



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #29

Draft Agenda

Date: May 25, 2022 (2022/23-01)

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

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #29

May 25, 2022

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

DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible		
0	Pre-Meeting Networking (8:45 am to 9:15 am)					
	Networking	Informal networking for Council members (8:45-9:15am)	--	All		
1	Call to Order and Welcome					
	1.01	Procedure	Call to Order	--	Vice-Chair	
	1.02	Discussion	Meeting Norms	5-7	Vice-Chair	
	1.03	Discussion	“High Five” – Process for identifying consensus	8	Vice-Chair	
2	Executive Committee Elections					
	2.01	Election	Council Chair	--	A Parr	
	2.02	Election	Council Vice-Chair	--		
	2.03	Election	Officer-at-Large Public member	--		
	2.04	Election	Officers-at-Large Professional members	--		
3	Consent Agenda ¹					
	3.01	Approval	i.	Draft Minutes of March 30, 2022	9-17	Chair
			ii.	Draft In-Camera Minutes of March 30, 2022	18-19	
			iii.	Committee Reports	20-35	
			iv.	Information Items	35-68	
4	Main Agenda (9:20 am)					
	4.01	Approval	Review of Main Agenda	3-4	Chair	
	4.02	Discussion	Declarations of Conflict of Interest	69-70	Chair	
5	Monitoring Reports					
	5.01	Acceptance	Report of the Council Chair	71	Chair	
	5.02	Acceptance	Report on Regulatory Operations	72-76	A Parr	
	5.03	Acceptance	Q4 Unaudited Statements and Variance Report	77-87	A Kupny	
	5.04	Approval	Report on Operations – Year End Report	88-136	A Parr	
6	Council Governance Policy Confirmation					
	6.01	Discussion	Review/Issues Arising		--	B. Lessard-Rhead
			i.	Ends Policies		
			ii.	Council-CEO Linkage Policies		
			iii.	Executive Limitations		
			iv.	Governance Process Policies		
	6.02	Decision	Detailed Review Committee Terms of Reference		137-175	
7	Regular Business					
	7.01	Approval	Exam Appeals Policy - Proposed Amendments	176-184	D. O'Connor	
	7.02	Approval	Pandemic & Emergency Preparedness Regulations	185-191	A Parr	
	7.03	Acceptance	Code for Volunteer Involvement	192-210	G Welder	
	7.04	Decision	Committee Appointments	211-213	A Parr	
8	Council Education					
	8.01	Information	Program Briefing – Discipline Program	214-220	A Parr	
	8.02	Information	Program Briefing – Inquiries, Complaints & Reports Program	221-225	N Vasilyeva	
9	Other Business					
	9.01	Discussion		--	Chair	
10	Evaluation and Next Meeting					
	10.01	Discussion	Meeting Evaluation	On-line	Chair	
	10.02	Discussion	Next Meeting – July 27, 2022	--	Chair	

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

11	Adjournment				
	11.01	Decision	Motion to Adjourn	--	Chair



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

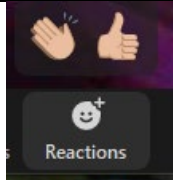
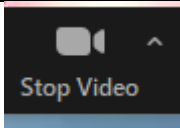
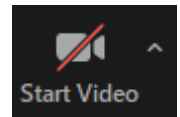
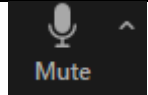
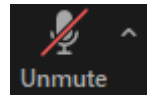
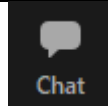
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

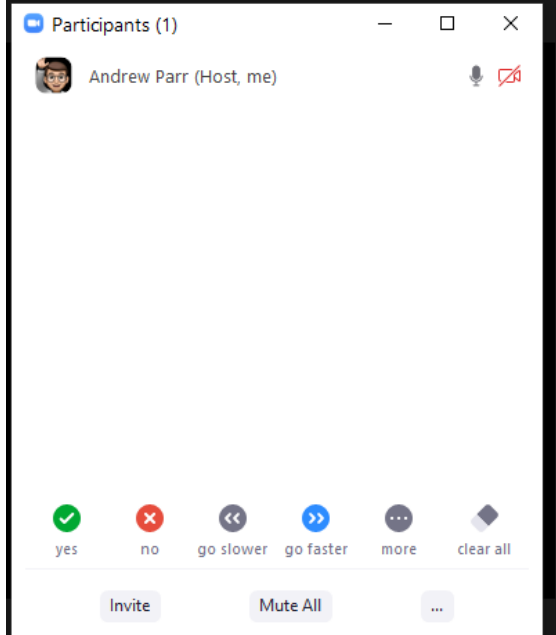
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

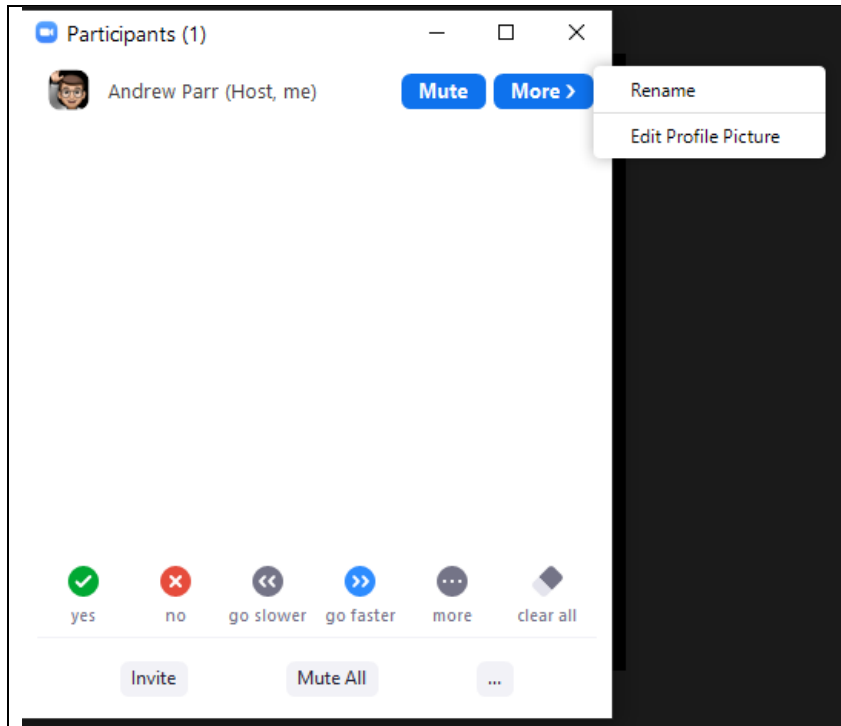
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom application window titled "Participants (1)". Inside the window, there is a list of participants with a single entry: "Andrew Parr (Host, me)". To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there is a row of icons with labels: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three-dot menu labeled "more", and a trash can icon labeled "clear all". At the bottom of the window, there are three buttons: "Invite", "Mute All", and a three-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
March 30, 2022**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (4:6) *		Ms. Asifa Baig (3:6)
Dr. Kim Bretz, ND (5:6)		Ms. Sarah Griffiths-Savolaine (5:6)
Dr. Shelley Burns, ND (6:6)		
Mr. Dean Catherwood (6:6)		
Mr. Brook Dyson (6:6)		
Ms. Lisa Fenton (6:6)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (6:6)		
Ms. Tiffany Lloyd (1:1)		
Mr. Paul Phillion (5:5)		
Dr. Jacob Scheer, ND (6:6)		
Dr. Jordan Sokoloski, ND (6:6)		
Dr. George Tardik, ND (5:6)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Sandi Verrecchia, Satori Consulting		
Dr. Danielle O'Connor, ND, Chair Registration Committee		

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

1. Call to Order and Welcome

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

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

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

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as amended.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

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

4.02 Report on Regulatory Operations from the CEO

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

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

4.03 Variance Report and Unaudited Financial Statements for Q3

A Variance Report and the Unaudited Financial statements ending December 31, 2021 (Q3) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter as presented.
MOVED:	Jacob Scheer
SECOND:	Lisa Fenton
CARRIED.	

4.04 College Performance Measure Framework Report (CPMF)

Mr. Parr reviewed in detail the CPMF Report distributed to Council in advance of the meeting. He informed the Council that once approved, the report will be submitted to the Ministry of Health and uploaded to the College's website for the public's viewing by end of day tomorrow. In addition, he responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the College Performance Measure Framework report of the College of Naturopaths of Ontario as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Ends Policies

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

6.01(ii) Council-CEO Linkage Policies

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

6.01(iii) Executive Limitations Policies

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

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

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

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

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

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

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

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

6. Business

6.01 Biomedical Examination (BME) Blueprint

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

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

6.02 Clinical Sciences Examination (CSE) Blueprint

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

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

6.03 Alternative Documentation Policy

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

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

6.04 Proof of Identity Policy Amendments

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

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

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

6.05 Annual Operational Plan 2022-2025 Fiscal Years

A comprehensive Briefing Note and the Operational Plan document were circulated to the members of the Council in advance of the meeting. Mr. Parr provided a detailed review of the plan and highlighted some projects and activities underway for the coming fiscal year 2022 - 2023. He also responded to any questions or concerns that arose during the discussion that followed.

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

6.06 Annual Capital and Operating Budgets 2022-2023 Fiscal Year

A detailed Briefing Note and the draft budgets were included in the Council materials circulated in advance of the meeting. Ms. Kupny highlighted the main components within each budget and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Capital and Operating budgets for fiscal year 2022-2023 as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jordan Sokoloski

CARRIED.	
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6.07 Council and Committee Evaluation

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

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

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

7. Council Education

7.01 Program Briefing – Examinations Program

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

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

8.01 Motion to Begin In-camera Session

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

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

9. Other Business

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

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

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

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

9.02 Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

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

11. Adjournment

11.01 Motion to Adjourn

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

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

Recorded by: Monika Zingaro
Administration Coordinator
March 30, 2022



The College of Naturopaths of Ontario

Action Items List
Council Meeting of March 30, 2022
Meeting No. 28

Item #	Item	Description	Status
28.01	College Performance Measure Framework (CPMF) Report	Upload the approved CPMF Report to the college website and submit to the Ministry of Health.	Complete
28.02	Governance Process Policies (Part 1)	Update the Governance Process policies as amended and upload to Smartsheet and to college website.	Complete
28.03	Registration Policies	Update the Governance Process policies as amended and upload to college website.	Complete
28.04	Annual Operational Plan	Upload the approved Annual Operational Plan 2022-2025 to the college website.	Complete
28.05	Annual Capital and Operating Budgets	Post the accepted budgets for fiscal year April 1, 2022 – March 31, 2023, to the College's website.	Complete



The College of Naturopaths of Ontario

Minutes Redacted

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



The College of Naturopaths of Ontario

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 25, 2022

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

Please find attached the Committee Reports for item 3.01 (iii) of the Consent Agenda. The following reports are included:

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

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT

May 2022

For the reporting period of March 1, 2022, to April 30, 2022 the Audit Committee was not required to undertake any activities, and therefore did not convene.

The Committee is expected to meet early May.

Dr. Elena Rossi, ND
Chair
May 2022.



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE
(March 1 - April 30, 2022)

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review. The Exam Appeals Committee met virtually on March 24th and on April 29th.

On March 24th, the Committee reviewed the Exam Appeals Committee Terms of Reference and proposed amendments to the Committee responsibilities and composition, to be put forward to the GPRC at its April 2022 meeting. A copy of draft amendments to the Examinations Appeals Policy was also reviewed and further amendments proposed and accepted by the Committee.

On April 30th, the Committee reviewed and extensively deliberated three exam appeals (two related to the Clinical Sciences Exam, one related to the Clinical (Practical) Exams), with unanimous decisions to grant the appeal made on all three cases. While these were the first appeals deliberated since proclamation of the College, the Committee felt that the decisions reached were reasonable, fair, impartial, conscious of equity, diversity and inclusion principles while still ultimately considering public safety.

Rick Olazabal, ND (Inactive)
Chair
Exam Appeals Committee
April 29, 2022



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

May 2022

This serves as the Chair report of the Executive Committee for the period March 1, 2022, to April 30, 2022.

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

Dr. Kim Bretz, ND
Council Chair
May 2022



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT May 2022

Between March 1, 2022 and April 30, 2022, the Inquiries, Complaints and Reports Committee held two regular online meetings – March 3 and April 7, and one emergency online meeting – March 24.

March 3, 2022: 20 matters were reviewed, ICRC members drafted 2 reports for ongoing investigations, and approved 2 Decision and Reasons.

March 24, 2022 (emergency): 7 matters were reviewed, ICRC members referred specified allegations for 4 matters to the Discipline Committee, imposed terms, conditions and limitations on certificates of registration of 2 registrants of the College, and directed the CEO to suspend one registrant's certificate of registration.

April 7, 2022: 17 matters were reviewed. ICRC members approved 1 Decision and Reasons, drafted 10 reports and delivered 1 oral caution.

We are please to have welcomed a new professional member, Dr. Amber Vance ND to the committee. Meetings continue to be well-attended and productive in the online format.

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



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

May 2022

During the reporting period of March 1, 2022 – April 30, 2022, the Governance Committee met twice.

March 8, 2022 the committee was updated on the Volunteer Workplan. Then the committee accepted 3 nominee's personal statement, biography and application for the respective district elections.

April 13, 2022 the committee went over volunteer and mentorship programs and discussed new ideas for recruitment including a virtual volunteer open house and the sharing of current volunteer testimonials. The possibility of setting up educational sessions for volunteers was also discussed and panels were created for future volunteer application interviews.

The Committee expects to meet July 13, 2022.

Thank you,

Dr. Gudrun Welder, ND
Chair
May 2022



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

March 1, 2022 – April 30, 2022

Since the date of the last report, the Patient Relations Committee (PRC) did not meet as they did not have a meeting scheduled during the reporting period.

Ongoing Issues/Topics for Discussion

Funding for Therapy and Counselling

Since the date of the last report, there are five active files with a total of \$27,869.80 of funding accessed with a total of \$2,040 being accessed since the last report.

Next Meeting Date

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

Sam Laldin
Chair
May 2022



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT May 2022

Meetings and Attendance

Since the date of our last report to Council in early March, the Quality Assurance Committee has met on one occasion, on March 22nd. No concerns regarding quorum were experienced. The previously scheduled April meeting was deferred to the May meeting date.

Activities Undertaken

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

Additionally, and after considering information on the steps taken by other Colleges and subject to any other changes that could result from its next Program review, the Committee decided that the CE credit reporting requirements that were reduced due to COVID-19 in 2020 would be returned to the original numbers, commencing with Group III in September 2023.

The Committee also considered one matter of a Registrant's failure to meet the CE reporting requirements and decided to proceed with an order for the Registrant to undergo a Peer and Practise Assessment at their own cost.

Next Meeting Date

May 31, 2022.

Respectfully submitted by:

Barry Sullivan, Chair,

May 10, 2022.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (May 2022)

At the time of this report, the Registration Committee met on April 20th and May 18, 2022,

Exam Remediation Review

The Committee continued to set plans of remediation for candidates who had made two unsuccessful attempts of an examination. In this reporting period the Committee set plans of remediation related to the Ontario Biomedical examination and the Ontario Clinical examination (for entry-to-practise), and the Ontario Prescribing and Therapeutics examination (for meeting the post-registration Standard of Practise for Prescribing).

Class Change from Inactive to General

The Committee reviewed class change applications for three Registrants over 2 years to determine any atrophy of skill or knowledge that had to be remediated prior to approval of the class change.

Policy Review

The Committee reviewed proposed amendments to the Registration policy, the Examinations policy and the Clinical exams policy.

Danielle O'Connor, ND, Chair
Registration Committee
May 18, 2022



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

March 1, 2022 – April 30, 2022

During the reporting period the SSRC met once on April 4, 2022.

During the meeting the Committee reviewed the consultation feedback on the draft list of diseases, disorders and dysfunctions. The Committee highlighted that the goal of further determining the scope of practice using diseases, disorders and dysfunctions was to identify gaps whereby the profession has the knowledge and ability to treat but does not have access to the necessary drugs, labs and resources in order to ensure safe, competent and ethical care.

The Committee agreed to amend its approach by utilizing the list of diseases, disorders and dysfunctions as a gap analysis document to identify areas where amendments to regulations may be needed. The Committee also agreed to further expand and define the current definition of the scope of practice to include the various approaches and methods used by NDs in Ontario.

The Committee attempted multiple times to schedule a subsequent meeting but was unable to secure quorum.

Respectfully submitted by

Dr. George Tardik, ND
Chair
May 2022



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

May 2022

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

This report is for the period from 1 March 2022 to 30 April 2022 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training sessions are also reported.

Overview

There are currently 5 matters before the Committee.

Discipline Hearings

No hearings were conducted during the reporting period.

New Referrals

The Committee received one new referral from the ICRC during the reporting period, on 24 March 2022 (DC22-02).

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair
2 May 2022



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **March - April 2022**

Committee Update

Since the last update to Council, the Inspection Committee had two teleconference meetings on March 24th, and April 21st.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record their observations during the inspections, and Inspector's Reports for 11 locations.

The outcomes were as follows:

- Part I
 - 2 Passes
- Part II
 - 5 Passes with 13 Conditions, and 22 Recommendations
- Existing 5 Year Inspections
 - 4 Passes with 2 Conditions, and 11 Recommendations
- Fail
 - 0

Inspection Outcomes in Response to Submissions Received

- There was 1 Part I submission, and 3 Part II submissions, all final outcomes were Passes

Type 1 Occurrence Reports

There were 3 Type 1 occurrences reported for this period. The reports were all due to a patient being referred to emergency services within 5 days of receiving IVIT. The Committee determined that there was no further action required.

Closing Remarks

Spring is here, and positive change is in the air! The IVIT inspection committee is happy

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to have Dr. Jacob Scheer to enlighten our meetings with his years of knowledge and charm. As the Chair, I am continually impressed and respectful of all the dedicated work and feedback we see at our monthly meetings. The time spent on weekends, and during personal hours is also rarely mentioned, but always appreciated.

Naturopathic Medicine awareness week is upon us – let us celebrate optimal health and prevention!

Best regards,

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



The College of Naturopaths of Ontario

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

Meetings and Attendance

The Governance Policy Review Committee met on one occasion between March 1 and April 30, 2022, via video conference, on March 1, 2022. Attendance was good with no concerns regarding quorum experienced.

Activities Undertaken

At its **March** meeting, the Committee reviewed and discussed proposed amendments to Governance Policy GP 03.03. The proposed amendments were assessed, and this policy was subsequently brought forward to Council for approval at its March 30 Council meeting.

As part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed Part 1 of the Governance Process Policies, specifically policies GP01 to CCL10, as well as GP06. No Council member feedback was received with respect to these policies. The proposed amendments suggested by the Committee members were submitted to Council for review and approval at their March 30 meeting, except for the Committee Terms of Reference (GP06). It was decided that further review and discussion was warranted for these, so this set of Policies will be reviewed at the next GPRC meeting in May, and proposed amendments brought forward to the May Council meeting.

Next Meeting Date

May 3, 2022

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)
Chair
April 28, 2022



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

March 1, 2022 – April 30, 2022

During the reporting period of March 1, 2022 – April 30, 2022 the Standards Committee had one meeting scheduled for March 23, 2022. The Committee agreed to cancel the meeting and defer until May 25 2022, using that time for committee members to review the large group of Standards of Practice independently then submit their reviews for discussion during the May meeting.

Respectfully submitted

Dr. Elena Rossi, ND
Chair
May 2022



The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT
May 2022

For the reporting period of March 1, 2022 to April 30, 2022 the Equity, Diversity and Inclusion Committee (EDIC) did not convene a meeting.

The Committee is planning to meet sometime in May 2022.

Dr. Jamuna Kai, ND
Chair
May 2022.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 25, 2022

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 265)	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 (Mar and April 2022)	This is an update provided by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulation that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda package.
3.	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following,

No.	Name	Description
		<i>Understanding the Public Interest, Understanding the Rush Analysis Terminology and Understanding Transparency.</i>
4.	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from the March 2022 Council meeting.

100 Registration Cases Over Three Years Part 1: Burden of Proof

by Julie Maciura
April 2022 - No. 265

The Health Professions Appeal and Review Board (HPARB) renders a lot of decisions. Many, of course, have similar issues and reviewing them can become repetitive. Few people have the luxury of reading all of the decisions. As an experiment, we reviewed 100 recent registration decisions of HPARB decided over the past three years. Our goal was to see if we could identify principles and concepts underlying HPARB's approach to recurring registration issues, especially those that might be different from approaches taken in the past.

The following summarizes our analysis, which may be instructive both to regulators appearing before HPARB and regulators who deal with registration issues scrutinized by other tribunals and the courts. This is the first of a four-part series.

Of the 100 cases, HPARB upheld the regulator's decision 80% of the time and returned the matter for reconsideration 20% of the time. In only one case did HPARB require the regulator to register the applicant. Having said that, many of the cases returned to the regulator had very strong recommendations to register the applicant. In about half of the returned cases HPARB based the referral back on the basis that it had significant new information that had not been available to the regulator at the time.

HPARB conducts both paper reviews and oral hearings, with the choice belonging to the applicant. In 87% of the cases the applicant chose a paper review. However, the applicant was successful in obtaining a decision returning the matter to the regulator for reconsideration in 30% of the cases where an oral hearing was held (compared to 20% for paper reviews).

Burden of Proof

HPARB continues to uphold the fundamental principle that applicants for registration must demonstrate that they meet the registration requirements: *J.H. v College of Psychologists of Ontario*, 2019 CanLII 121575 (ON HPARB), <https://canlii.ca/t/j480j>. This burden on the applicant is supported by the need to ensure that the applicant can practise safely and ethically:

Public protection is a central feature of the public interest in the context of the registration of health professionals. As gatekeepers to registration, the College's application procedure ensures that practitioners who are registered as health professionals meet professional standards. Once registered, a health professional represents to the public at large that their practice meets the standards of the profession and is endorsed by the regulating body and that they can be trusted to practise safely. (*C. R. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 45638 (ON HPARB), <https://canlii.ca/t/jq55j>.)

HPARB has also said:

A college, in accepting an applicant as a member, is verifying to the public that the individual has demonstrated that he or she meets the standards of the profession as set by the college. *A.H.-A.O. v Ontario (College of Physicians and Surgeons)*, 2019 CanLII 50927 (ON HPARB), <https://canlii.ca/t/j0tm9>.

For example, where there are circumstances that create suspicion as to the authenticity of a document, it is the applicant's duty to demonstrate its legitimacy: *Zhang v College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2019 CanLII 141813 (ON HPARB), <https://canlii.ca/t/j8t30>.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Even in cases where the concern is the suitability of the applicant's conduct, there is no presumption of "good character" or requirement that the regulator prove the allegations. The applicant must demonstrate that they meet the requirement: *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht>; *W.-S. (V.) W. v College of Optometrists of Ontario*, 2019 CanLII 35335 (ON HPARB), <https://canlii.ca/t/hzzfl>.

While HPARB has expressed sympathy where the passage of time has made the obtaining of documents difficult (e.g., for establishing details of the applicant's education) the onus remains on the applicant to demonstrate that the requirement has been met: *B.W.P. v College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2020 CanLII 31824 (ON HPARB), <https://canlii.ca/t/j6x0v>.

To meet the onus the applicant must provide "reasonable and relevant specificity and verification as to their qualifications in relation to professional standards and registration requirements": *A.R. v Ontario (College of Registered Psychotherapists and Registered Mental Health Therapists)*, 2019 CanLII 50278 (ON HPARB), <https://canlii.ca/t/j0srq>.

However, HPARB sees that this onus on the applicant is balanced by competing considerations:

The Board notes that in considering an application for registration, the public interest also includes the ability of individuals to practise in their chosen profession. The courts have long held that the right to earn a livelihood is an interest of fundamental importance to an individual affected and should not be lightly overridden. (*C. R. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2021 CanLII 45638 (ON HPARB), <https://canlii.ca/t/jg55j>.)

In other cases, the dual aspects of the public interest principle were described as follows:

Registration requirements exist to protect the public by ensuring that individuals permitted to work in the profession can be expected to practice to the standard of the profession. Individuals who have demonstrated their competence and ability by successfully completing the requisite or substantially similar education programs, are to be reasonably assessed for their qualifications to safely practice the profession. (*Breton v College of Psychologists of Ontario*, 2020 CanLII 90815 (ON HPARB), <https://canlii.ca/t/jbqk3>; *Mahboob v College of Physicians and Surgeons of Ontario*, 2021 CanLII 5500 (ON HPARB), <https://canlii.ca/t/jcwki>.)

HPARB has also said that the burden of proof of establishing evidence of meeting a registration requirement should not be confused with taking a narrow or strict interpretation of the legislation. HPARB quoted previous cases stating: "when considering an application for professional registration, unless there is a public interest that warrants a restrictive interpretation of provisions regulating entry into a profession in Ontario, the interest of an individual to practice a profession should prevail." *A.M. v College of Psychologists of Ontario*, 2020 CanLII 27935 (ON HPARB), <https://canlii.ca/t/j6q17>; *Santhirasegaram v College of Psychologists of Ontario*, 2021 CanLII 802 (ON HPARB), <https://canlii.ca/t/jckf5>.

Unsuitable Conduct

One area in which the burden of proof can be significant is where there is a concern as to whether the applicant will behave appropriately. Sometimes this concern is called a "good character" or "professional suitability" requirement even though the relevant provision is usually worded in terms of future

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

behaviour. As noted above, there is no “presumption of good character”.

Ten percent of HPARB’s cases involved issues of unsuitable conduct.

In assessing such cases, HPARB is reluctant to rely only on allegations that have not been objectively established by a court or tribunal finding, at least in the absence of a hearing before it: *L.A. v The College of Medical Radiation Technologists of Ontario*, 2020 CanLII 154 (ON HPARB), <https://canlii.ca/t/j4fdq> (decline to consider serious allegations of sexual abuse where the complainant refused to testify and no hearing was held); *Mahboob v College of Physicians and Surgeons of Ontario*, 2021 CanLII 5500 (ON HPARB), <https://canlii.ca/t/jcwki> (concerns still before the complaints screening committee); *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v K.A.R.*, 2019 CanLII 63885 (ON HPARB), <https://canlii.ca/t/j1gqx> (evidence of dishonesty must not be vague or ambiguous).

However, once established at a hearing, HPARB is reluctant to accept assertions that the hearing leading to the finding was unfair: *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht> (HPARB is not in a position to assess the merits of the US criminal justice system).

Where there are a number and pattern of concerns, HPARB is prepared to support a conclusion that the applicant has not established that they will practise professionally in the future. For example, an applicant with eight recent complaints in another province, many of which resulted in advice and reminders and one of which resulted in a remediation program and where the underlying facts of the most serious of them were not in dispute, did not demonstrate suitability: *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>.

Where some of the allegations have been proven, even in the distant past, recent concerns that were dealt with remedially can reinforce the older finding, especially if there seems to be a lack of insight and remediation: *College of Physicians and Surgeons of Ontario v R.R.*, 2019 CanLII 18858 (ON HPARB), <https://canlii.ca/t/hz13w>.

Likewise, where the conduct is based on a particular belief system (e.g., that satanic ritual abuse is prevalent in the world and patients do not recognize that they have experienced it) with little insight about the potential for those beliefs to impact the applicant’s approach to practice in a possibly harmful way, the suitability concern can be established without a formal finding: *S.F. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario*, 2019 CanLII 92678 (ON HPARB), <https://canlii.ca/t/j2q3s>.

Of particular concern is where the applicant is not completely candid in their application for registration:

The Board recognizes that professional regulation is predicated upon self-disclosure. Registered health professionals have an ongoing duty to disclose information to their governing regulating body. It follows that any hesitation or reluctance on the part of an applicant to disclose information during the application process is not reassuring and reasonably calls into question whether the applicant can be trusted to accurately, completely, openly and honestly deal with all of those situations which will arise both in practice and in an applicant’s dealings with the College once registered. That honesty and integrity must exist both when it is easy but also when there may be consequences for the regulated professional. (*Yavari v College of Physicians and Surgeons of Ontario*, 2021 CanLII 212 (ON HPARB), <https://canlii.ca/t/jcgll>.)

