst topography, which is created by the dissolution of soluble rocks such as limestone and gypsum.

In an attempt to navigate the complexity of this issue, The Registrar contacted the provincial government. “Where buildings are permitted to be built is a planning issue [and] that is generally decided by a municipality,” said Krista Higdon, Media Relations Advisor for the Department of Municipal Affairs and Housing and the Office of the Fire Marshall.

Higdon explained to The Registrar that for homes and small buildings the only need for an assessment is if there are known problems in the area or if a building official noted some abnormalities during a so-called foot-

Almost four years after the sinkhole occurred, the family still seeks answers.



ing inspection, which is designed to ensure a home's foundation will bear the load of the building.

However, the Windsor-West Hants Regional Municipality has rejected any responsibility because the statute of limitation afforded to homeowners had passed. According to the Municipal Government Act, "the Limitation of Actions Act or another statute, a municipality or a village and its officers and employees are not liable for a loss as a result of an inspection or failure to inspect, if the claim is made more than six years after the date of the application for the permit in relation to which the inspection was required."

The Strickeys moved into the house - built in 2003-04 - in June 2007, only two years before the statutory deadline.

"Technical issues aside, this is a tragic situation, and my heartfelt thoughts are with the family," said Melissa Peneycad, Managing Director of the Washington, DC-based Institute for Sustainable Infrastructure. An authority on environmental sustainability who assesses billions of dollars of infrastructure projects in the US, Canada, and around the world, Peneycad contends that the possibility exists that at the time of the home's construction, the risk of a sinkhole might not have existed or even been explored.

"When a development is being planned, risks of sinkholes can be re-



The Strickey's \$500,000 home was destroyed due to a nine-metre sinkhole.

duced by thoroughly investigating the karst potential of the area and determining appropriate mitigation measures based on the level of risk. While many sinkholes are created by natural processes, many more are induced by human activity. If human activity, or the failure to investigate the karst potential of the area is to blame for this tragedy, then this family and other consumers in Nova Scotia or anywhere that karst topography is present are at risk."

Peneycad added that human activities such as the overuse of groundwater causing the water table to drop, drilling, mining, broken underground pipes, improper grading or other activities that can alter natural surface water run-off and infiltration can contribute to the emergence of new sinkholes.

Nova Scotia is known for its karst topography. In recent months, there



Dreams demolished. The home was eventually torn down leaving an unstable and empty lot.

have been multiple cases of sinkholes damaging properties in other parts of Nova Scotia, including a recent collapse in the community of Oxford. Often, no prior warnings exist for a sinkhole until the soil collapses. Though gradual slumping or sagging structures such as doors may be indicators, these can also occur in non-karst areas and are therefore not definitive signs of an impending collapse.

Building in karst environments is risky. Larger infrastructure projects such as schools and shopping centres receive greater scrutiny before and during con-

struction to help mitigate the possibility of sinkholes. However, unless consumers exercise their due diligence, private residences such as the Strickey's are not necessarily examined with the same rigour.

Pal Mann is a professional engineer and CEO and Registrar of Engineers Nova Scotia, the licensing and regulatory body for the province's 7,000 professional engineers and engineers-in-training.

When asked whether an engineer, geologist or geoscientist would have signed off on the land to clear it for development, he said, "it depends on what was asked by the municipality," adding that various entities often request soil tests. "Ultimately, it's up to the municipality when they issued the permits what they need in terms of information to satisfy the regulations or the bylaws of the municipality."

Mann acknowledged that consumers should be more aware of the risks and make informed choices before purchasing property. Yet, in a province where karst landscape is abundant, public awareness is limited. Few consumers, in Nova Scotia or elsewhere, are proactively informed about the risks.

Wawanesa Mutual Insurance Company refused to disclose the details of the case, citing the obligation to protect the interests and privacy of its policy holders. "For this reason, we do not publicly

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March 31, 2021

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comment on the specifics of any claim, nor do we discuss matters currently under dispute,” said Brad Hartle, senior communications specialist.

“With regard to specific risks in different areas of Canada, we only distribute our insurance products through independent insurance brokers, who are experts in risk management and advocate for consumers across Canada. Not all risks are insurable,” Hartle replied to a question about whether a specific plan existed to protect homeowners.

The Registrar contacted the Insurance Brokers Association of Nova Scotia about the availability of sinkhole insurance. The association representing insurance professionals in the province would not respond to requests for information.

Wawanesa referred The Registrar to the Financial Consumer Agency of Canada (FCAC), which oversees federally regulated financial entities. The FCAC recommended that The Registrar contact the Insurance Bureau of Canada, which did not respond to requests for an interview.

Nova Scotia does not stand alone as a sinkhole-prone jurisdiction. “It’s a natural phenomenon that occurs around the world,” said John Drage, a Senior Geologist/Hydrologist with the Nova Scotia Department of Lands and Forestry.

“There are established methods for reducing sinkhole risks, and they start

right at the planning stages.” Drage added that once construction is complete, ongoing monitoring and maintenance are required.

This case is one that illustrates how, despite all perceived protections afforded by insurance companies and best efforts by regulatory organizations to serve the public interest, consumers may still be at risk. “Honestly, it is so hard...we have no idea what to do,” said Heather Strickey. “I was shocked to learn that we weren’t covered by Wawanesa as we asked for full coverage, there was nothing in our policy to exclude a sinkhole. Now, Chris and I have no idea about when or if we will ever be able to retire. We lost everything. Our investments were our house.” The Strickeys have retained legal counsel and are considering their options.

While this Nova Scotia family continues to navigate the traumatic experience that haunts them almost four years later, their story serves as an important lesson to all home builders and homeowners about the risks of sinkholes: Do your homework. Examine the risks before you buy or build. Obtain municipal records and get second opinions.

“After the [sinkhole] event, you’re just trying to find out who should pay money to solve this issue,” noted Pal Mann at Engineers Nova Scotia. “And everyone is going to argue why someone else should have done something in that event.”



March is Fraud Prevention Month Join the fight!

#FPM2021

bit.ly/TheLittleBlackBookofScams

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Fraud Prevention Month 2021 Focuses on Digital Scams

Leah Golob

Fraudsters are increasingly targeting consumers in cyberspace amid the COVID-19 pandemic as more Canadians turn to online shopping and digital tools and platforms.

Last year, Canadians reported losing over \$106.4 million to fraud — of that amount, \$62.6 million came from online scams, according to the Canadian Anti-Fraud Centre (CAFC). That's up from \$56.8 million in 2019.

Given that only approximately five per cent of fraud is reported, Canadians

are likely losing much more money than the statistics suggest. And with those low reporting numbers, it can be a challenge for law enforcement agencies to keep on top of fraud and collect the evidence needed to catch perpetrators and warn the public about ongoing scams.

To raise awareness, the Competition Bureau is teaming up with the Royal Canadian Mounted Police and CAFC during the month of March for Fraud Prevention Month (FPM), now in its 17th year. The idea is to bring together

the expertise of these organizations and recruit others in the fight against fraud across the country. More than 60 Canadian organizations are participating, ranging from consumer and volunteer groups, government agencies, police services and enforcement organizations to private companies.

“The Bureau is determined to crack down on those who use deceptive marketing practices to steal Canadians’ hard-earned money,” said Josephine Palumbo, deputy commissioner of deceptive marketing practices directorate of the Competition Bureau, in a statement to *The Registrar*.

The evolution of fraud

FPM initially launched back in 2004, with the hope of helping Canadians recognize and avoid scams, and has since become an annual event.

Back then, the Bureau was primarily focused on deceptive telemarketing, fraudulent sweepstakes or lottery winnings, and fake job opportunities, Palumbo says. Some of those scams from the early 2000s are still around today.

However, due to the rapidly growing digital economy, Canadians have been facing newer scams, such as subscription traps, non-delivery of products, fake online reviews and more.

“

The Bureau is determined to crack down on those who use deceptive marketing practices to steal Canadians’ hard-earned money”

“Scams are now more complex and global, and typically involve multiple players,” Palumbo said

Given how fast the digital economy is growing — in fact, 30 per cent faster than the overall economy from 2010 to 2017 — this year’s campaign will focus on digital scams, says Palumbo.





tailer. They're designed to trick people into clicking on attachments or links, allowing the scamsters access to sensitive information or email accounts.

"They're very sophisticated in the sense that it looks like they're coming from a legitimate organization, institution, or government agency," Thomson said.

Phishing is the preparatory phase of an identity theft crime where fraudsters are trying to gather personal and financial information to be used for further fraud, he explains.

Depending on the type of information fraudsters acquire, they can create fake IDs to open up new accounts in the victim's name, such as credit cards, bank accounts, loan applications and more.

"At the end of the day, they're capturing all the necessary information to

further other frauds," Thomson said.

One such fraud seen in the news lately is credential stuffing, where fraudsters harvest usernames and passwords from the links Canadians are clicking on.

"With that information, they can start punching it into other websites that have log-in credentials, such as banking and government websites, hoping that you use the same username and password across various accounts," Thomson explained.

Fighting fraud with awareness

To combat fraud, raising awareness is key. While traditionally people have thought that only certain demo-

graphics are vulnerable to fraud, anyone can become a target, whether they're a teenager, senior, or anything in between. Likewise, large corporations can fall victim to fraud as much as everyday consumers.

In this year's effort to connect with Canadians, the Bureau plans to leverage social media to post fraud prevention tips, links and videos using the hashtag #FPM2021. They'll also continue promoting The Little Black Book of Scams, an online resource with tips to recognize, reject and report fraud.

"The more educated Canadians are about the various types of scams, the better they can protect themselves," Palumbo said.

The Ontario Securities Commission (OSC) will be another participant this year, emphasizing that investors are often targeted and can sometimes wind up investing their life savings in these scams.

"We wanted to take a stand and provide the educational resources for investors to better prepare themselves during these difficult times," said Raj Balasubramanian, manager of investor engagement and outreach at the OSC.

"COVID-19 has impacted everybody's lives — some more than others. People are very vulnerable."

On March 10th, the OSC will hold a town hall that anyone can join or call into (similar to a radio show) to learn more about some of the COVID-19 related frauds and scams and how people can better protect themselves. Like the Bureau, the OSC will also be turning to social media and participating in a Twitter chat with its partners.

Pre-COVID-19, the OSC used to travel the province delivering free investor seminars on fraud prevention with accompanying resources. Now that it's no longer safe to do in-person, the body is hosting these workshops virtually, while working with local community organizations to deliver them.

With these education offerings, the Competition Bureau and its partners hope more Canadians begin to report the fraud that they— or someone they know— encounter. Depending on the type of fraud occurring, some people may feel shame or stigma about the experience, and avoid reporting the incidence, Thomson says. But that information is important intelligence that can help the CAFC and other agencies to provide operational support.

If you, or someone you know, has fallen victim to fraud or been contacted by a scammer, the Bureau asks that you report it directly to them or the CAFC.

A full list of partners participating in fraud month is available here:

<https://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/o1842.html>

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Profile

GEORGE DRAMETU

From Humble Beginnings a World Away to Leadership at Canada's Largest Real Estate Regulator

Damian Ali

*The Registrar Profiles
RECO's Litigation and
Privacy Chief*

George Drametu's journey to become a senior lawyer started some three decades ago and thousands of miles away.

Drametu, the director of the Litigation Department and chief privacy officer at the Real Estate Council of Ontario (RECO), was born in Uganda, the first-born



of seven children. In 1980, amidst political upheaval, his father fled to neighbouring Kenya, which prompted his family's evacuation from Uganda. For the studious future lawyer, the transition brought uncertainty about his career prospects, with Drametu eventually heading to the Southern African country of Lesotho – a tiny nation surrounded by South Africa -- for his legal education.

After obtaining his B.A. in Law and LL.B, in 1987 and 1989, respectively, at the National University of Lesotho, Drametu was called to the Lesotho Bar in 1991. This achievement was the first step in building an impressive portfolio of academic accolades that continued in Canada after he arrived in 1992.

"When I came [to Canada], I had to start with involving myself in a lot of volunteering in the Kitchener-Waterloo community where I settled" said Drametu, who, as a practising lawyer, is now regulated by the Law Society of Ontario.

"The initial challenges had to do with finding work, but I ended up being a little lucky. I got a placement with a Waterloo Region Community Legal Clinic and worked with them, which coincided with my work legal work with the Office of the Chief Legal Aid Counsel in Lesotho. This work placement provided a nice exposure to me of the legal environment in Canada. "

“

He was called to the Ontario Bar in 1999 and began working as legal counsel at RECO in 2000. While working at RECO, he continued to further his legal education. In 2006, he obtained a post graduate diploma in Justice System Administration, in addition to his LL.M in administrative law at Osgoode Hall Law School in Toronto. “

He was called to the Ontario Bar in 1999 and began working as legal counsel at RECO in 2000. While working at RECO, he continued to further his



The Real Estate Council of Ontario (RECO) regulates some 90,000 real estate registrants to support a fair, safe and informed marketplace

legal education. In 2006, he obtained a post graduate diploma in Justice System Administration, in addition to his LL.M in administrative law at Osgoode Hall Law School in Toronto.

Drametu occupied several legal roles at RECO that culminated in his appointment in 2018 as the director of the newly formed Litigation Department.

"We continue to build an excellent litigation team and have also been working to establish key performance indicators for the Department, in order to properly measure what we do and how we can improve," Drametu said when asked about the priorities in his role.

"It's almost been three years since I've been elevated to this position, but, like anything else, one grows

with the experience and the continuous learning."

With the size of Ontario's housing marketing, RECO's work to protect the public interest is crucial. Overseeing some 90,000 real estate registrants, RECO has had to adapt to considerable changes to reflect the market landscape. *The Real Estate and Business Brokers Act, 2002 (REBBA 2002)*, the Act governing Ontario's real estate industry and enforced by RECO, was amended when in March 2020, the *Trust in Real Estate Services Act, 2020 (TRESA 2020)*, received Royal Assent. In addition to the legislative changes, RECO is adapting to the closing of the OREA Real Estate College and grappling with the COVID-19 pandemic that ceased in-person training programs for aspiring real estate agents and professionals pursuing mandated continuing education programs.

But adapting to change never phased George Drametu, who remains upbeat and ready for what lies ahead.

The nature of the work in the Litigation Department at RECO is challenging and very satisfying. "We regulate the real estate industry and protect the consumers. The way I look at it is that you never really lose," said Drametu.

"Even if you take a matter and the other side wins, it sets out rules and guidelines which helps everyone. Or, if you have someone who does something terrible and gets kicked out of the industry, then you've protected the consumer. Either way, there's something nice that comes out of it."

Despite the many challenges endured along his journey from East Africa to his role with RECO, Drametu says it was all worth it.

"I find myself now living in a peaceful country where my wife and I raised three boys."

For Drametu, adapting has been part of life, and for him, the true measure of success is determined by the degree of patience one applies to the inevitability of change.

NOVA SCOTIA

John Hubert was appointed **Executive Director & Registrar** of the Nova Scotia College of Counselling Therapists.

ONTARIO

The **Home Construction Regulatory Authority** began operations on February 1. Its Senior Leadership Team includes the following new appointments:

- **Marc Spector**, Deputy Registrar, Licensing & Compliance
- **Stephanie Donaldson**, Director, Consumer & Industry Relations
- **Lisa Kerr**, Director, Information Technology & Information Management
- **Glen Medeiros**, Director, Corporate Services
- **Tim Snell**, General Counsel

The Ontario College of Teachers welcomed **Dr. Derek Haime**, OCT, as its Registrar and CEO

SASKATCHEWAN

The **Saskatchewan Dental Hygienists Association (SDHA)** is proud to announce the appointment of **Shelby Hamm** as Registrar.

ARE YOU CALLED A COLLEGE?
BUT REALLY, NOT A COLLEGE?
THOUGH PEOPLE THINK YOU ARE?

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BUILD YOUR BRAND, TELL YOUR STORY

Administrative Authorities in Canada: Promoting Consumer Rights and Public Safety

Trisha Richards

Nearly a decade ago, Antonia Vanderveen and her late husband purchased prepaid funeral packages from their local Ontario funeral home.

“My husband and I wanted to be pre-

pared in case one or both of us passed away and make sure the children would not be burdened with our funeral arrangements,” she said.

Several years after her husband’s funeral, Vanderveen heard through the





grapevine of her small town that the funeral home, which still held her funeral prepayment, had been involved in some sort of conflict. After calling the company several times seeking a reimbursement for her own funeral arrangements, Vanderveen contacted the Bereavement Authority of Ontario (BAO), which acted on her behalf.

“At first, they did not want to reimburse our money, but the BAO really, really pushed so I was able to get the money back that we had invested several years ago,” explained Vanderveen.

Recently, the BAO revoked the funeral home’s license; the funeral home chose not to appeal and is no longer in operation.

Several Agency Acronyms; One Common Purpose

As a Canadian consumer purchasing any type of product or service, you may discover with a quick Google search that there is an industry-specific organization dedicated to ensuring you get a fair deal. Depending on the province, these agencies may be classified as delegated administrative authorities (DAAs), delegated administrative organizations (DAOs) or delegated regulatory organizations (DROs), but they all share some common traits and a mutual general purpose: they license, regulate, and educate.

Deriving their authority from provincial governments, DAAs, DAOs and DROs are particularly prevalent in Alberta,

British Columbia and Ontario and deliver critical programs and services to make sure consumer protection and public safety laws are applied and enforced. Funded by revenue raised through sector-related licensing fees and services, the consumer advocacy they provide comes at no cost to taxpayers.

Ontario's 13 Independent DAAs

In Ontario, the administrative authority model establishes an accountability and governance framework for the delegation of the administration of legislation to not-for-profit corporations, independent of government.

"Under this model, overall accountability and responsibility for the delegated legislation and regulations is held by the government," explained Matteo Guinci, strategic communications and media advisor, Ministry of Government and Consumer Services.

"The administrative authority is responsible for the day-to-day delivery of the delegated services."

Thirteen such authorities were assigned by the Ministry of Government and Consumer Services and range from electrical and technical safety to home renovations and condominium management.

“Deriving their authority from provincial governments, DAAs, DAOs and DROs are particularly prevalent in Alberta, British Columbia and Ontario and deliver critical programs and services to make sure consumer protection and public safety laws are applied and enforced. Funded by revenue raised through sector-related licensing fees and services, the consumer advocacy they provide comes at no cost to taxpayers.”

Support-Focused Service Commitment

Consumers acquiring the support of a DAA should expect a compassionate, accommodating service experience, says David Brazeau, BAO's manager of communications.

"We try to make it as easy as possible for people to get the information they need," he explained.

"Oftentimes, families are contacting us or one of our licensees at one of the worst times in their lives."

He added that the BAO, which has been at the forefront informing Ontarians of funeral allowances during COVID-19, recently launched a new, user-friendly website with a free, plain-language consumer information guide.

"We're really here to make sure that no one's getting a bad deal or being

The BAO protects consumers by regulating the province's funeral industry.



mistreated in terms of the law within our sector," said Brazeau.

"And if they think they are, if they think they've paid too much or haven't been treated fairly in one manner or another, they can send us an email or come right to our website and file a complaint."

Administrative Authorities in Western Canada

With one government delegated organization overseeing multiple sectors, British Columbia has a slightly different consumer protection model than Ontario. Consumer Protection BC is a multi-sectoral DAA that regulates a variety of industries — including payday lending, telemarketing, and travel agencies — and specific types of consumer transactions in British Columbia. Like several of Ontario's DAAs, Consumer Protection BC licenses and inspects regulated businesses, responds to consumer inquiries, investigates reported violations, and educates consumers and businesses.

"While consumer education is an important piece of the puzzle, we recognize that consumers often seek help when something has gone wrong, and we do our best to offer tools and resources to help them through that process," explains Amanda Parry,

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- ✓ will not request large cash advances prior to the delivery of
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number where the company can be reached
- ✓ will be happy to offer the names and addresses of customers
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communications coordinator, Consumer Protection BC.

