



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #26

Draft Agenda

Date: November 24, 2021 (2021/22-04)

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 #26
November 24, 2021
9:15 a.m. to 12:15 p.m.
DRAFT AGENDA

Sect/No.	Action		Item		Page	Responsible
0	Pre-Meeting Networking (8:45 am to 9:15 am)					
		Networking	Informal networking for Council members (8:45-9:15am)		--	All
1	Call to Order and Welcome					
	1.01	Procedure	Call to Order		--	K. Bretz
	1.02	Discussion	Meeting Norms		4-6	K. Bretz
	1.03	Discussion	“High Five” – Process for identifying consensus		7	K. Bretz
2	Consent Agenda ¹					
	2.01	Approval	i.	Draft Minutes of September 29, 2021	8-14	K. Bretz
			ii.	Committee Reports	15-31	
			iii.	Information Items	31-56	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda		3	K. Bretz
	3.02	Discussion	Declarations of Conflict of Interest			K. Bretz
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair		60	K. Bretz
	4.02	Acceptance	Report on Regulatory Operations		61-65	A. Parr
	4.03	Acceptance	Operating Report – Mid-year Report		66-105	A. Parr
	4.04	Acceptance	Variance Report & Unaudited Financial Statements at Q2		106-114	A. Kupny
5	Council Governance Policy Confirmation					
	5.01	Discussion	Review/Issues Arising		--	B. Lessard-Rhead
			i.	Council-CEO Linkage Policies		
			ii.	Governance Process Policies		
			iii.	Executive Limitations		
	5.02	Decision	Detailed Review Ends Policies		115-117	
	5.03	Decision	Proposed New/Amended Policies from GPRC		118-119	
i.			GP 16.02 – Governance Evaluation			
6	Regular Business					
	6.01	Decision	Appointment of CEO Review Panel		--	A. Kupny
	6.02	Approval	Registration Policy Amendments		120-138	D. O'Connor
	6.03	Decision	Vaccination Statement to the Profession		139-147	A. Parr
	6.04	Decision	Committee appointments		148-149	A. Parr
	6.05	Decision	Proposed By-law Changes		--	A. Parr
7	Council Education					
	7.01	Information	Program Briefing – Inspection Program		150-153	M.E McKenna
8	Other Business					
	8.01	TBD			--	K. Bretz
9	Evaluation and Next Meeting					
	9.01	Discussion	Meeting Evaluation		On-line	K. Bretz
	9.02	Discussion	Next Meeting – January 26, 2022		--	K. Bretz
10	Adjournment					
	10.01	Decision	Motion to Adjourn		--	K. Bretz

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



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

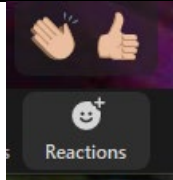
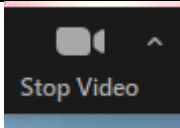
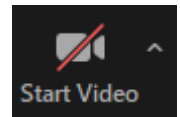
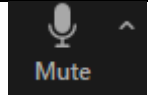
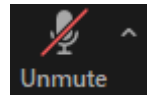
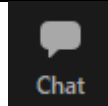
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

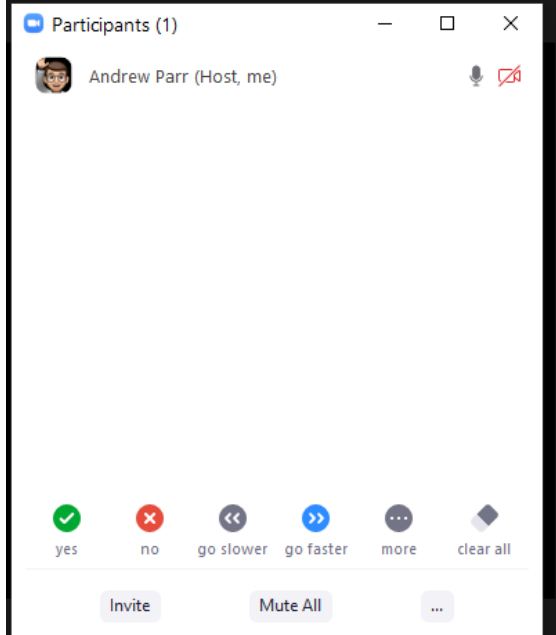
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	• Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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Participants (1)

Andrew Parr (Host, me)

Mute

More >

Rename

Edit Profile Picture

yes

no

go slower

go faster

more

clear all

Invite

Mute All

...