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Where there is a suitability concern, HPARB considers all of the relevant circumstances including the nature and seriousness of the conduct, the insight of the applicant, the remedial steps undertaken, and whether the applicant failed to disclose the concern or otherwise demonstrates a lack of appreciation for their professional obligations: *C.C.U. v College of Physicians and Surgeons of Ontario*, 2019 CanLII 91555 (ON HPARB), <https://canlii.ca/t/j2nn2> (failure to disclose proceedings for breaching a patient's privacy by using their records to initiate a boundary-crossing relationship); *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v K.A.R.*, 2019 CanLII 63885 (ON HPARB), <https://canlii.ca/t/j1gcx> (duty to be forthcoming on application for registration); *W.-S. (V.) W. v College of Optometrists of Ontario*, 2019 CanLII 35335 (ON HPARB), <https://canlii.ca/t/hzzfl> (applicant still in process of fulfilling monitoring requirements for billing infractions); *Pelavendran v College of Physiotherapists of Ontario*, 2021 CanLII 119348 (ON HPARB), <https://canlii.ca/t/jkrm8> (lack of insight and remorse significant for criminal findings that involved violence and sexual assault); *R.Y. v College of Registered Psychotherapists and Mental Health Therapists of Ontario*, 2019 CanLII 91588 (ON HPARB), <https://canlii.ca/t/j2npc> (lack of insight into sexual contact while working as a clergy person towards a congregant; improper use of titles).

While HPARB does consider character references and reports of counselling or insight programs, these are given less weight than actual past conduct and applicant insight, at least where the writers do not demonstrate awareness of the details of past findings or expert opinions of likely future behaviour: *L.A. v The College of Medical Radiation Technologists of Ontario*, 2020 CanLII 154 (ON HPARB), <https://canlii.ca/t/j4fdq>; *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>; *F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB),

<https://canlii.ca/t/hznht>; *Pelavendran v College of Physiotherapists of Ontario*, 2021 CanLII 119348 (ON HPARB), <https://canlii.ca/t/jkrm8>; *College of Physicians and Surgeons of Ontario v R.R.*, 2019 CanLII 18858 (ON HPARB), <https://canlii.ca/t/hz13w> (references were older and did not seem to be exposed to the full scope of the applicant's practice).

HPARB is concerned about the importance of honesty and integrity in the health care context:

However, as emphasized by the *Code* which applies to regulated health professionals in Ontario, public trust in the nursing profession is fundamental to the public interest. Often, patients are vulnerable, a reality that emphasizes the importance of honesty and professional integrity for the members of self-regulated professions. (*F.E. v College of Nurses of Ontario*, 2019 CanLII 29058 (ON HPARB), <https://canlii.ca/t/hznht>.)

Refusal of registration on the grounds of unsuitable conduct is not governed by the principles of a disciplinary punishment in which the least restrictive order should be imposed. Since the applicant is not a registrant, the refusal is protective of the public of Ontario even though the applicant is registered elsewhere: *Rahman v College of Physicians and Surgeons of Ontario*, 2021 CanLII 122204 (ON HPARB), <https://canlii.ca/t/jkz5m>.

In the next issue of Grey Areas we will examine how HPARB approaches education and examination requirements for registration.

Prepared by Richard Steinecke

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Ontario Bills

www.ola.org

Bill 106, Pandemic and Emergency Preparedness Act, 2022 – (Government Bill, passed second reading, referred to the Standing Committee on Finance and Economic Affairs) Bill 106 is an omnibus Bill. It would amend the *Regulated Health Professions Act* to “require Colleges to comply with the regulations respecting their English or French language proficiency requirements. They also prohibit Colleges from requiring Canadian experience as a qualification for registration, subject to any exemptions provided for in the regulations. They also require the Councils of the Colleges to make regulations establishing an emergency class of registration that meets the requirements set out in the regulations. ... An additional regulation-making power is added that would allow for the establishment of time limits in which Colleges must make certain decisions related to registration.” The Bill does not address the governance reforms and proposed new oversight bodies that were the subject of recent consultations. The Bill also creates regulation making power for the *Personal Health Information Protection Act* to facilitate Ontario Health Teams to collect, use and disclose personal health information and to facilitate electronic access to their own personal health information by individuals.

Bill 98, Fairness for Ontario's Internationally Trained Workers Act, 2022 – (Private Members’ Bill, passed second reading, referred to the Standing Committee on the Legislative Assembly) Bill 98 requires the establishment of Foreign Credential Recognition Advisory Committees for health and non-health occupations to make independent recommendations to the government on the recognition of credentials and to assist internationally trained workers find suitable employment.

Bill 97, Transparent and Accountable Health Care Act, 2022 – (Private Members’ Bill, passed first reading) Under Bill 97 “major health sector organizations (which are persons or entities that receive at least \$1 million in public funds from the Ministry of Health in a year) are required to comply with the *Broader Public Sector Executive Compensation Act, 2014* and with the *Public Sector Salary Disclosure Act, 1996*. These organizations are also deemed to be governmental organizations for the purposes of the *Ombudsman Act*. The Auditor General of Ontario is authorized to audit any aspect of their operations. The same requirements apply with respect to publicly-funded suppliers. A publicly-funded supplier is a person or entity that receives directly or indirectly at least \$1 million in public funds in a year from major health sector organizations or from other publicly-funded suppliers.”

Bill 95, Long-Term Care Homes Amendment (Till Death Do Us Part) Act, 2022 – (Private Members’ Bill, passed first reading) Bill 95 “amends the Residents’ Bill of Rights set out in section 3 of the *Long-Term Care Homes Act, 2007* by adding the right of residents not to be separated from their spouses upon admission but to have accommodation made available for both spouses so that they may continue to live together.”

Bill 88, Working for Workers Act, 2022 – (Government Bill, passed second reading, referred to the Standing Committee on Social Policy) Bill 88 is an omnibus Bill. Schedule 3 amends the *Fair Access to Regulation Professions and Compulsory Trades Act, 2006*, applicable to non-health professions, to require Canadian mobility applicants to receive registration decisions within 30 days of a completed application. International applications will have their timelines set out in regulation.



Legislative Update – What Happened in March 2022?

Canadian experience requirements will need to be eliminated unless an exemption is obtained. Initially, would have repealed the *Traditional Chinese Medicine Act, 2006* however, the government has announced that this portion of the Bill will not proceed.

Proclamations

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

Police Record Checks Reform Act – April 1, 2022, is the day on which amendments related to police checks for volunteers comes into force.

French Language Services Act – April 1, 2022, is the day on which amendments, including those related to the giving of directions to government agencies, comes into force. The amendments do not bring any additional regulators under the auspices of the Act.

Connecting Care Act – May 1, 2022, is the day on which amendments related to home and community care services to be administered by the Ontario Health Teams come into force. A number of consequential amendments to other Acts also come into force on that day.

Regulations

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

Connecting Care Act – This regulation establishes the regime for home and community care services to be administered by the Ontario Health Teams. There have also been several consequential amendments to other regulations under other health-related statutes to help implement the changes. (O.R. 187/22)

Fixing Long-Term Care Act – This comprehensive regulation replaces the existing general regulation made under the *Long-Term Care Act*. (O.R. 246/22)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Fair Access to Regulated Professions and Compulsory Trades Act – Consultation for non-health professions, with comments due on a very short timeline, on provisions that would require timely processing – within 30 days – of domestic applications for registration (i.e., those covered by the Canadian Free Trade Agreement). This consultation ties in directly with Bill 88. Comments are due by April 1, 2022.



Legislative Update – What Happened in March 2022?

Personal Health Information Protection Act – Consultation on proposed legislation related to Bill 106, enabling Ontario Health Care teams to access personal health information, primarily for research and planning purposes. Comments are due by April 29, 2022.

Regulated Health Professions Act - Consultation on proposed legislation related to Bill 106 amendments to the *RHPA*. The details of the proposed changes are as follows:

Canadian experience

The proposed amendments would prohibit Colleges from including Canadian experience as a registration requirement and establish a regulation making power for the Minister to define "Canadian experience".

Additionally, the legislation would provide for a regulation making power for the Minister to grant exemptions to the prohibition. This is intended to ensure safe and competent practices are maintained, where the requirements are necessary.

Language proficiency

The propos[ed] amendments would provide a regulation-making power for the Minister to prescribe language testing requirements that would be acceptable for the purpose of registration with a health regulatory College.

A regulation made under this power would be intended to set a standard, acceptable language proficiency test, to reduce duplicative testing requirements and the resulting financial burden on applicants.

Time limits for registration decisions

The proposed amendments would enable the Minister to make a regulation that would set the amount of time in which registration decisions must be made.

Emergency class of certificates of registration

Currently, Colleges are able, but not required, to have emergency classes of registration. The proposal would require that Colleges establish an emergency class of registration and provide for regulation making for the Minister to prescribe requirements that Colleges must meet in setting out such a class (e.g., circumstances in which such certificates may or must be issued).

Analysis of Regulatory Impact

There are no anticipated compliance costs as a result of the proposed changes. Updates to any College regulations, by-laws and processes to come into compliance with the legislation would be undertaken as part of regular business operations. The proposal may improve the competitiveness of Ontario's health regulatory Colleges by streamlining registration processes.

Comments are due by April 29, 2022.

Bonus Features

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

Chipping Away at the Regulatory Privilege

Over two decades ago, the Ontario Court of Appeal issued a comprehensive decision protecting information obtained or used by health regulators from being used in civil proceedings: *F. (M.) v. Dr. Sutherland*, 2000 CanLII 5761 (ON CA), <https://canlii.ca/t/1cwt9>. A prime rationale for that protection was to encourage candid cooperation by practitioners with the regulator's complaints and discipline process without fear that the information provided would be used to sue them. Another, equally important rationale was to permit regulators to obtain, use and discuss this information without a concern that they were affecting civil proceedings. A third rationale was to prevent the complaints and discipline process from being used for a collateral purpose such as advancing a civil claim in the courts.

A recent decision of that same Court appears to qualify that protection somewhat. *K.K. v. M.M.*, 2022 ONCA 72 (CanLII), <https://canlii.ca/t/jm07l>, was a child custody case. A major consideration in that dispute was an expert report by a physician that strongly favoured one side over the other. In challenging the written opinion, one of the parties sought to introduce materials from the physician's regulator's complaints process where the regulator expressed significant concerns about the physician's approach to their expert report. The physician gave an undertaking to address those concerns, and the undertaking was posted on the regulator's website.

The Court upheld the general principle that the legislation for regulating health practitioners in Ontario created:

... a blanket prohibition against admitting in a civil proceeding any records, reports or documents directly related to a proceeding under the RHPA [legislation]. The text of the provision leaves no room for exception or discretion in relation to the specific items mentioned: a record of a proceeding, a report, a document or thing prepared for or statement given at such a proceeding, or an order or decision made in such a proceeding.

However, the Court qualified that protection as follows:

... anything not specifically mentioned is fair game. As mentioned, the trial judge noted that the statutory prohibition did not preclude admissibility of evidence of the fact that a complaint was made and did not capture the website information referring to the undertakings given by Dr. Goldstein. We agree. The law is clear that the fact that a complaint was launched, an investigation held, and a decision rendered by the IRC are not covered by s. 36(3) of the RHPA and may be otherwise provable in court, without reference to a prohibited document

As well, Dr. Goldstein's undertakings, while they may have been made in response to a decision or order covered by s. 36(3), are also not themselves either a decision or order captured by s. 36(3). The undertakings were generated by Dr. Goldstein himself, not by the board, and presumably were also generated after the board had completed its process and released its

decision. The rationale that applies to keeping the other items listed in s. 36(3) confidential does not apply to them. Public undertakings are not meant to be confidential, they provide the public with notice, and their admission in civil proceedings where a trial judge deems them relevant does not undermine the purpose of s. 36(3), discussed below. We therefore agree with the trial judge that the undertakings themselves were admissible.

In fact, most undertakings given by practitioners are given to regulators before any decision is made on a complaint. The reason a practitioner gives an undertaking is often to demonstrate insight and the ability to change one's practices in order to avoid a more significant outcome. This decision may make it more difficult for regulators to negotiate undertakings with practitioners.

Public Statements

Increasingly, regulators are being asked to deal with complaints that a practitioner made public statements without a reasonable basis for them. Another example of this issue is found in *Buckingham v. Law Society of Newfoundland and Labrador*, 2022 NLSC 37 (CanLII), <https://canlii.ca/t/jn3gz>. In that case, a lawyer's client died while in custody. Representatives of the correctional officers made public statements to the effect that the prisoner was the author of his own death and that the correctional officers had acted appropriately. The practitioner gave public statements to the media asking for a public inquiry indicating that the death was unusual and that it was "at the hands" of the correctional officers.

In response to a complaint, the regulator issued a letter of caution indicating that the practitioner did not have a sufficient basis for making those public statements, in part because it was made before the official finding that the death had been a homicide. The practitioner sought judicial review. The Court found that the reasons of the regulator for issuing the letter of caution were inadequate. In looking at all of the circumstances, including the public statements by the union and the context of calling for a public inquiry, the practitioner's statements were not without basis. The degree of certainty the regulator was requiring of the practitioner to support their public statement was too high.

Lay Scrutiny of Specialist Registration Applications

How does a lay tribunal, made up entirely of non-practitioners, review registration matters where the original decision is made by an expert regulatory panel including practitioners of the profession? This issue came to a head in the case of *College of Psychologists of Ontario v. Ontario (Health Professions Appeal and Review Board)*, 2022 ONSC 1365 (CanLII), <https://canlii.ca/t/jn1vs>. The applicant for registration had been refused registration because relevant portions of their education had been done remotely and asynchronously. The regulator interpreted the registration requirement as requiring the interaction associated with instructors and students to occur simultaneously.

On a previous occasion, the review Board had returned the application to the regulator with a recommendation that the regulator accept asynchronous education. After further review the regulator declined to accept that recommendation. On a further review by the Board, it ordered the applicant to be registered.



Legislative Update – What Happened in March 2022?

On appeal, the Court reversed the decision of the review Board. In doing so, it provided guidance on the role of the Board on a review. The Court stated that the “standard of review” was not an issue. First, the Board was not reviewing the decision of the regulator; under the language of the legislation, it was reviewing the application for registration. More significantly, the role of the Board was set out in the statute. The Board could only direct the registration of the applicant where the regulator had exercised its powers improperly and the Board found that the applicant substantially qualified for registration.

In this case, the Board had incorrectly concluded that the regulator had exercised its powers improperly because it rejected the Board’s previous recommendation. The Board was required to assess the regulator’s reasoning to ascertain whether its reasoning amounted to an improper exercise of its powers.

The Court also addressed how the Board should respect the expertise of the regulator in accordance with the decision of *College of Physicians and Surgeons of Ontario v. Payne*, 2002 CanLII 39150 (ON SCDC), <https://canlii.ca/t/7bh9>. The Court concluded that, on issues like whether an unapproved educational program was substantially similar to an approved program, the Board was required to defer to the expertise of the regulator. However, as is often the case on Board reviews, where additional information is before the Board than was before the regulator, the impact of the regulator’s expertise changes:

In those circumstances, absent evidence that the Registration Committee exercised its powers improperly, the Board is limited in what it can do. It cannot do more than refer the application back to the Registration Committee for further consideration by a panel on the basis of the more extensive evidentiary record together with the Board’s reasons and recommendations.

The Court sent the matter back to the regulator to consider the new information presented to the Board that was not before the regulator.

Under this legislative scheme, at least, the final decision in most registration matters will rest with the regulator.

Intervention by a Friend of the Court

By Valreen Sealie

Courts sometimes allow third parties to participate (intervene) in proceedings in order to provide assistance to the Court. Many regulatory tribunals do so as well.

The decision in *Martin v. Health Professions Appeal and Review Board*, 2022 ONSC 1340 (CanLII), <https://canlii.ca/t/jmr8b>, reinforces the proposition that a proposed intervenor as a friend of the court must offer a contribution that is distinct from the contributions made by the parties to a dispute. Further, there is a heightened burden on the proposed intervenor in cases that are closer to the private end of the spectrum. In that case, the Court set aside an order granting leave for the Ontario Trial Lawyers Association (“OTLA”) to intervene as a friend of the court in the judicial review application.

As background, the applicant sought judicial review of the decision of the appeal Board upholding the decision of the Inquiries, Complaints and Reports Committee of the regulator (“Committee”) to take no further action with respect to a complaint against the practitioner by the applicant. The complaint

concerned the practitioner accessing the applicant's medical records without consent for the purpose of litigation. OTLA took issue with the potential impact the Board's decision confirming that practitioners in preparation for litigation have a legitimate reason to look at patient records without consent. OTLA applied for, and was granted, leave to intervene as a friend of the court in the judicial review application. The practitioner brought the motion to set aside the Order granting leave to the OTLA to intervene.

OTLA's counsel, in support of why the OTLA should be granted intervenor status, argued that OTLA's expertise would provide broader perspective to the issues beyond the parties.

The Court rejected the argument that OTLA would provide a contribution distinct from the applicant:

In my view, OTLA's contribution appears to be in the vein of a "me too" submission. The concerns that it wishes to bring to the court's attention are already raised by the appellant's material and fundamentally reflect the applicant's concerns with Dr. Shah's conduct in accessing the medical records. If OTLA was granted intervenor status, it would not be calling the attention to a fact or law not otherwise presented to the court by Mr. Martin.

Based upon the materials filed, I find that OTLA would not provide a contribution distinct from the appellant.

Further, I find that this matter lies near the private dispute end of the spectrum between private and public disputes. OTLA has not met its heightened burden to be made a friend of the court in the circumstances.

The judicial review application concerning the reasonableness of the Board's decision in the disciplinary process is still before the court.

Disregarding an Invalid Order

If a regulator makes a flawed order, can the practitioner simply ignore it? Alberta's highest court says "no". In *Alberta Securities Commission v Felgate*, 2022 ABCA 107 (CanLII), <https://canlii.ca/t/jnbz7>, the regulator made an interim order banning an individual from trading in securities. The order was flawed in that, under the wording of the legislation, it should not have been made before the proceedings actually commenced. The individual breached the order and was convicted of an offence. The individual challenged the conviction on the basis that the interim order was invalid. The Court said:

The appellant, however, had three remedies:

- a) He could have (but did not) make submissions about the proper form of the order at the hearing;
- b) He could have appealed the order to the Court of Appeal under s. 38; or
- c) He could at any time have applied it to vary or terminate the order under s. 214.

What the appellant was not entitled to do was to simply ignore the order and trade in securities as he wished

Practitioners who ignore an order because they do not think it is valid are taking a significant risk.

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

Bill 120, Making Psychotherapy Services Tax-Free Act, 2022 – (*Private Members’ Bill, passed first reading*) “The Bill provides that the Minister of Health shall take all necessary steps, including introducing legislation if necessary, to ensure that the tax treatment of psychotherapy services provided in Ontario by psychotherapists, registered psychotherapists and registered mental health therapists within the meaning of the Psychotherapy Act, 2007 is the same as the tax treatment of those services provided by other practitioners.”

Bill 106, Pandemic and Emergency Preparedness Act, 2022 – (*Government Bill, passed third reading, received Royal Assent*) Bill 106 is an omnibus Bill. It would amend the *Regulated Health Professions Act* to “require Colleges to comply with the regulations respecting their English or French language proficiency requirements. They also prohibit Colleges from requiring Canadian experience as a qualification for registration, subject to any exemptions provided for in the regulations. They also require the Councils of the Colleges to make regulations establishing an emergency class of registration that meets the requirements set out in the regulations. ... An additional regulation-making power is added that would allow for the establishment of time limits in which Colleges must make certain decisions related to registration.” The Bill does not address the governance reforms and proposed new oversight bodies that were the subject of recent consultations. The Bill also creates regulation making power for the *Personal Health Information Protection Act* to facilitate Ontario Health Teams to collect, use and disclose personal health information and to facilitate electronic access to their own personal health information by individuals.

Bill 88, Working for Workers Act, 2022 – (*Government Bill, passed third reading, received Royal Assent*) Bill 88 is an omnibus Bill. Schedule 3 amends the *Fair Access to Regulation Professions and Compulsory Trades Act, 2006*, applicable to non-health professions, to require Canadian mobility applicants to receive registration decisions within 30 days of a completed application. International applications will have their timelines set out in regulation. Canadian experience requirements will need to be eliminated unless an exemption is obtained. Initially, it would have repealed the *Traditional Chinese Medicine Act, 2006* however, the government has announced that this portion of the Bill will not be proceeded with.

Proclamations

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

Fixing Long-Term Care Act – April 11, 2022, is the day on which amendments related to repealing and replacing the *Long-Term Care Act* came into force.

Regulations

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

Regulated Health Professions Act and various Profession Specific Acts – Some housekeeping amendments replaces references to the *Long-Term Care Act* with references to the *Fixing Long-Term Care Act*. (O.R. 310/22, 308/22, 307/22, 293/22)

Regulated Health Professions Act and various Profession Specific Acts – This regulation extends the period expanding those who can administer COVID vaccinations under the controlled acts exemption for one year to June 30, 2023. (O.R. 356/22)

Personal Health Information Protection Act – A number of technical amendments are made to the general regulation, including details on how patients can gain access to electronic records, such as by being given a copy in pdf format, or by a mutually agreed upon electronic record. (O.R. 393/22, 394/22, 423/22)

Fair Access to Regulated Professions and Compulsory Trades Act – This regulation imposes the following requirements on non-health professions:

- A process for applying to the Fairness Commissioner for an exemption from the ban on Canadian Experience Requirements (only the Chartered Professional Accountants are automatically exempted);
- Specifies French and English proficiency tests (the minimum scores are not specified) that must be used by the regulator (although the regulator can allow other ways of demonstrating proficiency);
- Specifies the time limits (e.g., making a decision within six months after receiving a completed application) that must be met in 90% of applications by internationally trained applicants and requiring publicly posted reports of compliance); and
- Requires regulators to provide an emergency registration plan with the Fairness Commissioner within one year. (O.R. 261/22).

Veterinarians Act – This regulation makes major changes to its facility accreditation process and advertising rules. (O.R. 260/22)

Real Estate and Business Brokers Act – This regulation completely revises the disciplinary process for the Real Estate Regulatory Authority. Interestingly, it provides that discipline decisions shall remain available to the public for a period of at least 60 months. (O.R. 367/22)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Regulated Health Professions Act – Consultation on proposed regulations made under Bill 106 amendments to the *RHPA*. The details of the proposed regulations are as follows:

The proposed regulations would support the Ministry of Health's broader goal of increasing health human resource capacity to help Ontario respond and recover from the pandemic by enabling the implementation of amendments to the *RHPA* contained in Schedule 6 of Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, should that Act be passed.

Canadian experience

Canadian experience would be defined as: "Any period of work experience or experiential training in Canada".

Unless an exemption is obtained, any requirement for Canadian experience as a qualification for registration with a health regulatory College would become void after implementation. Exemptions would be granted through a regulation made under the *RHPA*.

A health regulatory College may continue to accept Canadian experience in satisfaction of an experience-related qualification for registration if it also accepts international experience as a viable alternative to Canadian experience.

Language proficiency

Health regulatory Colleges would have to accept proof of completion of a language test accepted by Immigration, Refugees and Citizenship Canada for immigration purposes (with results satisfactory to the regulated profession) as proof of English or French language proficiency. Regulated professions may also accept (but not require) other tests or demonstrations of proficiency of their choosing.

Language test results that are valid at the time an application is received will be deemed to remain valid for the duration of the time it takes an applicant to complete the registration process.

Timely registration decisions

The proposed regulation would prescribe the following time-limits to make and communicate registration decisions with respect to domestic labour mobility applicants:

- Initial registration decisions of the Registrar be made within 30 business days of receiving a complete application.

- Decisions by panels of the Registration Committee be made within 10 business days of the deadline for receiving an applicant's submission.

The Ministry is also seeking input and advice on appropriate time-limits for decisions of the Registrar and panels of the Registration Committee for applicants who are not domestic labour mobility applicants.

Emergency class of certificates of registration

This regulation would prescribe the requirements that a regulation made by a College, setting out an emergency class of registration, must meet. The proposed regulation would require that regulations made by the Colleges set out the:

- circumstances in which an emergency class of registration would be used;
- length of time an individual's registration in the emergency class would be valid; and
- process for individuals registered in the emergency class to seek registration in the general class(es).

Analysis of Regulatory Impact:

There are no anticipated compliance costs as a result of the proposed regulations. Updates to any College regulations, by-laws and processes to come into compliance with the legislation and proposed regulations are expected to be undertaken as part of regular College operations. The proposals may improve the competitiveness of Ontario's health care sector by streamlining registration processes.

Comments are due by June 10, 2022.

Bonus Features

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

I Should Not Be Seeing This – Part 2

Recently we wrote about a civil case with implications for regulators. In *Continental Bank of Canada v. Continental Currency Exchange Canada Inc.*, 2022 ONSC 647 (CanLII), <https://canlii.ca/t/jm284>, the Court expressed concern about one party who had lengthy and undefined access to the privileged legal advice of the other party. The lesson for regulators based on the case is to immediately stop viewing any such legal advice it mistakenly receives and

respond appropriately (e.g., disclose the access and find a safe way to separate out and return or destroy the privileged legal advice).

In another recent civil case, the Court awarded significant damages when others had access, without consent, to the intimate images of an individual: *Roque v Peters*, 2022 MBQB 34 (CanLII), <https://canlii.ca/t/jmzcg>. The portion of the case of relevance to regulators is that a police force was considering the employment application of a woman who had a sexual relationship with an employee of the force. The spouse of the employee discovered the intimate images and provided them to the police force. Those involved in the hiring process viewed the images, indicating that they were relevant to the suitability of the applicant for the job, including whether she could be subject to blackmail. The job applicant successfully sued the police force for viewing the images.

While the lawsuit was based on provincial law, the principles involved are similar to a provision in the *Criminal Code of Canada*. The police force asserted that the “public interest” defence for viewing the images applied. The Court indicated that in order to give meaning to the purpose of the legislation the public interest defence had to be interpreted narrowly. Disclosing the images needed to serve the public good, including through necessary law enforcement and medical research and treatment. The legitimate goals of the police force could have been achieved had the police force simply considered the existence of the intimate images without actually viewing them.

Regulators are sometimes given intimate images as evidence of professional misconduct. When this occurs, the regulator needs to immediately conduct an analysis of whether it should retain the images, whether they are relevant to its regulatory activities and, if they are relevant, whether the actual images need to be viewed. In those rare cases where the images are relevant and need to be viewed, a careful analysis should be conducted to determine who should view the images and for what purpose.

Leave the Room!

When a Council or Board member of a regulator has a conflict of interest, is simply declaring the conflict sufficient? A recent municipal Council case provides useful guidance on this question.

In *Budarick v. the Corporation of the Townships of Brudenell, Lyndoch and Raglan (Integrity Commissioner)*, 2022 ONSC 640 (CanLII), <https://canlii.ca/t/jm283>, the son of a municipal Councillor was invoiced by the fire department for a call related to lighting an open fire during a fire ban. The issue of the invoice came up at some Council meetings. The Councillor declared a conflict of interest but stayed in the room. During one meeting the Councillor proceeded to question a representative of the fire department about related matters (e.g., its fundraising, and general policies and procedures related to invoicing for calls). Some of that information was later used by the Councillor in representing her son in contesting the invoice in other venues. In another meeting that was closed to the public, the Councillor remained in the room.

The Court upheld the findings that the Councillor had acted in a conflict of interest. Simply declaring the conflict was insufficient. The questions by the Councillor of the broader policy issues were inappropriate in the circumstances: “when a member has a pecuniary interest in a matter under discussion in a council, the member should refrain from entering the fray, even in respect of issues that may seem tangential”. The Court also accepted favourably the comment of the lower court as follows:

I find it is more likely than not that the Respondent's questions and comments were designed and intended to denigrate the Fire Department's practices, to create doubt regarding service charges and to obtain information for the purpose of enhancing her son's ability to challenge or reduce the invoice he received.

The Court also upheld the finding that the Councillor should have left the room of the closed meeting discussing her son's invoice. In addition, the Court upheld the finding that the breach of the conflict of interest was, in all of the circumstances, intentional and not a mere error of judgment. Those circumstances included the Councillor's use of her position of the Council to attempt to influence other municipal entities on the matter. The Councillor was ultimately removed from office.

While this decision turns somewhat on the language of the municipal conflict of interest legislation, it reinforces the best practice for Council, Board and Committee members of regulators to not only declare any conflicts of interest, but to then leave the room when the matter is discussed (even if it is a public meeting) and to not try to influence the decision. This duty cannot be circumvented by attempting to couch one's input on the matter in terms of broader policy issues that are obviously related to the issue.