Meanwhile, the Alberta government delegates authority to independent bodies, referred to as DAOs and DROs, established to administer programs or regulate industries on its behalf. Within the Ministry of Service Alberta, there are three DROs — the Alberta Motor Vehicle Industry Council (AMVIC), Real Estate Council of Alberta (RECA), and Alberta Funeral Services Regulatory Board — and one DAO, Money Mentors, which does not have a consumer protection role but provides credit counselling and financial education.

As a first line of defense, Service Alberta encourages consumers to con-

nect with protection advocacy agencies or review their respective websites for valuable information prior to an issue resulting.

“Often, (our) Contact Centre is the first source of information for consumers, directing them to appropriate organizations that would be responsive to their concerns – unfortunately, this usually occurs during or after the need for assistance, rather than before,” said Tricia Velthuisen, press secretary to Minister of Service Alberta Nate Glubish.

“The key takeaway for consumers is to do their research before they have an issue so they are knowledgeable about their rights and responsibilities, who to contact should an issue occur, and the remedies available to them.”



CONTRIBUTORS WANTED

Submit your consumer protection stories and get published

editor@theregistrar.ca

Vaccine Regulation and the Race to Protect Canadians from COVID-19

Lana Hall

As a large-scale vaccine campaign rolls out across the globe, many are uncertain about how a vaccine can be developed — and approved — so swiftly. While eight out of 10 Canadians plan to get

the COVID-19 vaccine, nearly half of respondents question its safety, according to a recent study published by KPMG. To address the Canadian public's concerns, The Registrar went beyond the professional licensing



world to answer the question: How are vaccines regulated in Canada?

Health Canada is the federal government department responsible for regulating all vaccines administered in Canada, and their involvement begins before a vaccine even hits the clinical trial phase, says Dr. Manish Sadarangani, a clinician and scientist who serves as the director of the Vaccine Evaluation Centre at the B.C. Children's Hospital.

"Most vaccine developers will have been in discussions with Health Canada pretty early on to say, 'you know, we're doing this trial. Ultimately, we want to want to come to Canada for approval. What would be the expectations in terms of what kind of data you'll want to see to be able to approve this vaccine?'" says Sadarangani. This data includes demographic information, as well as study results, with findings on side effects and the effectiveness of the drug itself.

The clinical trials themselves are not managed by Health Canada when conducted overseas, but they must pass an ethics review performed by a regulatory body in their own country before proceeding. Vaccines must also show strong pre-clinical data before being tested on humans.

"Before even entering into a clinical

trial, usually you would have some supporting data from pre-clinical research, whether that's from animal models or whatever to demonstrate that there is evidence that the product that you have is likely to be safe and effective," says Sadarangani.

Vaccines must progress through three phases of clinical trials to be eligible for approval. Phase 1 usually consists of only tens of participants and is heavily focused on safety. "These adults are very quickly monitored to look for any side effects, some of which you might expect and some of which also you may not expect," says Sadarangani.

"Then the data from that are reviewed by Health Canada and at that point there will be an independent safety and monitoring board which will include experts from relevant fields and statistical experts. Once there is evidence of safety in the phase 1 trials, you would progress to a phase 2 trial."

Phase 2 trials usually involve hundreds of participants and are primarily concerned with a drug's safety for use among larger numbers. Once phase 2 data have been approved, phase 3 trials begin, which often involve thousands, or tens of thousands. In phase 3, "you're really definitively trying to find evidence that the product works," says Sadarangani.

“Throughout the pandemic, health care professionals have gone out of their way to reassure the public that COVID-19 vaccines have been developed rapidly because the process has become more efficient, not because safety precautions have been skipped.”

Typically, Health Canada’s regulators review most of the data after the trial has finished, including “the pre-clinical data, the animal data, plus all the clinical data — even stuff that’s not necessarily in the public domain would all go to the regulator for them to review,” says Sadarangani. It can take an entire year — or longer — for a vaccine to be approved.

Throughout the pandemic, health care professionals have gone out of their way to reassure the public that COVID-19 vaccines have been developed rapidly because the process has become more efficient, not because safety precautions have been skipped.

One process that’s helped shorten the regulation timeline is something called a “rolling review,” says Sadarangani. “That has allowed companies and other vaccine developers to submit their data as they’re doing the trial and as the data are available, rather than having to wait until the end and submitting the whole thing.”

This means parts of the approval happen concurrent to the trials, eliminating a lengthy review portion at the end. Each trial, along with all pre-clinical data, however, must still be reviewed in its entirety before approval in Canada.

Vaccine regulation also continues after the dose has been administered, says Sadarangani. To track the possibility of reactions post-vaccine - called adverse effects following immunization (AEFIs) - there are several provincial and territorial systems in place. For example, the Canadian National Vaccine Safety Network (CANVAS) is a network of sites across Canada that assess vaccine safety



during large-scale implementation, including assessing safety of the flu shot every year. Systems like CANVAS collect data about side effects and report it to Health Canada. “All of that data you can only really look at once the vaccine has been implemented,” he says.

Despite the thoroughness of Health Canada’s regulatory practice, some experts are still looking at ways to make improvements. According to Janice Graham, a medical anthropologist at Dalhousie University who studies vaccine regulatory practices, the public should be able to easily understand how Health Canada makes its regulatory decisions. The government launched a clinical information portal in 2019, which provides the public with information about the safety and effectiveness of Health Canada approved drugs, but Graham believes this information should be available earlier in the process.

“They put that information up, but

they only put it up after the drug has been approved,” says Graham. “None of us can see any of that data during any of the trials. We just have to trust, I guess, that they are doing that process, but we can’t actually independently evaluate it if it’s not available to us. So, they’re treating the data as confidential business information before a regulatory decision is made.”

Graham hopes the information portal will eventually be open to the public, even before Health Canada has approved a vaccine. “I think it’s really critical for public trust, for the public to know that the data are open for assuredness that these products are safe, that they do work well, and that we can see the process of decision-making,” she says. “[We need] not just the numerical data, but the actual decision-making processes.”

Despite some challenges around transparency, vaccine processes are continuously improving. Speaking at a press conference in February 2021, Toronto’s Chief Medical Officer of Health, Eileen de Villa, praised process changes that have allowed the COVID-19 vaccines to be approved safely and efficiently.

“I’m not certain that even five years ago we could have developed vaccines such as these in the same amount of time,” she said.



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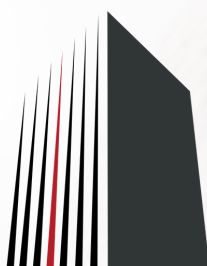
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The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2020-2021

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, 2020 to March 31, 2021.

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	RMA/Life Labs, – Consultant & Speaker; CCNM – Student Recruitment	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.
Dr. Danielle O'Connor	BodyPlus Inc. – Employee of Health Education (Speaker & Writer)	Paid when speaking at educational events, and writes blogs, articles and course content.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2020-21 year and the date the 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 Received²	Any Declarations Made
Asifa Baig	June 18, 2020	Sept 29, 2020	None
Dr. Kim Bretz, ND	April 28, 2020	Sept 21, 2020	Yes
Dr. Shelley Burns, ND	April 28, 2020	Sept 3, 2020	Yes
Dean Catherwood	April 28, 2020	July 20, 2020	None
Dianne Delany	April 28, 2020	Sept 2, 2020	None
Brook Dyson	Dec 10, 2020	Jan 7, 2021	None
Lisa Fenton	April 28, 2020	Sept 23, 2020	None
Dr. Tara Gignac, ND	April 28, 2020	Sept 25, 2020	None

¹ Each year, the Council begins anew in April 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 at a later time.

² Please note that in this current year, the College was delayed due to COVID-19 from asking Council members to submit their annual form. The request was sent on September 2, 2020 excluding new appointees who had completed them earlier.

Sarah Griffiths-Savolaine	August 13, 2020	August 17, 2020	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	April 28, 2020	Sept 2, 2020	Yes
Dr. Danielle O'Connor, ND	April 28, 2020	Sept 2, 2020	No
		Updated: March 15, 2021	Yes
Dr. Jacob Scheer, ND	April 28, 2020	Sept 21, 2020	None
Dr. Jordan Sokoloski, ND	April 28, 2020	Sept 21, 2020	None
Barry Sullivan	April 28, 2020	Sept 22, 2020	None
Dr. George Tardik, ND	April 28, 2020	Sept 24, 2020	None

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

Updated: March 17, 2021



The College of Naturopaths of Ontario

Report from the Council Chair

This is the fourth Chair's Report (previously known as the President's Report) of the current Council cycle and provides information for the period January 1, 2021 to February 28, 2021.

This report essentially picks up where my last report ended, with a focus on COVID-19. The College and the profession have continued to adapt to the changing world. The Council's decision to add a payment plan has been well received by the profession.

I have continued to have regular communication with the Registrar & CEO, although with decreasing frequency.

There remains considerable uncertainty for the future, in particular how the pandemic will continue to impact the profession and therefore the College but work as usual has been more of the norm recently rather than dealing with pandemic related changes and emergencies.

Dr. Kim Bretz, ND
Council Chair
March 2021



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)							
General Class							1539
In Good Standing	-	-	-	-	-	-	1524
Suspended	-	-	-	-	-	-	15
Inactive Class							167
In Good Standing	-	-	-	-	-	-	159
Suspended	-	-	-	-	-	-	8
Life Members	-	-	-	-	-	-	20
Changes in Registration Status							
Suspensions	-	-	21	2	2		25
Resignations	-	-	3	1	3		7
Revocations	-	-	3	3	2		8
Reinstatements	-	-	15	0	1		16
Class Changes							0
GC to IN	-	-	7	3	12		22
IN to GC (< 2 years)	-	-	1	2	1		4
IN to GC (> 2 years)	-	-	0	1	0		1
Life Membership Applications							
Approved	-	-	1	0	1		2
Not Approved	-	-	0	0	0		0
Professional Corporations (Total)							
New applications approved	-	-	4	4	3		11
Renewed	-	-	30	25	8		63
Revoked	-	-	0	0	0		0
Resigned/Dissolved	-	-	0	0	0		0
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	-	-	15	40	13		68
On-going applications	-	-	-	-	-	-	23
Certificates issued	-	-	13	26	20		59
Referred to RC			2	0	2		4
Approved	-	-	1	0	1		2
Approved – TCLs	-	-	0	0	0		0
Approved – Exams required	-	-	0	0	0		0
Approved – Education required	-	-	1	0	1		2
Denied			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
	On-going	-	-	0	0	1		1
1.3 Regulatory Activity: Examinations								
	CSE							
	Scheduled	-	-	1	0	1		2
	Held	-	-	1	0	1		2
	Candidates	-	-	90	0	27		117
	BME							
	Scheduled	-	-	0	1	0		1
	Held	-	-	0	1	0		1
	Candidates	-	-	0	4	0		4
	Clinical Practical Exam							
	Scheduled	-	-	1	1	1		3
	Held	-	-	1	1	0		2
	Candidates	-	-	40	37	0		77
	Therapeutic Prescribing							
	Scheduled	-	-	1	0	0		1
	Held	-	-	1	0	0		1
	Candidates	-	-	35	0	0		35
	IVIT							
	Scheduled	-	-	0	0	0		0
	Held	-	-	0	0	0		0
	Candidates	-	-	0	0	0		0
	Exam Appeals							
	CSE							
	*** Granted	-	-	0	0	0		0
	*** Denied	-	-	0	0	0		0
	BME							
	*** Granted	-	-	0	0	0		0
	*** Denied	-	-	0	0	0		0
	Clinical Practical							
	*** Granted	-	-	0	0	0		0
	*** Denied	-	-	0	0	0		0
	Therapeutic prescribing							
	*** Granted	-	-	0	0	0		0
	*** Denied	-	-	0	0	0		0
	IVIT							
	*** Granted	-	-	0	0	0		0
	*** Denied	-	-	0	0	0		0
	Exam Question Development							
	*** CSE questions developed	-	-	0	0	0		
	*** BME questions developed	-	-	0	0	0		

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	-	-	4	0	0		4
	Funding application approved	-	-			0		0
	Funding application declined	-	-			0		0
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	-	-	0	0	0		0
	Completed	-	-	0	0	0		0
	CE Reporting							
	Number in group	-	-	0	0	449		449
	Number received	-	-	0	0	448		448
	P&P Assessment required	-	-	0	0	0		0
	QAC Reviews							
	Accepted	-	-	0	0	0		0
	Work Required	-	-	0	0	0		0
	QAC Referrals to ICRC				1	1		2
1.6 Regulatory Activity: Inspection Program								
	New premises registered	-	-	7	14	1		22
	New Premise Inspection							
	Part I Scheduled	-	-	9	2	1		12
	Part I Completed	-	-	9	2	1		12
	Part II Scheduled	-	-	1	12	0		13
	Part II Completed	-	-	1	12	0		13
	New premises-outcomes							
	Passed	-	-	20	9	7		36
	Pass with conditions	-	-	2	1	0		3
	Failed	-	-	0	0	0		0
	Secondary Inspections							
	Scheduled	-	-	-	-	-	-	0
	Completed	-	-	-	-	-	-	0
	Second inspections							
	Passed	-	-	-	-	-	-	0
	Pass with conditions	-	-	-	-	-	-	0
	Failed	-	-	-	-	-	-	0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	-	-	1	8	2		11
	Patient died	-	-	1	0	0		1
	Emergency drug administered	-	-	1	0	0		1

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports								
	New complaints/reports							
	Complaints	-	-	2	4	3		9
	CEO Initiated	-	-	15	4	2		21
	ICRC Outcomes							
	Letter of Counsel	-	-	7	3	1		11
	SCERP	-	-	0	0	0		0
	Oral Caution	-	-	2	1	0		3
	SCERP & Caution	-	-	2	0	0		2
	No action needed	-	-	2	0	1		3
	Referred to DC	-	-	1	6	0		7
	Summary of concerns							
	Advertising	-	-	11	5	3		19
	Failure to comply	-	-			1		1
	Ineffective treatment	-	-	0	2	1		3
	Out of scope	-	-	6	3	1		10
	Record keeping	-	-	1	2	0		3
	Fees & billing	-	-	3	0	0		3
	Lab testing	-	-	2	1	0		3
	Delegation	-	-	0	2	0		2
	Harassment	-	-	1	0	0		1
	QA Program comply	-	-	1	1	0		2
	C&D compliance	-	-	2	0	1		3
	Failure to cooperate	-	-	2	0	0		2
	Boundary issues	-	-	1	0	0		1
	Practising while suspend.	-	-	2	0	1		3
1.8 Regulatory Activity: Cease & Desist								
	C&D Issued	-	-	7	6	2		15
	C&D Signed	-	-	7	6	1		14
	Injunctions							0
	Sought	-	-	1	0	0		1
	Approved	-	-	1	0	0		1
	Denied	-	-	0	0	0		0
1.9 Regulatory Activity: Hearings								
	Pre-hearing conferences							
	Scheduled	-	-	1	0	0		1
	Completed	-	-	1	0	0		1
	Discipline hearings							
	Contested	-	-	0	1	0		1
	Uncontested	-	-	5	1	0		6
	Contested Outcomes							
	Findings made	-	-	0	0	1		1
	No findings made	-	-	5	1	0		6
	FTP Hearings					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	-	-	336	86	114		536
	Telephone	-	-	116	93	62		271
	Top inquiries							
	COVID-19	-	-	-	-	20		20
	Scope of practice	-	-	-	-	20		20
	Conflict of interest	-	-	-	-	7		7
	Tele-practice	-	-	-	-	14		14
	Inspection program	-	-	-	-	7		7
	Patient visits	-	-	-	-	6		6
	Advertising	-	-	-	-	10		10
	Lab testing	-	-	-	-	6		6
	Notifying patients when moving	-	-	-	-	7		7
	Fees & billing	-	-	-	-	6		6
1.11 Regulatory Activity: HPARB Appeals								
	RC Appeals							
	Filed	-	-	0	1	0		1
	Upheld	-	-	0	1	0		1
	Returned	-	-	0	0	0		0
	Pending	-	-	0	0	0		0
	ICRC Appeals							
	Filed	-	-	3	0	1		4
	Upheld	-	-	0	0	0	1	1
	Returned	-	-	0	0	0		0
	Overtaken	-	-	0	0	0		0
	Pending	-	-	0	0	2		2
1.12 Regulatory Activity: HRTM Matters								
	In progress	1	0	0	0	0		1
	Decided							0
	In favour of applicant	0	0	0	0	0		0
	In favour of College	0	0	0	0	0		0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 18, 2021

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, 2020 which represents the third quarter of our fiscal year 2020-2021.

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, 2020.

The College is in a good financial position at the end of Q3. Please note that this report includes the full impact of the COVID-19 pandemic which was declared on March 11, 2020.

Cash, investments and fixed assets are operating with no impairment as a result of the COVID-19 pandemic.

We are monitoring the receivables closely as is our normal practice. The allowance for doubtful accounts exceeds the accounts receivable due to this close monitoring. The amount that is noted in doubtful account are fees that the College is not anticipating collecting.

The College's liabilities and current earnings are inclusive of the membership fee rebate and the one-time costs associated with the purchase of new software, new website and full translation of website content. These large expenditures alongside the membership refunds that were issued is the reason for the HST refund.

A number of transactions were not cashed at the end of the month including payroll, a payment installment for the new website and legal costs that have resulted in a higher-than-normal Accounts Payable balance at the end of Q3.

Equity has declined due to current losses. This loss is as a result of the discount that was provided on membership dues and temporary due to the pandemic. Please also note that in this section the new reserve funds that were approved in the October 2020 Council meeting have been created and added to this report.

Statement of Operations

For your reference 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- this table 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 revenue booked was \$2,145,913 versus the Year-to-Date budget of \$3,055,740. The unfavorable variance of \$909,827 is within 70% of the budget. The primary line items that had the greatest impact to decreased revenue are:

Line Item	2020-2021				2019-2020		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q3- Actual Revenue	Q3- Variance in \$	Q3- Variance in %
Registration and Renewals	1,570,980	2,692,755	(1,121,775)	58%	44,099	15,716	155% over budget
Inspection Fees	23,750	60,000	(36,250)	40%	18,750	0	100% on budget
Interest	50,760	5,370	(45,390)	11%	8,262	1,087	115% over budget
Misc. Income (Operations)	351,357	0	351,357	1000%	0	0	0

Registration and Renewals- Annual membership fees for Registrants were discounted by 40% for all active and inactive Registrants to provide COVID-19 relief. Payment of membership dues were extended to September 30, 2020. New registrations were also lower due to the inability of the College to deliver all exams needed for new applicants to become registered.

Inspection Fees- There were two Part 1 inspections and 12 Part 2 inspections. With COVID-19 restrictions most inspections were postponed in Q1 and Q2.

Interest- Current investment portfolios continue to underperform versus anticipated trending for this year. GIC rates in Canada are lower, now in the range of 0.5% to 1.5% vs. 2% to 3%.

Misc. Income (Operations)- This is a new line item which notes CEWS Relief funds that have been reimbursed to the College for payroll wages in accordance with one of the government programs in which Employers can apply for. The reimbursement that the College has thus

received in the amount of \$351,357 covers payroll up to November 21, 2020. Bill C-9, which received Royal Assent on November 19, 2020, permits the extension of CEWS into June 2021.

Total Year to Date expenses were \$2,215,493 versus the Year to Date budget of \$2,976,375. The favorable variance of \$760,882 is within 26% of the budget. The primary items that contributed to lowered expenses are as follows:

Expenses

Line Item	2020-2021				2019-2020		
	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	109,299	239,761	(130,462)	46%	35,199	(4,139)	113% over budget
Consulting Fees-General	64,369	183,250	(118,881)	35%	34,945	(22,445)	280% over budget
Consulting Fees-Assessors	7,031	61,350	(54,319)	11%	11,546	(4,346)	160% over budget
Exam Fees and Expenses	78,270	218,957	(140,687)	36%	37,653	(13,783)	157% over budget
Legal Fees-Complaints	28,384	91,475	(63,091)	31%	27,739	(27,739)	1000% over budget
Council Fees and Expenses	77,473	170,357	(92,884)	45%	18,383	32,417	64% under budget
Hearings	16,896	45,674	(28,778)	37%	9,006	(5,025)	226% over budget
Public Education	125,762	186,394	(60,632)	67%	21,827	(2,827)	115% over budget
Education and Training	6,134	15,325	(9,191)	40%	1,188	(1,188)	1000% over budget
Printing and Postage	654	2,113	(1,459)	31%	766	(766)	1000% over budget

Office and General- No costs were incurred for accommodations, meals or travel due to in person CNAR conference being cancelled. Credit card processing fees were reduced by almost 50% due to reduced annual renewal fees, reduced number of exams being held and reduced number of inspections taking place. Janitorial costs have been reduced by close to 90% due to monthly maintenance contracts put on hold due to closure of the office. As a result of staff

transitioning to working from home, the purchase of less office supplies has been reduced by over 50%.