- 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
September 29, 2021**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Kim Bretz, ND (3:3)		Ms. Asifa Baig (2:3)
Dr. Shelley Burns, ND (3:3)		Dr. Jonathan Beatty, ND (2:3)
Mr. Dean Catherwood (3:3)		Dr. Jennifer Lococo, ND (2:3)
Mr. Brook Dyson (3:3)		Dr. George Tardik, ND (2:3)
Ms. Lisa Fenton (3:3)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (3:3)		
Mr. Paul Phillion (2:2)		
Ms. Sarah Griffiths-Savolaine (3:3)		
Dr. Jacob Scheer, ND (3:3)		
Dr. Jordan Sokoloski, ND (3:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Dr. Danielle O'Connor, ND, Registration Committee Chair		

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:18 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:	Jacob Scheer
SECOND:	Paul Phillion
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.

Mr. Andrew Parr, CEO, advised the Chair that Item 7.04 had been incorrectly labelled and should be Item 6.04. The Agenda will be amended to reflect this change.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Jordan Sokoloski
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

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:	Brenda Lessard-Rhead
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:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q1

A Variance Report and the Unaudited Financial statements ending June 30, 2021 (Q1) 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 first quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Shelley Burns
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Council-CEO Linkage Policies

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

5.01(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.

5.01(iii) Ends Policies

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

5.02 Detailed Review (as per GP08) – (Executive Limitations Policies Part 2)

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 2). 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 accept the recommendations of the Governance Policy Review Committee as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

5.03 Proposed New/Amended Policies from GPRC

5.03a GP19 - CEO Annual Performance & Compensation Review

Mr. Parr declared a conflict of interest and left the meeting for the discussion of this item.

Dr. Lessard-Rhead, ND (Inactive), provided a detailed overview of the proposed amendments to the policy included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to GP19 as well as the corresponding Forms as amended.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Lisa Fenton
CARRIED.	

5.03b GP30 - Council and Committee Training Program

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

MOTION:	To approve GP 30.00 as presented.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

6. Business

6.01 Implementation of a Qualifying Program

Mr. Parr provided a detailed overview of the newly drafted policy and corresponding program included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the implementation of a Qualifying Program and to approve GP31.00 as presented.
MOVED:	Dean Catherwood
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.02 Language Proficiency Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the Language Proficiency Policy 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 Language Proficiency Policy as presented.
MOVED:	Shelley Burns
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.03 Prescribing and Therapeutics Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to Prescribing and Therapeutics Policy 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 Prescribing and Therapeutics Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

The Chair thanked Ms. O'Connor for presenting the proposed changes to Council.

6.04 Equity, Diversion, and Inclusion Committee (EDIC) Appointments

A memorandum setting out a recommendation from the Governance Committee to appoint two additional individuals to the EDIC was included in the package. Mr. Parr on behalf of Dr. Gudrun

Welder, ND, Governance Committee Chair, presented the Committee's recommendations to the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Governance Committee's recommendations and thereby appoint the two individuals named to the EDI Committee.
MOVED:	Paul Philion
SECOND:	Brenda Lessard-Rhead
CARRIED.	

7. Council Education

7.01 Review of Council's Policy Governance Approach

Dr. Lessard-Rhead, ND (Inactive), provided a detailed explanation of each of the groupings of policies that govern the Council and how they are implemented and maintained. In addition, she highlighted a break down of how a Council meeting is prepared step by step and the expectations of being a Council member. For instance, attending meetings and actively participating throughout. Herself and Mr. Parr responded to any questions that arose during the discussion.

7.02 Program Briefing – Quality Assurance Program

A Briefing Note highlighting the Quality Assurance Program was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

7.03 Program Briefing – Standards Program

A Briefing Note highlighting the Standards Program was circulated in advance of the meeting. Mr. Quesnelle provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

8. Meeting Evaluation and Next Meeting

8.01 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.

8.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for November 24, 2021. 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.

9. Adjournment

9.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:19 a.m.

MOTION:	To adjourn the meeting.
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MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine

Recorded by: Monika Zingaro
Administration Coordinator
September 29, 2021



The College of Naturopaths of Ontario

MEMORANDUM

DATE: November 24, 2021

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

November 2021

For the reporting period of September 1, 2021 to October 31, 2021 the Audit Committee had a supplementary meeting on October 6, 2021 to meet with the President, Sandy Verrecchia from Satori Consulting to review and discuss the committee's Governance Evaluation Feedback.