Duty to Accommodate a Disability as a Defence in Discipline Hearings

Can a disability constitute a substantive defence to an allegation of professional misconduct? Must discipline panels accommodate a disability when making findings? This issue came up in *Khan v. Law Society of Ontario*, 2022 ONSC 1951 (CanLII), <https://canlii.ca/t/jnf2z>. The practitioner was disciplined for submitting false accounts (both for time periods worked and for disbursements) for publicly funded legal aid. The practitioner provided medical evidence that he suffered from “Generalized Anxiety Disorder, Persistent Depressive Disorder, and Attention Deficit Hyperactive Disorder (“ADHD”)”.

The Court accepted the tribunal's approach that disability could provide a defence, requiring accommodation, but the practitioner:

had to prove: (1) he has a personal characteristic that is protected under the Human Rights Code; (2) he experienced an adverse impact or differential treatment from his professional regulator; and (3) the protected characteristic was a factor in the adverse impact.

The Court upheld the rejection of the defence that the practitioner had fabricated the false invoices over the course of one panicked weekend while experiencing unrecognized symptoms of mental illness. It was established in the evidence that the dishonest conduct occurred over an extended period of time, continued to be covered up, and was not disclosed until it was discovered by the auditors. The medical opinion evidence on the point was unhelpful because it was based on an inaccurate factual foundation. There was no causal connection between the disability and the conduct.

The Court did not address the tribunal's musings that even if the disability defence applied, undue hardship to the protection of the profession would result if there was no finding or a sanction less than revocation.

While a disability may be considered on the issue of finding and not just on sanction, it has to meet the applicable criteria.

Refusing to Accept Further Submissions

A core element of procedural fairness is permitting those affected by a decision to make submissions on the matter before the decision is made. However, there are circumstances in which further submissions can be refused.

In *E v. Health Professions Appeal and Review Board*, 2022 ONSC 2179 (CanLII), <https://canlii.ca/t/jnmlw>, a practitioner was concerned about a complaints screening decision requiring remediation. The practitioner appealed the first decision to a Board that found that, while the investigation was adequate, one part of the screening decision did not reasonably explain the basis for the required remediation. The matter was returned to the screening committee for reconsideration. The practitioner wished to make further submissions and introduce additional evidence. The screening committee refused to receive it because it wished to focus just on redoing the decision based on the original record. The practitioner appealed the second decision primarily on the basis that they had not been afforded procedural fairness in that the additional submissions and evidence was not considered. Both the Board and the Court rejected the argument. Because there was no new information (beyond what the practitioner wanted to add) and no new issues, there was no obligation to redo the submission process again.

The Court noted that the screening committee could have agreed to accept the new submissions and evidence. The Court simply said that it did not have to.

Regulators Can Insist on Proper Processes Being Followed

Regulators often insist on proper processes being followed. This occurred in *Williams v. Health Professions Appeal and Review Board*, 2022 ONSC 2217 (CanLII), <https://canlii.ca/t/jnmm0>. The

issue in that case was whether the practitioner assessed the capacity of a patient before having them agree to a “Do Not Resuscitate” decision. The regulator imposed a remedial order because the practitioner had not conducted an assessment when there were numerous indications that the client may not have been capable. The practitioner challenged the decision on the basis that a client’s capacity can vary, that one can assume a client is capable unless there is reason to doubt it, and because the client did agree to the order. The Court upheld the remedial decision. The issue in dispute was not whether the client was capable at the time. Rather, the issue was whether the were circumstances indicating that an assessment should be conducted before obtaining the instructions.

Insisting on practitioners following proper processes can be appropriate and justifiable.

Tweaking a Major Reform

British Columbia’s major reform of the regulation for many non-health professions is being amended (<https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/42nd-parliament/3rd-session/bills/first-reading/gov21-1>). The *Professional Governance Act* has been in effect for just over a year. Most of the changes are relatively minor, and include the following:

- Updating terminology, such as changing the governing “council” to the “board”, changing “professional association” to “professional regulator”, and changing “president” to “chair”;
- Authorizing the oversight office of the Superintendent to conduct informal inspections before determining whether a formal investigation or audit is required;
- Requiring the regulatory bodies to pay fees to cover at least some of the cost of their oversight;
- Reducing the ability of registrants to require the regulatory body to conduct a referendum on registrant resolutions at the annual general meeting or implement such resolutions;
- Allowing the regulator to establish a more flexible process for administrative suspensions (e.g., for non-payment of fees);
- Clarifying that the prohibition of reserved practices does not apply to a person exercising the rights of an Indigenous people;
- Allowing the government to make regulations requiring registrants to make a declaration of their competence or of the existence of a conflict of interest;



Legislative Update – What Happened in April 2022?

- Creating a presumptive 60-day time limit to initiate an application for judicial review of decisions made under the legislation;
- Adjusting the process for transferring additional professions to the legislation; and
- Eliminating the category of certified non-registrants from the legislative scheme.

This Bill demonstrates that regulatory reform is a process, not an event.



The College of Naturopaths of Ontario

Understanding the Public Interest

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

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

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

Serving the public interest means ensuring the following.

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

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

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

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

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

Considerations/Questions to ask oneself during deliberations include:

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

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

What the public interest is NOT!

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

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

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

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

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

Risk Treatment or Mitigation Techniques

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

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

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

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

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

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

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



The College of Naturopaths of Ontario

Council Meeting Evaluation

March 30, 2022

12 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	0 @ 1 1 @ 2 0 @ 3 4 @ 4 7 @ 5	4.4
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 9 @ 5	4.8
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	0 @ 1 0 @ 2 1 @ 3 0 @ 4 11 @ 5	4.8
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 9 @ 5	4.8
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	0 @ 1 0 @ 2 0 @ 3 3 @ 4 9 @ 5	4.8
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	0 @ 1 0 @ 2 1 @ 3 3 @ 4 8 @ 5	4.6
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale:	0 @ 1 0 @ 2 1 @ 3 3 @ 4	4.6

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	1 - Not at all adequately prepared to 5 - More than adequately prepared.	8 @ 5	
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	0 @ 1 1 @ 2 1 @ 3 0 @ 4 10 @ 5	4.6
What Worked Well	From the following list, please select the elements of today's meeting that worked well. - Meeting agenda - Council member attendance - Council member participation - Facilitation (removal of barriers) - Ability to have meaningful discussions - Deliberations reflect the public interest - Decisions reflect the public interest	- Meeting agenda (10) - Council member attendance (7) - Council member participation (8) - Facilitation - removal of barriers (7) - Ability to have meaningful discussions (6) - Deliberations reflect the public interest (7) - Decisions reflect the public interest (7)	
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement. - Meeting agenda - Council member attendance - Council member participation - Facilitation (removal of barriers) - Ability to have meaningful discussions - Deliberations reflect the public interest - Decisions reflect the public interest	- Meeting agenda (0) - Council member attendance (3) - Council member participation (2) - Facilitation (removal of barriers) (0) - Ability to have meaningful discussions (0) - Deliberations reflect the public interest (0) - Decisions reflect the public interest (0)	
Things we should do	Are there things that you feel that the Council should be doing at its meetings that it is not presently doing?	None	
Final Feedback	I find it extremely disappointing to have a council member with their camera turned off for the majority of the meeting. This has happened at every meeting. As a professional member, we are all giving up our time to be present at meetings. Seeing patients at the same time as attending a meeting can not allow for a focus on important discussion. I am very frustrated!		
	Council members should keep their cameras turned on during the meeting.		

	It can appear as a lack of commitment or interest when a member only occasionally has their camera turned on. When no questions or discussion are initiated by Council members for an item, maybe the Chair could call on one or two members for their thoughts. This could begin a dialogue which would allow viewers and ultimately the public to see why Council members agree with the item as presented. It would also increase engagement by Council members.
	Great meeting. Thank you to Kim and Brenda!

Comparison of Evaluations by Meeting 2021-2022

Topic	May 2021 ¹	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022	Ave
Were issues discussed essential? 1 - Not at all essential to 5 - Very Essential.	4.2	4.2	4.7	4.6	4.9	4.4	4.5
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.7	4.5	4.8	4.8	4.9	4.8	4.75
Time Management 1 - Not at all managed to 5 - Very well managed.	--	4.2	4.8	4.8	5.0	4.8	4.72
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	--	4.5	4.8	4.7	5.0	4.8	4.76
Right People 1 - None of the right people to 5 - All of the right people.	--	4.0	4.8	4.7	5.0	4.8	4.66
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.3	4.5	4.5	4.7	4.7	4.6	4.55
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.2	4.0	4.5	4.8	4.6	4.6	4.45
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	--	4.1	4.8	4.6	5.0	4.6	4.62
Number of Evaluations	10	11	10	11	10	12	10.7

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



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2022-2023**

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

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

16.01 Definition

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

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2022 to March 31, 2023.

Elected or Appointed Positions

Council Member	Interest	Explanation
None		

Interests or Entities Owned

Council Member	Interest	Explanation
None		

Interests from which they receive Financial Compensation

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

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2022-23 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Asifa Baig	May 25, 2022		
Dr. Jonathan Beatty, ND	May 25, 2022		
Dr. Shelley Burns, ND	May 25, 2022	May 11, 2022	Yes
Dean Catherwood	May 25, 2022	May 10, 2022	None
Brook Dyson	May 25, 2022		
Lisa Fenton	May 25, 2022	May 10, 2022	None
Dr. Anna Graczyk, ND	May 25, 2022	May 10, 2022	None
Tiffany Lloyd	May 25, 2022	May 17, 2022	None
Dr. Denis Marier	May 25, 2022	May 10, 2022	None
Sarah Griffiths-Savolaine	May 25, 2022	May 17, 2022	None
Paul Phillion	May 25, 2022	May 9, 2022	None
Dr. Jacob Scheer, ND	May 25, 2022	May 10, 2022	None
Dr. Jordan Sokoloski, ND	May 25, 2022	May 15, 2022	None
Dr. George Tardik, ND	May 25, 2022	May 17, 2022	None

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

Updated: May 18, 2022

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



The College of Naturopaths of Ontario

Report from the Council Chair

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

I have continued to liaise with the Chief Executive Officer (CEO) on broad issues impacting the College & we continue to follow the direction from the Ministry of Health and hope to see more positive changes to come.

I wish to thank everyone for their help & support through my time with the College of Naturopaths of Ontario and wish the new Council all my best wishes.

Dr. Kim Bretz, ND
Council Chair
May 2022



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1759
General Class							1569
In Good Standing	1526	1533	1552	1568	1565	1550	1550
Suspended	15	16	15	21	18	19	
Inactive Class							168
In Good Standing	167	166	165	166	164	163	164
Suspended	5	5	5	5	5	5	5
Life Members	22	22	22	22	22	22	22
Changes in Registration Status							
Suspensions	6	2	1	6	7	10	32
Resignations	2	0	1	3	8	21	35
Revocations	3	0	0	0	2	3	8
Reinstatements	1	0	1	1	7	6	16
Class Changes							
GC to IN	0	1	0	4	8	19	32
IN to GC (< 2 years)	1	3	1	0	0	3	8
IN to GC (> 2 years)	0	0	0	0	1	1	2
Life Membership Applications							
Approved	0	0	0	0	0	0	0
Not Approved	0	0	0	0	0	0	0
Professional Corporations (Total)							
New applications approved	5	5	0	1	2	3	16
Renewed	11	14	13	21	12	17	88
Revoked	0	0	0	0	0	0	0
Resigned/Dissolved	0	1	0	1	0	0	2
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	2	18	11	25	2	14	72
On-going applications	16	25	32	38	14	17	
Certificates issued	9	5	19	26	11	7	77
Referred to RC	2	4	5	2	2	0	15
Approved	0	1	4	1	1	0	7
Approved – TCLs	0	1	1	0	0	0	2
Approved – Exams required	0	0	0	0	0	0	0
Approved – Education required	2	2	0	1	1	0	6
Denied	0	0	0	0	0	0	0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued								
	PLAR Applications							0
	New	0	0	0	0	0	0	0
	On-going	1	1	1	1	1	1	1
1.3 Regulatory Activity: Examinations								
	CSE							
	Scheduled	0	1	0	0	1	0	2
	Held	0	1	0	0	1	0	2
	Candidates	N/A	68	N/A	N/A	38	N/A	106
	BME							
	Scheduled	0	0	1	0	0	1	2
	Held	0	0	1	0	0	1	2
	Candidates	N/A	N/A	64	N/A	N/A	34	98
	Clinical Practical Exam							
	Scheduled	1	1	2	0	1	0	5
	Held	0	1	2	0	1	0	4
	Candidates	23	40	70	N/A	27	N/A	160
	Therapeutic Prescribing							
	Scheduled	1	1	1	0	0	1	4
	Held	1	1	1	0	0	1	4
	Candidates	35	14	35	N/A	N/A	34	118
	IVIT							
	Scheduled	1	0	0	1	0	0	2
	Held	1	0	0	1	0	0	2
	Candidates	19	N/A	N/A	19	N/A	N/A	38
	Exam Appeals							
	CSE							
	*** Granted	0	0	0	0	0	2	2
	*** Denied	0	0	0	0	0	0	0
	BME							
	*** Granted	0	0	0	0	0	0	0
	*** Denied	0	0	0	0	0	0	0
	Clinical Practical							
	*** Granted	0	0	0	0	0	1	1
	*** Denied	0	0	0	0	0	0	0
	Therapeutic prescribing							
	*** Granted	0	0	0	0	0	0	0
	*** Denied	0	0	0	0	0	0	0
	IVIT							
	*** Granted	0	0	0	0	0	0	0
	*** Denied	0	0	0	0	0	0	0
	Exam Question Development							
	*** CSE questions developed	0	0	0	0	0	85	85
	*** BME questions developed	0	125	0	0	0	0	125

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.4 Regulatory Activity: Patient Relations								
	Funding applications							
	New applications	0	0	1	0	0	0	1
	Funding application approved	0	0	0	1	0	0	1
	Funding application declined	0	0	0	0	0	0	0
	Number of Active Files	4	4	4	5	5	5	5
	Funding Provided	\$2,732	\$2,353	\$1,240	\$725	\$2,205	\$1,440	\$10,695
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	0	0	11	26	6	2	45
	Completed	0	0	11	26	6	2	45
	CE Reporting							
	Number in group	0	0	491	0	0	0	491
	Number received	0	0	483	0	0	0	483
	P&P Assessment required	0	0	0	0	0	0	0
	QAC Reviews							
	Accepted	2	0	1	0	0	0	3
	Work Required	0	0	0	0	0	0	0
	QAC Referrals to ICRC	0	0	0	0	0	0	0
1.6 Regulatory Activity: Inspection Program								
	New premises registered	8	5	4	0	2	0	19
	New Premise Inspection							
	Part I Scheduled	8	1	4	4	1	1	19
	Part I Completed	8	1	4	4	1	1	19
	Part II Scheduled	1	4	3	7	1	3	19
	Part II Completed	1	4	3	7	1	3	19
	New premises-outcomes							
	Passed	12	0	6	8	6	7	39
	Pass with conditions	5	0	2	3	4	3	17
	Failed	0	0	0	1	0	0	1
	Secondary Inspections							
	Scheduled	0	0	0	0	0	7	7
	Completed	0	0	0	0	0	7	7
	Second inspections							
	Passed	0	0	0	0	0	1	1
	Pass with conditions	0	0	0	0	0	0	0
	Failed	0	0	0	0	0	0	0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	3	1	2	2	2	1	11
	Patient died	0	0	2	0	0	0	2
	Emergency drug administered	0	0	0	0	0	0	0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports								
	New complaints/reports							
	Complaints	4	4	6	4	6	6	30
	CEO Initiated	5	2	0	1	3	2	13
	ICRC Outcomes							
	Letter of Counsel	3	3	3	3	5	0	17
	SCERP	2	3	2	3	2	2	14
	Oral Caution	6	1	1	2	2	1	13
	SCERP & Caution	0	0	0	0	0	0	0
	No action needed	1	2	1	0	1	3	8
	Referred to DC	0	0	0	2	0	4	6
	Summary of concerns							
	Advertising	4	0	0	1	5	2	12
	Failure to comply	0	0	0	0	2	0	2
	Ineffective treatment	2	2	2	1	0	5	12
	Out of scope	5	2	2	2	1	5	17
	Record keeping	1	2	0	1	1	0	5
	Fees & billing	2	0	3	0	1	2	8
	Lab testing	0	0	0	0	0	0	0
	Delegation	0	0	0	0	0	0	0
	Harassment	0	0	1	0	0	0	1
	QA Program comply	1	0	0	0	0	0	1
	C&D compliance	0	0	0	0	0	0	0
	Failure to cooperate	1	1	1	0	0	0	3
	Boundary issues	0	0	2	1	0	1	4
	Practising while suspend.	0	1	0	0	1	0	2
	Unprofessional, unbecoming	0	0	0	0	0	2	2
1.8 Regulatory Activity: Cease & Desist								
	C&D Issued	2	3	4	3	1	1	14
	C&D Signed	1	2	1	5	0	0	9
	Injunctions							
	Sought	0	0	0	0	0	0	0
	Approved	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0
1.9 Regulatory Activity: Hearings								
	Pre-hearing conferences							
	Scheduled	1	1	0	0	3	2	7
	Completed	0	1	1	0	0	3	5
	Discipline hearings							
	Contested	1	0	0	0	0	0	1
	Uncontested	1	0	1	0	0	0	2
	Contested Outcomes							
	Findings made	0	0	0	0	0	0	0
	No findings made	0	0	0	0	0	0	0
	FTP Hearings	0	0	0	0	0	0	0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.10 Regulatory Activity: Regulatory Guidance								
	Inquiries							
	E-mail	82	91	94	75	85	52	479
	Telephone	59	58	71	42	39	55	324
	Top inquiries							
	COVID-19	21	17	16	13	10	14	91
	Scope of practice	12	8	15	14	10	11	70
	Conflict of interest	0	0	8	0	0	0	8
	Tele-practice	9	9	9	8	7	7	49
	Inspection program	0	8	0	0	4	5	17
	Patient visits	10	0	6	6	8	5	35
	Advertising	6	0	4	4	4	3	21
	Lab testing	0	23	15	10	4	0	52
	Notifying patients when moving	8	4	0	5	0	0	17
	Fees & billing	0	6	7	4	7	3	27
	Record keeping	6	6	15	6	0	12	45
	Grads working for a Registrant	7	0	0	0	0	0	7
	Registration					6	0	6
	Completing Forms/Letters for Patients	4	10	24	0	8	4	50
1.11 Regulatory Activity: HPARB Appeals								
	RC Appeals							
	Filed	0	0	0	0	0	0	0
	Upheld	0	0	0	0	0	0	0
	Returned	0	0	0	0	0	0	0
	Pending	0	0	0	0	0	0	0
	ICRC Appeals							
	Filed	0	0	0	0	0	0	0
	Upheld	0	1	0	0	1	0	2
	Returned	0	0	0	0	0	0	0
	Overtaken	0	0	0	0	0	0	0
	Pending	2	1	1	1	0	0	5
1.12 Regulatory Activity: HRTTO Matters								
	In progress	1	1	1	1	1	1	1
	Decided	0	0	0	0	0	0	0
	In favour of applicant							0
	In favour of College							0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 17, 2022

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director of Operations

RE: Variance Report – Q4 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 March 31, 2022, which represents the end of the 2021-2022 fiscal year.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, as of March 31, 2022.

At the end of Q4 the College completed the year with a surplus of \$381,548 as noted under Current Earnings.

The quality of the College's Accounts Receivable remains strong. On January 4, 2022, our final withdrawal took place for Registrants enrolled in our Pre-Authorized Payment Plan. In January we had one default payment which is a default rate of 0.2% for the month. For the full year, there were 24 default payments out of 499 enrolments for a default rate of 4.8% for the fiscal year.

In the College's fourth quarter, we did not qualify for a subsidy via the Tourism and Hospitality Recovery Program and the Hardest Hit Business Recovery Program. The amount of \$1,567 noted in the Misc. Income (CEWS Subsidy) on the Analysis of Statement of Operations for Q4 is for a vendor credit.

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

Accounts Payable at the end of March is higher than normal, however within normal business practices. In March there are a couple of larger transactions that have not cleared for the processing of Registration dues which includes \$179,306 for HST and \$31,000 in credit card processing fees. This is in addition to \$65,333 in payroll costs and \$60,000 in late billings from Yardstick for the delivery and maintenance of exams.

Other Liabilities are slightly higher at the end of Q4, and again within normal business practice. This includes a partial accrual of the last pay period in March in the amount of \$29,150, audit fees for \$16,500 and vacation accruals in the amount of \$50,835.

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

Total Equity has grown by \$400,000 at the end of this fiscal year with a Consumer Price Index (CPI) increase being applied to registration fees.

Statement of Operations

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

- **Blue**- notes actual budget and actual expenditures for Q4 only.
- **Green**- is a calculation of how much was spent in Q4 versus the Q4 budget.
- **Yellow**- historical data from the previous year to illustrate actual expenditures versus the budget.
- **Purple**- captures the budget and actual expenditures compounding from quarter to quarter. In this report the table includes data for Q1, Q2, Q3 and Q4.
- **Pink**- illustrates the actual annual budget and the percentage of the budget received or spent to date.

Revenue

Total Year-to-Date actual revenue was \$3,574,269. This compares to the Year-to-Date budget of \$3,357,039 resulting in a favorable variance of \$217,230 (106% over budget).

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

Line Item	Current 2021-2022 Fiscal Year				Prior 2020-2021 Fiscal Year		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q4- Actual Revenue	Q4- Variance in \$	Q4- Variance in %
Registration Fees	2,995,213	2,877,889	117,324	104% Over budget	24,543	16,043	289% Over budget
Examination Fees	334,652	292,000	42,652	115% Over budget	33,850	(3,650)	10% Under budget
Incorporation Fees	32,312	23,150	9,162	140% Over budget	5,981	3,531	239% Over budget
Misc. Income (CEWS Subsidy)	130,648	22,000	108,648	594% Over budget	39,414	39,414	*this line item was not budgeted for in 2020-21*

Inspection Fees	71,100	110,000	(38,900)	65% Under budget	11,250	(8,750)	37% Under budget
Interest	1,602	4,000	(2,398)	40% Under budget	(563)	(15,683)	-4% Over budget
Investment Income	(4,558)	12,000	(16,558)	-38%	-	-	**this line item was not budgeted for in 2020-21*

Registration Fees – In Q4 there were 30 class changes and nine re-instatements processed. There were only a couple of registrations processed of which were pro-rated for the remainder of this fiscal year. The additional revenue was generated by 10 applications for Entry to Practice and 12 applications resulted in issuance fees. At the end of the year Registration Fees exceeded the budget by 104%.

Examination Fees – In the fourth quarter a total of four exams were held in addition to the online Jurisprudence Exam. The Biomedical Exam was attended by 33 candidates, eight candidates attended the Clinical Sciences Exam, 17 for the IVIT Exam and 36 candidates attended the Therapeutics Prescribing Exam. A total of 22 candidates completed the Jurisprudence Exam. As anticipated this program has achieved and exceeded the budget by 115%.

Incorporation Fees- At the end of this quarter there were five applications received and 22 renewals were processed. Most of this revenue is due to the renewal of existing professional corporations. As expected, with this program having met its budgeted revenue targets at the end of Q3, by Q4 this program exceeded the budget by 140%.

Misc. Income (CEWS Subsidy)- In the fourth quarter the miscellaneous income recorded was the result of a vendor credit for an overcharge. This revenue line item when originally budgeted was understated as the CEWS subsidy program at time of developing the budget was to end in May 2021. It was then extended to the end of October 2021 and now subsequently to May 2022. As a result, this line item exceeded budgeted expectations by 594%.

Inspection Fees- In Q4 there were two inspections that were grandfathered under the old payment structure (Inspections Part II), one new premise inspection and eight routine inspections at the five-year interval. At the end of the year this program met 65% of its budget. The shortfall of 35% is due to the limited inspection activity primarily in Q1 that is attributed to COVID-19 restrictions.

Interest- With lowered banking interest rates across Canada due to the impact of COVID-19 on the economy, the interest earned between the College's chequing and savings account had a shortfall of 60% from the budget with a total of \$1,602 earned in interest.

Investment Income- The College has both a GIC and Mutual Funds. The GIC interest is compounded on an annual basis with one interest payment made in July. However, the College's mutual fund, although invested in a conservative portfolio has been running at a loss. This line item had a loss of \$4,387 and underperformed by (37%) of the budgeted amount.

Expenses

Total Year End expenses were \$3,192,721 compared to the Year End budget of \$3,419,027. The favorable variance of \$226,306 is 7% below budget. Noted below are the primary items that contributed to lowered expenses, with the exception of Consulting Fees-Complaints and Inquires and Maintenance Fees that incurred costs slightly over its budgeted amounts.

Line Item	2021-2022				2020-2021		
	Year to Date Expense	Year to Date Budget	Variance in \$	% within the Budget	Q4-Actual Expense	Q4-Variance in \$	Q4-Variance in %
Consulting Fees-Assessors	28,956	53,700	24,744	46% Under budget	3,225	(16,575)	84% Under budget
Legal Fees-General	23,182	46,780	23,598	50% Under budget	3,212	(8,413)	72% Under budget
Legal Fees-Discipline	91,450	192,000	100,550	52% Under budget	28,691	11,691	169% Over budget
Hearings	9,436	34,619	25,183	73% Under budget	4,103	(1,674)	29% Under budget
Education and Training	10,645	24,082	13,437	56% Under budget	0	0	*this line item was not budgeted for 2020-21*
Printing and Postage	865	1,912	1,047	55% Under budget	300	(388)	56% Under budget
Consulting Fees-Complaints and Inquiries	136,686	128,000	(8,686)	-7% Over budget	32,235	(1,015)	3% Under budget
Equipment Maintenance	50,568	48,380	(2,188)	-5% Over budget	12,730	3,040	131% Over budget

Consulting Fees Assessors (54% of YTD budget): This item includes costs incurred for both Peer & Practise Assessors and Inspectors. A total of 11 inspections were completed this quarter. As anticipated this line item was well below budget, due to all Peer & Practice

Assessments being cancelled due to COVID-19 except for those ordered by the Quality Assurance Committee.

Legal Fees General (50% of YTD budget): For each program area a small baseline is budgeted for legal fees for each program. This year a few programs did not require any legal consultations due to programming being affected by COVID-19 such as Quality Assurance and Inspections, while other departments such as Patient Relations, Standards and Drugs, Substances and Labs Program did not incur any costs the entire fiscal year. As anticipated this line item ended the fiscal year with 50% cost savings against the budget.

Legal Fees Discipline (48% of YTD budget): The reduction in expenses is due to no hearings having been held in Q2 and in Q4. The contested hearing has been deferred to the following fiscal year. Legal fees will continue to be incurred as preparatory work continues to be underway for a number of upcoming cases.

Hearings (27% of YTD budget): There were no hearings held in Q4. The contested hearing that was slated for this year has been moved to Q1 of the following year. As anticipated this program completed the year under budget due to less costs incurred for consultants and per diems based on three uncontested hearings held.

Education and Training (44% of YTD budget): At the end Q4 it was anticipated that this line item would have costs savings as the majority of this line item has been budgeted for staff training and conferences. With COVID-19 restrictions remaining in place for the half of the fiscal year, educational sessions and workshops were either vendor cancelled or postponed. There were also no training costs incurred for Entry to Practice.

Printing and Postage (45% of YTD budget): Postage fees continue to remain minimal this quarter due to the College continuing to work remotely and the majority of mailings being completed electronically including examination results.

Consulting Fees Inquires and Complaints (107% of YTD budget): This fiscal year a total of 27 new complaints were initiated and 25 Registrar Investigations. This is in addition to case files from last year not being closed. As cases become more complex, the work of one complaint takes more time to investigate in order to close off the file.

Equipment Maintenance (105% of YTD budget): At the end of the Q4 equipment maintenance fees were \$2,000 over budgeted. This is due to our I.T company increasing our monthly maintenance contract by \$180 per month.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q4 have exceeded budgeted allocations by 7% with total revenues at 106%.

Overall expenses are at 93% of the annual budget which illustrates a slight costs savings of 7%.

Capital Expenditures

There were no additional capital expenditures made in Q4. The allocation of \$1,500 for furniture and fixtures was not utilized. In total, at the end of the year there was a cost savings of \$1,699.45, which in turn is approximately 20% from the annual capital budget.