Consulting Fees General- The Drug, Substance and Lab program may use up to 15% of their allocated budget pending directives from the Ministry. The College's new software was launched in December 2020 and the first release was processed. The roll out of the software and all enhancements will be finalized in Q4 along with the processing of 4 additional releases.

Consulting Fees Assessors- Total of 14 inspections completed due to COVID-19 restrictions and no consulting fees incurred by Quality Assurance Program to date.

Exam Fees- 52 candidates completed the Clinical exam (practical component carryover from September exam), 25 completed the Clinical Practical exam, 4 completed the Biomedical, 35 completed the Prescribing Therapeutic exam and 55 completed the Jurisprudence exam,

Legal Fees Complaints- Two new files were opened and 19 Registrar's Investigator appointments. A total of two complaints and eight Registrar Investigator appointments have also been closed this quarter.

Council Fees and Expenses- One third of the Council budget has been unused for travel, meals or accommodations due to the transition of all meetings to video conferences. There has also been a significant decrease of per diems by over 50% by the ICRC, Patient Relations, Registration Committee, Exam Appeals Committee, Nominations and Elections Committee, Scheduled Substance Review Committee and the Inspection Committee.

Hearings- Two hearings were held. One hearing was contested over four full days, and the other hearing was uncontested over one full day.

Public Education- Communications contract with a third party was re-negotiated from monthly maintenance to pay as you go, translation of website costs were lower than budgeted and no meetings with the Citizen Advisory Group were attended to date.

Education and Training- Training for Quality Assurance and Inspections will not be taking place this year, has been rescheduled to Q1 for the following year. For Operations, staff CPR and health and safety training will be rescheduled for the following year. Costs of Unconscious Bias training for onboarding of new staff lower than budgeted due to changes to contract with vendor.

Printing and Postage- Cost savings of over 50% due to majority of correspondence being sent out electronically.

At the end of Q3 the College has ended the quarter with a deficit of (\$69,580). The College has exceeded its expenditures by 3% from actual revenue but, has also generated a cost savings of just over 40% versus the actual budget.

Forecasting to Year End

With the majority of the revenue collected for the current fiscal year, it is anticipated that our current deficit will be increased in Q4 to the range of (\$600,000) to (\$700,000) to end the fiscal year.

Next fiscal year (2021-2022) in Q2 the Council can anticipate a request to release monies from the Business Continuity Reserve Fund to Operations to cover the College's deficit.

The Capital budget for 2020-21 was originally approved for \$19,400 and included both I.T equipment and furniture and fixtures. When operations shifted remotely in March 2020 due to COVID-19 capital expenditures were limited to minimal I.T purchases. To date the College has purchased a new laptop and a laptop replacement. The College had budgeted \$7,300 for I.T equipment, postponed I.T purchases in the amount of \$4,000 and worked with a remaining budget of \$3,300. There is a remaining balance of 5% under-utilized at the end of Q3.

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

Income and Expense Statement for Q3 commencing October 1, 2020 to December 31, 2020

	Q3						12 MONTH ENDING MARCH 31, 2021				ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Oct-Dec'20 Budget	Oct-Dec'20 Actual	BUDGET FAV (UNFAV) VARIANCE		Oct-Dec'19 Actual	Oct-Dec'19 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE			
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%		
Revenue												
Registration and Member Renewals	164,632	28,965	(135,667)	18%	44,099	15,716	2,692,755	1,570,980	(1,121,775)	58%	2,708,755	58%
Examination Fees	75,000	33,850	(41,150)	45%	54,875	3,725	218,375	163,325	(55,050)	75%	256,375	64%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	3,650	8,731	5,081	239%	5,300	5,300	17,850	18,131	281	102%	20,300	89%
Ordered Costs Recovered	4,000	3,250	(750)	81%	13,500	13,500	16,000	12,150	(3,850)	76%	16,000	76%
Inspection Fees	20,000	12,500	(7,500)	63%	18,750	-	60,000	23,750	(36,250)	40%	80,000	30%
Interest	15,120	(183)	(15,303)	-1%	8,262	1,087	50,760	5,370	(45,390)	11%	65,880	8%
Government Subsidy	-	126,163	126,163	1000%	-	0	-	351,357	351,357	1000%		1000%
Assesment Fees		850						850	850	-		0%
Total Revenue	282,402	214,126	(68,276)	76%	144,786	39,328	3,055,740	2,145,913	(909,827)	70%	3,147,310	68%
Expenses												
Salaries and Benefits	404,022	385,478	(18,544)	95%	355,830	10,170	1,203,984	1,200,338	(3,646)	100%	1,608,013	75%
Rent and Utilities	75,180	71,529	(3,651)	95%	70,977	891	219,540	220,322	782	100%	293,148	75%
Office and General	121,000	14,448	(106,552)	12%	35,199	(4,139)	239,761	109,299	(130,462)	46%	313,680	35%
Consulting Fees-General	69,750	47,558	(22,192)	68%	34,945	(22,445)	183,250	64,369	(118,881)	35%	195,000	33%
Consulting Fees-Complaints and Inquires	33,250	40,214	6,964	121%	11,988	(11,988)	106,750	84,936	(21,814)	80%	140,000	61%
Consulting Fees-Assessors/Inspectors	19,800	3,488	(16,312)	18%	11,546	(4,346)	61,350	7,031	(54,319)	11%	81,150	9%
Exam Fees and Expenses	69,013	32,353	(36,660)	47%	37,653	(13,783)	218,957	78,270	(140,687)	36%	270,767	29%
Legal Fees-General	10,125	10,726	601	106%	6,244	4,901	28,875	32,019	3,144	111%	40,500	79%
Legal Fees-Complaints	49,000	15,100	(33,900)	31%	27,739	(27,739)	91,475	28,384	(63,091)	31%	101,875	28%
Legal Fees-Discipline	17,000	49,988	32,988	294%	20,680	9,320	126,000	92,626	(33,374)	74%	143,000	65%
Council Fees and Expenses	41,088	15,995	(25,093)	39%	18,383	32,417	170,357	77,473	(92,884)	45%	209,607	37%
Hearings (Discipline, Fitness to Practice)	5,776	10,924	5,148	189%	9,006	(5,025)	45,674	16,896	(28,778)	37%	51,451	33%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	22,198	0%
Insurance	-	0	-	0%	-	-	31,000	27,394	(3,606)	88%	31,000	88%
Equipment Maintenance	9,690	11,653	1,963	120%	7,668	2,022	29,270	27,986	(1,284)	96%	38,960	72%
Audit Fees	-	0	-	0%	-	-	16,300	15,600	(700)	96%	16,300	96%
Public Education	30,682	43,101	12,419	140%	21,827	(2,827)	186,394	125,762	(60,632)	67%	213,791	59%
Education and Training	8,050	655	(7,395)	8%	1,188	(1,188)	15,325	6,134	(9,191)	40%	15,825	39%
Printing and Postage	838	12	(826)	1%	766	(766)	2,113	654	(1,459)	31%	2,801	23%
Total Expenses	964,264	753,222	211,042	78%	671,639	(34,525)	2,976,375	2,215,493	(760,882)	-26%	3,789,065	58%
Total Revenue over Expenses	(681,862)	(539,096)	(279,318)	41%	(526,853)	4,803	79,365	(69,580)	(148,945)	-188%	(641,755)	



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION

As of December 31, 2020 (Q3)

75% of Fiscal Year

Item 4.03

ASSETS

Chequing / Savings

Bank - Operating Funds \$ 98,817.98

Bank - Savings \$ 223,785.55

Petty Cash \$ 500.00

Total Chequing / Savings \$ 323,103.53

Accounts Receivable

Accounts Receivable \$ 21,512.76

Allowance for Doubtful Accounts \$ (32,374.50)

Ordered DC Costs \$ 2,000.00

Total Accounts Receivable \$ (8,861.74)

Other Current Assets

Prepaid Expenses \$ 69,369.08

Investment in Mutual funds \$ 1,574,307.53

Investment in GIC \$ 510,757.10

Total Other Current Assets \$ 2,154,433.71

Fixed Assets

Computer Equipment \$ 69,647.31

Furniture and Fixtures \$ 159,390.70

Accumulated Amortn - Computers \$ (35,976.61)

Accumulated Amortn - Furniture \$ (135,680.58)

Total Fixed Assets \$ 57,380.82

TOTAL ASSETS

\$ 2,526,056.32

LIABILITIES AND EQUITY

Accounts Payable

Accounts Payable \$ 117,644.69

Credit cards \$ 1,104.48

Total Account Payable \$ 118,749.17

Other Current Liabilities

Accrued Liabilities \$ 46,802.80

HST Payable (Refund) \$ (202,390.56)

Total Current Liabilities \$ (155,587.76)

Equity

Retained Earnings \$ 417,386.38

Patient Relations Fund \$ 89,703.71

Business Continuity Fund \$ 1,075,385.00

Investigations and Hearing Fund \$ 1,000,000.00

Succession Planning Fund \$ 50,000.00

Current Earnings \$ (69,580.18)

Total Equity \$ 2,562,894.91

TOTAL LIABILITIES AND EQUITY

March 31, 2021 **\$ 2,526,056.32**



The College of Naturopaths of Ontario

2020-21 Capital Statement

Line Item	Total Budget (April 2020-March 2021)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$3,300.00		\$2,130.33						\$1,000.00					\$3,130.33	\$169.67
Furniture & Fixtures															
Total	\$3,300.00														



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 24, 2021

TO: Council members

FROM: Barry Sullivan
Chair, Governance Policy Review Committee

RE: Review of the Governance Process Policies – Part 1

In keeping with the revised Council Annual Cycle, the March meeting of the Council includes a detailed review of the first part of the Governance Process policies. The Governance Policy Review Committee (GPRC) has operationalized that by considering the first six policies (GP01 – GP06) and all Committee Terms of Reference attached to GP06.

The staff circulated information to Council members in advance of this meeting and a number of questions were posed, which the GPRC considered at its meeting of March 11, 2021. The comments and questions are as follows:

GP06 – Committee Principles

A Council member noted that the CEO Performance Review Panel is not included among the Committees of the Council. The question is whether this panel is a committee and if so, whether Terms of Reference should be established. The Council is asked to consider this question.

GPRC Recommendation: The CEO Performance Review Panel is established under GP19 – CEO Annual Performance & Compensation Review Policy. Its duties, composition and timeframes are established under that policy. As such terms of reference would duplicate the content of that policy. It was also noted that the policy establishes this as a Panel rather than a Committee.

CC03 – Examination Appeals Committee

Feedback identified that the Biomedical Examination is not included among the responsibilities for the Examination Appeals Committee in the Terms of Reference. The question was posed as to whether this should be added.

GPRC Recommendation: The Biomedical Examination is a new examination established by the Council and came into existence after the original terms of reference were created. The Committee recommends the responsibility be added (please see attached).



SC01 – Discipline Committee

Feedback identified that the second bullet under Composition and Appointment refers to “Public members who are also Council members”; however, all Public members are appointed to Council and therefore the reference is redundant.

GPRC Recommendation: The Committee noted that this matter was addressed in recent changes approved at the Council level.

SC02 – Executive Committee

Feedback noted that under the Composition section of the Terms of Reference, there is no reference that one of the Chair or Vice-Chair needs to be a Public member. The question was whether that needs to be articulated.

GPRC Recommendation: The requirement for one of the Chair or Vice-Chair needing to be a Public member is set out in the by-laws. The by-laws are used when the election is under way and it is at that point that the requirement is implemented. It need not be included in the terms of reference.

SC04 – Inquiries, Complaints and Reports Committee (ICRC)

It was noted that under the Responsibilities section of the Terms of Reference, there is no reference to referrals from the Quality Assurance Committee being considered. The question was whether that responsibility should be added as it is occurring.

GPRC Recommendation: The responsibility should be added. The Quality Assurance Committee is permitted to refer a matter for consideration of the ICRC in the Health Professions Procedural Code. It not having been included is likely due to an oversight (please see attached).

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.05)	1
		Create Date November 5, 2013

Deleted: 4

Accountability and Authority The Examination Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12 of the Registration Regulation and the *Committee Principles* policy (GP06).

Limitations The Examination Appeals Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Responsibilities The Examination Appeals Committee shall:

- Advise on and recommend to the Council policies and procedures governing the examination appeals process;
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments;
- Receive, review and dispose of appeals filed by candidates of all examinations set and approved by the Council, including but not necessarily limited to the following examinations: Clinical Sciences, Biomedical, Clinical (Practical), Intravenous Infusion Therapy and Therapeutic Prescribing Examination.

Composition and Appointment The Examination Appeals Committee shall be appointed by Council and shall be comprised of at least three (3), but as many individuals as the Council deems appropriate, none of whom shall be members of the Registration Committee, including:

- one (1) Council member;
- one (1) or more Registrants who are not Council members;
- Any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Examination Appeals Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Term of Office The members of the Examination Appeals Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Examination Appeals Committee shall meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Examination Appeals Committee shall be two (2) members of the Committee, at least one (1) of which shall be a Public member or a Public Representative.

In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.

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DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	March 31, 2021	Council

Deleted: January 27

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.05)	2
		Create Date November 5, 2013

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Reports

The Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any requirements of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	March 31, 2021	Council

Deleted: January 27

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.05)	1
		Create Date
		July 30, 2013

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Accountability and Authority The Inquiries, Complaints and Reports Committee (ICRC) is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(3) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*.

Responsibilities The Inquiries, Complaints and Reports Committee shall:

- Advise on and make recommendations to the Council policies and procedures governing the inquiries, complaints and reports processes of the College of Naturopaths of Ontario.
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments.
- Bi-annually review relevant regulations made under the *Naturopathy Act, 2007*, including but not necessarily limited to the Professional Misconduct Regulation.
- By way of panels appointed by the ICRC Chair:
 - investigate complaints filed with the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code;
 - consider Reports received from the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code;
 - consider allegations of professional misconduct, incompetence or incapacity referred to it by the Quality Assurance Committee in accordance with paragraph 4 of section 80.2 (1) of the Code; and
 - inquire into whether a Registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code.

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Composition and Appointment The Inquiries, Complaints and Reports Committee shall be appointed by Council and shall be comprised of no fewer than three (3) but as many individuals as the Council deems appropriate, including:

- At least one (1) Council member who is a Public member and any number of additional Council members.
- One (1) or more Registrants who are not Council members.
- Any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Inquiries, Complaints and Reports Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Panels of the Inquiries, Complaints and Reports Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no

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DATE APPROVED	REVIEW DATE	RESPONSIBLE
July 30, 2013	March 31, 2021	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.05)	2
		Create Date
		July 30, 2013

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fewer than three (3) members of the Committee, one of whom shall be a Public member of the Council. The Chair of the Inquiries, Complaints and Reports Committee shall, at the time of appointing a Panel, designate one member of the panel as the Chair of the Panel.

Term of Office The members of the Inquiries, Complaints and Reports Committee shall be appointed by the Council for approximately one (1) year, or until such time as the Council has made further appointments.

Panels of the Inquiries, Complaints and Reports Committee shall be appointed as required by the Committee and term of the panel shall be until the matter referred to it has been disposed of. A Panel member may not continue with a matter after that Panel member's term has ended. If a Panel has not concluded a matter before a Panel member's term ends, the remaining Panel members may continue to deal with the matter if quorum exists or the Chair of the Committee may appoint a new Panel.

Meetings The Inquiries, Complaints and Reports Committee will meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of the Committee, at least one of whom shall be a public member of the Council.

Pursuant to s. 25(3) of the Code, quorum of a Panel of the Inquiries, Complaints and Reports Committee shall be three members of the panel. In cases of urgency as determined by the Chair of the Panel, the public member requirement for the purposes of quorum may be waived.

Reports In accordance with section 11(1) of the Code, and subject to the limitations identified in section 11(2) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
July 30, 2013	March 31, 2021	Council

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The College of Naturopaths of Ontario

STATUTORY COMMITTEES

*** PLEASE NOTE THAT COMMITTEE MEETINGS ARE HELD PRIMARILY BY VIDEO CONFERENCE, WITH ONE POTENTIAL IN-PERSON MEETING. REGISTRANTS ARE REQUIRED TO HAVE THEIR OWN COMPUTER/LAPTOP WITH A CAMERA AND MICROPHONE.**

REGISTRATION COMMITTEE

If you are interested in entry-to-practice and registration issues, consider the Registration Committee. It makes policy recommendations to Council to ensure that the College's registration practices are fair, objective, transparent and impartial. It is also responsible for assessing applicants' qualifications and making decisions about:

- Whether to issue a Certificate of Registration;
- Whether the applicant should be required to complete additional education and training;
- Whether to place specified terms, conditions or limitations on the applicant's Certificate of Registration.

Time Commitment: You will be expected to attend 9-10 meetings per year.

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee develops and oversees a patient relations and public education program. It also processes requests for funding for therapy and counselling for individuals who may have been sexually abused by an ND.

Time Commitment: You will be expected to attend 3-4 meetings per year.

QUALITY ASSURANCE COMMITTEE (QA)

The Quality Assurance Committee is responsible for developing and maintaining the College's Quality Assurance Program. This includes developing annual self-assessments, reviewing and approving courses for Category A credits, and determining criteria for Peer & Practice Assessments.

Time Commitment: You will be expected to attend approximately 8-10 meetings per year.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

The *Regulated Health Professions Act, 1991* (RHPA) requires the College to investigate complaints and reports about members' professional conduct, competence or fitness to practice. The ICRC determines the most appropriate actions to handle complaints and reports so that the public is protected and NDs are supported to provide naturopathic services that are in keeping with the standards of the profession. Committee members are trained to conduct their work in keeping with the RHPA and to adjudicate matters fairly. Committee members are trained to apply fair and transparent Committee procedures and are supported by the College and Legal Counsel.

Time Commitment: You will be expected to attend 9-12 meetings per year.

FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee develops and maintains policies and procedures governing the College processes. It also receives and reviews allegations referred to it by the Inquiries, Complaints and Reports Committee and conducts hearings as required under Schedule 2 of the *Health Professions Procedural Code*.

Time Commitment: The Fitness to Practice Committee will meet as required in panels to review referrals from ICRC.

DISCIPLINE COMMITTEE

The Discipline Committee develops and maintains policies and procedures governing the College Disciplinary processes. It also receives and reviews allegations referred to it by the Inquiries, Complaints and Reports Committee and conducts hearings as required under Schedule 2 of the *Health Professions Procedural Code*.

Time Commitment: The Discipline Committee will meet as required in panels to review referrals from ICRC. Hearings may range from 1 day for uncontested to 5 days for contested. The Committee meets as a whole for 1 day to undergo training and review its rules and policies.

STANDING COMMITTEES OF COUNCIL

GOVERNANCE COMMITTEE

The Governance Committee is a non-statutory committee of the Council. It is responsible for reviewing disputes relating to members of the College voting in elections, for reviewing biographies and personal statements submitted by candidates standing for election, for holding an inquiry, upon request of the Council, into the validity of the election of a member to the Council, and, upon request of the CEO, assisting in supervising the election of candidates to the Council of the College. The Committee also oversees the volunteer recruitment, assessment and appointment process for the Council. NDs sitting on this Committee cannot also be seeking to be elected to the Council.

Time Commitment: The Governance Committee will meet approximately 6 times per year.