Dr. Elena Rossi, ND
Chair
November 2, 2021.



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE
(Nov 2021)

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

Jacob Scheer, DC, ND
Acting Chair
Exam Appeals Committee
November 4, 2021



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

November 2021

This serves as the Chair report of the Executive Committee for the period September 1, 2021, to October 31, 2021.

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

Dr. Kim Bretz, ND
Council Chair
November 2021



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

November 2021

Between September 1, 2021 and October 31, 2021, the Inquiries, Complaints and Reports Committee held two regular online meetings – September 9th and October 7th.

In September, 9 matters were reviewed, ICRC members drafted 6 reports for ongoing investigations.

In October, 12 matters were reviewed. ICRC members approved 4 Decisions and Reasons, drafted 2 reports and delivered 1 oral caution.

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

On September 28th the Panel had a full-day refresher training with the focus on writing reports for ongoing matters. Based on the training provided by the College's legal counsel, Ms. Durcan, and the head of the investigation group retained by the College, Mr. Benard, the committee has amended its report template in order to include all relevant information pertaining to the matter under investigation and streamline the decision writing process.

Additionally, the Committee has reviewed its processes for delivering Oral Cautions and determined that full committee does not need to be present to deliver online cautions, and that rotating panels of 3-4 committee members could discharge this role. This will still allow for an effective and serious Oral Caution in a less intimidating setting, so that it is more educational, rather than appearing punitive in nature.

Dr. Erin Psota, ND
Chair
November 8th, 2021



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

November 2021

During the reporting period September 1, 2021, to October 31, 2021, the Governance Committee convened on one occasion.

On October 5, 2021, the Committee met to review feedback submitted by Committee Chairs. The Chairs were asked to identify gaps they notice in relation to core competencies and skills. The Committee reviewed the reported gaps and brainstormed ideas on how to improve upon on the gaps identified during a thorough discussion. In addition, the Committee reviewed the Recruitment Section of the Volunteer Program and provided their feedback and suggestions on ways to improve the College's current recruitment practices. Lastly, the Committee began a discussion on the possibility of implementing a Mentorship Program for the College's volunteers.

The Committee expects to meet in early December 2021 or early January 2022.

Thank you,

Dr. Gudrun Welder, ND
Chair
November 2021



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

September 1, 2021 – October 31, 2021

Since the date of the last report in September 2021, the Patient Relations Committee (PRC) did not meet as it did not have a meeting scheduled.

Next Meeting Date

The Committee's next meeting is scheduled for November 17, 2021.

Sam Laldin
Chair
October 2021



The College of Naturopaths of Ontario

**QUALITY ASSURANCE COMMITTEE REPORT
November 2021**

Meetings and Attendance

The Quality Assurance Committee has not met since the date of our last report to Council in September. It's previously scheduled October meeting was cancelled as the Committee was unable to meet the Public Member quorum requirements.

Next Meeting Date

November 23, 2021

Respectfully submitted by,

Barry Sullivan, Chair,
November 5, 2021



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (Nov 2021)

At the time of this report, the Registration Committee met on September 22nd and October 20th.

Entry-to-Practise Reviews and Referrals

The Committee continued to review referred applications for registration for applicants who had exceeded the two-year window from their date of graduation for completing their entry-to-practise requirements and applying for registration, to ensure currency of knowledge, skill and judgment.

Policy Amendments

The Committee reviewed and approved amendments to the Registration Policy and the Language Proficiency policy to ensure information was accurate and up to date and adhered to the new governance language adopted in other existing policies under the College.

Exam Remediation

The Committee set plans of remediation for candidates who had made two unsuccessful attempts of the Ontario Prescribing & Therapeutic examinations.

Redacting Applicant/Registrant Names in Registration Committee Package

To help reduce potential bias and conflicts of interest, the Committee approved the redaction of names and identifying information in Committee materials related to applicants and Registrants being brought forward for review.

Registration Committee Refresher Training

The Registration Committee was given a refresher training on terms of reference and reviewing applications for registration.

Danielle O'Connor, ND
Chair
Registration Committee
Nov 8, 2021



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

September 1, 2021 – October 31, 2021

During the reporting period of September 1, 2021 to October 31, 2021, the SSRC did not meet. The Committee is next scheduled to meet on November 10, 2021 to review the preliminary Scope of Practice work.