Reserve Funds

With the College ending its 2021-2022 fiscal year in a surplus, following the completion of our annual audit, adjusting journal entries will be made to top up our Reserve Funds.

Of the four established Reserve Funds- Patient Relations was the only fund for which monies were utilized in the amount of \$10,806.30.

The account balances are noted on the Statement of Financial Position under Equity as follows:

Investigations and Hearings \$1,000,000
 Patient Relations \$78,386.35
 Succession Planning \$50,000.00
 Business Continuity \$1,075,385.00

With a yearend surplus of \$381,548 the following adjustments are anticipated:

Reserve Fund	Terms	Allocation	New Reserve Fund Balance	Adjusted Surplus
Patient Relations	Top up to replace monies used in the fiscal year and balance to be at \$100,000	\$20,806.30 (\$10,806.30 for monies used this year and \$10,000 for fund top up).	\$100,000	\$360,742
Investigations and Hearings	5% of surplus	\$19,077	\$1,019,077	\$341,665
Business Continuity	10% of surplus	\$38,154	\$1,113,539	\$303,511
Succession Planning	1% of surplus	\$0.00-this reserve is at its maximum allocation.	\$50,000	\$303,511

For a total year end surplus ending at \$303,511 following the replenishment of the reserve funds.

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

Respectfully submitted.



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION

As of March 31, 2022

100% of Fiscal Year

ASSETS

Chequing / Savings

Bank - Operating Funds	\$ 1,345,871.56
Bank - Savings	\$ 513,602.89
Petty Cash	\$ 500.00
<i>Total Chequing / Savings</i>	<i>\$ 1,859,974.45</i>

Accounts Receivable

Accounts Receivable	\$ 356,832.08
Allowance for Doubtful Accounts	\$ (32,374.50)
Ordered DC Costs	\$ 2,000.00
<i>Total Accounts Receivable</i>	<i>\$ 326,457.58</i>

Other Current Assets

Prepaid Expenses	\$ 77,305.38
Investment in Mutual funds	\$ 1,567,242.77
Accrued Interest	\$ 447.50
Investment in GIC	\$ 514,379.08
<i>Total Other Current Assets</i>	<i>\$ 2,159,374.73</i>

Fixed Assets

Computer Equipment	\$ 76,930.93
Furniture and Fixtures	\$ 159,390.70
Accumulated Amortn - Computers	\$ (46,077.82)
Accumulated Amortn - Furniture	\$ (141,680.99)
<i>Total Fixed Assets</i>	<i>\$ 48,562.82</i>

TOTAL ASSETS

\$ 4,394,369.58

LIABILITIES AND EQUITY

Accounts Payable

Accounts Payable	\$ 320,058.82
Credit cards	\$ (4,646.69)
<i>Total Account Payable</i>	<i>\$ 315,412.13</i>

Other Current Liabilities

Accrued Liabilities	\$ 96,485.15
Deferred Income	\$ 1,792,109.72
HST Payable	\$ (860.95)
<i>Total Current Liabilities</i>	<i>\$ 1,887,733.92</i>

Equity

Retained Earnings	\$ (394,093.84)
Patient Relations Fund	\$ 78,386.35
Business Continuity Fund	\$ 1,075,385.00
Investigations and Hearing Fund	\$ 1,000,000.00
Succession Planning Fund	\$ 50,000.00
Current Earnings	\$ 381,546.02

Total Equity \$ 2,191,223.53

TOTAL LIABILITIES AND EQUITY

\$ 4,394,369.58



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q4 commencing January 01, 2022 to March 31, 2022.

	Q4				12 MONTH ENDING MARCH 31, 2022						ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Jan-Mar'22 Budget \$'s	Jan-Mar'22 Actual \$'s	BUDGET FAV (UNFAV) VARIANCE \$ %		Jan-Mar'21 Actual \$'s	Jan-Mar'21 FAV (UNFAV) VARIANCE \$ %	YTD Budget \$'s	YTD Actual \$'s	BUDGET FAV (UNFAV) VARIANCE \$ %			
Revenue												
Registration and Member Renewals	15,522	18,467	2,945	119%	24,543	16,043	2,877,889	2,995,213	117,324	104%	2,877,889	104%
Examination Fees	59,800	52,500	(7,300)	88%	33,850	(3,650)	292,000	334,652	42,652	115%	292,000	115%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	2,650	7,002	4,352	264%	5,981	3,531	23,150	32,312	9,162	140%	23,150	140%
Ordered Costs Recovered	4,000	1,750	(2,250)	44%	2,750	(1,250)	16,000	13,300	(2,700)	83%	16,000	83%
Inspection Fees	42,500	21,100	(21,400)	50%	11,250	(8,750)	110,000	71,100	(38,900)	65%	110,000	65%
Interest	1,000	177	(823)	18%	(563)	(15,683)	4,000	1,802	(2,398)	40%	4,000	40%
Investment Income	1,500	(2,644)	(4,144)	-176%	-	-	12,000	(4,558)	(16,558)	-38%	12,000	-38%
Miscellaneous Income (CEWS Subsidy)	-	1,567	1,567	1000%	39,414	39,414	22,000	130,648	108,648	594%	22,000	594%
Total Revenue	126,972	99,919	(27,053)	79%	117,225	29,655	3,357,039	3,574,269	217,230	106%	3,357,039	106%
Expenses												
Salaries and Benefits	398,104	487,871	(89,767)	-23%	381,437	(22,592)	1,621,321	1,705,319	(83,998)	-5%	1,621,321	105%
Rent and Utilities	75,513	75,291	222	0%	75,226	1,618	307,052	310,131	(3,079)	-1%	307,052	101%
Office and General	(4,869)	52,241	(57,110)	1173%	27,722	(46,189)	170,688	151,428	19,260	11%	170,688	89%
Consulting Fees-General	2,400	11,863	(9,463)	-394%	77,536	65,786	71,370	55,688	15,682	22%	71,370	78%
Consulting Fees-Complaints and Inquires	30,250	26,306	3,944	13%	32,235	(1,015)	128,000	136,686	(8,686)	-7%	128,000	107%
Consulting Fees-Assessors/Inspectors	15,000	6,760	8,240	55%	3,225	(16,575)	53,700	28,956	24,744	46%	53,700	54%
Exam Fees and Expenses	54,364	36,594	17,770	33%	147,715	95,905	267,703	209,553	58,150	22%	267,703	78%
Legal Fees-General	12,160	3,528	8,632	71%	3,212	(8,413)	46,780	23,182	23,598	50%	46,780	50%
Legal Fees-Complaints	13,928	11,999	1,929	14%	12,031	1,631	65,566	58,444	7,122	11%	65,566	89%
Legal Fees-Discipline	14,000	42,496	(28,496)	-204%	28,691	11,691	192,000	91,450	100,550	52%	192,000	48%
Council Fees and Expenses	32,717	57,274	(24,557)	-75%	17,325	(21,925)	211,694	196,336	15,358	7%	211,694	93%
Hearings (Discipline, Fitness to Practice)	3,776	1,808	1,968	52%	4,103	(1,674)	34,619	9,436	25,183	73%	34,619	27%
Amortization/Depreciation	16,715	-	-	0%	-	-	16,715	-	-	0%	16,715	0%
Insurance	-	3,640	(3,640)	0%	3,318	3,318	31,000	28,480	2,520	8%	31,000	92%
Equipment Maintenance	12,045	12,597	(552)	-5%	12,730	3,040	48,380	50,568	(2,188)	-5%	48,380	105%
Audit Fees	-	-	-	0%	0	-	16,500	15,600	900	5%	16,500	95%
Public Education	49,163	60,220	(11,057)	-22%	-	(27,397)	109,945	109,954	(9)	0%	109,945	100%
Education and Training	500	190	310	62%	0	-	24,082	10,645	13,437	56%	24,082	44%
Printing and Postage	493	14	479	97%	300	(388)	1,912	865	1,047	55%	1,912	45%
Total Expenses	726,259	890,692	(164,433)	-23%	826,806	36,821	3,419,027	3,192,721	226,306	7%	3,419,027	93%
Total Revenue over Expenses	(599,287)	(790,773)	137,380	-23%	(709,581)	(7,166)	(61,988)	381,548	(9,076)	-23%	(61,988)	



The College of Naturopaths of Ontario

Statement of Operations

	2021-2022			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Mar'22 Budget
REVENUES				
Registration and member renewal fees	\$ 2,877,889	\$ 2,995,213	104%	\$2,877,889
Examination fees	\$ 292,000	\$ 334,652	115%	\$292,000
Deferred capital funding	\$ -	\$ -	-	\$0
Incorporation fees	\$ 23,150	\$ 32,312	140%	\$23,150
Ordered costs recovered	\$ 16,000	\$ 13,300	83%	\$16,000
Inspection fees	\$ 110,000	\$ 71,100	65%	\$110,000
Interest	\$ 4,000	\$ 1,602	40%	\$4,000
Investment Income	\$ 12,000	\$ (4,558)	-38%	\$12,000
Miscellaneous	\$ 22,000	\$ 130,648	594%	\$22,000
TOTAL REVENUES	\$ 3,357,039	\$ 3,574,267		\$3,357,039
EXPENSES				
Salaries and benefits	\$ 1,621,321	\$ 1,705,319	105%	\$1,621,321
Rent and utilities	\$ 307,052	\$ 310,131	101%	\$307,052
Office and general	\$ 170,688	\$ 151,428	89%	\$170,688
Consulting fees				
Consultants - general	\$ 71,370	\$ 55,688	78%	\$71,370
Consultants - complaints and inquiries	\$ 128,000	\$ 136,686	107%	\$128,000
Consultants - assessors/inspectors	\$ 53,700	\$ 28,956	54%	\$53,700
Exam fees and expenses	\$ 267,703	\$ 209,553	78%	\$267,703
Legal fees				
Legal fees - general	\$ 46,780	\$ 23,182	50%	\$46,780
Legal fees - complaints	\$ 65,566	\$ 58,444	89%	\$65,566
Legal fees - discipline	\$ 192,000	\$ 91,450	48%	\$192,000
Council fees and expenses	\$ 211,694	\$ 196,336	93%	\$211,694
Hearings (Discipline, Fitness to Practise)	\$ 34,619	\$ 9,436	27%	\$34,619
Amortization/Depreciation	\$ 16,715	\$ -	0%	\$16,715
Insurance	\$ 31,000	\$ 28,480	92%	\$31,000
Equipment maintenance	\$ 48,380	\$ 50,568	105%	\$48,380
Audit fees	\$ 16,500	\$ 15,600	95%	\$16,500
Public education	\$ 109,945	\$ 109,954	100%	\$109,945
Education and training	\$ 24,082	\$ 10,645	44%	\$24,082
Printing and Postage	\$ 1,912	\$ 865	45%	\$1,912
TOTAL EXPENSES	\$ 3,419,026	\$ 3,192,721		\$3,419,026
EXCESS OF REVENUES OVER EXPENSES	\$ (61,987)	\$ 381,546		-\$61,987



The College of Naturopaths of Ontario

2021-22 Capital Statement

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



The College of Naturopaths of Ontario

BRIEFING NOTE

Organizational Performance Evaluation

PURPOSE: The Council oversees and monitors the performance of the College against its Ends policies.

OUTCOME To review and accept the Organizational Performance Evaluation.

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

PROCESS:

Activity:	Presentation/Discussion		
Results:	Acceptance of Outcomes		
Overall Timing:	How much time is allocated on the agenda for this item.		
Steps/Timing:	1.	CEO to present briefing and evaluation	5 minutes
	2.	Council to discuss outcomes	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

Although the Council has a process for the Performance Evaluation of the Chief Executive Officer (CEO), one that was based on advice and recommendations of an external consultant retained to assist in the process, it continues to evaluate the overall performance of College operations against the Ends Policies and the Operational Plan.

Through this process, the CEO presents for acceptance by the Council, an Operational Plan with key performance indicators. At the midpoint in the fiscal year, the CEO presents a report on operations to allow Council to determine whether activities are on track. At the end of the operational year, the CEO presents the final report which is Council's opportunity to evaluate performance against the key performance indicators.

The Operational Plan is presented as the "means" by which the CEO intends to deliver on the Council's Ends Policies (Ends Statements and Ends Priorities). When the Council accepted the Operational Plan, it was accepting that the plan was representative of movement toward accomplishing the Ends Statements.

DISCUSSION POINTS:

Council's role

Given that Operational Performance no longer equates to CEO performance, the Council's role is to receive the report, review it and pose any questions about what was and what was not completed in terms of the intended activities to be undertaken.

Council is now assessing globally the ability of the College to meet its intended targets as set out in the performance indicators. After reviewing the report, the Council can either:

1. Accept the report as an accurate reflection of what was undertaken and what was not and why.
2. Reject the report as not being accurate and direct the CEO to take specific action.

Additionally, the Council can direct the CEO to take any additional actions or provide any additional information that it may desire. Council would most properly do this through changes to the Ends Statements and Ends Priorities policies.

Summary of the Evaluation

Since the Operational Performance Review is lengthy, the following summarizes the Evaluation provided to the Council by the CEO and senior staff of the College.

No.	Activity	Evaluation against Performance Indicators		
		Below	Met	Above
1.	Regulation the Profession			
	1.1 Registration	☐	☒	☐
	1.2 Entry to practice	☐	☒	☐
	1.3 Examinations	☐	☒	☐
	1.4 Patient Relations Program	☐	☐	☒
	1.5 Quality Assurance Program	☐	☒	☐
	1.6 Inspections	☐	☒	☐
	1.7 Inquiries, Complaints and Reports	☐	☒	☐
	1.8 Cease & Desist	☐	☒	☐
	1.9 Hearings	☐	☒	☐
	1.10 Regulatory Education	☐	☒	☐
	1.11 HPARB Appeals	☐	☒	☐
	1.12 HRT0 Matters	☐	☒	☐
	1.13 Standards	☐	☒	☐
	1.14 Scheduled Substance Review	☐	☒	☐
2.	Governance			
	2.1 Good Governance			
	a) Composition	☐	☐	☒
	b) Training/Orientation	☐	☐	☒
	c) Regular reporting	☐	☒	☐
	d) Council policy decisions	☐	☐	☒
	e) CEO Performance assessment	☐	☒	☐
	f) Risk mitigation	☐	☐	☒
	2.2 Support to Committees			
	a) Composition	☐	☒	☐
	b) Training/Orientation	☐	☒	☐
	c) Meet as needed	☐	☒	☐
	2.3 Transparency	☐	☒	☐
	a) Program in support	☐	☒	☐
	b) Regulatory disclosures	☐	☒	☐
	2.4 Accountability			
	a) HFO/OFC	☐	☒	☐
	b) CPMF	☐	☒	☐
3	Corporate Activities			
	3.1 Human Resources			
	a) Recognition of value	☐	☒	☐
	b) Enhanced team	☐	☒	☐
	c) Training	☐	☒	☐
	3.2 Financial Management			

		a) GAAP	☐	☒	☐
	3.3	French Language Services	☐	☒	☐
	3.4	Operating Policies/Procedures	☐	☒	☐
	3.5	Records Management	☐	☒	☐
	3.6	Corporate Communications			
		a) Outbound communications	☐	☒	☐
		b) Engagement	☐	☒	☐
4	Program Development				
	4.1	COVID-19 Support	☐	☒	☐
	4.2	Risk-based Regulation	☒	☐	☐
	4.3	Alternative Dispute Resolution	☐	☒	☐
	4.4	Volunteer Program			
		a) Program Development	☐	☐	☒
		b) Competency-based assess.	☐	☐	☒
		c) Orientation/Training	☐	☒	☐
	4.5	Fair Registration	☐	☒	☐
	4.6	PLAR Program (deferred)	☐	☐	☐
	4.7	Inspection Program Review	☐	☒	☐
	4.8	Review of Finances (deferred)	☐	☐	☐
	4.9	Property Search	☐	☒	☐
	4.10	Risk Management Program	☐	☒	☐

Overall, College operations met or exceeded all targets except for one of the 49 (2%). Two items were deferred primarily due to the longer term impact of COVID-19 on the College.

ANALYSIS

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

- Operational risk:
 - People – The College relies on its people to deliver on the planned activities set out in the Operational plan. The inability to deliver activities may be related to and/or indicative of issues with the selection of the people, whether there are enough people, the authority provided to them and their compensation levels and incentives.
 - Process – The report identifies where the College has not been able to meet its intended activities. While not a formal one, it is a scorecard evaluation of operations. It therefore can support the identification of broader risks to the College.
- Strategic risk:
 - Reputation – Disclosure of areas where the College has not met intended operational targets can risk damaging the reputation of the College.

Privacy Considerations – There are no privacy considerations associated with this item.

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

- Information to foster trust – Disclosure of the ability of the College to meet its operational targets is warranted and fosters greater trust and accountability.
- Timely, accessible and contextual – Disclosure of the information is timely, coinciding with several other year-end evaluations and provides the context as to why certain activities might not have been completed.

Financial Impact – There is no immediate financial impact based on this item.

Public Interest –The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. The public interest is served by the disclosure of this evaluation. It indicates that the Council is fulfilling its responsibility to oversee the operations of the College and that consideration is given to whether the College sets and meets its intended strategic targets. Good governance is a fundamental of serving the public interest.

Andrew Parr, CAE
Chief Executive Officer
May 2022

Report on Operations – Year-end Report

APRIL 1, 2021 TO MARCH 31, 2024

Activity	Key Performance Indicators
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INTRODUCTION

In March of 2021, the Council of the College was presented an Operational Plan for the following three years. This plan is updated annually and accepted by the Council. With the launch of the College Performance Measure Framework by the Ministry of Health, the Council amended the reporting structure such that it would receive a Report on Regulatory Operations at each meeting and a Report on all Operations twice per year.

This report is the second report under the new structure and represents all operational activities for the period April 1, 2021 to March 31, 2022. It provides the Council with a year end summary as to how operations have performed.

This Operational Plan and this Report are 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 assesses the resources needed to support the College.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
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Part 4: Program Development

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

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		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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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 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. • A process for annual renewals of Certificates of Authorisation will be maintained ensuring that all professional corporations are properly authorised.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.		
Year-to-date outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.		- A process for evaluating individuals under the Council’s PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. - Current information about the PLAR process will be made publicly available by the College. - PLAR Assessors will be recruited and provided training and related tools related to the assessment process. - Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.		

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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 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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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 will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.		- A Patient relations program will be maintained. - Current information (handbooks) for Registrants and Patients will be maintained and made publicly available. - A process for applying for funding for counselling will be maintained in accordance with the Code. - Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred
Comments:	Additional Patient Relations Activities:			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	• Program policy amendments approved and implemented • Funding application materials are maintained on the College website. Online Smartsheet form for online application for funding for therapy/counselling is created and implemented. • 6 Boundary and Sexual abuse scenarios are drafted, by staff, reviewed and approved by the Committee to be made available to the profession as ongoing learning • Information letters summarizing the College resources for victims is drafted and reviewed by the Committee to be issued to regional police services, shelters and victim resources.
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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
1.6. Inspection Program				
All 3 Planning Years				
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> to regulate premises in which IVIT procedures are performed.		• The College will 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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		- The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. - Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. - Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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,		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		○ 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. ○ 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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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		● 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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
who are breaching the standards of practice in a manner that presents a risk of public harm.		• 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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
1.9. Hearings				
All 3 Planning Years				
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.		• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • 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).		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		Item 6.0 - 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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.		- ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee. - Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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,		E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
whenever possible, and guide the profession to the resources available to it.		Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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. - College senior staff will participate in all conferences and hearings of the HRTO.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		All outcomes of the HRTO will be reported to the Council and any impacted Committees.		
Year-end outcomes:	Please see the Report on Regulatory Operations at May 31, 2022 for year-end outcomes.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
1.13 Standards				
All 3 Planning Years				
The College will operate a program to develop and maintain the Standards of Practise 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.		
Year-end outcomes:	- Standards Committee has undertaken a review of the Core Competencies consultation and recommendations from the Quality Assurance Committee and has incorporated amendments. - Definition of vaccination in vaccination policy updated to include MRNA vaccines - Standards of Practice related to Controlled act, delegation and record keeping are reviewed and amendment recommendations are made from committee members.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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. • 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.		
Year-end outcomes:	At the direction of the Council the SSRC has initiated their review of the Scope of Practice of the Profession of naturopathy in Ontario. The Committee has received and reviewed materials generally related to the scope of			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
	practice of a profession and has initiated a review of diseases, disorders and dysfunctions by system to determine if they are currently fully, partially, or not within scope. List of Diseases, Disorders and Dysfunctions (DDD) is issued for public consultation. Feedback is reviewed and list of DDD is made into a gap analysis document. Committee has drafted an expanded definition of Scope of Practice.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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

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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		Item 6.0 - 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.		
Year-end outcomes:	Council elections - Proposed by-law changes developed and circulated for consultation shortened the duration of the election process. These changes are approved by Council in November, delaying the election to a January start date. All election materials were prepared and the election held for Districts 1 and 3 and a by-election for District 2. All election processes and forms were moved on-line by the College as anticipated by the bylaw changes. An extra effort was required to develop potential candidates for District 1; however, two candidates came forward and a contested election was held. Election results were released in early May. Executive elections – Executive elections were initiated in late April 2022 using the on-line nominations process and election forms. Public member appointments – Monitoring has continued and recent work with the Ministry has resulted in the appointment of a seventh Public member.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred
Comments:	The ranking has been set as above expectations due to the close work with the Ministry in ensuring the need for there to be seven public members on the Council as well as for the extra staff effort at ensuring that there were candidates available for election in all districts. The fact that two were found in District 1 resulting in a successful contested election also supports this rating.			

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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 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, ○ 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).
Year-end outcomes:	In September 2021, the Council approved a new Qualifying Program for individuals who wish to seek nomination for election to Council or appointment to a Committee. GP31 – Qualifying Program sets out all of the required elements and what is needed by a potential nominee or committee candidate to be deemed to have successfully completed the program. As part of this program, each potential nominee for election and each committee candidate must complete a competency self-assessment which is conducted on-line. In making determinations regarding potential nominees, the Governance Committee, which oversees the Qualifying and Training Programs for the Council receive all the information submitted by a potential nominee for review. As part of this submission, the Governance Committee also receives a Competency Report and an analysis of all the eligibility requirements regarding whether a potential nominee meets those requirements. Finally, a panel of the Governance Committee interviews each potential nominee and makes recommendations to the full Governance Committee who will then determine whether the potential nominee is qualified to seek election to Council or be appointed to a Committee. A copy of the full Assessment program may be found on the College's website. As set out in GP31 – Qualifying Program, all potential nominees for election must have attended an orientation session held by the Chief Executive Officer of the College. This session runs approximately two to three hours depending on the questions raised by participants. It is held via video call and covers the following topics:

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Activity		Key Performance Indicators		
	• Qualifications to run for election. • The skill set that you will need to sit on Council (see below). • The role and mandate of the College. • The vision of the Council for the future of the College. • The role of the Council and the role of the CEO/staff. • The duties and responsibilities of Council members. • On-going support from Council and staff. • The time and other commitments implicit in seeking to be on the Council. • Compensation provided for by the College once elected. • Training requirements once elected. • Typical Council Meeting ○ Format ○ Video/audio capabilities • The election process. • Terms and term limits. Subsequent to the orientation session the potential nominee completes the competency self-assessment, all other on-line forms and meets with the Governance Committee for an interview.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred
Comments:	The focus on the development of the Qualifying Programs and Training Programs was key for the governance of the College. All volunteers, except for two, were fully trained and all candidates for committees and elections had an orientation session. The Governance Committee was fully supported in its delivery of this programming.			
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.		• The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. • The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, ○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		○ A year-end report based on the work set out in the Operational Plan including Part 1) will be presented to the Council at its July meeting.		
Year-end outcomes:	Bi-monthly Regulatory Operations Reports have been submitted to each Council meeting and key highlights and trending information has been provided.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	This has been rated as met expectations because besides providing the reports and explaining their content (and responding to questions), not a great deal more is available to go above expectations.			
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.		
Year-end outcomes:	Council has been briefed on a number of major issues and policy matters, including: • Changes to the Inspection Program requirements, • An Alternative Dispute Resolution Program, • Equity, Diversity and Inclusion issues and proposed Committee • Changes to the Clinical Sciences Examination blueprint, • Changes to the Good Character requirements set in policy, • Policies surrounding a Qualifying Program and Training Program for Council and Committee members, • Changes the Language Proficiency requirements set in policy, • Changes to the Prescribing and Therapeutics Program and Examination policy. • Registration policy amendments • COVID and vaccination matters.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
Comments:	In all cases, the Council has been provided with a full briefing note on major issues and policies matters that have been brought forward. All briefings also include an analysis of the risk, public interest, financial impact of the matters being decided. Council has had access not only to Committee Chairs but also program staffing who are key players in program delivery, policy development and issue management. The level of support provided to the Council is the rationale for rating this as above expectations, few other College Council receive the details that are provided by this College staff.			
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 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.			
Year-end outcomes:	In July 2021, the Council completed its first CEO performance evaluation based on its new program and subsequently, used the lessons learned to amend and streamline its process. The review panel has been supported by the Director of Operations as well as proposed policy changes being vetted by the Governance Policy Review Committee.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	The completion of this process and the initiation of the second and now third year iterations are the rationale for rating this as having met expectations. The new process is fully implemented and functioning as expected.			

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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 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.		
Year-end outcomes:	As noted at the mid-year report, the College had renewed all of its insurance policies ensuring appropriate risk transfer where possible. In the second half of the year, a new Governance policy was developed and approved by Council for Enterprise Risk Management and a new operating policy also presented to Council. An education program was developed by Richard Steinecke to the Council.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred
Comments:	The development of the comprehensive risk management policies for Council and operations were evidence of exceeding expectations along with the newly developed approach to speaking to risks when Council is being briefed on policy and issues.			

2.2. Support to Committees	
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 maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.		• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. • Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.		
Year-end outcomes:	Recruitment for volunteers is an ongoing effort. The volunteer program has now been expanded to include public representatives that are not appointment by the government. A slate of committee appointments was submitted in May 2021.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	While the number of volunteers is growing slowly, in the past year we have seen an expansion of the roles existing volunteers are willing to take on. Many volunteers now sit on numerous committees to provide on-going support.			
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.		
Year-end outcomes:	All Council and Committee members have been asked to complete a full day of education and training on their roles and responsibilities. To date 39 committee members have attended the program as a refresh, for a completion rate of over 90%. All committee members will be enrolled in supplementary training on Equity, Diversity and Inclusion in Q4 of this year. The College has also launched a newly developed volunteer qualifying			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
	program in which all individuals interested in seeking nomination for election or appointment to committees were invited to attend.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.			
Year-end outcomes:	All Committees meet as needed, based on work volume and pre-determined schedules. Committee attendance is monitored and Committee Chair’s provide Council with bi-monthly reports with regards to meetings, activities, and any attendance issues.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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 meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		• 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.		
Year-end outcomes:	Committee Chair Reports are provided bi-monthly to Council and included in the consent agenda. The annual report was finalized by the end of December 2021 and included the Auditor’s Report and audited financial statements. These two reports have also been released on the website. The College Performance Measure Framework submission for 2021 was filed on March 31, 2022 as required and is published on the College’s website. Council meeting materials are posted seven days prior to the meeting. The Executive Committee has not been required to meet .			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
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.		
Year-end outcomes:	A summary table of all active and resolved complaints and inquiries is maintained on the College’s website and updated monthly. All pending discipline hearings, including the notice of hearing, status and scheduled hearing dates are posted on the College’s website and made available in the News Section. All Discipline Hearing outcomes including the Decision and Reasons, hearing exhibits, Agreed Statement of Facts and Joint Submissions on Penalty			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
	are posted and maintained on the College’s website and available for public access. The College has launched a process for enabling individuals to register to observe discipline hearings which will be streamed via YouTube.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	Although it is indicated that we have met expectations, it is worth acknowledging that few if any other College’s release the complaint information that we make publicly available.			