EXAMINATION APPEALS COMMITTEE

The Examinations Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario. It is responsible for developing policies and procedures governing the process for filing and hearing appeals of results of the clinical examinations of the College, as well as receiving, reviewing and disposing of appeals of the clinical, intravenous infusion therapy and therapeutic prescribing examinations filed by candidates who have sat and failed a clinical examination.

Time Commitment: The Examinations Appeals Committee will meet at the call of the Chair, following the administration of the examinations but only if an appeal is registered.



The College of Naturopaths of Ontario

AUDIT COMMITTEE

The Audit Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario. It is responsible for reviewing and making recommendations to the Council for approval with respect to the annual financial statements, the Auditor's Report on the annual financial statements, and related issues including accounting practices and financial controls.

Time Commitment: *The Audit Committee shall meet at least twice annually in person or by teleconference at the call of the Chair. A minimum of two meetings are anticipated around the time of the external financial audit (May – July).*

SCHEDULED SUBSTANCES REVIEW COMMITTEE

The Scheduled Substances Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario. It is responsible for reviewing submissions made to the Council of the College of Naturopaths of Ontario for amendments to, including but not necessarily limited to deletions, alterations or additions of drugs or substances to Tables 1 - 6 of the General Regulation and to make recommendations for modifications to the LSCCLA.

Time Commitment: *The Scheduled Substances Review Committee will meet at least once annually to receive recommendations from Panels established by the Chair but may meet any number of additional times as the Chair deems necessary to fulfill the responsibilities of the Committee.*

GOVERNANCE POLICY REVIEW COMMITTEE

The Governance Policy Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario. It is responsible for reviewing the Council's governance policies on a regular basis and working with the Council to ensure that the policies are updated on a regular schedule.

Time Commitment: *The Governance Review Committee meets six times annually.*

STANDARDS COMMITTEE

The Standards Committee is a new, non-statutory Committee of the College. It develops, reviews and undertakes consultations on new and existing standards of practice, guidelines and approves those on behalf of the College.

Time Commitment: *The Standards Committee is expected to meet 6-8 times per year.*

INSPECTION COMMITTEE

The Inspection Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario that reviews the documents provided by the inspectors and designated members regarding completed inspections and determines the outcome of the inspection. The Committee also develops and maintains the Inspection Program Requirements and program policies and procedures. The Inspection Committee is also responsible for ensuring:

- appropriate individuals are appointed and trained as inspectors.
- adequate inspections are undertaken and completed in a timely way.
- the IVIT Premises Register is maintained.

Time Commitment: *You will be expected to attend approximately 10 meetings per year.*

Visit <https://app.smartsheet.com/b/form/2ba5bd916b594b1eae1bf3bc1f81ac74> to make your selections.

**CONFLICT OF INTEREST DECLARATION
ANNUAL QUESTIONNAIRE FOR COUNCIL, COMMITTEES AND VOLUNTEERS
2021-2022**

Name (please print clearly)	Registration No.	(please print clearly)
	Public Appointee ¹	☐
	Public Representative ²	☐

In accordance with section 16 of the by-laws of the College of Naturopaths of Ontario, I hereby disclose that I, or one of my family members (parent, spouse, child or sibling), have the following affiliations, interests or relationships, and/or have taken part in the following transactions:

I. COLLEGE INTERESTS

I hold the following position(s) with the College of Naturopaths of Ontario (check all that apply):

- | | |
|--|---|
| ☐ Council Member | ☐ Examiner |
| ☐ Council Chair | ☐ Expert |
| ☐ Council Vice Chair | ☐ Inspector |
| ☐ Officer-at-Large | ☐ Investigator |
| ☐ Statutory Committee ³ | ☐ Peer and Practise Assessor |
| ☐ Standing Committee of Council ⁴ | ☐ PLAR Assessor |
| ☐ Operational Committee (Exam Development Steering Committee) | ☐ Casual Staff |

II. OUTSIDE INTERESTS

A conflict of interest arises where you have a personal or professional interest which conflicts, might conflict or may be perceived to conflict with the interests of the College of Naturopaths of Ontario, including a conflict with your duties as a member of the Council, its Committees or as an employee or a person who is under contract with the College. A conflict of interest could arise in relation to personal matters including:

- directorships or other employment;
- interests in business enterprises or professional practices;
- share ownership;
- beneficial interests in trusts;
- existing professional or personal associations;
- professional associations or relationships with other organizations; and
- personal associations with other groups or organizations, or family relationships.

Any obligation, commitment, relationship or interest that could conflict or may be perceived to affect your judgment or the discharge of your duties to the College must be declared.

¹ A member of the public appointed by Order-in-Council.

² A member of the public appointed by the Council or CEO of the College to College Committees.

³ Discipline Committee; Fitness to Practice Committee; Inquiries, Complaints and Reports Committee; Patient Relations Committee; Quality Assurance Committee; Registration Committee.

⁴ Audit Committee, Examination Appeals Committee, Inspection Committee, Nominations and Elections Committee, Scheduled Substances Review Committee

1. A direct or indirect conflict with my duty as a member of the Council, its Committees or as an employee or a person who is under contract with the College may arise because I hold the following offices (appointed or elected):	
Office/Title	Organization
Office/Title	Organization
Office/Title	Organization
The nature and extent of the conflicting office duty is:	
2. A direct or indirect conflict with my duty as a member of the Council, its Committees or as an employee or a person who is under contract with the College may arise because I, or any trustee or any person on my behalf, own or possess, directly or indirectly, the following interests:	
Interest	Organization
Interest	Organization
The nature and extent of the conflicting interest is:	
3. A real or perceived conflict of interest with my duty as a member of the Council, its Committees or as an employee or a person who is under contract with the College could arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources:	
Office/Title	Organization
Office/Title	Organization
The nature and extent of the conflicting interest is:	
4. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment or decision-making independently and objectively with a view to the best interests of the College?	
☐ Yes ☐ No	
Relationship/Interest	Organization
Relationship/Interest	Organization
The nature and extent of the conflicting interest is:	

 Signature

 Date

Please return this form to the CEO of the College of Naturopaths of Ontario by mail to 150 John Street, 10th Floor, Toronto, ON, M5V 3E3, by facsimile to 416-583-6011 or by scan/email to ceo@collegeofnaturopaths.on.ca.

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

DRAFT

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The College Performance Measurement Framework (CPMF)..... 3

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Part 2: Context Measures 51

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health 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.

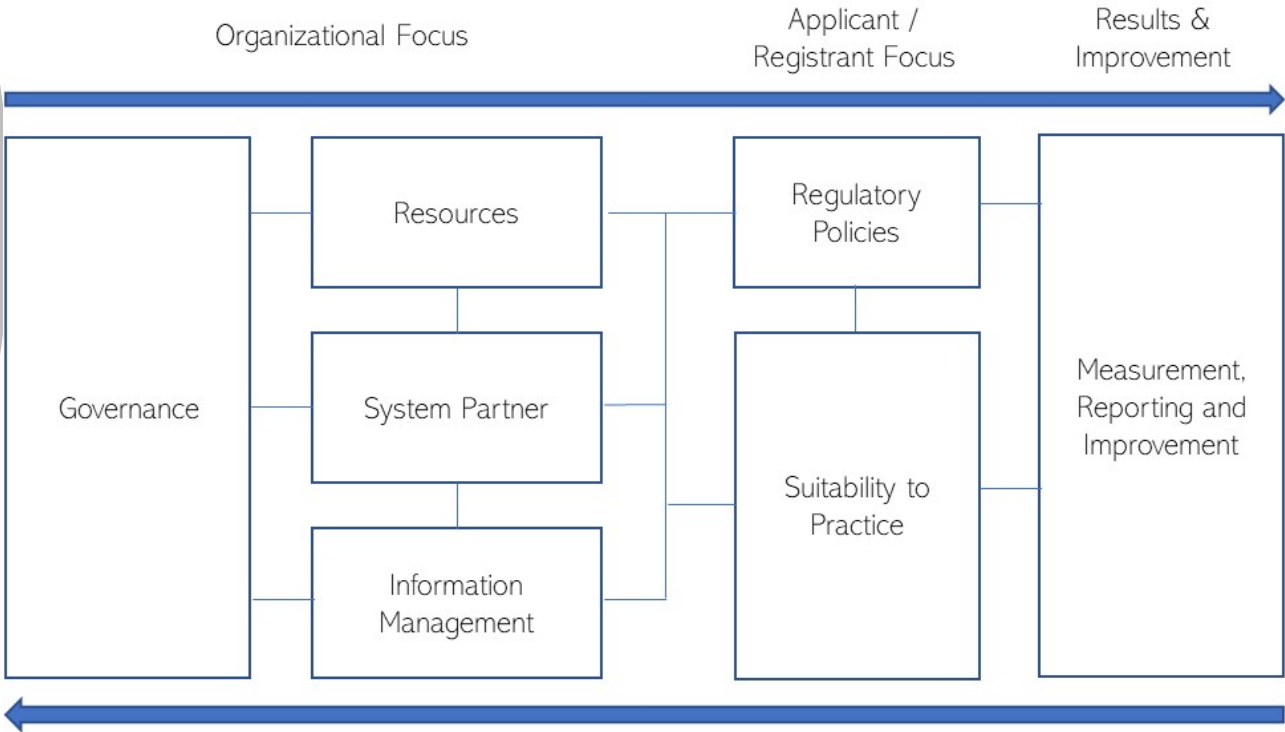
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain		Areas of focus
1	Governance	- The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. - Integrity in Council decision making. - The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	Resources	The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	System Partner	The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	Information Management	The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	Regulatory Policies	The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	Suitability to Practice	The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	Measurement, Reporting and Improvement	- The College continuously assesses risks, and measures, evaluates, and improves its performance. - The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
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.	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.	a. Professional members are eligible to stand for election to Council only after: - Meeting pre-defined competency / suitability criteria, and - attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: - met pre-defined competency / suitability criteria, and - attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: - Council meetings; - Council	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('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;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration 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. 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 iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

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

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

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.

Furthermore,

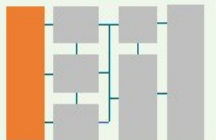
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.

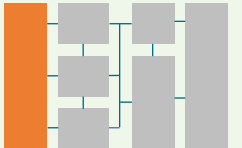
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

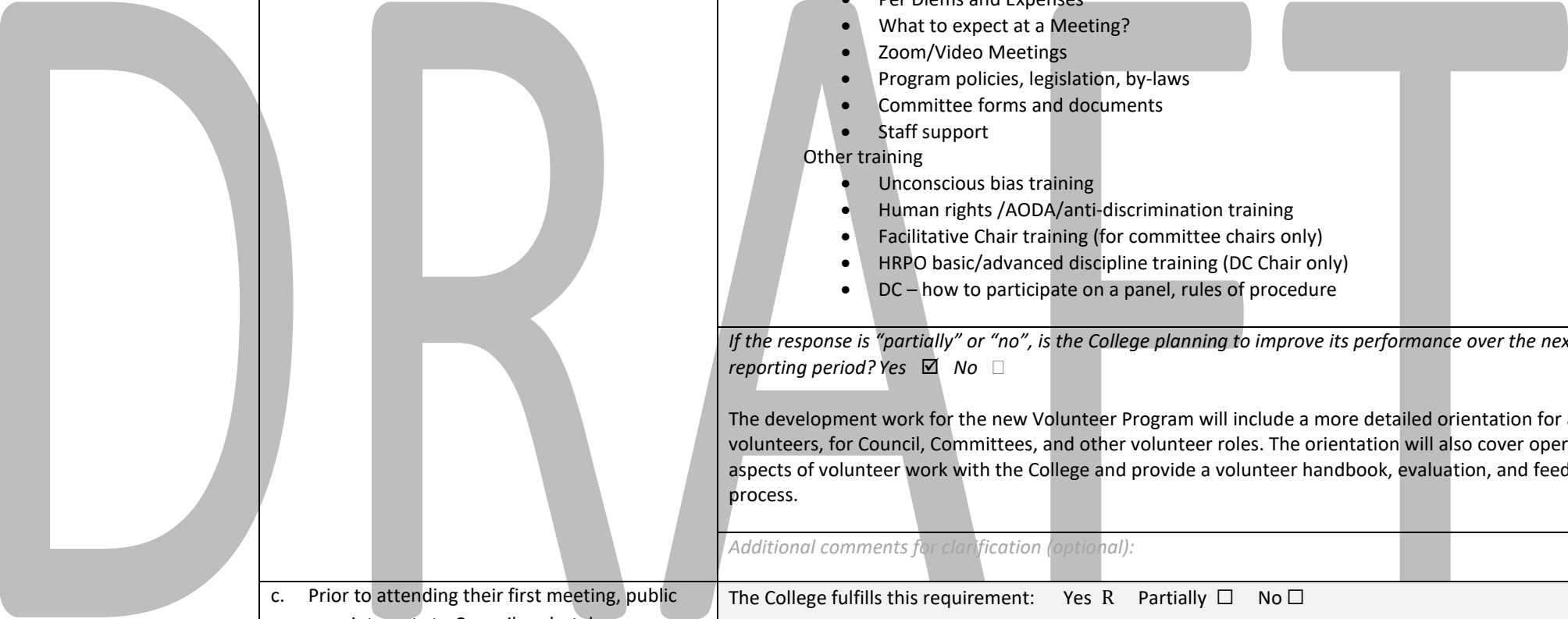
DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		- The competency/suitability criteria are public: Yes ☐ No ☐ <i>If yes, please insert link to where they can be found, if not please list criteria:</i> - Duration of orientation training: - Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): - Insert a link to 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> Yes ☐ No ☐
		<i>Additional comments for clarification (optional):</i>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE			
Standard 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.			
Measure	Required evidence	College response	
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.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐	
		- The competency/suitability criteria are public: Yes ☒ No ☐ <i>If yes, please insert link to where they can be found, if not please list criteria:</i> Section 10.05 of the College’s by-laws establish the eligibility requirements for election to the Council. - Duration of orientation training: - Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): - Insert a link to 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> Yes ☒ No ☐ The College is in the process of developing a competency framework for election/appointment to Council and Council Committees. This framework will identify the specific competencies necessary to be a Council member. It is also currently developing a comprehensive Volunteer program that will include the identified competencies to sit on Council and Committees but also an assessment process (boot camp) to evaluate	

		whether an individual meets the competencies necessary. The process will include a post-training test to measure the skills of the individual.
		<i>Additional comments for clarification (optional):</i> <i>Currently, the College does provide an orientation to Council members who have been elected by the profession or appointed by the Government.</i>
	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency / suitability criteria are public: Yes ☒ No ☐ If yes, please insert link to where they can be found, if not please list criteria: The eligibility requirements for appointment to a Committee are set out in section 13.14 of the College's by-laws. • Duration of each Statutory Committee orientation training: Each new Committee member appointed is oriented to their roles and responsibilities by staff of the College at the time of their appointment and prior to attending their first meeting. The orientation is approximately ½ day. • Format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): The orientation is provided by either teleconference or video conference. There is no knowledge test at the end of the orientation. • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: The following topics are covered in Committee member orientation, with some modifications for each specific committee. Legal Briefing • Role of the College and the functions of the Committee • Professional/Self-Regulation • Public Interest • Fiduciary responsibilities • Conflict of Interest • Confidentiality • Diligence • Respect

		Committee Meeting Processes • Notices of meetings & Meeting Materials • Minutes • Per Diems and Expenses • What to expect at a Meeting? • Zoom/Video Meetings • Program policies, legislation, by-laws • Committee forms and documents • Staff support Other training • Unconscious bias training • Human rights /AODA/anti-discrimination training • Facilitative Chair training (for committee chairs only) • HRPO basic/advanced discipline training (DC Chair only) • DC – how to participate on a panel, rules of procedure
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐ The development work for the new Volunteer Program will include a more detailed orientation for all volunteers, for Council, Committees, and other volunteer roles. The orientation will also cover operational aspects of volunteer work with the College and provide a volunteer handbook, evaluation, and feedback process.
		<i>Additional comments for clarification (optional):</i>
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ • Duration of orientation training: All new Council members (professional members elected and Public members appointed) are provided a ½ day orientation training that includes the Council Chair, the CEO and General Counsel to the College. • Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): The training is provided online. There is no knowledge test at the completion of the training. • Insert link to website if training topics are public OR list orientation training topics:

	DRAFT	The topics covered include: - Legal Briefing • Role of the Council • Understanding & protecting the public interest • Professional/Self-Regulation • Public Interest meaning • Fiduciary responsibilities • Conflict of Interest • Confidentiality • Diligence • Respect • The RHPA and Code • The Naturopathy Act and Regulations - Governance Approach and Related Policies • Overview of Governance Model • ENDS Policies Review • Review Governance Process Policies • Review Executive Limitations Policies • Review Council-Registrar Linkage Policies - Council Meeting Process • Notices of meetings & Meeting Materials • Consent agenda • Minutes • Per Diems and Expenses • What to expect at a Meeting? • Current Council Initiatives • Zoom/Video Meetings <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> The College is presently developing a comprehensive approach to volunteers and appointments to ensure that those being elected or appointed have the necessary competencies to perform their roles. A robust assessment process will be implemented that will include a knowledge test of the assessment process and a more comprehensive training program will also be developed and implemented.
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		<i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: Yes ☐ Partially R No ☐
		- Year when Framework was developed OR last updated: Council meetings are evaluated at the conclusion of each Council meeting. The Council has a governance policy (GP16) that requires the Council to conduct an evaluation of the Council overall every two years. - Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> - Evaluation and assessment results are discussed at public Council meeting: Yes ☒ No ☐ Outcomes of the assessment are discussed by the Council at the July meeting after the evaluation has been undertaken. - If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: The Council's last evaluation was conducted in May-June 2019. The evaluation outcomes were discussed at the July 2019 Council meeting and are reflected in the minutes of that meeting.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐ At the July 2020 meeting, the Council reviewed and approved the Report on its Governance Review. As part of this report, the Council identified that a new Council and Committee evaluation process would be developed that included an overall assessment of the Council, of each Committee, a self-assessment of each Council and Committee member, as well as a peer assessment of Council and Committee members. The process will be overseen by an external third party to ensure fairness, objectivity and open feedback. The new process will be presented to the Council at its March 2021 meeting and the GP16 policy updated shortly thereafter.
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes ☐ Partially ☐ No R

	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	- A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☐ If yes, how often over the last five years? <insert number> - Year of last third-party evaluation: <insert year> If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐ As noted above, a 3rd party (Satori Consulting) has been retained to develop a new process and oversee the conducting of the evaluation process in each of the next three years. The evaluation process will be initiated in April and conclude at the July Council meeting hereafter. <i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐
		- Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; - Insert a link to Council meeting materials where this information is found OR - Describe briefly 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? Yes ☒ No ☐ The new evaluation process identified above will be used to inform both individual Council and Committee member development needs as well as the training needs of the Council going forward. The independent 3rd party assessor will assemble an individual report for each Council and Committee member that compares their own self-assessment with their assessment by their peers. They will meet to discuss the report and identified individual training that might assist in the development. As an outcome of these reports, the 3rd party will identify where there is training needed for several Council and committee members and bring forward recommendations as part of its report to Council annually in July.
		<i>Additional comments for clarification (optional):</i>

Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		- Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: The Council's Code of Conduct policy was developed in 2011 by the then transitional Council of the College. It has been reviewed annually by the Council since that time. It was last reviewed by the Council on April 29, 2020 and the most recent revision was made in 2013. The Council's Conflict of Interest policy was developed in 2013 and has been reviewed annually by the Council since that time. It was last reviewed by the Council on April 29, 2020. - Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: GP03.02 – Council Code of Conduct GP11.01 – Avoiding Conflict of Interest
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes ☒ No ☐