Respectfully submitted by

Dr. George Tardik, ND
Chair
November 2021



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

November 2021

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

This report is for the period from 1 September 2021 to 31 October 2021 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Discipline Hearings

CONO vs. Natasha Turner (DC 20-02)

On 11 March 2021, the following members of the Discipline Committee were appointed to a panel to hear the above-noted matter referred to the DC by the ICRC on 10 September 2020:

Jordan Sokoloski – Chair, professional member
 Rick Olazabal – professional member
 Lisa Fenton – public member
 Dean Catherwood – public member

On 29 October 2021, the Panel held a one-day uncontested electronic hearing and imposed an order:

- Requiring the Registrant to appear before the Panel to be reprimanded;
- Directing the CEO to suspend the Registrant's certificate of registration for a period of three months;
- Directing the CEO to impose specified terms, conditions and limitations on the Registrant's certificate of registration;
- Requiring the Registrant to pay the College's costs fixed in the amount of \$5,000;
- Requiring the Registrant to pay a fine of \$350 to the Minister of Finance.

The Panel is currently working on the Decision and Reasons in this matter.

New Referrals

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

Committee Meetings and Training

The Committee met on 22 October 2021 with Sandi Verrecchia of Satori Consulting Inc. to review the results of the Committee evaluation conducted earlier in the year. The results were well received and generated some productive discussion on ways the Committee can be more effective in the future. Feedback about the evaluation process was also provided to Sandi.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **September-October 2021**

Committee Update

Since the last update to Council, the Inspection Committee had one teleconference meeting on September 23rd, 2021.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record his/her observations during the inspections, and Inspector's Reports for 8 locations.

The outcomes were as follows:

- Part I
 - 3 Passes with 24 Recommendations
- Part II
 - 4 Passes with 2 Conditions, and 17 Recommendations

Type 1 Occurrence Reports

There were 4 Type 1 Occurrences reported for this period. Two of the reports involved the death of a patient that occurred within the five days following the performance of a procedure at the premises, and two were due to the referral of a patient to emergency services within the five days following the performance of a procedure at the premises.

Following the Committee's discussion of these occurrences, there were no concerns regarding the actions taken by the Registrants and no further action was required.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

At the September 23, 2021 Inspection Committee meeting, the Committee members discussed a Part I inspection report that we had hoped to include on the Sept 23rd agenda, but unfortunately didn't receive in time. Since the Committee was not scheduled to meet by Zoom again until November and this being a Part I inspection, the college staff helped to draft any conditions or recommendations according to the inspection document and without having to schedule an emergent meeting, the committee reviewed the inspection documents and draft

outcome by email. I thank the members of the committee for taking the extra time to facilitate this and prevent any unnecessary delay to the new location opening.

Best of health,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
November 7, 2021



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT November 2021

Meetings and Attendance

The Governance Policy Review Committee met on one occasion between September 1 and October 31, 2021, via video-conference, on September 8. Attendance was good with no concerns regarding quorum experienced.

Activities Undertaken

At its **September** meeting, the Committee reviewed and discussed three Governance Process Policies, specifically GP19, GP30 and GP31. Proposed amendments were examined for all three Governance Process Policies and subsequently brought forward to Council for approval at the September 29 Council meeting.

As part of the mandated detailed annual review of all Policies, the Committee reviewed the Executive Limitations Policies (Part 2: EL10 – EL17) and considered related Council member feedback in developing proposed amendments to those policies. These proposed amendments were submitted to Council for review and approval at their September 29 meeting.

Finally, the Committee reviewed and discussed the Council Education and Training package on Governance of the Council that was to be presented by the Committee Chair at the September 29 Council meeting.

Issues

No issues noted other than the ongoing implications of the COVID-19 pandemic.

Next Meeting Date

November 2, 2021

Respectfully submitted by,

Brenda Lessard-Rhead, Chair,
September 21, 2021



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

September 1, 2021 – October 31, 2021

During the reporting period of September 15, 2021 – October 31, 2021 the Standards Committee met once on September 15, 2021 where they undertook a final review of the Core Competencies and finalized a grammatic and spelling review electronically. During the reporting period the Committee worked via email to update the definitions in the vaccination policy to align with Health Canada and Public Health terminology.