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.		
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.		
Year-end outcomes:	Registration renewal form with all requisite HFO datasets finalized January 2021, launched Feb 18, 2021. Online initial registration form with all requisite HFO datasets launched September 20, 2021. Annual Health Force Ontario submission made on April 22, 2021 (no corrections). HFO summary report of submission data signed off with HFO on September 21, 2021. Annual Health Force Ontario submission of 2021 data made on March 23, 2022. Updates provided to the OFC re. registration practices assessment (compliance category of ‘full compliance’, and risk category of ‘low risk’ assigned by the OFC).			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	OFC Annual Fair Registration Practices Report for 2021 postponed by the OFC until autumn 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 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.		
Year-end outcomes:	The College’s second College Performance Measure Framework was submitted drafted and a briefing provided to Council on March 30, 2022 along with a full copy of the submission. The Council approved the report which was submitted on March 31, 2022 as required.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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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		
		Item 5.0 - 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.		
Year-end outcomes:	All annual performance appraisals and probationary performance reviews were completed on time. All existing job descriptions have been updated with a new format. Open vacancies are shared with staff for consideration. All staff were provided with a CPI increase of 0.7%.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:	Continuing to work another year remotely the College has experienced a turnover rate of 11%. This translates to two staff-one of whom left the College due to relocation.			
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. - 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		

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Activity		Key Performance Indicators		
		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.		
Year-end outcomes:	The College has held staff meetings every quarter and a team building challenge. Departmental check-ins are held at a minimum of once per week. Regular inter-departmental communication via Microsoft Teams and Zoom.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				
The College will provide staff within on-going training to enhance individual and program performance.		• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s).		
Year-end outcomes:	All new staff have participated in the newly developed volunteer onboarding program. All staff have an opportunity to discuss and propose areas for professional development with the support of the College. College has maintained its memberships with both CLEAR and CNAR. In person conferences were not held this year due to COVID-19 restrictions.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred

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Activity	Key Performance Indicators
Comments:	
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. - 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.
Year-end outcomes:	Q1, Q2 and Q3 of the unaudited financial statements have been presented and accepted by Council. Quarterly unaudited financial statements have been updated to include a summary statement of operational and capital

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Activity	Key Performance Indicators
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	expenditures. Audited Financial Statements for fiscal year 2020-21 were presented and accepted by Council at the July meeting. Draft Operating and Capital budget was presented in January and accepted in March.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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.			
Year-end outcomes:	The College maintains a minimum level of 15% of the staff being bilingual. Translation of the College's website into French is currently underway with several major sections completed ahead of schedule.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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.		
Year-end outcomes:	Staff are in receipt of notification to any new policies and changes to existing policies. Operating policies created or amended include: Alternative Dispute Resolution, Cease and Desist Process, Cease and Desist to Registrants, Advertising notices to suspended Registrants, Complaint Withdrawal Requests, Website Governance Revisions, Corporate E-mail Accounts, Public Access to Electronic Hearings & Hearings Live Streaming, Waiving of Fees and Debt Forgiveness, Processing PLAR Stage 1, Certificate of Standing, Life Registration, Public Register Photos, Accommodations (Registrants), Processing Applications for Registration, Professional Liability Insurance, Banking Reconciliation, Chart of Accounts, Accounts Payable, Corporate Credit Cards, Corporate Mail, Records Management and Retention, Operational Committees, and Personnel Policies. Registration Program policies reviewed: Language Proficiency Policy, Good Character Policy, Registration Policy. Exam Program policies reviewed: Prescribing and Therapeutics Program & Exam Policy. Review of the Registration Regulation by the Registration Committee occurred on November 17, 2021.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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Activity	Key Performance Indicators
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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.		
Year-end outcomes:	New Operating Policy and Procedure for Records Management and Retention is approved. Records Review Policy has been updated and complimented with two additional new policies to compliment the program. The terms of Reference for a Records Management Committee has been established.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

3.6. Corporate Communications

All 3 Planning Years

The College will maintain a program of outbound communications and messaging to the Registrants, public and stakeholders through defined program elements.		- Registrants and stakeholders of the College will be informed of the College's on-going work and new developments. As such, - 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.		
Year-end outcomes:	The News Bulletin and iNformeD have been merged with iNformeD now a monthly eblast. A total of three editions of iNformeD have been sent. Eight email blasts were sent to the profession and 158 updates (new information, added to the website).			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

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

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Activity		Key Performance Indicators		
		○ 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.		
Year-end outcomes:	The CEO has maintained regular and on-going communications with the Ministry of Health throughout this period, although no meetings were requested with the Assistant Deputy Minister. No meetings have been held with either the OAND or CCNM leadership due to scheduling difficulties. The CEO has attended the HPRO Board meetings and maintained regular communications with HPRO and individuals' regulator Colleges. The Deputy CEO continues to participate in the Investigations, Deputy Registrar, and Practice Advisor working groups. The College has been reviewing summaries of CAG meetings and reflecting on relevant information. Webinar on entry-to-practise requirements for registration with the College delivered to CCNM 4 th year students and some faculty on April 26, 2021.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

4. Program Development

4.1. COVID-19 Support

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		
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.		
Year-end outcomes:	Office re-opening guidelines for the staff and office protocols are maintained current. Additional exam dates ran in September and October to account for cancelled exams earlier in the year due to provincial stay at home orders. Examination Safety Plans, and examiner and candidate communications were amended in September 2021 for all examinations delivered at the CCNM to account for new facility admittance requirements around COVID-19, requiring exam attendees to show proof of double vaccination or negative Rapid Antigen Test no more than 72 hours prior to being on site. The Deputy CEO regularly attended the MEOC teleconferences providing updates and information to health system partners. COVID reopening guidelines were updated and issued to the profession on August 10, 2021 and again on January 6, 2022. COVID Reopening guidelines were lifted in March 2022 in accordance with Government lifting of requirements. Additional Masking updates and requirements issued to the profession. COVID Vaccinations Advisory was approved by Council and issued to the profession on September 21, 2021.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

4.2. Risk-based Regulation	
	2021-2022

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators	
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.		• 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.	
Year-end outcomes:	An initial draft outline of a Risk-based Regulation approach has been drafted and initial consultations held with Council legal counsel and program areas.		
Year-end rating:	☒ Below Expectations	☐ Met Expectations	☐ Above Expectations
			☐ Deferred
Comments:	Work with stakeholders has not been undertaken primarily due to delay in research and drafting of the approach and relative disinterest in it from stakeholders.		

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.	
Year-end outcomes:	The Program Policies and related guidelines, tools and operational policies have been completed and fully implemented into College operations.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
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.		
Year-end outcomes:	The College has developed a new volunteer training program for the onboarding of all Council and Committee volunteers. Three sessions have been delivered during this reporting period. The College also developed and delivered its first Qualifying Program for individuals interested in seeking election to Council or appointment to Committees. All other components of the volunteer program are under development in concert with the Governance Committee.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred
Comments:				
		2021-2022		

Index:

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		- 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.			
Year-end outcomes:	A Competency framework has been developed and approved by Council. A competency self-assessment forms a part of the Qualify Program also approved by Council. Each committee has been asked to provide input regarding additional competencies required for their committees and several have submitted information to the Governance Committee.				
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☒ Above Expectations	☐ Deferred	
Comments:					
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.			
Year-end outcomes:	The College has launched a newly developed volunteer training program for volunteers-curriculum is under review for volunteers working as inspectors and examiners.				
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred	
Comments:					

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
4.5. Fair Registration Practices & Currency Requirements				
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.		2021-2022		
		• 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.		
Year-end outcomes:	A Processing Applications for Registration operating policy was created, and approved, along with an electronic ‘Repository of Registration Decisions” Smartsheet, allowing Registration Committee decision outcomes and accompanying Decisions & Reasons documents to be searched and referenced by date, applicant name, the reason(s) for the referral (e.g., ‘holding out as a ND’) and/or the decision outcome. Memorandums of Understanding have been signed with third-party agencies (credential and language assessment) which commit third party agencies to assessment processes which are transparent, objective, impartial and fair and provide means for the College to resolve non-compliance issues resulting from informal audits conducted by the College. A staff-reference third-party assessment guideline document was created which includes processes for addressing non-compliance issues.			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
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Comments:	A formal audit of applicant files was not developed because the College's three part, multi-manager review process ensures sufficient checks and balances to ensure the integrity of the registration process.
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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.			
Year-end outcomes:	Due to COVID-19, the running of beta testing activities was not feasible in 2021. As CCNM and OSCE operations will remain online in 2022, affecting the ability of the College to conduct in-person beta testing, this activity has been deferred until 2023.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☐ Above Expectations	☒ Deferred
Comments:				

4.7. Inspection Program Review	
	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, 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.		• 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.		
Year-end outcomes:	Program Policies were approved by Council on May 26, 2021 and posted to the website on May 31, 2021. All Registrants were notified of the program changes in June 2021 via the News Bulletin and subsequent e-communications. The Inspection Committee recommended fee changes to Council on May 26, 2021. The approved fee changes have been implemented into the program			
Year-end rating:	☐ Below Expectations	☒ Met Expectations	☐ Above Expectations	☐ Deferred
Comments:				

4.8. Review of College Finances and Fees	
	2021-2022

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
In 2018, the Executive Committee committed the College to undertake a review of the College’s financial status and registration fees levied to the profession to ensure that the fees were at the appropriate level to ensure the long-terms sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment.		• 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.		
Year-end outcomes:	A decision was made at the January 2022 Council meeting to defer this exercise until the College has completed a full 5 th year of regular operations as a result of the economic impact of COVID-19.			
Year-end rating:	☐ Below Expectations	☐ Met Expectations	☐ Above Expectations	☒ Deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity

Key Performance Indicators

Comments:

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.

Year-end outcomes:

The College has engaged a realtor, conducted a needs analysis and completed first round tours of available office suites in alignment with the needs analysis.

Year-end rating:

☐ Below Expectations

☒ Met Expectations

☐ Above Expectations

☐ Deferred

Comments:

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.

Year-end outcomes:

An enterprise risk management framework for the College has been developed and includes a Governance Process policy and the establishment of a Risk Committee of the Council. An operational policy has also been established setting out the full details of the program. Implementation will be undertaken in the next fiscal year.

Year-end rating:

☐ Below Expectations

☒ Met Expectations

☐ Above Expectations

☐ Deferred

Index:

All 3 Planning Years

2021-2022

2022-2023

2023-2024

4



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 17, 2022

TO: Council members

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

RE: Review of the Committee Terms of Reference

The Governance Policy Review Committee (GPRC) met on May 16, 2022, to review the Committee Terms of Reference amendment suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Terms of Reference.

In keeping with the revised Council Annual Cycle, the May meeting of the Council includes a detailed review of the Committee Terms of Reference.

The staff circulated information to Council members in advance of the Committee meeting. No feedback was provided by Council members with respect to any of the Terms of Reference; however, the Committee has reviewed them in detail and has several recommendations for consideration of Council.

It is important to note that all Committee Terms of Reference have been populated into new templates corresponding to whether if the Committee is a Statutory or Non-Statutory Committee. Further amendments to individual Terms of References will be highlighted below.

CC03.06 - Examination Appeals Committee

In the Responsibilities section, the third bullet point only included one examination offered by the College. Therefore, with the recommendation from the Committee Chair, other examinations will be included. In addition, the previous Composition and Appointment included the requirement of a Public member from Council and this is not a requirement.

Recommendation – That the third bullet point be reworded to read as the following:

“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.”

In addition, the Composition and Appointment section would have the Public member from Council requirement removed.

CC06.03 - Governance Policy Review Committee

The Committee reviewed this policy and made a grammatical change to the first bullet point within the Responsibilities section.

Recommendation – That the first bullet point be amended to include the wording ‘to Council’ and read as “...present proposed amendments *to Council* based on these.”

CC08.01 - Equity, Diversity and Inclusion Committee

The Committee reviewed this policy and made a grammatical change to the second bullet point within the Responsibilities section.

Recommendation – That the second bullet point be amended to include the wording ‘and’ to be read as “...based on equity *and* diversity...”

CC09.01- Risk Committee

The Committee read through this policy and made a grammatical change to the first bullet point within the Responsibilities section.

Recommendation – That the first bullet point be amended to include the wording ‘policies’ and be read as “...risk management *policies* and processes...”

SC01.05 - Discipline Committee

The Committee read through this policy and noticed the Composition and Appointment section in relation to the number of Registrants needed on the Committee did not align with the College’s by-laws.

Recommendation – That the Composition and Appointment of the number of Registrants who are not Council members be changed to two or more.

SC03.05 - Fitness to Practise Committee

The Committee reviewed this policy and noticed the Composition and Appointment section in relation to the number of Registrants needed on the Committee did not align with the College’s by-laws nor did the total number of Committee members.

Recommendation – That the Composition and Appointment of the number of Registrants who are not Council members be changed to two or more and the total number of Committee members could not be less than five.

SC04.06 - Inquiries, Complaints and Reports Committee

The Committee read through this policy and made a grammatical change to the first bullet point within the Responsibilities section.

Recommendation – That the first bullet point be amended to include the wording ‘with respect to’ and be read as “...to the Council *with respect to* policies...”

SC07.06 - Registration Committee

The Committee reviewed this policy and is of the view to include the consideration of Registrants wishing to change their class from Inactive to Active after a period longer than two years within the Consider section of Responsibilities. In addition, the Committee noticed the Composition and Appointment section in relation to the Council member needed on the Committee did not align with the College's by-laws.

Recommendation – To include the following wording within the Consider section “Applications from Registrants who have held an inactive certificate of registration for more than two years and who wish to be issued a general class certificate of registration as set out under paragraph 6 of subsection 10.(1) of the Registration Regulation.”

As well as, to include the following wording within the Composition and Appointment section to read as the following “At least one Council member who is a Public member and any number of additional Council members.”

Respectfully submitted,

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.04)	1
		Create Date November 5, 2013

Authority and Accountability	The Audit Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Audit Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Audit Committee shall review and make recommendations to the Council for approval with respect to: • the annual financial statements, having discussed them with the Auditors; • the Auditor's Report on the annual financial statements, and related issues including accounting practices and financial controls; • the appointment of the auditors and their fees; • any areas of disagreement between management and the Auditors; • the adequacy of the systems of internal control; • the financial Executive Limitations policies to ensure compliance; • such other matters that are within the scope of the Audit Committee in accordance with legislation; and • to review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • One or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Term of Office	The Audit Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.04)	2
		Create Date November 5, 2013

Meetings	The Audit Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Audit Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Scheduled Substances Review Committee (CC02.06)	1
		Create Date February 10, 2012

Authority and Accountability	The Scheduled Substances Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Scheduled Substances Review Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Scheduled Substances Review Committee shall: - At the direction of Council: - Initiate a call for submissions from and/or undertake consultations with stakeholders regarding amendments to the Tables of the General Regulation and the laboratory tests and specimen collections authorized under the <i>Laboratory and Specimen Collection Centre Licensing Act</i> (LSCCLA); - Review feedback provided and make recommendations to the Council regarding proposed changes to the regulations; - Undertake any other duties with respect to the Schedules of Substances under the Controlled Acts Regulation and laboratory testing and specimen collection under the LSCCLA as assigned by the Council; and - To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: - Annually, all program policies and related procedures; and - Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i> and the LSCCLA (as it applies to the profession), including but not necessarily limited to the Tables within the General Regulation.
Appointment and composition	The Scheduled Substances Review Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: - One or more Council members. - One or more Registrants who are not Council members. - Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Scheduled Substances Review Committee (CC02.06)	2
		Create Date February 10, 2012

Term of Office	The Scheduled Substances Review Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Scheduled Substances Review Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Scheduled Substances Review Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.06)	1
		Create Date November 5, 2013

Authority and Accountability	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 12.02 of the bylaws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Examination Appeals Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The 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; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Examination Appeals Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • One or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Term of Office	The Examination Appeals Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council,

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.06)	2
		Create Date November 5, 2013

	at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Examination Appeals Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Examination Appeals Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
		Council

Section	Committee	Page
Governance Process	Governance Committee (CC04.04)	1
		Create Date November 5, 2013

Authority and Accountability	The Governance Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Governance Committee shall: • Review and make a final ruling on any disputes regarding a Registrant's eligibility to vote in an election (s.10.07 of the bylaws); • Review and make a determination on the acceptability of the biography and personal statement submitted by a candidate for election (s. 10.13 of the bylaws); • Upon the request of the CEO, assist the CEO in the supervision and administration of elections of candidates for the Council (s. 10.16 of the by-laws); • Upon a referral from the Council, shall hold an inquiry into the validity of the election of a Council member and shall make a report and recommendations to the Council; • Working with the CEO, develop and maintain a comprehensive volunteer program for Council and Committee members that is acceptable to Council and that: ○ Provides for a process of recruitment and application for elections and/or appointments to Council and its Committees. ○ Provides for a competency-based framework for election and/or appointment to Council and its Committees. ○ Provides for an induction program for the assessment of candidates for Council and Council Committees. ○ Provides for orientation and training of new Council and Committee members appointed by Council. ○ Provides for an evaluation process for Council and Committee members. ○ Provides for a feedback process for all volunteers. ○ Provides for a volunteer recognition program for serving Council and Committee members; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.

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		Council

Section	Committee	Page
Governance Process	Governance Committee (CC04.04)	2
		Create Date November 5, 2013

Appointment and composition	The Governance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • One or more Registrants who are not Council members and who are not seeking election to the Council in the year on which they sit on the Committee. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Panels	The Governance Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair in accordance with any requirements set out in the Code. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	The Governance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years. The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Governance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called 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 by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.04)	3
		Create Date November 5, 2013

Quorum for panels	Quorum for a panel of the Governance Committee shall be in accordance with any requirements set out in the Code.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Inspection Committee (CC05.04)	1
		Create Date January 15, 2016

Authority and Accountability	The Inspection Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Inspection Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Inspection Committee shall: • Advise on and recommend to the Council the requirements for, and policies and procedures relating to, the Inspection Program of the College; • Appoint and train appropriate individuals as inspectors; • Ensure that adequate inspections are undertaken and completed in a timely way using appropriate tools and mechanisms; • Determine, after reviewing inspection reports and other material referred to in Part IV of the General Regulation: ○ whether the premises pass, pass with conditions, or fail; ○ specify the conditions that shall be attached to each “pass with conditions”; ○ deliver written reports as required; ○ direct the Registrar to refer a Registrant to the Quality Assurance Committee, if the result of an inspection report made by the Committee finds that a member’s knowledge, skill or judgment is unsatisfactory; and ○ direct the Registrar to refer a Registrant to the Inquiries, Complaints and Reports Committee, if the result of an inspection report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Inspection Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • One or more Registrants who are not Council Members and who have met the Standard of Practice on Prescribing and the Standard

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.04)	2
		Create Date January 15, 2016

	of Practice on Intravenous Infusion Therapy established in the General Regulation. Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Term of Office	The Inspection Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Inspection Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inspection Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.03)	1
		Create Date August 18, 2020

Authority and Accountability	The Governance Policy Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Policy Review Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Governance Policy Review Committee shall be responsible for the development, maintenance, and regular review of the Council's governance policies. As such, it shall: • Establish and maintain a process for the identification of non-substantive changes to policies and present proposed amendments to Council based on these. • Solicit comments from Council members in advance of each Council meeting on the set of policies that will be the subject of a detailed review. • Review all comments received and, where appropriate, lead the discussion at the Council meeting relating to all policies including but not necessarily limited to those that are the subject of a detailed review. • Propose any amendments to any of the Council's governance policies and lead the development of any new policies, either as requested by the Council, Council Chair or as recommended by the Chief Executive Officer (CEO). • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of no fewer than two but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • Any number of Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.03)	2
		Create Date August 18, 2020

	The CEO shall be an ex officio, non-voting member of this Committee.
Term of Office	The Governance Policy Review Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Governance Policy Review Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Policy Review Committee shall be two members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.01)	1
		Create Date October 14, 2020

Authority and Accountability	The Standards Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Standards Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Standards Committee shall: • Develop, undertake consultations on, and approve the Standards of Practice of the profession. • Develop, undertake consultations on, and approve Guidelines governing the practice of the profession. • Develop, undertake consultations on, and approve policies governing the practice of the profession. • Review and respond, as appropriate, to requests from other regulatory authorities for comments on draft standards and guidelines under consultation. • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Standards Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One Council member. • One or more Registrants who are not Council members. • One or more Registrants who have met the Standard of Practice on Prescribing and the Standard of Practice on Intravenous Infusion Therapy established in the General Regulation. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Exclusions	Any person who is appointed to the following Committees shall not be eligible for appointment to the Standards Committee: 1. Discipline Committee. 2. Inquiries, Complaints and Reports Committee.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.01)	2
		Create Date October 14, 2020

Term of Office	The Standards Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Standards Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Standards Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Equity, Diversity and Inclusion Committee (CC08.01)	1
		Create Date May 26, 2021

Authority and Accountability	The Equity, Diversity and Inclusion Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Equity, Diversity and Inclusion Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	Working closely with the CEO and senior staff, the Equity, Diversity and Inclusion Committee shall develop and maintain a program of equity, diversity and inclusion that ensures that: • Appropriate policies are developed, approved by the Council and implemented that reflect the values of the Council and its commitment to equity, diversity, inclusion and an environment that is free of bias, discrimination and racism; • All recruitment of volunteers to work with the College is one that is based on equity and diversity and includes every individual who is qualified to participate; • Training for all volunteers includes addressing critical issues surrounding equity and inclusion, in particular but not limited to anti-discrimination and anti-bias training; • Reviewing the College's regulatory framework and processes to ensure that they are equitable to all individuals within society; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Equity, Diversity and Inclusion Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • One or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Equity, Diversity and Inclusion Committee (CC08.01)	2
		Create Date May 26, 2021

Term of Office	The Equity, Diversity and Inclusion Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Equity, Diversity and Inclusion Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Equity, Diversity and Inclusion Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Risk Committee (CC09.01)	1
		Create Date November 25, 2021

Authority and Accountability	The Risk Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Risk Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	Working closely with the Chief Risk Officer (CRO) and senior management team, the Risk Committee shall: • On behalf of the Council, provide organizational oversight to ensure that a risk management process is in place at all levels of the organization and that risk management policies and processes are being adhered to; • Identify and quantify risks in the organization that may not be addressed in the risk management processes and make recommendations to the Council and CRO that they be addressed; • Define and make recommendations to the Council defining the College's risk appetite and tolerance; • Receive the Integrated Risk Report and Enterprise Risk Map on behalf of the Council and advise the Council on their review and acceptance; • Receive and review such other reports from the CRO that might enable the Committee to offer advice and guidance to the Council and the Senior Management Team on risk-related matters; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Risk Committee shall be appointed by the Council and shall be comprised of no fewer than two but as many individuals as the Council may deem appropriate, such that the Committee members include: • One or more Council members. • Any number of Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Term of Office	The Risk Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion,

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Risk Committee (CC09.01)	2
		Create Date November 25, 2021

	such that no committee member may serve more than nine consecutive years.
Meetings	The Risk Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Risk Committee shall be two members of the Committee. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.05)	1
		Create Date July 30, 2013

Authority and Accountability	The Discipline Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.	
Limitations	The Discipline Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,	
Responsibilities	The Discipline Committee shall: • Develop and maintain policies and procedures governing the disciplinary process of the College of Naturopaths of Ontario; • Annually review the Discipline Rules of Procedure; • Establish panels and conduct hearings into allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.	
Appointment and composition	The Discipline Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: • At least one Council member who is a Registrant and any number of additional Registrants who are Council members. • Two or more Public Council members. • Two or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.	
Panels	The Discipline Committee may meet in panels. Any panel of the Discipline Committee shall be appointed by the Committee Chair in accordance with any requirements set out in the Code. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.	
Term of Office	The Discipline Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole	
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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.05)	2
		Create Date July 30, 2013

	discretion, such that no committee member may serve more than nine consecutive years. The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Discipline Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Discipline Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum for a panel of the Discipline Committee shall be in accordance with section 38(5) of the Code of three members on the panel, at least one of whom shall be a Public member of the Council.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.03)	1
		Create Date July 30, 2013

Authority and Accountability	The Executive Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	Notwithstanding section 12(1) of the Code which authorizes the Executive Committee, between meetings of the Council, to have all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law, it is the explicit desire of the Council that the Executive Committee only exercise its authority on matters that are deemed urgent matters by the Council Chair.
Responsibilities	The Executive Committee shall, • Exercise the authority of the Council on urgent matters as determined by the Chair of the Committee, subject to the limitations set out in the Code and in these terms of reference; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	Pursuant to sections 13.01 and 13.08 of the By-laws of the College of Naturopaths, the Executive Committee shall be comprised of the Council Chair, Council Vice-Chair, and three Officers-at-Large as elected by Council from among the Council members. Of the five elected Committee members, three shall be Registrants and two members shall be Public Members. The Council Chair shall serve as the Chair of the Executive Committee.
Term of Office	The Executive Committee shall be elected annually from among the Council members.
Meetings	The Committee will meet at the call of the Chair.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Executive Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.
Notice of Meeting	When the Council Chair determines that a matter is urgent and calls a meeting of the Executive Committee, the Council Chair shall serve notice to

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.03)	2
		Create Date July 30, 2013

	the Council members of the date and time of the meeting and the matter to be addressed by the Executive Committee. Notice shall be provided not less than 48 hours before the meeting.
Disclosure	The Council Chair shall ensure that the notice, along with any materials to be considered by the Executive Committee are posted to the College's website in advance of the meeting and as soon as it is practicable to do so, subject to materials being withheld pursuant to section 7(2) of the Code. Minutes of Executive Committee meetings, except any portion of the meeting minutes where matters set out in section 7(2) of the Code are addressed, shall also be posted to the College's website as soon as practicable after they are approved by the Executive Committee. Where the Executive Committee cites section 7(2), an explanation of the rationale shall be provided within the minutes of that meeting.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.05)	1
		Create Date July 30, 2013

Authority and Accountability	The Fitness to Practise Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Fitness to Practise Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Fitness to Practise Committee shall: • Develop and maintain policies and procedures governing the fitness to practise process of the College of Naturopaths of Ontario; • Annually, in conjunction with the Discipline Committee, review the Discipline Rules of Procedure; • Establish panels and conduct hearings into allegations of incapacity referred to it by the Inquiries, Complaints and Reports Committee as required under Schedule 2 of the Code; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Fitness to Practise Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: • At least one Council member who is a Public member and any number of additional Council members. • Two or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council.
Panels	The Fitness to Practise Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair in accordance with any requirements set out in the Code. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.