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

DRAFT		- Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☒ Competency/Suitability criteria ☒ Other <please specify> - The year that the cooling off period policy was developed OR last evaluated/updated: - 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: Section 10.05 of the College by-laws establishes the eligibility requirements for a Registrant seeking election to the Council. The section requires that a Registrant has not held any position such as director, owner, board member, officer or employee that the Registrant held with a professional association relating to naturopathy for a minimum of two years prior to seeking election. The By-laws also require that the Registrant has not held any position such as director, owner, board member, or officer that the Registrant holds with an educational institution relating to naturopathy for a minimum of two years prior to seeking election. Making a declaration on both matters is required as part of the nomination for election to Council process, it is evaluated by the Chief Executive Officer (CEO) who has the authority to refuse a nomination of a person who does not meet the eligibility requirements set out in the By-laws. The CEO's decisions are reviewed and approved by the Council's Governance Committee.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<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>	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

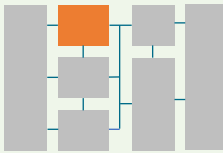
	i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession 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 year when conflict of interest the questionnaire was implemented OR last evaluated/updated The Annual Conflict of Interest Questionnaire was implemented in 2017. The form itself is reviewed and updated annually by the Chief Executive Officer, with advice from Legal Counsel. Since 2017, each Council member is required to complete the Questionnaire and submit it to the Chief Executive Officer immediately following the annual election of Registrants to the Council which demarks the start of a new Council year. Although these forms are typically completed by April, in 2020, this process was delayed to July due to the COVID-19 crisis being addressed by the College. A summary of the Conflict of Interest Questionnaire responses is provided as part of the Council meeting package. As an example, the summary is included on page 110 of the October 2020 Council meeting package. A copy of the most recent Conflict of Interest Questionnaire for each Council member is disclosed publicly on the College's website. - Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ Often ☐ Sometimes ☐ Never ☐ At each Council meeting, the Agenda includes an opportunity immediately following the approval of the agenda for Council members to declare a conflict of interest. The Chair will also remind all Council members of the importance of making such declarations and if, during the discussion of any agenda item they later realise that they are in a conflict, they are invited to make that declaration at that time. - Insert a link to most recent Council meeting materials that includes the questionnaire: http://www.collegeofnaturopaths.on.ca/wp-content/uploads/2021/02/Council-Conflict-of-Interest-Declaration-Forms.pdf <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i> The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
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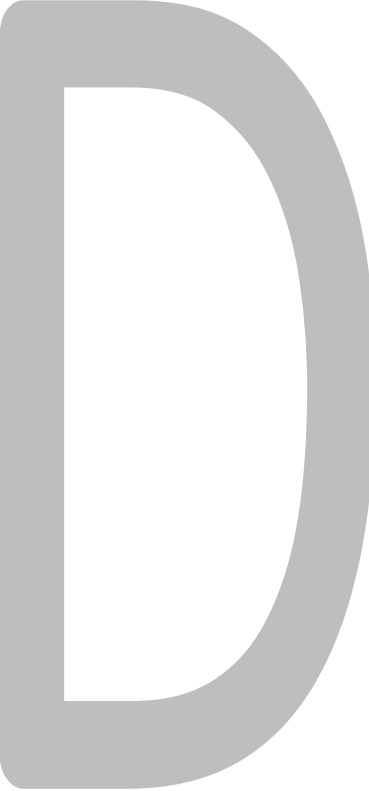
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	- Describe how the College makes public interest rationale for Council decisions accessible for the public: On all major issues and policies being brought before the Council, the Council is provided a briefing note. The briefing note includes a section where the public interest factors are discussed and a rationale for the public interest decision is provided. - Insert a link to meeting materials that include an example of how the College references a public interest rationale: The public interest rationale will vary in length and detail depending on the matter being discussed by the Council. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (if needed)</i>
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ Insert link to webpage where Council minutes are posted: Council minutes, once approved, are posted within one day of approval to the College's website: https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/ <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☒</i>

		<i>Additional comments for clarification (optional)</i> Council minutes are posted to the College's website as soon as they are approved at the next Council meeting. They remain on the website for the public to access. The College does not and will not be attaching a status update on decisions taken. It is generally assumed that decisions made will be implemented immediately. Since the Council speaks by way of policy, the policies are amended as soon as the Council makes its decision and updates posted to the website. Operational activities that are impacted by Council policy decisions are implemented immediately following the meeting or on the date prescribed in policy. The College would recommend that this element of the CPMF be reviewed as the concept of a list of decisions and status updates is more typical of operating boards rather than Boards that govern by way of policy, such as the health regulatory colleges.
	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 meeting date; - the rationale for the meeting; - 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 - if decisions will be ratified by Council.	The College fulfills this requirement: Yes ☐ Partially ☒ No ☐ Insert a link to webpage where Executive Committee minutes / meeting information are posted: The Executive Committee submits a report to the Council at each Council meeting and summarizes the meetings held and topics that have been discussed. (see Committee Reports within the Consent Agenda materials for all Council meetings.) Additionally, all Executive Committee decisions are submitted to the Council at the Council meeting immediately following the Executive Committee meeting for ratification (see Decisions to be ratified within the Consent Agenda materials for all Council meetings). All these materials are disclosed publicly as part of the Council materials posted to the website. https://www.collegeofnaturopaths.on.ca/about-us/council/meetings-materials/
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☒ No ☐ With the approval of the Council's <u>Governance Report</u>, the Council articulated a new approach for its Executive Committee. This approach will reduce the role of the Executive Committee to meeting only when urgent matters arise that cannot be addressed at the next Council meeting. In addition, the Council has altered its own meeting schedule to meet bi-monthly rather than quarterly to accommodate a need to address matters more expeditiously. Although it falls outside of the timeframe for this report, on January 27, 2021, the Council approved amendments to the Terms of Reference of the Executive Committee mandating that it only meets to conduct Council business when the matter is urgent and cannot wait to be addressed by the Council. If such an urgent meeting is held, the Terms of Reference mandate that the materials in support of the meeting are posted to the College's website in advance of the meeting as well as public notice being provided that a meeting will be

		held and why the matter cannot wait for a Council meeting. The amended Terms of Reference also require the disclosure of meeting materials on the College's website (unless section 7(2) of the Code applies) and that the minutes also be disclosed, once approved (again, unless section 7(2) of the Code applies).
		<i>Additional comments for clarification (optional)</i>
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☒ R Partially ☐ No ☐ Insert a link to the College's latest strategic plan and/or strategic objectives: The Council operates on a Policy Governance Model (a modified version of the Carver Model). As such, its strategic plan is articulated in its Ends Statements and Ends Priorities policies. These set out the broad objectives of and directions for the College upon which the Chief Executive Office must base their Operational Plan. E01.05 - Ends Statements E02.05 - Ends Priorities
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☒ R Partially ☐ No ☐ The Council maintains a list of dates of upcoming Council meetings on its website as well as posting a News item as the date. Council materials, including the agenda and supporting documents are posted on the website a minimum of one week in advance of the meeting.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes ☒ R Partially ☐ No ☐
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i>

		The College maintains a dedicated section for Discipline on its website. It provides information about the discipline process and potential outcomes, it also has a page where the College posts all Decisions and Reasons from panels of the Committee. A hearing schedule is also maintained on a specific dedicated page and that schedule sets out the name of the Registrant, the date of the referral, the hearing date(s) as soon as they are set, the status (with a link to detailed information about what the status means) and details the allegations at issue in the hearing.
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DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <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: Yes ☒ Partially ☐ No ☐	
		Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: Council Meeting materials – January 28, 2020. Operational Plan (please see page 231) Capital Budget (please see page 284) Operating Budget (please see page 280)	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐	
		<i>Additional comments for clarification (optional)</i> The College has three layers of activity that, when taken together, demonstrate responsible stewardship of its human and financial resources for achieving its statutory objectives and mandate. The first layer is the College Council’s Ends Policies (strategic objective) which include an Ends Statement and Ends Priorities. Together, these establish the strategic direction of the College and the resources that are to be devoted to those activities. The second layer is the College’s Annual Operational Plan. This is developed by the Chief Executive Officer (CEO) and updated annually and presented to Council. The Operational Plan sets out all the regulatory, governance, corporate and project activities to be undertaken by the CEO and the staff in support of the	

		Council's Ends Policies. In the past, this has been presented to the Council in January but since moving to bi-monthly (as opposed to quarterly) Council meetings, will now be presented in March annually. The third layer is the College's Annual Capital and Operating Budgets which are also presented to the Council in January (moving to March annually starting in 2021). These budgets set out the capital and operational funding requirements to fulfill the College's Operational Plan and move forward to fulfilling the Council's strategic objectives in its Ends policies. The Council and Chief Executive Officer have recently revised elements of the reporting process to ensure that the Council is well equipped to perform its College oversight role. It will now receive at each meeting an update on Regulatory Operations, and a semi-annual progress update on the work set out in the Operational Plan.
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		<u>If applicable:</u> - Insert a link to "financial reserve policy" OR Council meeting materials where financial reserve policy has been discussed and approved: The Council's Financial Reserve policy (EL17 – Reserve Funds) is in the form of an Executive Limitations Policy in keeping with its policy governance approach. - Insert most recent date when "financial reserve policy" has been developed OR reviewed/updated: The Restricted Reserve Funds policy was developed by the CEO and the Governance Policy Review Committee in 2020 and approved by the Council at its October 2020 meeting. - Has the financial reserve policy been validated by a financial auditor? Yes ☐ No ☒
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (if needed)</i> As the reserve policy is new, there has been no opportunity for it to be reviewed and validated by the auditor. The first opportunity for the Auditor to view this policy will be as part of the audit for the current fiscal year this spring. It is important to note that an auditor must remain independent of the organisation and cannot

DRAFT		be engaged to provide advice to Council thereby ruling out consultation with the auditor during the development of the policy.
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. On January 28, 2020, the Council received and accepted the CEO's Operational Plan, Capital Budget and Operating Budget. These documents set out the activities of the College and the costs of delivering them, including the costs related to human resources. Links to these documents are provided above.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐
		<i>Additional comments for clarification (optional)</i> Under the Council's chosen governance model, it has only one employee, the Chief Executive Officer. All other employees are the responsibility of the CEO and all staff report to the CEO or to their delegate. The Council does perform an HR oversight role by putting in place certain limitations policies around how any staff hired by the CEO will be treated and they also oversee the activities of the CEO and hold them accountable for fulfilling the mandate of the College and the activities set out in the Operational Plan. EL04 - Treatment of Staff EL09 – Workplace Violence EL10 – Workplace Harassment EL11 – Administration of Statutory Committees and Panels EL14 – Support to Council EL15 – Program Administration Council's accountability for the success and sustainability is accomplished directly through the CEO. Council does have within its policies processes for succession planning and replacing the CEO, either on a temporary or permanent basis. EL02 – Emergency CEO Replacement GP26 – Hiring the Permanent CEO Replacement

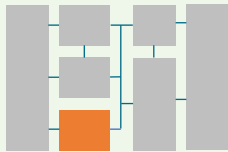
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages 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 that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i>	

The three 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 three 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. In preparation for their meetings with the ministry, Colleges have been asked to submit the following information: Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.	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> Ontario Regulators for Access (ORAC) The College's relationship with ORAC one of a peer relationship with other Ontario regulators from a wide variety of environments (health, trades, professions) where we share registration policies and practices. The College polled ORAC members for information on criminal record screening of new applicants (i.e., which Colleges required vulnerable sector checks of its applicants for registration, which had not but were in progress of making those changes, and any feedback on the experience) for the purposes of providing the Registration Committee with information regarding potential policy changes. While a decision was made to temporarily waylay implementation of vulnerable sector checks, the College's ORAC relationship provided valuable information for aiding the Committee in making informed decisions regarding the College's criminal record screening requirements. Health Professions Regulators of Ontario (HPRO) The College's relationship is a peer relationship where we share health regulatory policies and practices and approaches to various emerging issues. Throughout 2020, HPRO met on a bi-weekly basis to discuss issues arising from the orders of the Chief Medical Officer of Health and the impact of COVID-19 on Ontarians and the professions. This information clarified the progress of the virus in Ontario and the intent/interpretation of the CMOH's and other Provincial orders. This allowed the College to guide the profession in terms of what services is could not and later could provide and how to approach re-opening. In addition, staff are involved in various HPRO committees that provide opportunities for information sharing and best practices. Recently this has included the sharing of compliance course currently used by the Colleges, discussions regarding funding amounts for the patient relations program and telepractice materials. Canadian Alliance of Naturopathic Regulatory Authorities (CANR) The College's relationship is a peer relationship where we share regulatory policies and practices and approaches to issues specific to naturopathic regulation and the profession. Although newly formed, the Alliance has already proven to be a highly valuable relationship for this College. Two important examples illustrate the
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	benefit of this relationship. The first is the Re-opening Guidelines that the College was required to develop and issue to the profession on short notice when the Chief Medical Officer of Health reduced the practise restrictions in the original directive. While some information for these reopening guidelines came via HPRO, the substantive materials were shared with the College through CANRA from the College of Naturopathic Doctors of Alberta. The second example and an on-going support for the College is the information provided via CANRA’s standardized “letter of standing” which has highlighted situations where a new registrant in another Canadian jurisdiction who has never actually practised in that jurisdiction was using the Canada Free Trade Agreement (CFTA) to circumvent Ontario registration examinations and obtain registration in Ontario. In many of these situations, the applicant under the CFTA was a former Ontario entry-to-practise examination candidate who had been unsuccessful in their attempt. Using this information, these individuals have been referred to the RC and outcomes have typically required the completion of our examinations to demonstrate competence. 4. Drug Information Resource Centre (DIRC) The College has engaged DIRC on two occasions as an expert resource for evaluating the use of drugs and substances in naturopathic practice. More recently, DIRC has also been a resource in evaluating the use of laboratory tests in naturopathic practice. In 2019, the College submitted proposed changes to the tables of drugs and substances authorized to NDs to the Ministry of Health. The College also recommended changes to the lists of lab tests authorized to naturopaths. These recommendations were based on the work and advice of DIRC to the Schedule Substances Review Committee (SSRC). Using the information from DIRC, the SSRC and Council have been able to consider hundreds of recommendations from stakeholders and the profession for new drugs and substances to be authorized to the profession and new laboratory tests to be made available and set priorities for those that will provide the greatest benefit to patients of NDs. 5. Other Ontario health regulatory Colleges As peer health regulatory authorities in Ontario, the College maintains independent relationships with the other Colleges in addition to the relationship through HPRO. The relationship is one of peers, with shared goals and objectives, specifically, regulation of the professions in the public interest and benefiting public safety. The College has shared information with the other Colleges that we have found as part of our investigative work and has engaged other Colleges in joint investigations where appropriate. Using this information, the College was able to complete an investigation of a shared registrant in a situation where an external police force was also involved. The College also recently shared several of its templates and experiences with regards to a Request for Proposals it conducted as well as sharing information regarding holding virtual discipline hearings.
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	Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive 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. The College is an active supporter of the Citizens Advisory Group (CAG) which is a group of Ontarians with no previous experience or knowledge of health regulation who provide input in our various programs. Our active support of this group also enables the College to see the discussions and outcomes on topics brought by other regulatory Colleges. This College has also engaged the CAG on specific consultations to help facilitate wider public engagement. Several examples are standards on infection control and telepractice, a patient’s rights document brought to the Council and the future design of the College’s public register. In the past year, the College’s by-laws have been amended to allow the College Council to appoint public representatives to the Council’s Committees and to-date, five individuals have been appointed. Moving forward, as the College develops its volunteer program, it anticipates that this will become another avenue for ensuring we are responsive to public expectations. Presently, the College is developing a competency-based framework for Council and Committee appointments and we intend to work collaboratively with the other Ontario regulatory Colleges and educational institutions to further refine and implement this framework. In the past year, the College has also worked with the Ontario Provincial Police on complex investigations with a higher risk of harm to the public/patients. This has been especially important when a Registrant refuses to cooperate with the College. The College provides clarifications and reviews concerns submitted by insurance companies and other bodies. For example, in February 2020, the College received information from Regulatory Operations and Enforcement Branch of Health Canada about an Ayurvedic practitioner, and provided clarifications about jurisdictions of the College, use of title etc.	Standard 7: The College responds in a timely and effective manner to changing public expectations. Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. The challenge that every regulatory body faces about changing public expectations is that the public rarely speaks in unison or with one voice or with the same expectation. So, where would we look to learn about these expectations? This College will and does look to several sources to understand public expectations to determine if they are changing so that we can respond to those changes. A primary source is the media. Stories that are being run about regulation in general, health regulation in particular and even about specific Colleges demonstrate public expectations. We also look to research organisations as well as government. It is the view of this College that there have been several major areas where we can see that public expectations have changed: transparency, accountability, governance, and discipline outcomes. We also believe that we are on the precipice of even further change, in particular in response to systemic racism and equality. Transparency and accountability likely represented the first area of changing expectations of the public. The public believed and likely still does believe that the Colleges are an “old boys club” that protects its own members. In response to this, and partially driven by Government and legislative change, the Colleges responded. One example is the release of Council agenda and information items. While this would be eventually legislated, this College responded early to this demand and has always published these materials. Like many others, the College of Naturopaths of Ontario publishes information about decision-making processes, in particular in areas where transparency and accountability cannot be accomplished through open meetings such as the ICRC process. The College, like many, publishes its upcoming Discipline hearing schedule however, in support of broadening understanding, we also
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	During investigations, the College has been able to collect all relevant information that the ICRC requires from external organizations, such as hospitals and social program agencies. The College has also worked with and clarified its standards for supplement companies that are employing naturopaths, e.g., VTMN Packs October 2020, And virtual health care services.	provide updates on where every matter stands within the disciplinary process and explanations on how that process unfolds. In a step that may be unique to this College, we have taken transparency and accountability in the complaints and investigations process to a new level by <u>publishing anonymous complaint information</u> including the date it was opened, the issues or concerns included in the complaint or report and the stage of the ICRC process that the matter is presently at. For closed files, we also provide the outcome of each matter and the date the file was closed. This College and its Council believes that notwithstanding the confidentiality provisions in the Code, there are ways to improve transparency. We invite the public and the media to examine our ICRC outcomes and the timing of investigations and to hold us accountable for those. Of course, all Council meetings and Disciplinary hearings are open to the public, however, they are seldom attended. The Council will consider in October 2020 expanding transparency by streaming the Council meetings and making recordings of those meeting available online. Finally, the College has engaged in a project currently to further increase transparency and accountability. A major review and overhaul of the College’s website is underway with the goal of making information easier to find and providing the information in plain language. It bears pointing out that the College Performance Measure Framework itself is about transparency and accountability and being able to assess performance across all regulators. This is a huge endeavour by the Ministry and will require a tremendous effort on the part of the Colleges. Hopefully, this will be met with the openness and support that it deserves. While this College may have questions, it supports the need for this model and for disclosure of the results, in the same way that we support the disclosure of the audits by the Office of the Fairness Commissioner of Ontario as a means to accountability. Governance is a second area where public expectations have been changing for some time. The College undertook research in support of a Council Governance Review. This research demonstrated that many jurisdictions were working to learn what the public expected and making changes to reflect those
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		expectations. The Council’s Governance Review concluded in July 2020 and the College is well along in the implementation of Governance changes set out in its report that reflect the changes the public expects to see moving forward. These include increased transparency through the elimination of the Executive Committee, equal public and professional representation on the Council, small College Councils and the right people on the Councils and committees. Moving into the future, this College acknowledges that it will have some work to do in response to public expectations around systemic racism and equality. The College has already implemented training for Council and all volunteers on important topics such as diversity and unconscious bias, human rights, and discrimination. This training is important and will continue, but work will be needed to understand the degree to which systemic racism has become embodied in our processes and important steps to being more inclusive, diverse and equality based.	
DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8			
Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐	