Respectfully submitted

Dr. Elena Rossi, ND
Chair
November 2021



The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

November 2021

For the reporting period of September 1, 2021 to October 31, 2021 the Equity, Diversity and Inclusion Committee (EDIC) held their initial meeting on October 28, 2021. Each Committee member provided a brief introduction of themselves and expressed the importance of being a member of the EDIC.

During the initial Committee meeting, each member provided their feedback and insights as to where they would like the Committee to begin their initiatives and what direction they would like to see the Committee achieve towards.

The Committee is expected to meet again early December to early-mid January.

Dr. Jamuna Kai, ND

Chair

November 2, 2021.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: November 24, 2021

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 260, 261-1)	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 (September)	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 September 2021 Council meeting.

The Report Card is Out

by Julie Maciura
October 2021 - No. 260

Earlier this year the Ontario health regulators filed and published detailed reports on their own performance. The reports were based on the College Performance Measurement Framework (CPMF) issued by the Ministry of Health in 2020. The Ministry promised to issue a summary of the trends and observations it made in reviewing the reports. That “report card” was released in the afternoon of October 8th, the Friday before the Thanksgiving long weekend.

The Ministry emphasized the constructive purpose of the CPMF:

[The CPMF] is intended to strengthen the accountability and oversight of Ontario’s health regulatory Colleges by providing publicly reported information that is transparent, consistent and aligned across all 26 regulators. Reporting performance on a standardized set of measures also enables Ontario’s health regulatory colleges to continuously improve performance by identifying and reporting on commendable practices among peers.

The Ministry went on to say that the “CPMF is a journey towards the assessment of regulatory excellence”. No “marks” were assigned to individual Colleges. The first round of reports was intended to identify a baseline for future reports. However, the Ministry did indicate that future reports would lead to the setting of benchmarks to monitor College performance.

The Ministry did identify the following general areas for improvement:

- How Colleges measure and use information to improve performance;

- Consistency in competency-based selection of Board members;
- Transparency in addressing conflicts of interest; and
- Explanations of how Board decisions serve the public interest.

However, the Ministry’s “report card” emphasized the positive. The Ministry report:

... highlights some commendable College practices, areas where Colleges are collectively performing well, potential areas for system improvements, and the various commitments Colleges have made to improve their performance....

Selection criteria considered the following:

- importance to regulating in the public interest,
- the flexibility/adaptability of the commendable practice,
- the effectiveness/applicability to all health regulatory Colleges, and
- the efficiency of the practice.

The Ministry identified six particular commendable practices that it wished to emphasize in its report.

Governance

Two commendable practices were highlighted for governance. The first related to selection of Board and committee members.

The Royal College of Dental Surgeons of Ontario (RCDSO) has established a set of competencies for its Council and Statutory Committees against which professionals wishing to serve are assessed by an independent committee. Additionally, these individuals must complete an eligibility course and a 21-question assessment. This is

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Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

followed by an orientation for those elected to Council or appointed to Committees.

The report noted that many Colleges had taken significant steps in this area following the College of Nurses of Ontario's ground-breaking governance report "Final Report: A vision for the future" in 2016.

The second related to transparency of policy-making materials:

The College of Midwives of Ontario's Council meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to Council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.

System Partners

In terms of partnering with other organizations in the health care system and broader society, three commendable practices were mentioned. The first related to changing public expectations:

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) implemented several initiatives in response to changing public expectations. This includes Trust Matters and Patient Rights campaigns to build public confidence and awareness when receiving care from a CASLPO professional. It also includes developing an internal Diversity, Equity and Inclusion (DEI) strategy and initiating an anti-BIPOC racism working group with other regulatory partners to influence a broader anti-BIPOC approach across all Colleges. CASLPO's strategy is diverse and includes a dedicated webpage, appointment of

a DEI Officer, training for all Council and staff, and an e-forum for registrants.

The second related to quality indicators for the performance of the profession:

In 2018, the Ontario College of Pharmacists (OCP), in partnership with Ontario Health (Quality), started developing quality indicators for the profession that are aligned with Ontario health system indicators. The goal of this work is to focus on the impacts of health care on patient and system outcomes and provide the public and stakeholders with a clearer picture of the overall quality of care being provided by pharmacists. Partners from across the health system were engaged, and included academia, the Ministry of Health, physicians, registrants of the OCP, professional associations, data and analytics experts, and patients.