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Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.05)	2
		Create Date July 30, 2013

Term of Office	The Fitness to Practise Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years. The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Fitness to Practise Committee will meet at the call of the Chair. Meetings of a Panel shall be at the call of the Chair of the Panel. In the event that the Committee Chair is unable to preside at a duly called 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 by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Fitness to Practise Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum of a Panel of the Fitness to Practise Committee shall be three members of the panel, at least one of whom shall be a public member of the Council.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.06)	1
		Create Date July 30, 2013

Authority and Accountability	The Inquiries, Complaints and Reports Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Inquiries, Complaints and Reports Committee shall: • Advise on and make recommendations to the Council with respect to policies and procedures governing the inquiries, complaints and reports processes of the College of Naturopaths of Ontario; • 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; and ○ 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; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Inquiries, Complaints and Reports Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:

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Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.06)	2
		Create Date July 30, 2013

	- At least one Council member who is a Public member and any number of additional Council members. - One or more Registrants who are not Council members. - Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council, and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.
Panels	The Inquiries, Complaints and Reports Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members of the Committee, one of whom shall be a Public member of the Council. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	The Inquiries, Complaints and Reports Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years. The term of office of any panel appointed by the Committee Chair 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 shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of

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COMMITTEE TERMS OF REFERENCE

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Governance Process	Inquiries, Complaints and Reports Committee (SC04.06)	3
		Create Date
		July 30, 2013

	the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum for a panel of the Committee shall be in accordance with any requirements set out in the Code.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.05)	1
		Create Date July 30, 2013

Authority and Accountability	The Quality Assurance Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Quality Assurance Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Quality Assurance Committee shall: • Advise on and recommend to the Council policies and procedures governing the Quality Assurance Program of the College, that includes but is not necessarily limited to: ○ Continuing education or professional development intended to ▪ promote continuing competence, and continuing quality improvement among members, ▪ address changes in practice environments and ▪ incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues as determined by the Council. ○ Self, peer and practice assessments. ○ A mechanism for the College to monitor Registrants' participation in, and compliance with, the Quality Assurance Program (Code, s. 80.1); • Appoint and train assessors for the purposes of the peer and practice assessments component of the Quality Assurance Program; • Receive and review reports from assessors with respect to Registrants that have been assessed and take such action as is, in the opinion of the Committee, permitted under section 80.2 of the Code to ensure the continued competence of the Registrant; and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Quality Assurance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • At least one Council member who is a Public member and at least one Registrant who is a Council member.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.05)	2
		Create Date July 30, 2013

	- One or more Registrants who are not Council members. - Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.
Term of Office	The Quality Assurance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Quality Assurance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Quality Assurance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.06)	1
		Create Date July 30, 2013

Authority and Accountability	The Patient Relations Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Patient Relations Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Patient Relations Committee shall: • Advise on and recommend to the Council policies and procedures governing the Patient Relations Program of the College, a program to enhance relations between Registrants and patients (Code, s. 1(1) and s. 85); • Develop and recommend to Council measures for preventing and dealing with sexual abuse of patients, including but not necessarily limited to: ○ educational requirements for Registrants; ○ guidelines for the conduct of members with their patients; ○ training for the College's staff; and ○ the provision of information to the public (Code, s. 84(3)); • Administer on behalf of the Council the Funding for Therapy and Counselling Program of the College, including; ○ Developing policies and procedures governing the administration of requests for funding; ○ Developing appropriate forms for patients to seek funding for counselling or therapy under this program; ○ Processing any requests for funding in a timely manner; ○ Overseeing the payment of funds by the CEO to the therapist or counselor chosen by the person and as approved by the Committee; and ○ Overseeing any proceedings initiated by the College against a member in a court of competent jurisdiction to recover any funds paid by the College where there was a finding by a panel of the Discipline Committee that the member sexually abused a patient (Code, s. 85.7(12)); and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and ○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.06)	2
		Create Date July 30, 2013

Appointment and composition	The Patient Relations Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • At least one Council member. • One or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.
Term of Office	The Patient Relations Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Patient Relations Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Patient Relations Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws. In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.06)	3
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	necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.06)	1
		Create Date July 30, 2013

Authority and Accountability	The Registration Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Registration Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Registration Committee shall: • Advise on and recommend to the Council policies and procedures governing: ○ the registration program and annual renewal of Registrants; ○ the examinations program of the College, including entry-to-practise examinations and post-registration examinations relating to Standards of Practise; ○ the Prior Learning Assessment and Recognition program to assess the competencies of individuals trained in programs other than CNME accredited educational programs; • Advise on and recommend to the Council the required content for the College's examinations, including the: ○ jurisprudence examination; ○ written Clinical Sciences and Biomedical examinations; ○ Ontario Clinical Examinations; ○ Therapeutic Prescribing examination; and ○ IVIT Examination; • Consider: ○ Applications for initial registration referred to it by the CEO; ○ Applications from Registrants who have held an inactive certificate of registration for more than two years and who wish to be issued a general class certificate of registration as set out under paragraph 6 of subsection 10.(1) of the Registration Regulation; ○ Applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding (Code, s. 19); ○ Applications and applicants' submissions and make orders with respect to the disposition of the applications in accordance with the Code (s.18(2) and s. 19(6)); and • To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: ○ Annually, all program policies and related procedures; and

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Section	Committee	Page
Governance Process	Registration Committee (SC07.06)	2
		Create Date July 30, 2013

	○ Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.
Appointment and composition	The Registration Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: • At least one Council member who is a Public member and any number of additional Council members. • One or more Registrants who are not Council members. • Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.
Panels	Panels of the Registration Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members, one of whom shall be a Public Member of the Council. The Chair of the Registration 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 Registration Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years. The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Registration Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Registration Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.

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Governance Process	Registration Committee (SC07.06)	3
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	In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for Panels	Quorum for Panels shall be three members of the Panel, one of whom is a Public member of the Council (Code, s.17(3)).
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted to the Chief Executive Officer no later than June 1st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Examination Appeals Policy

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

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

At its April 25, 2018, meeting, the Council approved the College's Examination Appeals Policy which sets out the criteria for acceptance of, and the Committee's process for reviewing and disposing of, exam appeals.

Draft amendments to the Examination Appeals policy (attached) have been made in consideration of fairness as it applies to equity, diversity and inclusion principles and to update policy definitions, terminology, and language to align with the newer policies under the College.

DISCUSSION POINTS:

Timeframe for Incident Report Filing

A minor amendment has been made to change the timeframe for filing an incident reporting form, the document used to capture (verbatim) and help substantiate whether a procedural or environmental irregularity, or a perception of undue bias occurred during administration of an exam, from the 'day of the exam' to 48 hours following an exam administration. The proposed change recognizes that individuals who routinely experience prejudice may not immediately recognize undue bias having occurred during their examination. This timeframe allows candidates a slightly extended window to reflect on what transpired during an examination, while still ensuring that the integrity of the process is maintained.

Amended Definitions & Language

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

ANALYSIS

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

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

Privacy Considerations – There are no privacy considerations.

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

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

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

Public Interest – The public interest assessment is based on the document the *Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed.

- That operations are fair, objective, transparent and accountable and that individuals are treated with sensitivity and respect. Proposed policy amendments ensure procedural fairness, and recognizes that the profession (and soon to be members of the profession) are generally separated from the public interest to a certain degree, these individuals are also members of the public.

EDIB –The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. The ways in which EDIB have been considered are outlined in this briefing.

RECOMMENDATIONS

The Exam Appeals Committee recommends that the Council approve the amendments to the Examination Appeals policy.

ACTION ITEMS

The policy will be updated and posted on the College website. Candidate information, such as examination handbooks, will be updated.

Dr. Rick Olazabal, ND(Inactive)
Exam Appeals Committee Chair

Erica Laugalys
Director, Registration & Examinations

May 10, 2022

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.05
	Examination Appeals Policy	Page No. 1

Intent/Purpose	To establish a policy governing the handling of examination appeals filed with the College of Naturopaths of Ontario (the College).	
Definitions	<u>By-laws</u> <u>Candidate</u> <u>Candidate</u> Clinical (<u>Practical</u>) Examinations <u>Chief Executive Officer (CEO)</u> <u>Code</u> <u>College</u> <u>Council</u> Environmental Irregularity <u>Examination Appeals Committee</u> <u>Examination Violation</u>	<u>Means, the by-laws of the College approved by the Council under the authority of section 94 of the Code.</u> <u>Any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.</u> <u>Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.</u> <u>Means Council approved clinical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practice Naturopathy-naturopathy in the province of Ontario.</u> <u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u> <u>Means, the Health Professions Procedural Code, which is schedule 2 to the RHPA.</u> <u>Means the College of Naturopaths of Ontario as established under the Naturopathy Act, 2007 and governed by the Regulated Health Professions Act, 1991.</u> <u>Means the governing body of the College as established under section 6(1) of the Naturopathy Act, 2007 and the By-laws of the College.</u> <u>Means a substantial irregularity in the testing environment in which the examination was completed which has a material adverse impact on a candidate's examination performance.</u> <u>Means the non-statutory committee of the College responsible for receiving, reviewing and disposing of candidate appeals of the Clinical Examinations, Intravenous Infusion Therapy Examination or Ontario Prescribing and Therapeutics Examination due to (an) unsuccessful exam attempt(s).</u> <u>Means a contravention of the College's Examination Rules of Conduct.</u>

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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<u>Incident Reporting Form</u>	<u>Means a form used to collect relevant information about a procedural irregularity, environmental irregularity, perception of undue bias or examination violation having occurred during an examination</u>
<u>Intravenous Infusion Therapy (IVIT) Examination</u>	<u>Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Registrant's competencies to perform IVIT safely, competently and ethically.</u>
<u>Examination Appeals Committee</u>	<u>The non-statutory committee of the College responsible for receiving, reviewing and disposing of candidate appeals of the Clinical Examinations, Intravenous Infusion Therapy Examination or Ontario Prescribing and Therapeutics Examination due to (an) unsuccessful exam attempt(s).</u>
<u>Intravenous Infusion Therapy (IVIT) Examination</u>	<u>A three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Member's Registrant's competencies to perform IVIT safely, competently and ethically.</u>
<u>Prescribing and Therapeutics Examination</u>	<u>Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a Member's Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the Controlled Acts General Regulation and engage in therapeutic prescribing.</u>
<u>Procedural Irregularity</u>	<u>Means a substantial irregularity in the administration of the examination which has a material adverse impact on a candidate's examination performance.</u>
<u>Registrant</u>	<u>Means a person registered with the College as defined in section 1(1) of the Code.</u>
<u>Registration Regulation</u>	<u>Means Ontario Regulation 84/14 as amended from time to time.</u>
<u>RHPA</u>	<u>Means the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, as amended from time to time.</u>
<u>Supporting Documentation</u>	<u>Means documentation upon which the appeal intends to rely to demonstrate that an exam irregularity or incident of undue bias occurred. This includes, but is not limited to, overview documents which present relevant information and facts regarding the irregularity or experienced bias, and eye-witness testimonies.</u>
<u>Registrar</u>	<u>The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is</u>

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~~Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.~~

Registration Regulation

Ontario Regulation 84/14 as amended from time to time

Supporting Documentation

~~Documentation upon which the appeal intends to rely to demonstrate that an exam irregularity or incident of undue bias occurred. This includes, but is not limited to, overview documents which present relevant information and facts regarding the irregularity or experienced bias, and eye-witness testimonies.~~

Undue Bias

~~Means a~~An unfair judgement or opinion of a candidate based on, but not limited to, gender, creed, ethnicity or disability by a College representative, which has a material adverse impact on a candidate's examination performance.

General

Guiding Legislation

All aspects of this policy will be managed in accordance with the ~~Regulated Health Professions Act, 1991~~RHPA, the ~~Naturopathy Act, 2007~~Act, the Registration Regulation, the Ontario Human Rights Code and the College's Examinations Policy and Examination Rules of Conduct.

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Grounds for an Exam Appeal

Exam appeals are limited solely to questions concerning procedural irregularities, environmental irregularities or undue bias which could have affected a candidate's examination performance or the integrity of the examination process.

Exam Appeal Submission

Incident Reporting

~~Prior to leaving the examination site, c~~Candidates who feel that a procedural or environmental irregularity, or incident related to undue bias ~~occurred and, could have~~may have affected the results of their examination(s) must fill out an Incident Reporting Form with a College representative, ~~no more than 48 hours following the examination.~~

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Examiners/invigilators and/or exam staff must also complete an Incident Reporting Form if they are witness to or feel that a procedural or environmental irregularity, or incident related to undue bias, occurred during the examination administration.

Exam Appeal Request

Incident Reporting forms will be kept on file by the College for reference in case of an appeal.

~~A signed Exam Appeal Form must be submitted to the College and must:~~

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	- outline the procedural or environmental irregularities, or perceived undue bias at issue; - note the fact that an Incident Report Form was completed, signed and submitted to a College representative; - provide facts which demonstrate that the procedural or environmental irregularities and/or undue bias noted had an adverse impact on the candidate's examination performance.	Formatted: Normal, No bullets or numbering
Exam Appeal Request	Appeal requests must be made in writing and must: - outline the procedural or environmental irregularities, or perceived undue bias at issue. - note the fact that an Incident Reporting Form was completed, signed and submitted to a College representative within 48 hours of the exam. - provide facts which demonstrate that the procedural or environmental irregularities and/or undue bias noted had an adverse impact on the candidate's examination performance.	Formatted: Font: (Default) Arial, 10 pt Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0.29" + Indent at: 0.54" Formatted: Font: (Default) Arial, 10 pt
Timeframes for Submissions	Exam appeals must be received within thirty calendar days following the release of exam results. The thirty-day thirty-day period runs from the date issued on the results notice. Appeals received after this period cannot be considered.	
Supporting Documentation	Any supporting documentation the candidate wishes to have reviewed must be submitted at the time of submission of the Exam Appeal Form.	
Appeal Fee	A candidate seeking to appeal an examination shall be charged an examination appeal fee of \$75 for review of the appeal.	
Supporting Documentation	Any supporting documentation the candidate wishes to have reviewed must be submitted at the time of submission of the exam appeal request.	
Appeal Fee	A candidate seeking to appeal an examination shall be charged the examination appeal fee as set out in the by-laws for review of the appeal.	
Exam Appeal Review Process	Initial Review	Exam appeal requests which, at face value, meet the exam appeal criteria (grounds and supporting documentation) will be submitted by the Registrar-CEO or his/her/their designate to the Examination Appeals Committee for review. Exam appeal requests which do not meet the College's grounds for an exam appeal, and/or do not follow the procedures and/or requirements of this policy will not be considered by the Examination Appeals Committee. Formatted Table

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Notification of Appeal Review

Within fourteen days of the College's receipt of an exam appeal request, the Registrar CEO or his/her/their designate will notify the candidate in writing with respect to the status of their exam appeal request.

If the exam appeal request is refused by the Registrar, the candidate will be notified that the appeal will not be considered by the Examination Appeals Committee for one of the following reasons:

- the procedures and/or requirements outlined in this policy were not followed;
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal; or;
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the exam appeal request is referred by the Registrar CEO to the Examination Appeals Committee, the candidate will be notified of:

- the referral of their exam appeal request to the Examination Appeals Committee;
- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events on the day of the completion of the examination in question and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reports on file with the College;
- the procedures to be followed at the meeting of the Examination Appeals Committee;
- the timeframe in which a decision will be rendered.

Committee Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam appeal request:

- The Incident Reporting Form(s);
- The candidate's Exam Appeal Form;
- Statements from the College concerning the examination process relevant to each case and candidate data;
- Reports from examiners, invigilators and/or exam staff;
- Any other material, documentation or information which the Committee determines necessary, relevant and appropriate.

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Notification of Outcome

Decision outcomes made by the Examination Appeals Committee will be sent to the candidate by mail within sixty (60) business days of receipt of the examination appeal request.

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Notification of
Appeal Review

Within 14 days of the College's receipt of an exam appeal request, the CEO or their designate will notify the candidate in writing with respect to the status of their exam appeal request.

If the exam appeal request is refused by the CEO, the candidate will be notified that the appeal will not be considered by the Examination Appeals Committee for one of the following reasons:

- the procedures and/or requirements outlined in this policy were not followed;
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal, or;
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the exam appeal request is referred by the CEO to the Examination Appeals Committee, the candidate will be notified of:

- the referral of their exam appeal request to the Examination Appeals Committee.
- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events on the day of the completion of the examination in question and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reporting Form(s) on file with the College;
- the procedures to be followed at the meeting of the Examination Appeals Committee;
- the timeframe in which a decision will be rendered.

Committee
Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam appeal request:

- The Incident Reporting Form(s);
- The candidate's exam appeal letter;
- Statements from the College concerning the examination process relevant to each case and candidate data;
- Reports from examiners, invigilators and/or exam staff;
- Any other material, documentation or information which the Committee determines necessary, relevant and appropriate.

Notification of
Outcome

Decision outcomes made by the Examination Appeals Committee will be sent to the candidate by email within 60 business days of receipt of the examination appeal request.

Exam Appeal Outcomes	General	In no instance will a candidate who has failed an examination be deemed to have passed the examination.
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<u>Appeal Granted</u>	<u>If the Examination Appeals Committee's decision is to grant the exam appeal, the Committee has the authority to make the following decisions:</u> <u>To allow the candidate to re-sit the examination without the appealed attempt being counted as one of three permitted attempts, and/or,</u> <u>To allow the candidate to re-sit the examination at an adjusted fee.</u>
<u>Appeal Denied</u>	<u>If the Examination Appeals Committee's decision is to deny the exam appeal, no further action will be taken by the Committee on the matter and the candidate will be notified.</u>
<u>Appeal Granted</u>	<u>If the Examination Appeals Committee's decision is to grant the exam appeal, the Committee has the authority to make the following decisions:</u> <u>To allow the candidate to re-sit the examination without the appealed attempt being counted as one of three permitted attempts; and/or,</u> <u>To allow the candidate to re-sit the examination at an adjusted fee.</u>
<u>Appeal Denied</u>	<u>If the Examination Appeals Committee's decision is to deny the exam appeal, no further action will be taken by the Committee on the matter and the candidate will be notified.</u>

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The College of Naturopaths of Ontario

BRIEFING NOTE

New Regulations under the RHPA

PURPOSE: Seeking Council approval on submission to the Ministry of Health relating to new regulations to be made under the RHPA.

OUTCOME Discussion and approval

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

PROCESS:

Activity:	Presentation of the proposed College feedback.		
Results:	Discussion and approval.		
Overall Timing:	20 minutes		
Steps/Timing:	1.	CEO to provide overview of matter and proposed feedback.	5 minutes
	2.	Question, answers, comments by Council.	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

On April 14, Bill 106 of the Ontario Legislature received Royal Assent. The *Pandemic and Emergency Preparedness Act, 2022* (PEPA), which included six schedules, amended the *Regulated Health Professions Act, 1991* (RHPA) to reduce barriers for individuals seeking to be registered with the health regulatory colleges.

The amendments included:

- Prohibiting health regulatory Colleges from requiring applicants to have Canadian experience unless an exception is provided in the regulations;
- Requiring timely registration decisions;
- Streamlining requirements for demonstrating language proficiency;
- Requiring health regulatory Colleges to have emergency classes of registration to enable expedited registration where necessary; and
- Providing regulation making power to operationalize these changes.

On April 21, 2022, the Ministry of Health posted preliminary information about the regulations it intends to make under the *Regulated Health Professions Act, 1991* in support of PEPA. Each of these is set out below in the Discussion section of this briefing including the impact of and proposed feedback to be provided to the Ministry.

DISCUSSION POINTS:

The proposed regulations would support the Ministry of Health's broader goal of increasing health human resource capacity to help Ontario respond and recover from the pandemic by enabling the implementation of amendments to the RHPA contained in Schedule 6 of Bill 106, *Pandemic and Emergency Preparedness Act, 2022*.

Ministry Proposal - Canadian experience

The Ministry has noted Canadian experience would be defined as: "Any period of work experience or experiential training in Canada". The regulation will state that unless an exemption is obtained, any requirement for Canadian experience as a qualification for registration with a health regulatory College would become void after implementation. Exemptions would be only be granted through a regulation made under the RHPA.

A health regulatory College may continue to accept Canadian experience in satisfaction of an experience-related qualification for registration if it also accepts international experience as a viable alternative to Canadian experience.

Impact on the College

The College of Naturopaths of Ontario does not require Canadian experience as a part of its registration requirements. As a result, this regulation will have no impact on the College.

Proposed Feedback to the Ministry

The College of Naturopaths of Ontario does not require Canadian experience as a part of its registration requirements; however, the College generally supports the removal of Canadian experience as a barrier to registration.

Ministry Proposal - Language proficiency

Health regulatory Colleges would have to accept proof of completion of a language test accepted by Immigration, Refugees and Citizenship Canada for immigration purposes (with results satisfactory to the regulated profession) as proof of English or French language proficiency. Regulated professions may also accept (but not require) other tests or demonstrations of proficiency of their choosing.

Language test results that are valid at the time an application is received will be deemed to remain valid for the duration of the time it takes an applicant to complete the registration process.

Impact on the College

This proposal has limited impact on the College. The Council has set out the language proficiency requirements in its registration policies. The policy establishes a number of English and French language tests acceptable to the College and the benchmark scores applicants must meet. If the proposed regulation is approved in this form, the policy will require amending to add the language test accepted by Immigration, Refugees and Citizenship Canada and set the benchmark score.

Proposed Feedback to the Ministry

The College interprets this as the College being able to set its own Canadian Language Benchmark level (and the associated scores that must be attained on each accepted test in relation to that set CLB level), but that it needs to ensure the tests accepted by Immigration, Refugees and Citizenship Canada for immigration purposes are listed among those accepted by the College. The College can also continue to accept other language tests.

Assuming that this interpretation is correct, we have no concerns about this aspect of the proposed regulations.

Ministry Proposal - Timely registration decisions for Labour Mobility Applicants

The proposed regulation would prescribe the following time-limits to make and communicate registration decisions with respect to domestic labour mobility applicants.

- Initial registration decisions of the Registrar be made within 30 business days of receiving a complete application.
- Decisions by panels of the Registration Committee be made within 10 business days of the deadline for receiving an applicant's submission.

Impact on the College

Generally, if passed as proposed, the regulation would have a small impact on the College, its registration processes and Registration Committee. It should be borne in mind that domestic labour mobility decisions relate to individuals who are registered in other Canadian jurisdictions where the profession is regulated seeking registration with the College. In most circumstances, this process is very straight forward as the applicant has already demonstrated their competence to another regulatory authority. The registration review process relates to whether they have demonstrated to be of good character.

If a case of labour mobility is referred to the Registration Committee, it is normally relating to an individual who sat the Ontario examinations but was not successful and subsequently became registered in another Canadian jurisdiction where we do not have supporting evidence that they are actually practicing in that jurisdiction.

The process of referrals to the Registration Committee is clearly defined by the College and when the referral is made, the applicant is given a deadline to provide submissions. That deadline immediately precedes the Registration Committee meeting where the panel will be reviewing the submissions.

Although the College is concerned about the availability of Public members, on matters that are urgent the panel can proceed without a Public member present and in most cases the Registration Committee disposes of the matter and only infrequently seeks additional information. That noted, the College is suggesting to the Ministry that some latitude be provided to the Registration Committee to seek additional information and delay decisions where warranted.

Proposed Feedback to the Ministry

The College has no concerns about requiring registration decisions of the Registrar (Chief Executive Officer) within 30 days of receipt of a completed application relating to domestic labour mobility. With respect to decisions of panels of the Registration Committee, while the College is presently within or close to this range, panels of the Registration Committee are subject to the availability of volunteers, including Public members appointed by the Government of Ontario. There have been instances where volunteers not being available have required the postponement of planned meetings. We would recommend adding an additional five business days to this process.

Additionally, there are instances where the Registration Committee has postponed a decision in order to obtain additional information from the applicant, i.e., they do not feel a decision can be rendered solely on the information presented. In these instances, we have typically permitted an additional 30 days for receipt of information from the applicant. We would ask the Ministry to consider some additional language within the provision to address the above or to consider allowing the extending the timeline to account for such scenarios.

What is unclear at this time is how this will be tracked and whether the Ministry is contemplating involvement of the Health Professions Appeal Review Board as the Code does for delays related to complaints. The College would urge the Ministry to avoid duplication of the process whereby a letter needs to be issued to an applicant every 30 days in the event of a delay. Rather, when a delay is occurring, a new timeframe should be set and a single notice provided. Some dialogue should be undertaken with respect to how compliance will be monitored, and enforcement undertaken.

Ministry Request - Timely registration decisions for other Applicants

The Ministry has noted that it is also seeking input and advice on appropriate time-limits for decisions of the Registrar and panels of the Registration Committee for applicants who are not domestic labour mobility applicants.

Impact on the College

Setting timelines on registration decisions by the Chief Executive Officer and the Registration Committee in all other registration applications can have a significant impact on the College. An applicant seeking initial registration is required to demonstrate that they have the knowledge, skill and judgement to practise safely, competently and ethically. It is a matter of significant public interest that the College is fully satisfied that this is the case and takes concrete steps to ensure that the right people are being registered, those who are competent and of good character.

It can be assumed that the timeframes would begin at the time that an applicant has submitted all the necessary documentation for registration.

The primary areas of concern for the College relate to the amount of time allocated in the regulation, which we would suggest be similar to decisions on complaints submitted (150 days), and any administrative burden of notifying applicant of any delays. In the complaints process, complainants must be notified at 150 days of any delay and updated every 30 days thereafter. The College might want to recommend that a new deadline be set and a single letter sent in this regard.

Proposed Feedback to the Ministry

Unlike labour mobility cases where an individual has already been initially registered and has therefore already been deemed competent, an application for initial registration carries a significant risk of harm should individuals who are not competent become registered. As such, sufficient time for proper review and assessment by the Registrar and/or Registration Committee is required. Our College's initial thoughts on this would be of timing that is similar to that provided to the Inquiries, Complaints and Reports Committee (ICRC) in rendering decisions on a complaint.

Once again, the ability to extend this timeframe when needed should also be built into the process and, should the Ministry contemplate a process involving HPARB, a more simplified approach is recommended rather than the issuing of an administrative letter every 30-days.

Finally, it is important that the Ministry separate registration decisions from other registration process matters. For example, this College has a Prior Learning Assessment and Recognition (PLAR) program which is an assessment process for determining substantial equivalency of education and training to that of an accredited program graduate. This is a pre-registration process and should not be captured in the registration process decision timeline. Application timelines are applied uniformly to all applicants, i.e., the application process timeline that applies to applicants from accredited programs would also apply to those applying for registration, having successfully completed the PLAR program.

Ministry Request - Emergency class of certificates of registration

This regulation would prescribe the requirements that a regulation made by a College setting out an emergency class of registration must meet. The proposed regulation would require that regulations made by the Colleges set out the:

- circumstances in which an emergency class of registration would be used;
- length of time an individual's registration in the emergency class would be valid; and
- process for individuals registered in the emergency class to seek registration in the general class(es).

Impact on the College

It is important to note that Schedule 6 of the Pandemic and Emergency Preparedness Act, 2022 (PEPA) will require that every College establishes a regulation creating the emergency class of registration. As such, it can be anticipated that this College will be required to do so although it seems to not actually apply to this profession.

In our experience, the only impact of the pandemic on our registration processes related to the College's ability to deliver examinations, which was less about the College and more about public health measures imposed by the Government. That experience alone would normally lead the College to carefully assess the need for an emergency class of registration. Add to that the fact that the profession is not funded publicly and have a negligible role in the public health care system, the rationale for creating such a class of registration is less than clear.

Proposed Feedback to the Ministry

It is clear that Schedule 6 of the *Pandemic and Emergency Preparedness Act, 2022* (PEPA) requires that each College shall make a regulation setting out an emergency class of registration. If possible, the College of Naturopaths of Ontario would ask that the Ministry contemplate an allowance in the Regulation for an exemption to this requirement to be granted by the Minister. There are several reasons for this.

- First, a graduate of a naturopathic educational program can practise the profession under delegations instituted by and under the supervision of a naturopath registered with the College. As such, they are able to gain employment in clinics of current Registrants while they are awaiting registration with the College.
- Second, the profession plays a limited role in public health care which is where the province encountered health human resource challenges. Furthermore, the limited scope of the profession in treatments related to pandemic or provincial emergencies makes urgent registration of naturopaths of less importance than other professions embedded in the public health care system.
- Third, the profession is exclusively funded by the private sector (patients or their private insurers) which makes the need for an emergency class of registration extremely limited. A "shortage" of naturopaths is not likely to exist and not likely to have an impact on the broader health care system.

During the COVID-19 pandemic, the only impact experienced by this College to our registration process was the result of limits on the size of gatherings which made it in some instances difficult and in other instances impossible to deliver clinical (practical) examinations. Therefore, if an exemption provision is not possible, the College would recommend that it be allowed to define the emergency as an inability of the College to deliver entry-to-practise examinations or to complete the administrative processes for completing the registration process within the College itself. In the event of a loss of personnel to deliver exams or register individuals, the Council could declare the existence of an emergency.

In terms of the length of time an emergency registration would be in place, given the nature of PEPA, the timeframe should be based on the cessation of the emergency such that the registration will automatically expire within 60 or 90-days of the end of the declaration of the emergency. This would allow for sufficient time for the College to organize an examination sitting for individuals to complete the standard registration process.

With respect to the registration process to be completed by a person in the emergency class, it should be the same registration process when an emergency does not exist. Individuals within this class should be required to continue the registration process from the point they were at when the emergency was declared. It is also important to note that the Registration Regulation

made under the *Naturopathy Act, 2007* includes certain timing provisions (exemptible provisions) for the completion of examinations (non-exemptible provisions) and certain timing provisions (exemptible provisions) as to when an application must be made following graduation from the educational program. Only the Registration Committee can exempt an applicant from the exemptible provisions; however, any regulation made relating to PEPA should be able to pause these timeframe requirements.

Although it was not noted by the Ministry, the College would also recommend that the regulation to be made by the Colleges under PEPA allow for limitations to be placed on the emergency class of registration. For example, this College would want to restrict a person in the emergency class of registration from performing certain controlled acts authorized to the profession, including but not necessarily limited to:

- communicating a naturopathic diagnosis;
- performing naturopathic manipulation; and
- performing acupuncture (which is authorized by an exemption in the Controlled Acts Regulation made under the RHPA).

ANALYSIS

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

- Operational risks relate to:
 - People – having individuals (staff and volunteers) with the necessary knowledge and experience to assess applicants is critical to the proper implementation of any regulations.
 - Process – If passed, the Registration team will be required to review their processes to ensure that they can be completed within any new established timeframes.
- Strategic risks relate to:
 - Political – changes in government may result in changes to the proposed regulations.
 - Reputation – the College must ensure that it has a reputation for approving those individuals who are qualified for registration and rejecting those who are not. Adding time limits adds pressure to the process and may increase the risk of improper decisions and damage to the College's reputation.