8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	Insert a link to policies and processes OR provide brief description of the respective policies and processes. The College has established a Privacy Code that adopts ten critical privacy principles. This policy was last updated on January 14, 2020 and is available on the College's website. In establishing internal protocols for access to information, the College has restricted access to records on our server and in our database to those who need access to perform their duties. Requests for access are responded to by the CEO, Deputy CEO or Director of Operations. Access to the College server is secured through a secure portal, particularly important this year while operating remotely and the College launched multi-factor authentication in early 2020 to further secure email, the database and the College's server. Finally, the College has a detailed records management and retention policy, developed with legal counsel, to set out the length of time records are retained, where they are stored, when and how they are destroyed. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
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DOMAIN 5: REGULATORY POLICIES		
Standard 9		
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.		
Measure	Required evidence	College response
9.1 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).	a. The College has processes in place for evaluating 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 ☒ Partially ☐ No ☐ 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 describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). The Council's approved Terms of Reference for the Quality Assurance Committee (QAC) and Quality Assurance Program (QAP) Policies require that the College's standards, guidelines, and policies be reviewed on a regular cycle. As a result, the QAC annually reviews all program policies and related procedures and report to the Council on the outcomes of the review and policies amendments. The QAC also reviews approximately 25% of the standards and guidelines on an annual basis. The outcomes of both reviews are reported on to Council where any amendments are presented for approval. In the case of standards and guidelines, the QAC will take the added step of initiating consultation of stakeholders (public, Registrants, other regulators) on any proposed amendments. All feedback is summarized and included in any changes brought forward to the Council for approval. The Inspection Committee (IC), which oversees the IVIT Program and standards within IVIT Premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval. Similar to the QAC, the IC will undertake consultations with respect to the standards for IVIT Premises and fees paid by the Premises prior to making any recommendations to the Council. All standards and guidelines are posted to the College's website. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes ☐ No ☐

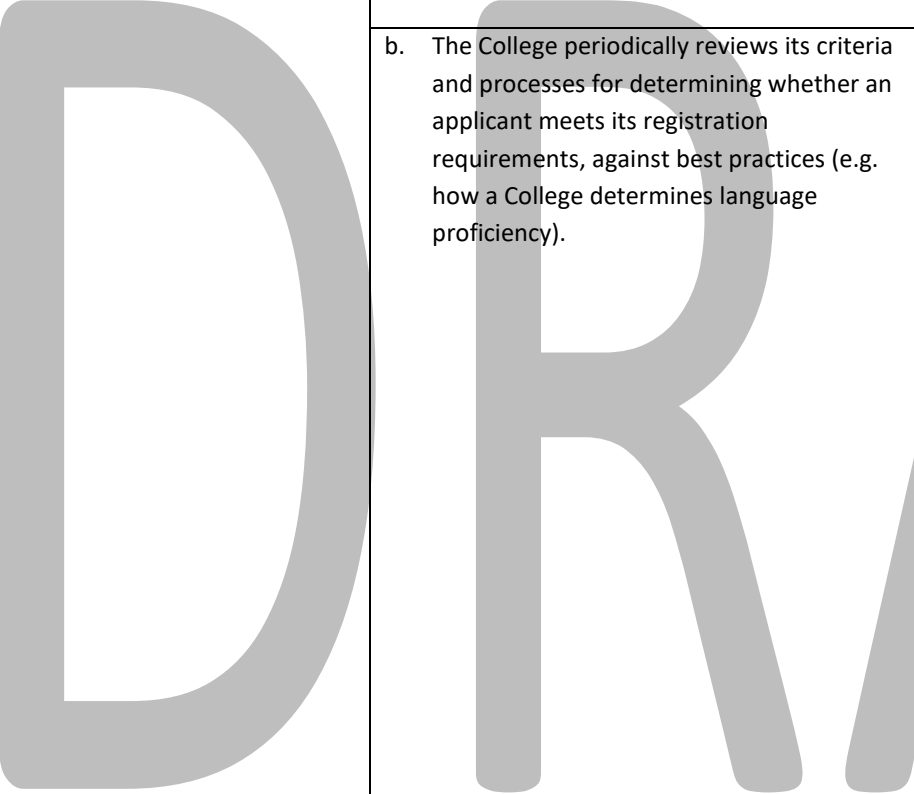
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	<i>Additional comments for clarification (optional)</i> The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. The Quality Assurance Committee (QAC) undertook a review the Standard for Infection Control, Telepractice Guideline, Guideline for COVID-19 Re-opening, and the Core Competencies in 2020. These documents were reviewed, and proposed changes circulated for public consultation. Through the College's website, the public and Registrants were provided with the opportunity to provide feedback. A summary of the process is provided so that those willing to participate in the process can understand the reasoning for why the College is seeking public consultation and a detailed summary of the changes and the document with track changes is provided for clarity. The Inspection Committee (IC) undertook a review of the Inspection Program requirements, fees, and policies in 2020. The review was based on the current practice environment as seen through the inspections of IVIT premises, NAPRA—Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations, on USP General Chapter 797 Pharmaceutical Compounding—Sterile Preparations, Provincial Infectious Diseases Advisory Committee (PIDAC)—Routine Practices and Additional Precautions, PIDAC—Infection Prevention and Control for Clinical Office Practice. Consultation on proposed amendments was initiated in 2020 and will conclude in 2021. When such reviews are undertaken by any of the Committees, staff of the College will conduct extensive research to determine where best practices may lie or where there is evidence to support current programming or programming changes. For example, the IC would look at the Type 1 and Type 2 Occurrence reports to determine whether the data suggests the program is meeting the public interest mandate or programmatic changes might be required. Staff will also review programming with other health regulatory Colleges in Ontario and naturopathic regulators across Canada. Following consultations, feedback from stakeholders, including other regulators (Ontario based and naturopathic), Registrants and the public is carefully reviewed, and staff will bring forward recommendations that support the public interest and public safety mandate of the College.
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		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (optional)
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
		The College fulfills this requirement: Yes ☒ Partially ☐ No ☐

10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only 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.)³.	- Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Entry-to-practise policies set out the documentation required to support an 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 recognised as valid), format (e.g., whether original hardcopy is required), 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 materials (e.g., Application for Registration Handbook). Each piece of documentation submitted to support an application for registration undergoes a tiered review (Coordinator, Sr. Coordinator and Director) and verification check, as applicants move through the 3-step application process, as detailed below. - Insert a link OR provide 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.): Applications for registration are administered through a 3-step process, with specific information for the assessment of an applicant’s eligibility, 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; verification of documents provided by a clinic supervisor or mentor to support completion of mandated additional training etc.). Registration staff utilize an entry-to-practise checklist which aligns with the requirements set out in 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. In approving an applicant for issuance of a certificate of registration, a minimum three- tiered review and verification process is also employed for steps 2 and 3 of the 3-step process. At any given point in this process, review and assessment of applicant documentation may also be conducted by the Chief Executive Officer.
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³ 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? Yes ☒ No ☒</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).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ - 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.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. Registration requirements are governed by the Registration Program Policies set by the Council. These policies are reviewed annually by staff and by the Registration Committee. They may also be reviewed based on a need identified by a third party, such as the Ontario Fairness Commissioner, the Canadian Alliance of Naturopathic Regulatory Authorities, other individual Canadian naturopathic regulatory authorities, or staff of the College. When proceeding to review materials, staff of the College will canvass other health regulatory Colleges in Ontario, as well as seek input from ORAC to determine best practices. - Provide the date when the criteria to assess registration requirements was last reviewed and updated. The Registration Program policies were last reviewed in March 2020. The Language Proficiency Policy and Prior Learning Assessment and Recognition Policy were both reviewed by staff and the Registration Committee in the fall of 2020 with recommendations for changes brought forward to the Council in January 2021.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☒</i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes ☐ Partially ☒ No ☐

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).	• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 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 (registration renewal) and good character on a continual basis (annual declarations at renewal and reporting requirements within 30 days of receipt of notice of a finding or similar issue affecting good character as per 4(2) of the Registration Regulation). Audits of currency will be conducted annually, as part of a Registrant's 3-year cycle in keeping with the requirements stipulated in the Registration Regulation ("practised the profession for at least 750 hours with the previous 3 years"). At year two, Registrants who, based on their currency reporting for the first two years of the cycle, are far below the currency requirement and at risk of not meeting the minimum by year three will be contacted in writing to advise of the difference in needed hours. At year 3, 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.
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⁴ 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).

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> In December 2020, the College moved to a new CRM system which provides currency auditing capabilities not available under the former system. The currency auditing process noted above is the intended process moving forward. <i>Additional comments for clarification (optional)</i>
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☐ Partially R No ☐ - Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: 2018 OFC Assessment Report - Where an action plan was issued, is it: Completed ☐ In Progress R Not Started ☐ No Action Plan Issued ☐ <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> At the time the 2018 Assessment Report was issued, the College met with the Office of the Fairness Commissioner to determine the timeframe for reviewing the recommendations and implementing changes. Based on those discussions, a three-year plan was developed to ensure that the College could implement recommended changes. Considerable effort and success has been achieved in moving the College forward, including a comprehensive review and streamlining of the Prior Learning Assessment and Recognition Program. The launch of the College’s new website in December 2020 has also moved the College forward in meeting many of these recommendations.

		<i>Additional comments for clarification (if needed)</i> The College met with the new Fairness Commissioner in 2020. Frank discussions indicated that the 2018 Assessment may not have adequately reflected the nature of the College. For example, the assessment was undertaken within a few years of proclamation of the <i>Naturopathy Act, 2007</i> and the College was somewhat limited by its size. The College has a small profession with a broad scope of practice and some programming that is relatively unique to a few Colleges. The College has reiterated its commitment to the principles of fair, objective, impartial and transparent assessment processes and to implement the OFC recommendations to the best ability of the College. We look forward to continuing to work with the OFC to ensure our registration practices meet the needs of Ontarians to ensure safe, competent, and ethical practitioners.
Standard 11 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.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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).	The College fulfills this requirement: Yes ☐ Partially R No ☐ - Provide a brief description of 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 In addition to COVID related guidelines and materials, in 2020 the College introduced a new Telepractice Guideline and made revisions to its Infection Control Standard of Practice. The College produced the following materials to support Registrants in implementing the materials: August 2020 – Email Bulletin: FAQ article on providing telepractice care to patients located outside of Ontario. Fall 2020 – iNformed – Article summarizing the Standard of Practice for Infection Control and relating it to the COVID-19 Reopening Guideline

		• Fall 2020 – iNformed – Telepractice Info Graphic. Each News Bulletin also included links to the updated Standards and Guidelines for Registrants to access. The College’s Manager of Professional Practice provided specific information and responses to questions from Registrants related to the updated Standards and Guidelines. Specifically, the College received 77 questions regarding Telepractice (email: 57; phone: 20) and 170* questions regarding infection control (email: 152; phone: 18) *Many of these questions were co-related to infection control and COVID. • Does the College always provide this level of support: Yes ☒ No ☐ <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? Yes ☐ No ☐</i> The Council of the College recently approved the terms of reference for a new Standards Committee, who will be tasked with reviewing, updating and drafting new standards, guidelines and policies. One of its roles will also be to consider how the College may improve the manner and amount of support it provides with regards to new or updated materials. <i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes ☐ Partially ☐ No ☐

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.	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; 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 if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: The Quality Assurance Program policy requires the QA Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer and Practice Assessment. In making its determination the QAC reviews the Complaint and Discipline data in the most recent Council report and annual data from the College's Annual Report and statistical data 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. • Is the process taken above for identifying priority areas codified in a policy: Yes ☒ No ☐ <i>If yes, please insert link to policy</i> https://www.collegeofnaturopaths.on.ca/resource-library/college-program-policies-quality-assurance/ • 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 describe right touch approach and evidence used: The Quality Assurance Committee reviews Complaint and Discipline data as well as statistical data from the questions received by Manager, Professional Practice to identify issues, concerns or common areas that may need proactive education. • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): N/A <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> – Public Yes ☐ No ☐ – Employers Yes ☐ No ☐ – Registrants Yes ☐ No ☐ – other stakeholders Yes ☐ No ☐ • Insert link to document that outlines criteria to inform remediation activities OR list criteria:
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⁵ "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>).

DRAFT		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i> Areas of focus for Continuing Education and Professional Development: • Registrants that are in the General Class (Active) are required to participate in 30 hours of Category A (core activities) approved courses, including three approved Jurisprudence courses, six approved pharmacology courses (if the Registrant meets the Standard of Practice for Prescribing), and six additional IVIT approved courses (if the Registrant meets the Standard of Practice for IVIT). Registrants are also required to complete 40 Category B (self-directed activities) credits. • With COVID-19 the Quality Assurance Committee decided to reduce required number of credits for the 2020, 2021, and 2022 reporting groups to 2/3 of the requirements. This was to ensure that Registrants can meet the requirements of their Continuing Education and Professional Development reporting and stay compliant with the Quality Assurance Program. • The purpose of this assessment is to ensure that Registrants are participating in activities that support their practice competence, education in the professional and contribution to the profession. • When the College receives the Registrants Continuing Education and Professional Development log, College staff reviews the log and ensure that the courses listed are acceptable courses or activities. • The College has a list of approved Category A courses on the website. • The College has a list of self-directed activities that Registrants can participate in for their Category B credits on the website (Maximum Credit and Acceptable Proof) Areas of focus for peer and practice assessments include: • Record keeping related to patient records, and maintaining a Professional Portfolio for QA activities • Premises review – infection control procedures, emergency and safety measures in place, storage and privacy of patient files. • Clinical knowledge, skills, and judgment through a chart stimulated recall exercise. • Understanding and implementation of the standards of practice and guidelines for conflict of interest, informed consent, and delegation. • Standards of practice and guidelines are identified through issues arising in complaints, most common questions received by the Regulatory Education Specialist. • Registrants are chosen for a peer and practice assessment by stratified, random selection. • Assessors use a 1–4 scale to rate the Naturopath’s response to the peer and practice assessment components. QA Policies outline remediation depending on rating. Any rating of 3 or 4 is referred to the QAC. <i>(rating scale is attached to the Assessor’s Report – on the server: Q.03 – P and P Assess – Forms and Letters – Assessors – Fillable PDFs – Assessor’s Report Form) – It can also be found on the College’s</i>

		website: https://www.collegeofnaturopaths.on.ca/members/quality-assurance/peer-practice-assessment/ During the assessment, the Assessor discusses with the Registrant about their knowledge and understanding of the following Standards and Guidelines: Standard of Practice for Conflict of Interest, Conflict of Interest Guideline, Standard of Practice for Consent, Informed Consent Guideline and Standard of Practice for Delegation. These Standards and Guidelines can be found on the College's website.
11.3 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 its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes ☒ R Partially ☐ No ☐ - Insert a link to the College's process for monitoring whether registrant's complete remediation activities OR describe the process: Information regarding the CE reporting cycle - Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: Registrants who did not complete their requirement of submitting their Continuing Education and Professional Development by the September 30, 2020 deadline are brought to the Quality Assurance Committee who will decide the next steps. For the group reporting in 2020, the Quality Assurance Committee gave the Registrants that were outstanding an extension until February 28, 2021 to submit their logs and complete any discrepancies. Considering the circumstances brought on by COVID-19, the Quality Assurance Committee understands how difficult things have been for their Registrants and wanted to give them ample time to meet their requirements. The Quality Assurance Committee always does what they can to the best of their ability ensure that the Registrants stay compliant with the program. - Registrants' logs are reviewed by College staff who determine whether they have met the requirements or not. - Should Registrants not meet their requirements by February 28, 2021, they will go back to the Quality Assurance Committee who will provide them with their final steps. The Quality Assurance Committee can either grant the Registrants a further extension or deem them as non-compliant with the Quality Assurance Program and require them to undergo a Peer and Practice Assessment as outlined in Section 7.(2)(b) of the Quality Assurance Regulation made under the <i>Naturopathy Act, 2017</i>. - No Registrants were required to complete remediation activities as a result of peer and practice assessments for 2020. The Rating Chart used by assessors would also be used to assess whether the Registrant has demonstrated the required knowledge, skill and judgement.

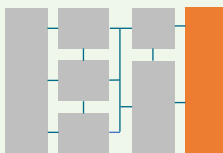
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (if needed)
Standard 12 The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ - Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://www.collegeofnaturopaths.on.ca/public/complaints-investigations/ https://www.collegeofnaturopaths.on.ca/public/patient-relations-sexual-abuse/ - Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☒ No ☐ - The ICRC maintains Program Policies and a detailed Procedures Manual 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. - Does the College evaluate whether the information provided is clear and useful: Yes ☐ No ☒ In 2020 the College undertook a communications and plain language review of all its webpages and accessible materials to ensure that they are consistent, clear and easy to understand and use. This review encompassed review of content by program staff for accuracy, a review by an external communications firm (Media Profile) to provide content in plain language, a subsequent review by the College communications team for consistency across the site and final sign off for each page by the Senior Management Team of the College.

		In redeveloping the site, the College also used a separate website development team (78 Digital) to remap the site to ensure its usability. Prior to launch, usability testing was undertaken by the public, College staff, and Registrants with excellent feedback on the new site structure.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (optional)</i> The College has an External Inquiry Tracker system which tracks the date from when someone received an inquiry to the date that the inquiry was acknowledged and resolved. Staff often follow up on the written correspondence with a phone call to ensure that parties involved understand the process and responds to any further inquiries within 3 business days.
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐
		• Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) 98% <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: • Online resources – Complaints process, fillable PDF form, statistics, available outcomes, summary of ongoing and closed investigations, complaints risk categories, ICRC decision making pathway, public register, summaries of complaints in iNformed. • Resources available upon request – Complaint process pdf, complaint form, standards of practice. • Dedicated Patient Relations & Sexual Abuse webpage. • Ongoing support from staff. • Most frequently provided supports in CY 2020: Responding to e-mail and phone inquiries about anonymous complaints.

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
12.2 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 and are supported to participate in the process.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: The <u>Complaints process</u> on the College website describes expected timeframes and communications to be sent by the College. Confirmation letters issued to complainants contain contact information for the College’s relevant staff. The College sends regular updates to the parties and HPARB as per s. 28 of the HPPC. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (optional)</i>
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ - Insert a link to guidance document OR describe briefly the framework and how it is being applied: The College’s ICRC receives annual training from legal counsel ensuring that the committee is up to date and is aware of the most recent changes in legislation and case law. ICRC program policies were revised in July 2020. Risk categories are described on the <u>Complaints and Reports Outcomes webpage</u> <u>ICRC decision-making matrix</u> is available in the resource library on the website. ICRC Process flowchart, Complaint review plan and Decision analysis are included in the ICRC binder and are available upon request. - Provide the year when it was implemented OR evaluated/updated (if applicable):

		Content was last reviewed in the fall of 2020. If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Additional comments for clarification (optional)
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ - Insert a link to policy OR describe briefly the policy: - 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'). In 2020 the College has shared information in the 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 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. - Police services: - Where contacted by police the College has provided records of investigations.