Privacy Considerations – There are no privacy considerations.

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

- Consistent approaches – the proposed regulations would likely ensure that the approaches of the Colleges are consistent in registration matters.

Financial Impact – There is minimal to no financial impact from the proposed changes.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Generally, the Ministry proposals which the College supports are in the public interest. Timely registration decisions, fair assessments of language proficiency, emergency registration classes all serve to ensure that the public has access to the health care and providers of choice and that individuals wishing to join a regulated health profession have a fair and objective opportunity to do so.

Equity, Diversity, Inclusion and Belonging (EDIB) – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB would need to be considered as the College amends policies to reflect government decisions in these areas.

ACTION ITEMS

- Should the Council approve the content of the submission to the Ministry, it is required to be submitted no later than June 10, 2022.

Andrew Parr, CAE
Chief Executive Officer
May 2022



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 17, 2022

TO: Council members

FROM: Dr. Gudrun Welder, ND
Chair, Governance Committee

RE: Volunteer Canada Code

At its meeting on May 16, 2022, the Governance Committee met and, at the request of the CEO, reviewed the Canadian Code for Volunteer Involvement (CCVI). The Code is a guide for volunteering in all levels of an organization and sets out the value of volunteer involvement, guiding principles for volunteer involvement, as well as standards of practice for volunteering. A copy of the CCVI is attached for the information of the Council.

The Governance Committee is recommending to the Council that it adopt the CCVI as a part of the College's Volunteer Program as a means of recognizing the value and contribution of its volunteers.

Respectfully submitted,

CANADIAN CODE FOR VOLUNTEER INVOLVEMENT



volunteer.ca



For further information on volunteering, please visit: www.volunteer.ca.

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ISBN 978-1-926530-24-6

Volunteering: A Bigger Tent Without Walls

In preparation for Canada's 150th Anniversary, Volunteer Canada convened a series of round tables² to ask people to consider what they wanted the world of volunteering to look like in 2017 and beyond. As a springboard for the discussion, His Excellency, the Right Honourable David Johnston, Governor General of Canada, shared his vision of a smart and caring nation. Many began to imagine a more inclusive and broader definition of volunteering. This gave rise to the Volunteer Canada Spectrum of Volunteer Engagement³, which recognizes a wide range of activities including: being informed about an issue, supporting a cause, participating in service-delivery, organizational capacity building and strategic leadership.

Canadians continue to be generous with their time and are highly engaged in their communities with close to 13 million Canadians volunteering over 150 hours each year. As impressive as this may be, the formal volunteering measured in the survey has decreased slightly from previous years. Some of these lower volunteer rates may be explained by an aging population or the multiple demands on middle aged people (the sandwich generation), who are balancing the needs of their children and aging parents with their own careers and health. Volunteer Canada knew that this was only part of the picture.

The shifting perceptions of what volunteering is and how Canadians are acting upon their values was illuminated in our study, *Recognizing Volunteering in 2017*, carried out in collaboration with IPSOS Public Affairs. People are doing great things inside, alongside and outside of organizations. They are raising funds, raising awareness, mobilizing ideas and mobilizing people to improve lives, communities and society. People make a range of decisions throughout their day to act upon their values. Examples include everything from composting to choosing a fair trade local coffee brewer, to carpooling, responding to a request for spare change, shoveling for a neighbour and taking an evening shift on the youth help line. This is part of our Individual Social Responsibility (ISR), a concept that emerged from our research.

Many organizations are taking a more integrated human resource management approach. Given that organizations are responsible for anything done in their name (by a volunteer, paid employee, co-op student, or someone completing community service hours) and that they are also responsible for anyone who works with them, policies and practices relate more to what a person does within the organization and not how they are remunerated. With the exception of matters related to compensation and recognition, most policies apply equally to everyone in areas such as training and supervision, evaluation, confidentiality, harassment, inclusivity, conflict of interest and screening.

Given the rise of informal volunteering and organic movements, there may be an inherent paradox in promoting standards of practice, protocols, policies and procedures in this CCVI. As we better understand how volunteering is influenced by these trends, our challenge is to create the infrastructure needed to carry out the duty of care to ensure the quality and safety of our programs and services while making the space under our tent for informal volunteering and organic movements.



Paula Speevak
President & CEO
Volunteer Canada

² Volunteer Canada, *The World of Volunteering in 2017 and Beyond: Summary of the Round Table Discussions*, June 2011

³ Introduced by Volunteer Canada in 2012 and included in the 2012 Edition of the *Canadian Code for Volunteer Involvement*

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SECTION I INTRODUCTION

Volunteer Canada

Volunteer Canada provides national leadership and expertise on volunteerism in Canada. We aim to increase the participation, quality and diversity of volunteer experiences in Canada in order to help build strong and connected communities. Since 1977, we have worked closely with a wide range of collaborators in order to achieve our mission *to provide leadership in strengthening citizen engagement and to serve as a catalyst for voluntary action*. Collaborators include:

- > Over 200 volunteer centres in communities across Canada
- > Over 1200 Volunteer Canada members
- > Over 20 members of the Corporate Council on Volunteering
- > Canadian charitable and non-profit organizations
- > Businesses
- > Local, provincial and federal government departments
- > Educational institutions
- > National and provincial professional associations

Background

The Canadian Code for Volunteer Involvement (CCVI) was first launched by Volunteer Canada to mark the International Year of Volunteers in 2001. The CCVI was the vision of Liz Weaver, at the time Executive Director of Volunteer Hamilton, and was developed as her anchoring project in the McGill-McConnell Program, Master of Management for National Voluntary Sector Leadership. The CCVI was revised in 2006 in partnership with the Volunteer Management Professionals of Canada (formerly Canadian Administrators of Volunteer Resources) to consolidate the Canadian Code for Volunteer Involvement (Volunteer Canada, 2000) and the CAVR Standards of Practice (CAVR, 2002). Revisions in 2012 reflected legislative changes, demographic shifts, global trends and social innovation within the volunteer engagement field. This 2017 version of the CCVI contains updated standards, reflects the current social context and incorporates a more streamlined format.

Using the CCVI as a benchmark, Volunteer Canada developed checklists, Putting The Code Into Action, and the online Code Audit tool to help organizations assess their volunteer involvement practices. More information can be found at volunteer.ca/ccvi.

Over the past decade, employer-supported volunteering has moved from being an exceptional initiative to a mainstream practice among today's employers. With 37% of Canada's 12.7 million volunteers reporting some sort of support from their employer to volunteer¹, Volunteer Canada's Corporate Council on Volunteering led the development of the Canadian Code for Employer-Supported Volunteering. This resource aligns with the CCVI, articulating values and guiding principles for cross-sectoral relationships and promoting standards of practice for Employer-Supported Volunteering. The two Codes provide a foundation for businesses and non-profit organizations to build effective partnerships in their work to strengthen communities.

Volunteer Canada would like to acknowledge **Cenovus Energy** for their financial support of this edition of the Code.

¹ Statistics Canada, General Social Survey on Giving, Volunteering and Participating 2013

The Canadian Code for Volunteer Involvement:

Purpose and Elements

The Code recognizes and reflects the changing realities of volunteer engagement and management practice, and supports the work of those who manage and support volunteer involvement within an organization. It is flexible and applies to organizations of all sizes, with different levels of resources, rural and urban, crossing a range of mandates, led by paid staff or by volunteers. Elements of the Code are designed to be inclusive and applicable to a diversity of people, cultures, communities, opportunities and approaches.

For volunteer involvement to be effective, the organization's leaders must actively champion a culture and structure that supports and values the role and impact of volunteer involvement.

The Code consists of three important elements:

- > The **value** of volunteer involvement.
- > **Guiding principles** that frame the relationship between the volunteer and non-profit organization.
- > **Standards of practice** for involving individuals in meaningful ways to ensure successful integration of volunteers while meeting the needs of both the organization and its volunteers.

By adopting the Canadian Code for Volunteer Involvement, non-profit organizations commit not only to strengthening their volunteer engagement strategy, but also to strengthening the capacity of the organization to meet its mandate and contribute to strong and connected communities.

SECTION II THE CANADIAN CODE FOR VOLUNTEER INVOLVEMENT

The Value of Volunteer Involvement

Volunteer involvement has a powerful impact on Canadian society, communities, organizations and individuals.

Volunteer involvement is fundamental to a healthy and democratic society in Canada

- > It promotes civic engagement and active participation in shaping the society we want.
- > It encourages everyone to play a role and contribute to the quality of life in communities.

Volunteer involvement is vital for strong and connected communities

- > It promotes change and development through the collective efforts of those who know the community best.
- > It identifies and supports local strengths and assets to respond to community challenges while strengthening the social fabric.

Volunteer involvement builds the capacity of organizations

- > It provides organizations with the skills, talents and perspectives that are essential to their relevance, vitality and sustainability.
- > It increases the capacity of organizations to accomplish their goals through programs and services that respond to and are reflective of the unique characteristics and needs of their communities.

Volunteer involvement is personal

- > It promotes a sense of belonging and general wellbeing.
- > It provides the opportunity for individuals to engage according to their personal preferences, interests, skills and motivations.

Volunteering is about building relationships

- > It connects people to the causes they care about, and allows community outcomes and personal goals to be met within a spectrum of engagement⁴.
- > It creates opportunities for non-profit organizations to accomplish their goals by engaging and involving volunteers, and it allows volunteers an opportunity to connect with and contribute to building community.

⁴ See Appendix A, Spectrum of Volunteer Engagement

Guiding Principles for Volunteer Involvement

Guiding principles keep relationships balanced between organizations and their volunteers by ensuring they are reciprocal. They also help to ensure a commitment to developing and supporting volunteer involvement that benefits both the organization and the volunteer(s).

Volunteers have rights. Charitable and non-profit organizations recognize that volunteers are a vital human resource and will commit the appropriate infrastructure to support volunteer involvement.

- > The organization's practices ensure effective volunteer involvement.
- > The organization provides a safe and supportive environment for volunteers.

Volunteers have responsibilities. Volunteers make a commitment and are accountable to the organization.

- > Volunteers will act with respect for the cause, the stakeholders, the organization and the community.
- > Volunteers carry out their involvement responsibly and with integrity.



Standards of Practice for Volunteer Involvement

The standards below are intended to provide guidance, not detailed instructions. Each organization will have to consider how to implement the standards according to its circumstance, while achieving the overall intent of the Code. By adopting the standards, the organization demonstrates a commitment to engaging and supporting volunteers in a meaningful and responsible way.

STANDARD	DESCRIPTION
1  Mission-Based Approach	The Board of Directors and senior staff acknowledge, articulate and support the vital role of volunteers in achieving the organization's purpose or mission. Volunteer roles are clearly linked to the organization's mission.
2  Human Resources	The organization has an integrated human resources approach that includes paid employees, students and volunteers. Volunteers are welcomed and treated as valued and integral members of the organization's human resources team. Support for volunteer involvement includes providing appropriate resources.
3  Infrastructure for Volunteer Involvement	The organization adopts a policy framework and administrative procedures that define and support the involvement of volunteers. The organization has the required resources in place and has designated a qualified individual(s) responsible for supporting volunteer involvement. Standardized documentation, records management practices and procedures follow current relevant legislation.
4  Evaluation: Tracking, Measuring and Reporting	The organization measures and evaluates the effectiveness of its volunteer involvement strategy in helping to support its mandate. An evaluation framework is in place to assess the performance of individual volunteers and gauge volunteer satisfaction. Standardized documentation, records management practices and procedures track and record volunteer involvement.
5  Volunteer Roles and Recruitment	Volunteer roles contribute to the mission of the organization and clearly identify the skills and abilities needed. Volunteer roles involve volunteers in meaningful ways that reflect their skills, needs, interests and backgrounds. Volunteer recruitment incorporates a broad range of strategies to reach out to diverse sources of volunteers.

STANDARD	DESCRIPTION
6 Risk Management	Risk management procedures are in place to assess, manage and/or mitigate potential risks to the volunteers, the organization, its clients, staff, members and participants that may result from the delivery of a volunteer-led program or service. Applicable Health and Safety protocols are followed. Each volunteer role is assessed for level of risk as part of the screening process.
7 Screening	The organization has a clearly communicated and transparent screening process in place. It is aligned with the risk management approach and consistently applied across the organization. This may involve a Vulnerable Sector Check when vulnerable populations are involved. See Volunteer Canada's 10 Steps of Screening.
8 Orientation and Training	Volunteers receive an orientation to the organization including the policies and practices appropriate to each role. Each volunteer also receives training specific to their role and their individual needs.
9 Support and Supervision	Volunteers receive the level of support and supervision required for the role and are provided with regular opportunities to give and receive feedback.
10 Recognition: Valuing Volunteer Involvement	The organization acknowledges the contributions of volunteers using a range of recognition tools and activities that reflect the needs of the volunteer. The value and impact of volunteer contributions are understood and acknowledged within the organization and communicated to the volunteer. See Volunteer Canada's 2013 Volunteer Recognition Study and PREB.

For more details on implementing each of the Standards of Practice, go to: www.volunteer.ca/ccvi

SECTION III ADOPTING AND IMPLEMENTING THE CODE

The following are suggested steps for your organization to use as a starting point in adopting and implementing the Code. Organizations should work toward achieving the standards in ways that are appropriate to them. If your organization has already adopted a previous version of the Code, some of the steps may not be necessary. Periodic review of the Code will also help embed the values, guiding principles and standards of practice into those of the organization, so that effective volunteer involvement becomes part of the organizational culture.

- ☐ Review the Code with leadership to ensure that the organization is aligned with the Values and Guiding Principles sections.
- ☐ Present the Code to the Board of Directors and make a formal motion for the organization to adopt the Code.
- ☐ Prepare and publish a statement related to volunteer involvement in your organization.
- ☐ Assess the organization's practices related to the Values, Guiding Principles and Standards of Practice and share the results with the Board of Directors to support the case for adopting the Code. The *Code Audit Tool* may be helpful to your organization during this assessment. Conducting an assessment after adopting the Code provides the opportunity to inform the Board of Directors of the organization's progress in achieving the standards, and reinforces the board's commitment to the Code.
- ☐ Develop a work plan to address specific areas identified in the organizational assessment. The *Code Audit Tool* may be a helpful resource.
- ☐ Consult your local volunteer centre, provincial association of volunteer centres or Volunteer Canada. They are good resources to assist in adopting or implementing the Code.
- ☐ Advise Volunteer Canada when the organization has adopted the Code and is working toward implementing the standards of practice, to be listed as a Code adopter on Volunteer Canada's website.
- ☐ Review the Code periodically to mark your organization's progress and identify opportunities for improvement.

Involving Volunteers in Charitable and Non-Profit Organizations

Non-profit organizations accomplish their goals through their human resources. By using a planned approach to identify the work functions (both paid and unpaid) needed to achieve their missions, organizations are able to engage people's talents and skills and increase their organizational capacity through targeted recruitment. Part of the Code's strategy is to ensure that the skills needed to effectively engage volunteers become a core competency of most or all staff members. It is also important that the Board, Executive Director and senior staff champion a culture and structure that support and value the role and impact of volunteer involvement.

Everyone within a charitable and non-profit organization has a role to play in ensuring successful and effective volunteer involvement. Too often, the management or oversight of volunteers is left to a single individual⁵ within the organization. Adopting a more inclusive approach to human resource management that considers both volunteers and paid staff ensures volunteers have more entry points into an organization.

The table on the next page illustrates key roles, responsibilities and accountabilities within a charitable and non-profit organization. It can be adapted to reflect the specific titles and roles that exist in any organization. For larger more complex organizations, a column identifying the roles, responsibilities and accountabilities of staff working directly with volunteers might be appropriate. For grassroots organizations, some of the columns might merge, as individuals working for smaller organizations often undertake multiple roles. It is important to recognize that each organization is unique. This table is intended as a frame of reference to help non-profits determine who in the organization is accountable for ensuring that volunteers are effectively involved and able to contribute to the mission and programs of the organization.

5 Or department, if applicable

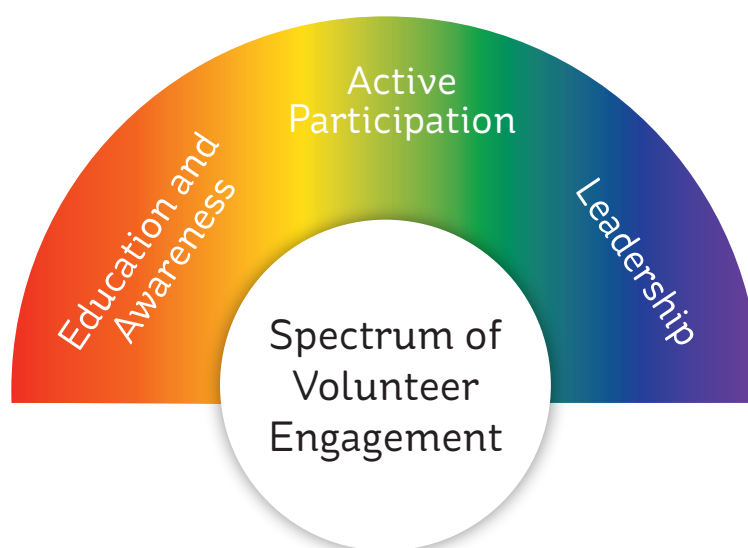
	Board Members	Executive Directors or Leadership Volunteers	Volunteer or Human Resource Managers	Staff	Volunteers
Specific Roles in Organization	Create, lead and ensure a supportive environment and culture for volunteer involvement. (Policy Focus)	Create and lead a supportive environment and culture for volunteer involvement. (Policy and Delivery Focus)	Create and manage a supportive environment and culture for volunteer involvement. (Policy and Delivery Focus)	Proactively contribute to support an environment and culture for meaningful volunteer involvement. (Delivery Focus)	Proactively contribute to support an environment and culture for meaningful volunteer involvement. (Delivery Focus)
Vision, Mission, Values and Strategic Plan	Define and review vision, mission and values related to volunteer involvement. Develop a strategic plan that integrates volunteer involvement as a core function and resource to support achievement of the mission.	Review vision, mission and values. Assist with strategic plan development. Develop and manage operational strategies, goals and the annual plan.	Link operational activities to vision, mission and values. Manage annual operating goals and strategies.	Understand how all volunteer roles link to vision, mission and values.	Understand how their specific volunteer role links to vision, mission and values. Undertake volunteer roles to achieve operational goals and strategies.
Governance Policy	Identify and develop governance policies.	Manage and support governance policies.	Manage and support governance policies.	Understand, implement and respect policies.	Understand, respect and follow policies.
Programs and Operations	Develop policies for programs and operations.	Identify and obtain the human and financial resources required for effective program delivery and operations.	Manage volunteer / human resources so that programs and operations are effectively supported.	Provide support to volunteer service and leadership for effective program delivery.	Provide volunteer service and leadership for effective program delivery.
Human Resource Management and Volunteer Involvement	Develop a policy approach to human resource management and incorporate the volunteer involvement standards of practice.	Ensure effective management of human resource strategies in the organization. Lead the involvement of volunteers and integration of volunteer involvement standards of practice.	Ensure consistent application of human resource management strategies to volunteer resources. Ensure volunteer involvement standards are consistently applied within the organization.	Operate within and support the volunteer involvement standards for development, delivery and support of quality programs and/or services.	Operate within and support the volunteer involvement standards for development and delivery of quality programs and/or services.

SECTION IV APPENDICES

APPENDIX A

Spectrum of Volunteer Engagement

Volunteer Canada promotes a broader definition of volunteering that includes a wide spectrum of engagement. The spectrum spans from being informed to assuming a leadership position. **Education and Awareness** of issues or causes positions people to give voice to and take action on things that matter to local communities and society at large (e.g. organizing a lunch and learn session, attending a webinar, circulating a petition). **Actively Participating** in programs, activities and services directly improves peoples' quality of life (e.g. participating in a group volunteering event with colleagues, regular volunteering with a non-profit organization). Providing **Leadership** helps organizations to better achieve their missions (e.g. serving on the board of a non-profit organization, chairing a major campaign). All these roles are essential to building strong and connected communities.



The spectrum of engagement recognizes the diversity in peoples' sources of inspiration, modes of putting their values into action, skills to contribute and capacity to donate time. The spectrum of engagement also recognizes that each organization is different and has a different capacity to engage volunteers. The most vibrant organizations offer and welcome volunteer opportunities within the full spectrum of engagement.

APPENDIX B

Glossary of Terms

Board	Those persons responsible for providing leadership and direction to the organization and tasked with governing the organization's affairs on behalf of its members. For the purpose of this document, the term <i>board</i> refers to a board of directors, members of the executive, board of governors or a board of trustees, administrators, clergy, leaders, coaches, coordinators, officials, parents, participants or anyone else involved in the governance or decision making of the organization.
Capacity	The human and financial resources, technology, skills, knowledge and understanding required for organizations to do their work and fulfill the expectations of stakeholders.
Active Citizenship	Citizens who actively participate in their communities by tackling problems or bringing about change with the aim of improving quality of life.
Culture	The way a group of people engages with one another. It refers to the shared language, values, traditions, norms, customs, arts, history or institutions of a group of people.
Diversity	A broad term that refers to the differences among individuals and groups, including differences in age, culture, faith, ethnicity, gender, sexual orientation and ability.
Employer-Supported Volunteering (ESV)	The practice of employers providing the time, space, infrastructure and support for their employees to volunteer in the communities where they live and work. Employer-Supported Volunteering is typically one component of a corporate social responsibility strategy. Examples of Employer-Supported Volunteering include: volunteer grants or Dollars for Doers program, volunteer paid time-off policy, day of service, volunteer council or ambassadors program, group volunteering, short or long term skills based and/or pro bono volunteer assignments. See Volunteer Canada's Canadian Code for Employer-Supported Volunteering.
Family Volunteering	Family volunteering involves more than one person in a household or extended family, from different generations, volunteering together.
Integrated Human Resources Approach	A strategically planned approach to identifying the work functions that need to be accomplished in organizations. It involves engaging people, whether paid or unpaid, to perform the work needed to achieve the organization's mission ⁶ .

Glossary of Terms

Manager of Volunteer Resources	The term <i>Manager of Volunteer Resources</i> is used throughout the Code as a generic term. An administrator of volunteer resources ⁷ is a professional who applies best practices in volunteer management in compliance with nationally accepted standards to identify, strengthen and effectively maximize voluntary involvement for the purpose of improving the quality of life of individuals and communities. The term <i>administrator</i> is used in a generic way to represent all other titles used in the non-profit sector (director, coordinator, manager, leader, etc). In some organizations, the title of the person responsible for managing volunteer resources may not even reflect this role.
Micro-Volunteering	A form of virtual volunteering, micro-volunteering describes a task done by a volunteer or team of volunteers, usually via the Internet. It typically does not require an application process, screening or training period because it takes only minutes or a few hours to complete. Micro-volunteering does not require an ongoing commitment.
Mission	The overall goal of the organization. The reason for an organization's existence.
Non-Profit Organization	Self-governing organizations that exist to serve the public benefit and generate social capital but do not distribute private profit to members. The organization depends on volunteers and is independent or institutionally distinct from the formal structures of government and the profit sector. A non-profit organization can be a large structured organization or a small community or grassroots organization.
Policies	Specific statements of belief, principle or action to guide decisions and achieve outcomes.
Procedures	A series of steps to help implement policy. The steps indicate who will do the work and how it will be done.
Skills-Based Volunteering	A type of volunteering that leverages the specialized skills and talents of individuals to help build and sustain the capacity of organizations to successfully achieve their missions.
Spectrum of Engagement	A continuum that includes being informed about an issue, being supportive of a cause, actively participating and taking leadership. All these roles are essential to building strong and connected communities.
Staff	Individuals who perform paid work on behalf of an organization.
Virtual Volunteering	A volunteer who completes tasks, in whole or in part, off-site from the organization using the Internet.
Volunteer	Any person who gives freely of their time, energy and skills for public benefit, without monetary compensation.

⁷ VMPC definition

Additional resources for implementing the CCVI: www.volunteer.ca/ccvi.

Volunteer Canada members can access the Code Audit Tool at www.volunteer.ca/audit to assess their organization's volunteer involvement strategies and practices.





The College of Naturopaths of Ontario

BRIEFING NOTE

Committee Appointments

PURPOSE: The Council is asked to appoint volunteers to the Statutory and Council Committees of the College.

OUTCOME Decision

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

PROCESS:

Activity:	Presentation and discussion.		
Results:	Decision on appointments		
Overall Timing:	25 minutes		
Steps/Timing:	1.	CEO will present the briefing and the list of appointments.	10 minutes
	2.	Council questions and discussion.	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

The Council has two sets of Committees, the Statutory Committees as set out in the Health Professions Procedural Code and the Council Committees as established in the College's by-laws and the Council Governance Process policies (GP06-Committee Principles).

Committee appointments are made for approximately one year or until the appointments are considered by Council. The last large group of appointments were made in May 2021.

The Council must appoint a variety of individuals to the Committees, including Council members, or in some instances Public members (appointed by the Government) or both, and Public Representatives.

All existing Committee members were asked to consider whether they wish to continue in their current roles, add new ones or change to new Committees, and an on-line form was provided to capture everyone's preferences.

The College also launched a recruitment campaign for new volunteers.

DISCUSSION POINTS:

At the time of preparing this briefing, several individuals, including some Council members, had still not provided any information about whether they wish to continue in a volunteer capacity. As a result, a list of proposed appointments will be provided to the Council separately a day or two prior to the meeting date.

The following table summarizes the minimum number of required appointments by Committee to guide the Council's deliberations.

Committee	Council member	Public member	Registrant (Council)	Registrant (non-Council)	Public Reps	Total needed
Statutory Committees						
Discipline/FTP	--	2	1	Any	Any	5
ICRC	--	1	-	1	Any	3
QAC	--	1	1	1	Any	3
Patient Rels	1	--	--	1	Any	3
Registration	--	1	--	1	Any	3
Council (Non-statutory) Committees						
Audit	1	--	--	1	--	3
EDIC	1	--	--	1	Any	3
Exam Appeals	1	--	--	1	--	3
Governance	1	--	--	1	Any	3
GPRC	1	--	--	Any	Any	2
Inspection	1	--	--	1	Any	3
Risk	1	--	--	Any	Any	2
Standards	1	--	--	2	Any	3
SSRC	1	--	--	1	Any	5

Having considered the requirements, whether they are set out in the Code or the College by-laws, a number of conclusions can be drawn.

- Public member representation on Statutory Committees has been a challenge for the College as we need five Public members on Statutory Committees. A total of seven Public members are appointed to the Council. It is therefore likely that Public members are more likely than not required to be on the Statutory Committees.
- The Committee requirements establish a need for 14 Council members. There are presently 14 Council members available for appointment; however, some Statutory Committees require more than one Council member be appointed meaning that some Council members will be on more than one committee.

It should be noted that the College took a decision to remove from its website a list of Committee members. This was due to two factors. First, an external communication having been sent to members of one Committee which may have been seen to be attempting to influence those discussions. Second, the College has heard of some volunteers feeling ostracized from other organizations because they volunteer for the College. In the interest of maintaining our volunteer base and protecting our volunteers from any potential harassment, the list will not be made public pursuant to paragraph (d) of section 7(2) of the Code.

Notwithstanding the fact that the list itself will not be released publicly, there is no need for Council to go in camera for these discussions as it is unlikely that the Council will speak to individual appointments other than Council members.

ANALYSIS

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

- Operational risk:
 - People – While another matter before the Council focuses on competencies of those who work for the College, the risk embodied with this item is whether the College has a sufficient number of people to staff up its Committees.

- External events – The College and the profession continue to be impacted by COVID-19 which makes decisions on long term volunteering difficult.
- Strategic risk:
 - Demographics – It is assumed based on anecdotal evidence that many of the potential volunteers do not participate because of the demographics of the profession. The profession is predominantly female and sizeable portion of them are at the stage of their life where their focus is also on family.

Privacy Considerations – The briefing is being made public; however, the list of Committee volunteers will not be released publicly to protect the privacy of the volunteers and based on the matter being a personnel matter of the College.

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

- Timely, accessible and contextual – release of the briefing materials and the discussion of appointments in open Council provides timely information as well as providing it in the context of the issues.
- Balance – balancing public protection and accountability against fairness and privacy is a significant consideration behind the decision to not release the names of Committee appointees publicly.

Financial Impact – The financial impact of this item is marginal and only effects the budget in terms of the number of per diems and other expenses paid to volunteers.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed. The public interest is served by having discussions in public although lists of names is not being released. The public benefits from these appointments as they are primary means through which the regulatory framework can be operationalized.