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Domain 7: Measurement, Reporting, and Improvement			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 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.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐	
		Insert a link to 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), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:	
		In January 2020, the Council was presented with the 3-year Operational Plan for the College. This plan is developed by the Chief Executive Officer (CEO) and Senior Management Team to reflect the operational activities that the College will undertake to move the College forward towards meeting the Ends Statements or objectives set by the Council.	
		The plan sets out the broad areas of work, and specific activities that will be undertaken to support that area of work. For each activity, the performance indicators are provided to allow the Council to oversee the operational activities. By accepting the plan, the Council is accepting that the activities work towards its objectives and that the measures are the correct measures against which progress can be measured.	
		In July annually, the Council evaluates the overall performance of the College and CEO for the prior year (April 1 to March 31). This assessment determines whether performance was below, at or above expectations. Under the policy model the Council has been using, College performance is equal to CEO	

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		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i>
		<i>Additional comments for clarification (if needed)</i> Beginning in 2020-2021, the Council is separating CEO performance from overall College performance. As such, the Council’s assessment will fully public information and the CEO performance review held confidential.
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ Insert a link to last year’s Council meetings materials where Council discussed the College’s 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: At each Council meeting in 2020, the Council is presented with the CEO’s Report on Operations. This report provides an update on operational activities in each quarter in line with the Operational Plan. Council is assessing performance at each quarterly meeting. The Monitoring Report can be found at page 114 of the Council package. The Council considers risk as a part of every briefing that they are provided upon which their decisions are based. Depending on the nature of the matter under discussion, a risk discussion may be incorporated into the “discussion” component of the briefing note, or it may be assessed under the “analysis” section of the briefing. As an example, please refer to page 152 of the Council materials provided at the link above. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐</i> The College is moving towards a more robust risk assessment process based on standardized Risk Management Principles and Practices. These changes are being implemented starting in January 2021 and may be seen on page 109 of the Council meeting materials for January 2021. A supplementary document provided to the Council for the Capital and Operating Budgets for 2021-2022 provides a further example of how the risk assessment portion of the analysis is being augmented. <i>Additional comments for clarification (if needed)</i>

15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to Council meeting materials where relevant changes were discussed and decided upon: Not available. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (if needed)</i> The Council contemplates risk as it makes decisions at every meeting. College performance is considered a) at each Council meeting and b) annually at the end of the program year. As a policy Board, the Council does not direct action, at least as that relates to operational activities. In order for Council to effect change in actions or activities, it would either change its Ends Statements or amend or add new Executive Limitations policies. Over the course of this past year, the Council has not made any such changes. It is reasonable to conclude that the Council is satisfied that the operational activities support the strategic directions they have established, and the activities chosen by the CEO are reasonable and did not require alteration.
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes ☒ Partially ☐ No ☐ Insert a link to College’s dashboard or relevant section of the College’s website: The CEO’s Report on Operations is a public document that is tabled at each Council meeting and disclosed among the meeting materials. An example may be found at page 114 of the October Council meeting materials. <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</i> <i>Additional comments for clarification (if needed)</i>

PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology 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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. Continuing Education Reporting	449
ii. Self-Assessment	1,573
iii. Peer & Practice Assessment	19*

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

NR = Non-reportable: results are not shown due to < 5 cases

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. 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(a) of Standard 11.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

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Additional comments for clarification (if needed)

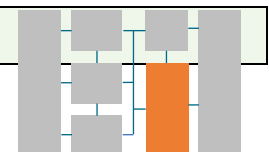
Council Meeting Materials

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Standard 11			
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			
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	2,041		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 him or her to the College's QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	Matters referred to ICRC – 2 Ordered Peer & Practice Assessments - 4	0.3%	
<i>Additional comments for clarification (optional)</i> Total number of Registrants that participated in the Continuing Education & Professional Development Reporting: 449. Total number of Registrants that participated in the Peer and Practice Assessment: 19. Total number of Registrants that participated in the Self-Assessment: 1,573			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE

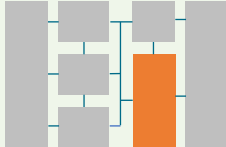


Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	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**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	6	0.3	
<i>Additional comments for clarification (if needed)</i>			
2 Registrants referred to ICRC. 1 Matter referred to Discipline; 1 Matter currently under investigation.			
4 Registrants required to undergo Peer & Practice Assessments (1 Registrant currently suspended) – remaining 3 scheduled			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		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.
Themes:	#	%	#	%	
I. Advertising	3	17.6	19	57.9	
II. Billing and Fees	3	17.6	1	1.8	
III. Communication	1	5.9	0	0	
IV. Competence / Patient Care	2	11.7	1	1.8	
V. Fraud	1	5.9	0	0	
VI. Professional Conduct & Behaviour	3	17.6	9	15.8	
VII. Record keeping	0	0	1	1.8	
VIII. Sexual Abuse / Harassment / Boundary Violations	1	5.9	0	0	
IX. Unauthorized Practice	3	17.6	16	28.1	
X. Other <please specify>	0	0	10	17.5	
Total number of formal complaints and Registrar’s Investigations**	9	100%	23	100%	

* 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. Registrar's Investigation: 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 upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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. ‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** 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>Additional comments for clarification (if needed)</i> 9 formal complaints were received. Many complaints have multiple allegations. Total number of allegations were 17 from formal complaints 23 Registrar's Investigations initiated. Many have multiple allegations. Total number of allegations were 57 from Registrar's Investigations.	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	9		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	23		
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 2020	23		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	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 that investigates concerns about its registrants.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0	
II. Formal complaints that were resolved through ADR	0 ¹	0	
III. Formal complaints that were disposed** of by ICRC	5	55.5	
IV. Formal complaints that proceeded to ICRC and are still pending	4	44.4	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	2	22.2	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: 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 inquires and other interactions with the College that do not result in a formally submitted complaint. † ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			

△ <i>The Registrar may withdraw a formal complaint 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.</i> # <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i> ** <i>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 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 ICRC.</i> φ Registrar's Investigation: <i>Under s.75(1)(a) of the 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 upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.</i> NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)	
<i>Additional comments for clarification (if needed)</i> ¹The College does not have an Alternative Dispute Resolution program during this reporting period. One is being developed for Council's consideration in 2021.	

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.							
Statistical data collected in accordance with recommended methodology or College own methodology:				☒ Recommended		☐ College methodology	
If College methodology, please specify rationale for reporting according to College methodology:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*				# of ICRC Decisions†			
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	8	5	1	0	3	0
II. Billing and Fees	1	4	1	1	0	0	0
III. Communication	3	2	2	2	0	0	0
IV. Competence / Patient Care	2	1	2	2	0	0	0
V. Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	1	2	2	2	0	3	0
VII. Record keeping	0	1	1	1	0	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	1	1	1	0	5	0
IX. Unauthorized Practice	1	4	3	1	0	2	0
X. Other <please specify>	1	1	0	0	0	0	0
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.							
† NR = Non-reportable: results are not shown due to < 5 cases.							

++ 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 findings.

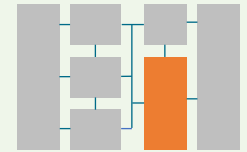
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 11. 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 formal complaints or Registrar's investigations are being disposed by the College.

I. A formal complaint in working days in CY 2020

193

The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.

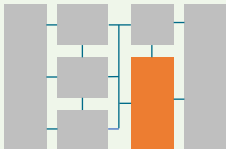
II. A Registrar's investigation in working days in CY 2020

259

* **Disposal Complaint:** The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

* **Disposal Registrar's Investigation:** The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

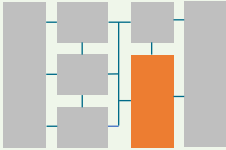
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		☒ Recommended	☐ College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. * The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested^ discipline hearing in working days in CY 2020	352		
II. A contested# discipline hearing in working days in CY 2020	0		
* Disposal: Day where all relevant decisions were provided to the registrant and complainant 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). ^ 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. # Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:
If College methodology, please specify rationale for reporting according to College methodology:

☒ Recommended

☐ College methodology

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	2
IV. Improper use of a controlled act	1
V. Conduct unbecoming	2
VI. Dishonourable, disgraceful, unprofessional	3
VII. Offence conviction	0
VIII. Contravene certificate restrictions	1
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	2
XI. Falsifying records	1
XII. False or misleading document	2
XIII. Contravene relevant Acts	1

What does this information tell us?

This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

* 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 = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology <i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type		#
I. Revocation ⁺		0
II. Suspension ^{\$}		4
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}		4
IV. Reprimand [^] and an Undertaking [#]		0
V. Reprimand [^]		4
What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases. + Revocation of a 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 his/her ability to practice the profession. \$ 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 himself/herself 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. ** 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. ^ 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 his or her practice # An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee. NR = Non-reportable: results are not shown due to < 5 cases		
Additional comments for clarification (if needed)		

DRAFT

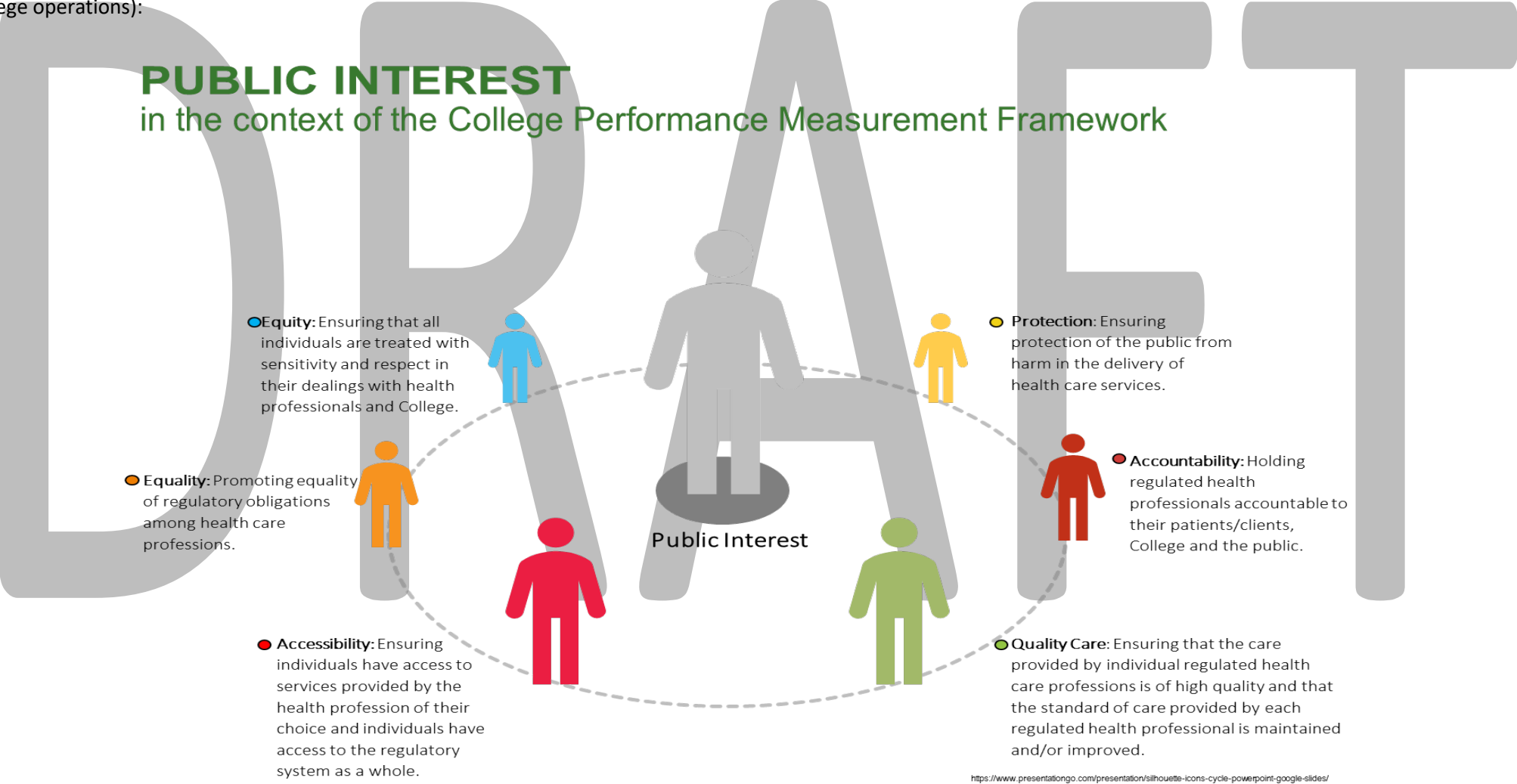
For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

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Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):





The College of Naturopaths of Ontario

BRIEFING NOTE

Operational Plan for 2021-2022

PURPOSE: Seeking the acceptance of the Operational Plan for 2021-2022 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 Senior Management Team undertook a comprehensive review of the Operational Plan this year in order to inject clarity and to ensure that the KPI were relevant and measurable.

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.

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.
 - Changes to strengthen the College's recruitment process and to ensure appropriate levels of compensation will be a mitigating factor against this risk.
- Operational risk (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.
 - Introduction of performance measures and strengthening them in this iteration are intended to ensure that the Council is able to fulfill its duties.
- 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.
 - Part of the reporting process identifies at the end of the process whether or not external factors impacted the ability of the College to deliver on its operational plan. Additionally, as external factors arise, the Council is advised and the impact on operations is noted at that time.
- 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.
 - The rationale for including all of the regulatory work the College is required to undertake is intended to ensure that all stakeholders see that work as part of our day-to-day operations and a priority established by the Council.

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. The regulatory operations section details the regulatory operations in which the College will engage, and the governance section speaks to the importance of good governance to the public and to build trust as a public agency. The corporate activities section speaks to the work to maintain and sustain the College, including its human resources, and the program develop section speaks to areas of change and development still under way.

Andrew Parr, CAE
Chief Executive Officer
March 2021.

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.

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.

Operational Plan

APRIL 1, 2021 TO MARCH 31, 2024

Activity	Key Performance Indicators
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THE OPERATIONAL PLAN FOR 2021-2024

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

1

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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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.

1. Regulate the Profession In each of the three years of the operating plan, the College will perform the following operational activities.	
1.1. Registration	
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
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 Authorisation 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.

2

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	A process for annual renewals of Certificates of Authorisation will be maintained ensuring that all professional corporations are properly authorised.
1.2. Entry to Practise	
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.
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.

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	• 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.
1.3. Examinations	
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.
1.4. Patient Relations Program	
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	• A Patient relations program will be maintained. • Current information (handbooks) for Registrants and Patients will be maintained and made publicly available.

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	• 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.
1.5. Quality Assurance Program	
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. • 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.
1.6. Inspection Program	
All 3 Planning Years	

5

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
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 develop and 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 ensure that a process for the inspection of new premises is implemented as well as a process for the subsequent re-inspection of premises every five years. • Fees for inspections will be levied and collected. • A pool of qualified and trained inspectors will be established and 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. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.
1.7. Complaints and Reports	
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 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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	○ 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.
1.8 Cease & Desist	
All 3 Planning Years	
The College will operate an Unauthorised 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 unauthorised practitioners are posted on the Register of Unauthorised Practitioners on the College's website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorised Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorised practitioners who failed to sign a confirmation is provided to the Deputy CEO. • Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.
1.9. Hearings	
All 3 Planning Years	

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for 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

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	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.
1.10. Regulatory Guidance	
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.
1.11. HPARB Appeals	
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.
1.12. HRTO Matters	
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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	- College senior staff will participate in all conferences and hearings of the HRT0. - All outcomes of the HRT0 will be reported to the Council and any impacted Committees.
1.13 Standards	
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.
1.14 Scheduled Substance Review Program	
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.

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Activity	Key Performance Indicators
	• 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. • Staff will support the SSRC as it undertakes 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. • Research from the Drug Information Research Centre on proposed changes to the schedules of drugs and substances will be obtained and included in any briefing from the Committee to Council recommending changes. • 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

The College will ensure that it is properly governed by a Council and an Executive Committee as required under the *Regulated Health Professions Act, 1991* and that these governing bodies fulfill their roles and responsibilities under the Act and are properly constituted as set out in the *Naturopathy Act, 2007* 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.

2.1. Good Governance

All 3 Planning Years

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
The College will operate a program to ensure that the College Council, and its Committees are always properly constituted and therefore able to fulfill their governance obligations.	• Council elections will be delivered annually in accordance with the by-laws. As such, ○ 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. ○ Where nominations are received, elections will be completed by the first week of March 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 operate a program to ensure that all new and existing Council members are afforded the necessary training and orientation to fulfill their duties.	• An orientation session will be offered to new in-coming Council members and, where feasible at the discretion of the Council, to all sitting Council members. • Training process for volunteers on Council and in other College roles will be maintained. As such,

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Activity	Key Performance Indicators
	○ All volunteers will have initial training on bias, diversity, human rights and conflict of interest and refresher training on a regular schedule thereafter. ○ Bias and anti-discrimination policies will be developed for the Council (as an Executive Limitations policy).
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 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.
The College will operate a program to ensure that the Council can properly assess the performance of the CEO, its own performance, the performance of its Committees and individuals Council and Committee members.	• 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

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Activity	Key Performance Indicators
	development plan set by the CEO and approved by the Council, as part of the July Council meeting. 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.
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, - 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.
2.2. Support to Committees	
All 3 Planning Years	
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.

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Activity	Key Performance Indicators
	• Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.
The College will operate a program that provides training and guidance to Committee volunteers to enable them to fulfill their duties to the College and as Committee members.	• An orientation and training process for volunteers on Committees and in other College roles will be maintained. As such, ○ All volunteers will have initial training on bias, diversity, human rights and conflict of interest and refresher training on a regular schedule thereafter. ○ Bias and anti-discrimination policies will be developed for the Council (as an Executive Limitations policy). ○ Operating policies to support anti-bias program will be developed and implemented by the College.
Council Committees will meet on an “as-needed” basis ensuring effective use of financial and human resources.	• Council Committees meet at the call of the chair. Staff liaisons will alert the Chair when there may not be sufficient information to warrant a meeting or an in-person meeting may not be warranted. • Committee attendance will be monitored, reported through the minutes and absences will be reported by staff to the Chair.
2.3. 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

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Activity	Key Performance Indicators
	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 hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.

2.4. Accountability

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.
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Activity	Key Performance Indicators
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.

3. Corporate Activities

3.1. Human Resources

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 as to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	- The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. As such, - 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.
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Activity	Key Performance Indicators
	○ 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. ● 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.

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Activity	Key Performance Indicators
	• 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 the desired information 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 the 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. ○ On at 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.

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Activity	Key Performance Indicators
	• 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).

3.2. Financial Management

All 3 Planning Years

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 Council's 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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	○ 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

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.
- 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.

3.4. Regulations, Policies & Procedures

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

- 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,

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Activity	Key Performance Indicators
College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.	○ 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. ○ 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	
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	
All 3 Planning Years	

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Activity	Key Performance Indicators
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, - Three editions of a newsletter will be released annually. - Ten news bulletins will be released. - The College's website will be accurate, up-to-date and a valued tool for users.
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 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).

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Activity	Key Performance Indicators
	○ The College will continue to support the other Canadian naturopathic regulators by maintaining individual relationships at the senior level as well as by participating 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 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

4.1. COVID-19 Support

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.

4.2. Risk-based Regulation	
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.	2021-2022
	• The College will engage stakeholders to determine interest in participating in the development of this model. • A process of risk identification and mitigation will be initiated and presented to Council. • Preliminary policies that articulate the approach to be used will be developed. • An initial draft of a tool that is to be used will be developed and tested.
	2022-2023
	• Program policies and related procedures will be finalized and presented to the Council for approval. • The risk identification process will be implemented. • Risk mitigation process will be implemented. • The tool will be finalized and implemented.

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	2023-2024 • 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.
4.3. Alternate Dispute Resolution The Council's Governance Report approved in July 2020 included the mandate that the College create an Alternative Dispute Resolution (ADR) program. 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.	
	2021-2022 • Program policies in support of an ADR program will be finalized and presented for approval. • The ADR program will be fully implemented. • Where applicable complainants and registrants will be notified of the eligibility to participate in ADR.
4.4. Volunteer Program Development and Implementation 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 Volunteer Program to foster the recruitment, assessment, appointment, training and recognition of Registrants and the public in support of regulatory functions.	
	2021-2022 • Program policies and procedures in support of the recruitment, assessment, appointment, training and recognition of volunteers will be developed and presented to the Council for acceptance. 2022-2023 • The Volunteer Program will be fully implemented.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
A competency-based assessment program will be developed and implemented to ensure that the College has individuals with the necessary knowledge, skills and judgment to fulfill its voluntary role	2023-2024
	2021-2022 - A set of competencies necessary to perform the role of Council and Committee member will be developed and presented to the Council for approval. - Working with the Governance Committee, an assessment program to review the competencies of volunteers will be developed and presented to the Council for approval.
	2022-2023 - The competency framework and assessment program will be implemented. - Volunteers who have the necessary knowledge, skill and judgment will be presented to the Council for appointment.
A comprehensive orientation and training program will be developed as part of the program to ensure that volunteers appointed within the College have the knowledge to properly and fairly perform their duties.	2021-2022
	A comprehensive orientation and training program will be developed that covers key principles including but not necessarily limited to unconscious bias, human rights, accessibility, diversity, inclusion, fiduciary duties, conflict of interest and health and safety matters.
	2022-2023
	The orientation and training program will be fully implemented, and all volunteers appointed by the Council will be properly oriented to the role of the College and trained in key principles.
4.5. Fair Registration Practices & Currency Requirements	
	2021-2022

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in it's report of 2018, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.	• A process for assessing and monitoring the consistency of registration decisions will created and implemented: ○ A "processing application files" operating policy, and guidelines document will be developed and implemented. ○ An electronic reference file of decisions for applications referred to the RC under the College will be created and maintained. ○ An audit of applicant files will be undertaken in conjunction with the overall audit of the College's filing system. • A process for verifying and monitoring the compliance of third parties used in the registration process with OFC requirements will be established and implemented: ○ The College will develop a third-party assessment guideline document for the annual review of third-party assessment practices. ○ A process for addressing non-compliance issues with third-party agencies will be developed.
	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 at entry to practise will be amended to reflect updates to core competencies and/or the competency profile of the profession. ○ Audits of Registrant currency in the new database management system will be operationalized
	2023-2024

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	The College will seek to implement any additional recommendations resulting from further OFC assessment or Ministry feedback in relation to the CPMF reporting.
4.6. PLAR Program – Demonstration-based Assessment	
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.
4.7. Inspection Program Review	
The College, in concert with the Inspection Committee, will undertake a review of the Inspection Program to ensure that the re-inspection of the original “existing premises” can be completed in a orderly fashion and that the fees being charged for the program are in keeping with the intent of the Council.	2021-2022 - The College will implement any strategies developed and approved by the Committee/Council around the timing of inspections. As such, - Program policies will be updated and published to the website. - Designated Registrants are informed of program changes. - The Inspection Committee will consider any potential changes to the fee structure for the program. As such, The Council will be briefed on any recommended fee changes. - Any fee changes determined by the Council are implemented in the 2022-2023 fiscal year.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
4.8. Review of College Finances and Fees	
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-term sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment.	2021-2022
	• 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 in April of 2021 ○ Responses to the RFP will be evaluated by the selection team and interviews held with potential vendors ○ A contract will be awarded before June 3, 2021. • The Auditor selected will be engaged to complete the necessary work. Using the first five full years of operations, an independent 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, ○ The Auditor will conduct the review between July and September 2021. ○ A report is presented to the Council in September 2021 with any recommendations. ○ If necessary, based on Council decisions, by-law changes are circulated for consultation in November and December 2021. • Final by-law changes to the fee schedule will be presented to Council in January 2022 for approval.
	2022-2023

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	The fees for the Registration year 2022-2023 (which begin to be collected in February 2022, may be adjusted based on the by-law changes.
4.9 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.	2021-2022
	The College will conduct a thorough needs assessment to identify the space requirements for College staff and governance functions in light of the changes to the work environment precipitated by the COVID-19 pandemic.
	2022-2023
	- Upon completion of the needs assessment, 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. - Companies that specialize in office construction, if a move is required and construction is needed.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	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.
4.10. Risk Management Program	
The College will develop an enterprise risk management (ERM) designed to identify, monitor and mitigate risks faced by the College.	2021-2022
	- An ERM framework based on ISO31000:2018 will be developed and presented to the Council for its review and acceptance. - A process for identifying risks within the College will be developed and implemented. - 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.
	2022-2023
	- Working with the Governance Policy Review Committee, existing Executive Limitations policies will be reviewed and proposed changed developed to incorporate the new ERM framework. - 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
	A final ERM program will be presented to Council and training provided to ensure a full understanding of the model, risks, priorities and mitigation strategies.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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The College of Naturopaths of Ontario

BRIEFING NOTE

Capital and Operating Budgets for 2021-2022

PURPOSE: To consider the draft Capital and Operating Budgets for the fiscal year April 1, 2021 to March 31, 2022.

OUTCOME Decision on Capital and operating budgets, Registration fees and payment plans.

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

PROCESS:

Activity:	Presentation, discussion.		
Results:	Decision on fees and payment plan, direction on the budget.		
Overall Timing:	35 minutes		
Steps/Timing:	1.	An overview of each of the two budgets will be presented by the CEO.	10 minutes
	2.	Discussion of the key implications of the draft budgets.	10 minutes
	3.	Q&A, discussion by Council.	10 minutes
	4.	Motion/Acceptance	5 minutes

BACKGROUND:

Each year, the Senior Management Team presents an Operational Plan as well as the Operating and Capital budgets in support of that plan and the on-going infrastructure of the College.

The draft Operational Plan has been included among the meeting materials for this Council meeting.

The draft Capital Budget for 2021-2022, along with two years of estimates, is attached to this briefing note as Appendix 1 for the Council's consideration.

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 consideration.

DISCUSSION POINTS:

Budget Timing

Now that the Council has moved to a six-meeting cycle, the March meeting now represents the best opportunity to have the budget accepted prior 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.

In the coming year, capital expenditures have only been identified for computer equipment that has been noted as at or will hit the estimated life expectancy. Each computer or other electronic equipment is purchased and is assigned a timeframe by which it is expected to fail. The intent is to maximize the lifespan but to replace the equipment prior to failure.

The only other equipment to be replaced is the dishwasher which will only be replaced once there is a clear indication that the College will be ending its remote operations.

Regardless of whether we purchase this equipment, the funds to enable the replacements as they are needed must be included in the Capital Budget.

The total Capital Budget (Appendix 1) for 2021-2022 is \$9,200, over \$10,000 less than the \$19,400 set out last year.

Operating Budget

The total Operating Budget (Appendix 2) for 2021-2022 is as follows:

Revenue	\$3,323,039 (to be adjusted once budget is finalized).
Expense	<u>\$3,417,508</u>
Net Result	\$ (94,469)

Although the draft budget does indicate a deficit for the coming fiscal year, the deficit is smaller than in past years and is suggestive of progress towards being able to present balanced budgets in the future. In the coming year, a one-time amount of \$40,225 for final database programming that could not be completed in the current year is included as is the new costs of membership in CANRA.

There continues to be a high degree of variability within our budgets due to complaints and hearings.

Revenues

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

- Registration fees will be returned to their normal level, although the CPI increase would not be added for this year. Please see section below addressing fees.
- 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.
- Professional corporations will continue to grow in number, albeit a small growth, but existing corporations will renew.

As Chief Executive Officer, I must note for the Council that these revenues have been developed based on a high degree of "normalcy" that may not yet exist. COVID-19 will continue to impact our operations and revenues well into the fall until a large percentage of the population is vaccinated.

Expenses

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

- Council and all Committees will predominantly meet via Zoom, with an allocation made for one in-person meeting for training for Council and ICRC (dependent on government restrictions). This significantly reduces meeting expenses such as travel, accommodations and meals.
- Allocations for training have been increased as there is a need for training (and re-training) in unconscious bias, human rights etc.
- Hearing costs have been increased based on an analysis of the matters currently before the ICRC and the likelihood of a referral. The complexities of these cases have also been taken into consideration.
- Legal costs have been lowered. After an analysis of legal budgets versus actual expenditures for the past three years, the legal budget was reduced by 30% to bring the budget in line with past experience. This still allows for an appropriate cushion for some of the more complex matters being brought forward.
- ICRC program costs have been increased in the area of external consultants. (investigators) again due to the increasing complexity of the matters under investigation.
- Under operations an allocation has been included for the final programming of the College's new database which was not completed in the prior fiscal year, as well as for necessary upgrades and programming adaptations.
- Rent costs have remained essentially the same as the College is committed to the current lease until the end of February 2023; however, the timing will allow the College to consider what the future footprint of the College will need to be given our experience of working from home.
- 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 in order 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 in February or March.
- Website programming has been completed.

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.
- Operational (process) - Launching a payment plan in a new system will require a new process and the risk of error exists.
- Operational (system) - The new database will process payment plans and there is a low risk that the new system might fail.
- 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 introduction of the payment plan makes the College a creditor and subjects the College to a risk of default in payment. The role of the College does provide it with sufficient leverage such that there is no history of loss in this regard.

- Strategic (political) - The political environment has 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.
- Strategic (reputation) – Budgets represent an interesting anomaly in the context of transparency. Individuals who may not have as broad a knowledge about costs inherent in the operations of an organization of the size and scope of the College find concerns within budgets. For example, the cost of rent or the salary dollars set out in budgets. Overall, the benefit of transparency generally outweighs the negative feedback that may be received. Additionally, reporting on financial performance also serves to ensure the reputation of the College but generally, the closer performance is to the actual budget.

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 discussion in this briefing provides the reader and the public with appropriate information, full disclosure (through public release of the briefing and discussion of Council that will be open to the public) of relevant information in a timely way. The briefing provides the context for the information and the often-competing factors which the Council must weigh in arriving at a decision. Please see the attached document Understanding the College's Commitment to Transparency.

Financial Impact – This budget briefing sets out above the financial implications of the budget for the next fiscal year.

Public Interest – Budgets are operating road maps, and any budget must speak to the overall financial standing, revenues and expenses for the organization which in turn allows the reader to deduce whether the College is sustainable in the long term. The public interest is best served if the College's budget can demonstrate the sustainability of the organization.

Andrew Parr, CAE
Chief Executive Officer
March 2021



The College of Naturopaths of Ontario

CAPITAL BUDGET 2021-2022

	2021-2022		2022-2023		2023-2024	
Computer Equipment						
Laptop (with docking station) - 1	\$	2,700.00	Laptop (with docking station) - 5	\$13,500.00	Laptop (with docking station) - 6	\$ 16,200.00
Power Back Up-1	\$	1,200.00	Labour/Deployment	\$1,500.00	Labour/Deployment	\$ 1,800.00
Wifi Wireless Access Points-2	\$	600.00	Desktop Printers-1	\$1,000.00	Monitors-2	\$ 600.00
Computer Accessories (mice, keyboards, headsets, etc.)	\$	1,000.00	Computer Accessories (mice, keyboards, headsets, etc.)	\$1,000.00	Computer Accessories (mice, keyboards, headsets, etc.)	\$1,000.00
Labour/Deployment	\$	300.00	Monitors-2	\$ 600.00		
Monitors-3	\$	900.00				
Desktop Printers-1	\$	1,000.00				
Total Comp Equip		\$ 7,700.00		\$ 17,600.00		\$ 19,600.00
Furniture and Fixtures						
Dishwasher-1	\$	1,500.00	Office Chairs--10	\$ 8,500.00	Guest/Reception Chairs-6	\$ 1,500.00
					Misc New Furniture	\$ 20,000.00
Total Furnit. & Fixtures		\$ 1,500.00		\$ 8,500.00		\$ 21,500.00
Total Budget		\$ 9,200.00		\$ 26,100.00		\$ 41,100.00

Please note in 2023-2024 additional costs have been allocated to furniture and fixtures due to College being in a new office space



The College of Naturopaths of Ontario

OPERATING BUDGET

	2021-2022		2022-2023		2023-2024	
	Budget	% of Bud.	Estimate	% of Est.	Estimate	% of Est.
REVENUES						
Registration and member renewal fees	\$ 2,877,889	87%	\$ 2,975,281	85%	\$ 3,075,942	85%
Examination fees	\$ 292,000	9%	\$ 292,000	8%	\$ 340,000	9%
Deferred capital funding	\$ -	0%	\$ -	0%	\$ -	0%
Incorporation fees	\$ 23,150	1%	\$ 24,950	1%	\$ 26,150	1%
Ordered costs recovered	\$ 16,000	0%	\$ 16,000	0%	\$ 16,000	0%
Inspection fees	\$ 110,000	3%	\$ 170,000	5%	\$ 160,000	4%
Interest	\$ 4,000	0%	\$ 4,000	0%	\$ 10,000	0%
Investment Income	\$ 12,000	0%	\$ 7,500	0%	\$ 7,500	0%
Miscellaneous	\$ 22,000	1%	\$ -	0%	\$ -	0%
TOTAL REVENUES	\$ 3,323,039		\$ 3,482,231		\$ 3,628,092	
EXPENSES						
Salaries and benefits	\$ 1,621,321	47%	\$ 1,774,268	48%	\$ 1,779,936	51%
Rent and utilities	\$ 307,052	9%	\$ 315,404	9%	\$ 198,728	6%
Office and general	\$ 169,164	5%	\$ 206,408	6%	\$ 221,342	6%
Consulting fees						
Consultants - general	\$ 71,370	2%	\$ 94,800	3%	\$ 9,800	0%
Consultants - complaints and inquiries	\$ 128,000	4%	\$ 128,000	3%	\$ 128,000	4%
Consultants - assessors/inspectors	\$ 53,700	2%	\$ 76,200	2%	\$ 89,700	3%
Exam fees and expenses	\$ 267,703	8%	\$ 283,124	8%	\$ 290,261	8%
Legal fees						
Legal fees - general	\$ 46,780	1%	\$ 49,939	1%	\$ 50,987	1%
Legal fees - complaints	\$ 65,572	2%	\$ 66,279	2%	\$ 67,087	2%
Legal fees - discipline	\$ 192,000	6%	\$ 159,000	4%	\$ 84,000	2%
Council fees and expenses	\$ 211,694	6%	\$ 198,300	5%	\$ 195,561	6%
Hearings (Discipline, Fitness to Practise)	\$ 34,619	1%	\$ 42,367	1%	\$ 26,228	1%
Amortization/Depreciation	\$ 16,715	0%	\$ 20,526	1%	\$ 24,952	1%
Insurance	\$ 31,000	1%	\$ 31,620	1%	\$ 32,253	1%
Equipment maintenance	\$ 48,380	1%	\$ 49,356	1%	\$ 110,392	3%
Audit fees	\$ 16,500	0%	\$ 17,160	0%	\$ 17,846	1%
Public education	\$ 109,945	3%	\$ 134,935	4%	\$ 110,041	3%
Education and training	\$ 24,082	1%	\$ 18,874	1%	\$ 22,822	1%
Printing and Postage	\$ 1,912	0%	\$ 2,013	0%	\$ 2,053	0%
TOTAL EXPENSES	\$ 3,417,508		\$ 3,668,573		\$ 3,461,988	
EXCESS OF REVENUES OVER EXPENSES	\$ (94,469)		\$ (186,342)		\$ 166,104	



The College of Naturopaths of Ontario

Materials Redacted

Page 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 31, 2021**

**Teleconference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Kim Bretz, ND (5:5)		Ms. Asifa Baig (3:4)
Dr. Shelley Burns, ND (5:5)		
Mr. Dean Catherwood (5:5)		
Mr. Brook Dyson (2:2)		
Ms. Lisa Fenton (5:5)		
Dr. Tara Gignac, ND (4:5)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (5:5)		
Dr. Danielle O'Connor, ND (5:5)		
Ms. Sarah Griffiths-Savolaine (3:3)		
Dr. Jacob Scheer, ND (5:5)		
Dr. Jordan Sokoloski, ND (5:5)		
Dr. George Tardik, ND (5:5)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

Dr. Jennifer Lococo, ND, Council member elect, District 4		
Ms. Sandi Verrecchia, President, Satori Consulting		

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:00 a.m. She welcomed everyone to the meeting and recognized newly re-elected Council member Dr. Shelley Burns, ND, District 2, and Council members elect Dr. Jennifer Lococo, ND, District 4 and Dr. Jonathan Beatty, ND, District 6. The Chair also noted that the meeting was being live streamed via YouTube to the College's website. As a result, any observers were directed to that feed as opposed to logging into the Zoom meeting.

2. Consent Agenda

2.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The Chair asked if there were any items to move to the main agenda for discussion. Dr. Danielle O'Connor, ND, requested to have a brief discussion in relation to the Scheduled Substances Review Committee (SSRC) Chair's Report to receive an update about their communications with the Ministry of Health. The Chair noted this item will be removed from the Consent Agenda and moved into the Main Agenda as Item 9.01 under Other Business.

MOTION:	To approve the Consent Agenda as amended .
MOVED:	Tara Gignac
SECOND:	Danielle O' Connor
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, Item 9.01 – Summary of SSRC's Discussion with the Ministry of Health was added.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Jordan Sokoloski
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded the Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members 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.

The Chair declared an updated Conflict of Interest in relation to their speaking engagements with Designs for Health.

4. Monitoring Reports

4.01 Report of the Council Chair

The Report of the Council Chair was circulated in advance of the meeting. The Chair reviewed the report briefly with Council. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	George Tardik
SECOND:	Tara Gignac
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 a detailed overview of the information enclosed in the report, as this is the first one given to Council. He advised this report's timelines have been generated to align with the CPMF cycle and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Shelley Burns
SECOND:	Tara Gignac
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3

A Variance Report and the Unaudited Financial statements ending December 31, 2020 (Q3) were included in the materials circulated in advance of the meeting. Mr. Parr provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarter. He responded to questions that arose during the discussion that followed and informed Council he will clarify the total expenditures percentage with Agnes Kupny, Director of Operations.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter as presented.
MOVED:	Dean Catherwood
SECOND:	George Tardik
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Council-Registrar 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.

5.01(ii) Executive Limitations Policies

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

5.01(iii) Ends Policies

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

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

Council members were asked if there were any members who wished to discuss the Governance Process Policies (Part 1). Dr. Jordan Sokoloski, ND, 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 accept the recommendations of the Governance Policy Review Committee.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

6. Business

6.01 Executive Committee Elections

The CEO advised Council that at the close of nominations, there were no nominations for the position of Council Vice-Chair. As the by-laws require that this position be filled by a Public member, because the Chair position is currently filled by a Professional member, this position will remain vacant until the regular Executive Committee elections at the end of May.

In addition, at the close of nominations, there was one nomination for the Officer-at-Large (Public member) position. That nomination was for Sarah Griffiths-Savolaine who is hereby declared as elected by acclamation.

6.02 Committee Appointments and COI Declarations

The CEO reminded the Council members that Committee re-appointments are approaching. He referred the Council to the Committee information sheet and invited all Council members to review this while considering which Committees they might like to serve on. It was also noted that at the bottom of information sheet, there is a link to a new on-line portal for their submissions, as well as a copy of the Conflict-of-Interest Declaration form for the coming year. He asked all Council members to complete these forms at their earliest convenience before the next Council meeting at the end of May 2021.

6.03 College Performance Measure Framework Report (CPMF)

The CEO 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. 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:	Tara Gignac
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.04 Operational Plan 2021-2024

A comprehensive briefing note and the Operational Plan document were circulated to the members of the Council in advance of the meeting. The CEO provided a brief review of the plan and highlighted some projects and activities underway for the coming fiscal year. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Operational Plan for 2021-2024 as presented.
MOVED:	Danielle O'Connor
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6.05 Capital and Operating Budgets 2021-2022

A detailed briefing note and the draft budgets were included in the Council materials circulated in advance of the meeting. The CEO 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 2021-2022 as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

7. Business Arising from the Governance Review

7.01 Council and Committee Evaluation Program

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. She went into detail of the timeline that will be followed, for instance, April 30 the survey for all Council and Committee members will go live until May 14, then individual briefings will be held between June 7 - June 25 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 at least one full hour for completion, and to begin brainstorming feedback and area(s) of improvement(s) for everyone they work with on Council and their Committees to include within the survey. In addition, she also advised Council that great consideration of the members who will be included within this year's evaluation process will be taken, as newer Council and Committee members may result in unfair evaluations due to less time in their given role(s). Lastly, she responded to any questions or concerns that arose during the discussion that followed.

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

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:25 a.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Danielle O' Connor
SECOND:	Brenda Lessard-Rhead
CARRIED.	

9. Other Business

9.01 Summary of SSRC's Discussion with the Ministry of Health (MOH)

Dr. George Tardik, ND, notified the Council members that the MOH informed the SSRC that they have reviewed their 2019 submissions of drug list amendments and followed up with them on three separate occasions with questions, concerns and/or clarifications, to which the Committee provided responses to all.

Mr. Jeremy Quesnelle, Deputy CEO, also notified the Council members that the MOH thanked the College for their responses and will communicate back to the College once their review is completed.

10. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for May 26, 2021. In addition, noted a new element to the Council meeting, a quick survey to be completed by all members via the link posted in the Zoom's chat box feature.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:16 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Tara Gignac
SECOND:	Danielle O' Connor

Recorded by: Monika Zingaro
Administrative Assistant, Operations
March 31, 2021

Approved: May 26, 2021