RECOMMENDATIONS

The Council will be asked to appoint a list of individuals, to be provided at the Council meeting, to the Committees of the College.

Andrew Parr, CAE
Chief Executive Officer
May 2022



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing - Discipline Processes

BACKGROUND

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

The College achieves its mandate by performing four key functions.

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

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

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

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

The focus of this briefing is on the discipline program and processes of the College. It is presented as a natural follow on the Complaints and Reports program and processes.

Discipline Program

The Discipline Program is the primary vehicle through which the College holds Registrants accountable for their conduct and competence. The Discipline Program involves a minimum of three parties.

1. The College of Naturopaths of Ontario – as the regulatory authority, the College has the responsibility to set out specific allegations against a Registrant and to present the evidence in support of those allegations as part of its prosecution of the Registrant. The College is represented by the Chief Executive Officer and by General Counsel of the College. “The prosecution.”
2. One (or more) Registrants of the College – as the individuals who are regulated, Registrants are a party to the Discipline Program as they have the right to defend themselves against the allegations set out by the College. The Registrants are typically (though not always) represented by Legal Counsel and together, they are “The defence.”
3. Discipline Committee (a Panel thereof) – the Discipline Committee of the College is independent of the College (although many Council members will sit on the Committee). It will be made up of a minimum of three and a maximum of five individuals, two of which must be Public members (individuals appointed to the Council by the Government), and one of which must be a Professional member from the Council. The remaining two individuals may be any of Public members, professional members of the College (Registrants) or Public Representatives appointed by the Council as set out in the by-laws. The Panel is “The Jury.”

Notwithstanding the imagery evoked by the terms “Prosecution”, “Defence” and “Jury”, the matter is not a criminal proceeding but rather, a civil one. In a disciplinary matter brought before a panel of the Discipline Committee, the College is responsible for presenting sufficient evidence to “prove” its case. The burden of proof is “on the balance of probabilities”, that is, having weighed the evidence, that the Registrant is more likely than not to have committed acts of professional misconduct or demonstrated incompetence. This is different than a criminal matter where the burden of proof is “beyond a reasonable doubt”.

A discipline hearing is conducted in a formal quasi-judicial setting in the College’s Council Chamber (or virtually) with all parties present. Evidence is presented under oath and witnesses are called before the Panel and subject to examination and cross-examination.

If the “prosecution” can prove the allegations, the Panel of the Discipline Committee will make a finding of either professional misconduct or incompetence, or both. The Panel will issue a decision and reasons for that decision and they will set out a penalty in the form of an order from the Panel. The Panel may order any one or more of the following as part of its penalty:

- a reprimand;
- a fine to the Minister of Finance;
- direct the CEO to impose restrictions on the Registrant’s registration, called terms, conditions or limitations, including but not limited to completing a specified education and remediation program;
- direct the CEO to suspend the Registrant’s Certificate of Registration for a period of time;
- direct the CEO to revoke a Registrant’s Certificate of Registration.

In addition to the penalty that can be imposed by the Panel, the Panel may also impose “costs” on the Registrant, that is, the Panel can order that the Registrant reimburse the College for part of its costs of the investigation, its legal costs and hearing costs. Where a finding of professional misconduct has been

made that relates to sexual abuse, the Panel can also order the Registrant to reimburse the College for funding provided to patients for counseling in sexual abuse.

Both the Registrant and the College have the right to appeal a Discipline Committee decision to the Superior Court of Justice.

Discipline Process

Given the importance of the Discipline Program to the College's mandate and to the Registrants against whom allegations may be made, the Discipline Process is quite complex and can take a great deal of time. Due process requires that the Registrant have sufficient time to mount a defence of the allegations while the College has an obligation to both the public and the Registrant to ensure that the process is timely.

The discipline process begins when the Inquiries, Complaints and Reports Committee (ICRC) refers specified allegations of professional misconduct and/or incompetence to the Discipline Committee for a hearing. The ICRC will make such a referral only after they have completed a fulsome investigation into either a complaint filed against a Registrant or an inquiry initiated by the CEO. The ICRC will have considered, among other things, the public interest, the risk of harm posed to the public and the likelihood of success within the discipline program. The ICRC is required to be very specific in the allegations referred to the Discipline Committee and once made, additional allegations cannot be raised as part of the discipline program.

The following is a general outline of the stages of a disciplinary matter involving a Registrant of the College. As a part of its transparency initiatives, the College ensures that the public is aware of the status of each matter being brought before the Discipline Committee.

Stage 1: Notice of Hearing and Disclosure

Legal Counsel for the College will, based on the referral of the specified allegations, draft the Notice of Hearing. Once signed by the CEO, the Notice of Hearing, Rules of Procedure of the Discipline Committee, and the Disclosure (which is all of the information the College has that is relevant to the allegations) will be sent to the Registrant or the Registrant's Legal Counsel, if one is appointed.

Stage 2: CEO and Legal Review

The CEO of the College is purposefully not directly involved in matters under investigation by the ICRC. This ensures that when a matter is referred by the ICRC to the Discipline Committee, the CEO who is responsible, along with Legal Counsel, for taking the matter before the Discipline Committee does so with a fresh look and without any potential bias.

In this stage, the CEO and Legal Counsel will review the allegations, the evidence in support of the allegations, witness statements and expert opinions to determine how the College wishes to proceed with the Discipline Hearing.

Also in this stage, Legal Counsel will prepare a memorandum to the CEO setting out the range of penalties that might be imposed in the matter and the case law from other regulatory authorities that support the range of penalties. Legal Council will also begin drafting an Agreed Statement of Fact (ASF) and Joint Submission on Penalty (JSP) for use later in the process.

Stage 3: Pre-Hearing Conference (PHC)

In accordance with the Rules of Procedure of the Discipline Committee, a Pre-hearing Conference (PHC) is held. The PHC is chaired by an independent person familiar with discipline proceedings before regulatory bodies or a member of the Discipline Committee appointed by the DC Chair.

At the PHC, the College presents an overview of its case and the Registrant or their Legal Counsel presents their defence. The PHC Chair will review the evidence and advise the parties about the strengths of their cases and areas where they may be weak. The Chair will also, based on their experience in discipline matters, provide the parties with advice as to whether the case might lead to a finding against the Registrant.

The parties also often engage in discussions surrounding whether a settlement is possible. A settlement occurs when the Registrant agrees to some or all of the allegations against them and when both the College and the Registrant can agree on a penalty. A settlement is seen as serving the public interest as it will result in an admission by the Registrant, an agreement on penalty and remediation and potentially limits on the Registrant's practice, either temporary or permanent.

Legal counsel for the College will present to the PHC Chair and the Registrant a draft Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP) at the PHC in an attempt to facilitate settlement.

Stage 4: Setting a Hearing Date

Following the PHC and based on the outcome of on-going settlement discussions, both parties will ask the Chair of the Discipline Committee to appoint a panel to hear the matter and to set the date(s) for a hearing.

Although the Notice of Hearing is publicly released and the referral information about the matter is posted to the College's website, the Discipline Committee has not yet been involved while the preliminary stages are completed.

The Discipline Committee Chair will canvass members of the Committee to ensure that no one who has a conflict of interest with the Registrants against whom the allegations are made is potentially appointed to the Panel. The Chair will then appoint a Panel as well as a Panel Chair.

Stage 5: The Hearing

At this stage, the panel appointed by the Chair of the Discipline Committee will be convened for one or more days during which they will be presented with evidence in support of the allegations by the College and with the defense case for the Registrant. A hearing has the following components:

- a. Presentation of the case by the College and the defense by the Registrant.
- b. Verbal decision and reasons on the allegations by the panel.
- c. If a finding of professional misconduct or incompetence is made, submissions by the College and Registrant on penalty.
- d. Verbal decision and reasons on penalty.
- e. Submissions on costs by the College and Registrant.

In an uncontested, single day hearing the College and the Registrant present the ASF, the fact relating to the allegations against the Registrant as well as a joint submission on penalty and proposed costs. More information about the settlement process is provided below.

In a contested hearing, the panel typically issues initial verbal decisions. If a finding of professional misconduct or incompetence is made, the panel will ideally proceed as soon as time permits to hear submissions on penalty. If the College is also seeking costs, these submissions will occur after the

submissions on penalty as costs are not part of the penalty. After hearing these submissions, the panel will usually (although not in every case) issue a verbal decision and a written order on penalty and, if applicable, costs.

Stage 6: Decision and Reasons

After the hearing has concluded, the Panel will draft the written Decision and Reasons. This document, once finalized, is formally issued by the Panel to the College, the Registrant and the Complainant (if applicable) and is also released publicly by the College on its website and through The Canadian Legal Information Institute (CanLII), a subsidiary of the Federation of Law Societies of Canada.

If either the Registrant or the College does not agree with the Decision and Reasons as issued by the Discipline Panel, either may appeal the outcome to the Superior Court of Justice for Ontario.

Stage 7: Implementation

If the Panel finds that the Registrant had committed acts of professional misconduct or incompetence, and imposes a penalty, and assuming there is no appeal of the Decision and Reasons, the College will implement any penalty imposed by the Panel.

The penalty, which must be completed within a set period of time, typically includes one or more of the following:

- Revocation of their certificate of registration or a suspension from practising the profession for a period of time;
- A reprimand of the Registrant by the Panel;
- Applying a term, condition or limitation on the Registrant's certificate of registration which may include the following;
 - Taking one or more continuing education courses related to matters relevant to the findings against the Registrant;
 - One or more meetings with Experts in areas of the practice of the profession related to the findings against the Registrant;
 - One or more meetings with Experts in regulation;
 - One or more inspections on the Registrant's practice and files to review matters related to the findings against the Registrant;
- A fine of not more than \$35,000 payable to the Minister of Finance.

Reaching a Settlement

There are a number of reasons why one or both parties to a hearing may wish to reach a settlement, some of which are:

- Witnesses to the matter, including patients, may decide they no longer wish to testify;
- Information received during the process may bring doubt upon the credibility of a witness;
- Expert testimony may not be as strong as initially anticipated or new information brings the credibility of the Expert themselves into question;
- The costs of proceeding to a full hearing outweigh the potential benefits for either side in terms of likely outcomes.

The parties can reach a settlement at any time before or even during a hearing; however, the closer the settlement occurs to the start of a contested hearing the more likely the College is to be seeking higher costs (as the costs to the College have increased).

An offer to settle the matter is typically made either just prior, during or immediately following the Pre-Hearing Conference. The College will often make an initial offer to the Registrant and their legal counsel by drafting an Agreed Statement of Facts (ASF) and a draft Joint Statement on Penalty and Costs (JSOC). In most circumstances, a negotiation follows these offers where either side indicates its willingness to agree to or withdraw allegations, agree to penalties and agree to costs for the process.

Allegations- allegations may be withdrawn because the College does not have sufficient evidence (witnesses, experts, documentation) to obtain a finding from a Panel of the Discipline Committee or the allegation is not crucial to the overall matter at hand.

Penalties – penalty discussions are always based on the case law from other regulatory bodies in matters that are similar. It is highly improbable that another case exists that exactly matches the matter before the Discipline Committee; however, through a series of similar cases, a range of penalties can typically be derived. If both sides can agree on the range and the seriousness of the case to be brought before a panel, then the likelihood of agreeing on penalty is increased.

In any penalty discussion, the College is considering four principles. First, specific deterrence to ensure that the Registrant does not repeat the allegations to which they are agreeing. Second, general deterrence to provide information to the profession on the whole as to what happens when regulations and standards are breached. Third, the ability to remediate the Registrant through education and training to improve compliance and outcomes in the future. Fourth, whether the penalty will allow the public to have confidence in the ability of the College to regulate its Registrants in the public interest. The College will also consider aggravating and mitigating factors, that is, factors that affect the decision including the parties involved, the circumstances of the matter, agreeing to settle among many others.

Costs – while the courts have made several rulings on the validity of cost awards (up to 66% of the costs of a contested hearing, provided the costs have been well documented and are reasonable), cost discussions in an uncontested matter are detailed. The College documents all of its costs throughout the process; however, when making an “offer” as to the costs, some costs have to be estimated on how long the settlement discussions will take and how close to or into an actual hearing the process will go. Once again, costs are considered in the context of other rulings by regulatory bodies; however, the range is usually more broad and dependent on the organization involved. The CEO will also consider facts presented, in good faith, by the Registrant, in particular when it involves potential hardship imposed on the Registrant.

Any settlement must be acceptable to the Panel of the Discipline Committee. Again, the courts have consistently ruled that panels must accept any joint proposal on penalty unless the panel can reasonably conclude that the penalty is beyond the range for such cases, either too harsh or too lenient and that the settlement will undermine public confidence in the regulatory body and process. Not included among the reasons for rejecting a joint proposal on penalty is that a panel simply does not like or agree with the penalty itself.

Importance of this Program

The importance of the Discipline Program and related processes cannot be overstated. It is a critical aspect of self-regulation and maintaining the trust of the public. It can be a very lengthy process as it requires a great deal of careful thought on the part of all three (or more) parties.

It is the role of the College to proceed on these matters and to do so with the intent to serve and protect the public interest. There is no satisfaction derived from successfully prosecuting a Registrant just as there is no embarrassment of not being successful. The College’s role is to present the evidence

that is available to it. The Panel's role is to weigh that evidence and the credibility of witnesses and experts and to render a decision.

Respectfully submitted,

Andrew Parr, CAE
CEO

May 2022



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing - Complaints and Reports Processes

BACKGROUND

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

The College achieves its mandate by performing four key functions.

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

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

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

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

The focus of this briefing is on the Complaints and Reports program and processes of the College.

Complaints and Reports Program

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession. These concerns can be raised by formal complaints, reports filed by regulated health professionals, employers or other organizations or as the result of investigations initiated by the College's CEO. The formal process for investigation of a complaint is outlined in the *Regulated Health Professions Act*, and is further explained below. Each step of the complaints and reports process is designed to ensure fairness to both the person filing the complaint, and the ND named in the complaint. Although the College investigates all complaints received, the RHPA does permit the Inquiries, Complaints and Reports Committee (ICRC) to take no action if it considers the complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of power.

The ICRC is responsible for overseeing the investigation of inquiries, concerns or reports regarding the conduct and/or competence of Registrants. An investigation may include appointing formal investigators to obtain records, interviewing parties or witnesses, collecting any relevant documentation.

The ICRC is composed of Naturopathic Doctors, appointed public members and representatives of the public. The Committee works in panels of no less than three people, one of which must be a public member.

The ICRC does not have the authority to order monetary compensation, process anonymous complaints or investigate complaints about health care providers other than Ontario NDs.

Complaint Process

Given the importance of the Complaints Program to the College's mandate and to the Registrants against whom allegations may be made, the Complaints Process can be complex and depending on the nature and complexity can take a great deal of time. The *Regulated Health Professions Act* requires that investigations of complaint be completed within 150 days of it being filed with the College. Should more time be necessary the College is required to send a notification to the Health Professions Appeal and Review Board, as well as both the complainant and Registrant, every 30 days explaining the reason for the delay and the anticipated date of completion.

The Complaints and Reports process begins when the College receives information that a Registrant may have committed acts of professional misconduct and/or incompetence. This can be in the form of a formal complaint, which can be filed at any time and by any person including but not limited to: patients, other health professionals, Registrants or any member of the public. All complaints must be submitted to the College in writing or recorded in video or audio format. Complaints should include:

- The name of the naturopathic doctor.
- The Complainant's name and contact information.
- Details of the problem or concern, including specific places, dates and issues that occurred, etc.
- The names of other individuals or witnesses who may be able to provide the College with more information.
- Any other information that may help the ICRC process the complaint.

Outside of a formal complaint sometimes information is brought to the attention of the College from a variety of other sources. This information might include a criminal case being reported in the newspaper or information provided by an employer or insurance company who may choose not to file a formal complaint or go through the complaints process. In these situations the CEO will consider the information and College staff will verify the information if possible. If there are reasonable and probable grounds to believe that a Registrant has committed acts of professional misconduct or is incompetent and the CEO determines that action is needed, with the approval of the ICRC, the CEO may appoint an investigator to look into the matter and file a Report with the ICRC.

The following is a general outline of the stages of a Complaint/Report process. As a part of its transparency initiatives, the College publishes anonymized summaries of outstanding complaint and report investigations on its website.

Stage 1: Notice of Complaint/Report

Within 14 days of receipt of a complaint or a report, the College issues a notice of complaint/report and provides a copy to the Registrant in question. The Registrant may make a written submission to the ICRC within 30 days of the date of the notice.

Stage 2: Additional comments from complainant (Complaints ONLY)

The Registrant's response is provided to the complainant who may provide comment. Should new information or allegations be raised in the response, the information will again be provided to the Registrant for comment.

Stage 2a: Interim Order

In extreme situations after receiving a complaint or appointing an investigator, a Panel of the ICRC may make an interim order to suspend or impose terms, conditions or limitations on a Registrant's certificate of registration if it believes that the Registrant's conduct is likely to expose patients to harm or injury. If an interim order is being contemplated, the Registrant will typically receive notice about the intention to impose an interim order and provided an opportunity to respond. In certain circumstance, a Panel of the ICRC may impose an interim order without notice where it believes that urgent intervention is required. Where an interim order is made, the information is posted on the public register.

Stage 3: Review by ICRC

Once all documentation and relevant information has been collected from the parties and possible witnesses, the matter is reviewed by a panel of the ICRC. The Panel conducts a thorough review of the information and considers whether there are any additional documents that should be obtained or any other witnesses who should be approached and interviewed.

Stage 3a. Expert Opinion

Where standards of practice within the profession are an issue, the Panel may retain a knowledgeable member of the profession to provide an expert opinion. Similarly, experts in document analysis, DNA, mental health or other disciplines may be required in some cases.

Stage 3b: Formal Investigation (Complaints ONLY)

In some circumstances the Panel may request that the CEO appoint a formal investigator, who has the power to:

- Enter the Registrant's place of practice and examine records or equipment and, where necessary, copy or remove them;
- Summons witnesses or documents; and
- Obtain a search warrant.

Stage 4: Decisions and Reasons

Once the investigation is completed the ICRC deliberated on the potential outcomes of the complaint/report. A written decision and the reasons for the decision are provided to both the complainant and the Registrant except where the matter has been referred to the Discipline Committee or to another panel of the ICRC to conduct health inquiries.

Stage 5: Implementation of the Outcomes

The College monitors compliance with all ICRC outcomes. If a Registrant fails to comply with a decision of the ICRC, the CEO of the College, with the approval of the ICRC may appoint an investigator to inquire into the Registrant's actions and the reasons for non-compliance.

Decisions

As noted above a panel of the ICRC, after investigating a complaint or report, may do any one or more of the following:

Take no action

if the conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information to support the allegations, the Committee may decide to take no action.

Issue a Letter of Counsel

A Letter of Counsel is a communication of the ICRC's expectations for corrective action on behalf of the Registrant, and may include advice, guidance and recommendations to review particular standards or publications.

Oral Cautions

An Oral Caution requires the Registrant to appear before a panel of the ICRC to be cautioned about their practice or conduct. The RHPA requires the details of all Oral Cautions to be listed on the Public Register.

Specified Continuing Education or Remediation Program (SCERP)

A SCERP requires the Registrant to successfully complete an educational or remediation program specified by the ICRC. SCERPs may include educational training, self-directed learning, inspections and or assessments. The RHPA requires the details of all SCERPs to be listed on the Public Register.

Discipline Committee Referrals

Where the allegations are sufficiently serious and information exists to support the allegations, a Panel of the ICRC may refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence. All referrals to the Discipline Committee including the

Specified Allegations are listed on the Scheduled Hearings page of College's website and posted on the Public Register.

Health Inquiry Referrals

Where a panel of the ICRC investigating a complaint or report believes that the Registrant may have a physical or mental condition which prevents them from providing safe, ethical and competent care, they may refer the matter to another panel of the ICRC for investigation of possible mental or physical health concerns that might interfere with their ability to practise. The Health Inquiry Panel may require an independent medical examination of the Registrant. If the Registrant is considered to be incapacitated, the panel may refer the matter to the Fitness to Practice Committee who may suspend, attach specific limitations or revoke a certificate of registration. Information about incapacity proceedings and decisions regarding a Registrant's capacity are not published publicly. However, if their ability to practise has been restricted, that information is made available on the public register.

Reviews by HPARB

Either the complainant or Registrant may request any of the decisions in complaint matters, except for a Referral to the Discipline or Fitness to Practice Committee, be reviewed by the Health Professions Appeal and Review Board (HPARB). The Board is an independent body established by the provincial government and is made up of non health care professionals. Following a review HPARB may:

- Confirm the Committee's decision;
- Refer the matter back to the Committee;
- Require the Committee to take a specific action;
- Make recommendations to the Committee.

Importance of this Program

The College's Complaints and Report program is a critical aspect of self-regulation and maintaining the trust of the public. It can be a lengthy and costly process as each complaint and report is thoroughly investigated, reviewed, and considered. Each matter is unique and as such there is complexity in the administration of the ICRC's functions.

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession and ensures that Registrants provide safe, competent and ethical care.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO

May 2022



The College of Naturopaths of Ontario

**Council Meeting
May 25, 2022**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Shelley Burns, ND (1:1)		Ms. Asifa Baig (0:1)
Mr. Dean Catherwood (1:1)		Dr. Jonathan Beatty, ND (0:1)
Mr. Brook Dyson (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Anna Graczyk, ND (1:1)		
Ms. Sarah Griffiths-Savolaine (1:1)		
Ms. Tiffany Lloyd (1:1)		
Dr. Denis Marier, ND (1:1)		
Mr. Paul Phillion (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Dr. George Tardik, ND (1:1)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

1. Call to Order and Welcome

The Vice-Chair, Ms. Sarah Griffiths-Savolaine, called the meeting to order at 9:21 a.m. She welcomed everyone to the meeting and recognized newly elected Council members Dr. Denis Marier, ND, District 1, and Dr. Anna Graczyk, ND, District 2 to their first meeting, and Council member re-elect Dr. Jacob Scheer, ND, District 3.

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

2. Executive Committee Elections

2.01 Council Chair

Upon the submission deadline for nominations, only one nomination was received, Dr. Jordan Sokoloski, ND. Therefore, by acclamation he has been elected to the position of Council Chair.

2.02 Council Vice-Chair

Upon the submission deadline for nominations, only one nomination was received, Ms. Sarah Griffiths-Savolaine. Therefore, by acclamation she has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

Upon the submission deadline for nominations, only one nomination was received, Mr. Dean Catherwood. Therefore, by acclamation he has been elected to the position of Officer-at-Large Public member.

2.04 Officers-at-Large Professional members

Upon the submission deadline for nominations, only two nominations were received, Dr. Shelley Burns, ND, and Dr. George Tardik, ND. Therefore, by acclamation they have been elected to the positions of Officer-at-Large Professional members.

3. Consent Agenda

3.01 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:	George Tardik
SECOND:	Jacob Scheer
CARRIED.	

4. Main Agenda

4.01 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.
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MOVED:	Sarah Griffiths-Savolaine
SECOND:	Shelley Burns
CARRIED.	

4.02 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 reminded Council there are a few forms that are still required to be completed and submitted to College staff as soon as possible.

5. Monitoring Reports

5.01 Report of the Council Chair

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

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

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

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

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

5.03 Variance Report and Unaudited Financial Statements for Q4

A Variance Report and the Unaudited Financial statements ending March 31, 2022 (Q4) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the fourth quarter as presented.
MOVED:	Jacob Scheer
SECOND:	Dean Catherwood
CARRIED.	

5.04 Report on Operations – Year End Report

The Report on Operations – Year End Report was included within the materials distributed in advance of the meeting. Mr. Parr provided a thorough review of the Report and explained the information contained within the Report, highlighting the key performance indicators and whether the strategic objectives were met based on the Ends Policies. He responded to questions that arose during the discussion that followed.

MOTION:	To approve the Operating Report – Year End Report from the CEO.
MOVED:	Shelley Burns
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Council-CEO Linkage Policies

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

6.01(ii) Governance Process Policies

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

6.01(iii) Executive Limitations Policies

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

6.01(iv) Ends Policies

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

6.02 Detailed Review (as per GP08) – Committee Terms of Reference

Council members were asked if there were any members who wished to discuss the Committee Terms of Reference. The Chair 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.
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MOVED:	George Tardik
SECOND:	Lisa Fenton
CARRIED.	

7. Business

7.01 Exam Appeals Policy

A Briefing Note and corresponding documentation highlighting the proposed changes to the Exam Appeals Policy were circulated in advance of the meeting. Ms. Erica Laugalys, Director, Registration & Examinations provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Examination Appeals Policy as presented.
MOVED:	Paul Phillion
SECOND:	Shelley Burns
CARRIED.	

7.02 Pandemic & Emergency Preparedness Regulations

A Briefing Note highlighting the proposed feedback for submission to the Ministry of Health in relation to new regulations to be made under the *Regulated Health Professions Act, 1991* (RHPA), Bill 106, on behalf of the College was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the feedback and responded to any questions that arose during the discussion.

MOTION:	To approve the submission of proposed feedback to the Ministry of Health relating to new regulations to be made under the RHPA (Bill 106) as presented.
MOVED:	Jacob Scheer
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

7.03 Canadian Code for Volunteer Involvement (CCVI)

A Memorandum and corresponding documentation explaining how the Code can be used as a guide for volunteering in all levels of an organization and setting out the values of volunteer involvement, guiding principles for volunteer involvement, as well as standards of practice for volunteering was circulated in advance of the meeting. Mr. Parr provided a brief overview of the Code and responded to any questions that arose during the discussion.

The Council expressed their support in adopting this Code as part of the College's Volunteer Program.

MOTION:	To adopt the Canadian Code for Volunteer Involvement as part of the Colleges' Volunteer Program as a means of recognizing the value and contribution of its volunteers.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

7.04 Committee Appointments

A supplemental document was circulated individually in advance of the meeting, as it was not initially included within the meeting package, provided the proposed 2022-2023 fiscal year Committee appointments. Mr. Parr responded to any questions that arose.

MOTION:	To approve the Committee appointments as presented.
MOVED:	George Tardik
SECOND:	Tiffany Lloyd
CARRIED.	

8. Council Education

8.01 Program Briefing – ICRC

A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

8.02 Program Briefing – Discipline

A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for July 27, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:16 a.m.

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

Recorded by: Monika Zingaro
Administration Coordinator
May 25, 2022

Approved: July 27, 2022

Council Highlights
May 25, 2022 (Meeting #29¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, May 25, 2022, from 9:21 a.m. to 11:16 a.m. Six of the seven elected professional members and six of the seven public members appointed by the Lieutenant Governor in Council were present. Also in attendance was General Legal Council Rebecca Durcan of the law firm Steinecke Maciura LeBlanc. The agenda and supporting materials for the meeting were released on May 18, 2022, and continue to be available on the [College's website](#).

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

Q4 Unaudited Statements and Variance Report – The Council considered and accepted the unaudited financial statements as presented for Q4 (January 1 – March 31, 2022).

Report on Operations – Year End Report – The Council reviewed and accepted the Report on Operations – Year End Report.

Exam Appeals Policy – The Council considered and accepted recommendations from the Examination Appeals Committee for amendments to the Examination Appeals Policy. The Policy has been created as a guideline should an examination appeal be received by an exam candidate. This can be found here on [our website](#).

Pandemic & Emergency Preparedness Regulations – The Council considered and accepted recommendations from the College to submit the proposed feedback to the Ministry of Health relating to new regulations to be made under the RHPA (Bill 106).

Canadian Code for Volunteer Involvement (CCVI) – The Council reviewed and adopted the CCVI as a part of the College's Volunteer Program and registering the College as a member.

Committee Appointments – The Council reviewed and accepted the proposed list of Committee members for fiscal year April 1, 2022 – March 31, 2023.

Council Education – As a part of the College and its Council's commitment to good governance, the Council conducted an educational exercise. Mr. Andrew Parr, Chief Executive Officer, conducted a program briefing about both the Complaints and Reports, and Discipline Processes. Program briefings are provided for informational purposes to ensure the Council is aware of all the complex programs operated by the regulatory body.

Readers who have questions are invited to contact the College by e-mail at general@collegeofnaturopaths.on.ca.

¹ This is the 29th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.

Andrew Parr, CAE
Chief Executive Officer
May 26, 2022