The third related to a notification tool for patients, employers and other members of the public:

The College of Dental Hygienists of Ontario has implemented a notification tool that will allow a member of the public, or an employer, to sign up to receive notifications about changes to information posted on the Register for specific dental hygienists. This initiative was started as a result of collaboration with the public via a Citizen Advisory Group (CAG), that identified an interest in the ability to find current information about their practitioner. The CAG noted that information on a website was only current as of the day you accessed the register. The College has developed a video that provides information about what the tool is and how to use it. Notifications are sent by email and include changes to information relating to a registrant's registration status and conduct.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Complaints Process

In the domain of ensuring the continuing suitability of practitioners to practise, one commendable practice provided for enhanced access to the complaints process:

The College of Physiotherapists of Ontario (CPO) transparently outlines the different stages of its complaints process on its complaints webpage. Information on how to submit a complaint is clearly identified and accessible in 10 different languages. This includes information about how to apply for funding for therapy and counselling for patients who have been sexually abused by a physiotherapist. Complaints can be submitted by mail, electronically (through the website or by email) or by phone if accommodations are required.

In addition to the six commendable practices, the Ministry also reported on a number of notable practices that demonstrated excellence in professional regulation.

Each section of the report also specified improvement commitments by Colleges. For example, in the Measurement, Reporting and Improvement domain, one commitment was “Implementation of a formalized approach to risk, as well as the use of risk-based data”. A total of 21 commitments were specified.

The Ministry’s report can be found at:
https://health.gov.on.ca/en/pro/programs/hwrob/CPMF_summary_report.aspx.

The Report Card is Out – Part 2 Notable Practices

by Bernie LeBlanc

November/December 2021 - No. 261

As reported in the last issue of *Grey Areas*, earlier this year the Ontario health regulators filed and published detailed reports on their own performance. The reports were based on the College Performance Measurement Framework (CPMF) issued by the Ministry of Health in 2020. The Ministry promised to issue a summary of the trends and observations it made in reviewing the reports. That “report card” was released on October 8th, 2021.

In addition to the six commendable practices identified by the Ministry, it also pointed out a number of notable practices that demonstrated excellence in professional regulation. Below are some of the notable practices that might be of interest to regulators generally.

Governance

The report identified the Ontario College of Pharmacists, the College of Physicians and Surgeons of Ontario, the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO), the College of Nurses of Ontario (CNO) and the Royal College of Dental Surgeons of Ontario (RCDSO) as all having taken steps to modernize and improve their governance structures. Most commonly, these regulators established competencies for Council and committee members and introduced measures, such as a nominations and recruitment process, to facilitate selection of individuals who possessed those competencies.

Staff Development

A second notable practice related to learning development processes for regulatory staff. The report:

... highlighted a notable practice by the College of Massage Therapists of Ontario (CMTO) related to learning development processes for College staff. The CMTO reported that it uses an internal learning management system to ensure it has a capable and competent staff complement. The CMTO’s learning management system provides a curated and self-directed learning program to all staff on administrative and management topics to ensure skill development and the development of a shared leadership culture. The Working Group noted that human resources are central to day to day operations and managing an organization’s workforce is required to support organizational success.

Pandemic and Safety Initiatives

Some notable practices related to the regulators’ responses to the pandemic. A number of regulators created return to practice guidance for former practitioners wishing to contribute during the crisis.

Other regulators built “joint resources related to procurement and shared data collection and analysis services” to minimize resource duplication amongst small and medium sized regulators.

The CNO “worked to implement the recommendations of the 2018 Long-term Care Homes Public Inquiry, developing and sharing multiple resources on preventing intentional patient harm that are relevant to all regulated health professionals.”

Another exciting initiative of the CNO is its collaboration “on the development of a national database for sharing nurse registration and discipline information. The database will enable proactive sharing of information about nurses across

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jurisdictions and will enhance public safety in a time of increasing labour mobility.”

Privacy

The report also commented on the privacy and confidentiality initiatives of the RCDSO, in particular:

its implementation of a range of privacy and confidentiality policies intended to ensure the College’s legal obligations are met. Policies include a focus on information security, acceptable use of systems and related services, records management, and workplace social media conduct. The College also provides information technology (IT) security awareness training for staff and planning for the possibility of IT security breaches. Lastly, the RCDSO has a designated Privacy Officer and privacy lead who consults with staff regarding the management and disclosure of confidential and private information.

Policy Making

The report commented on the policy making process of the College of Midwives of Ontario (CMO).

The CMO uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that:

1. Regulation is proportionate to the risk of harm being managed,
2. Regulation is evidence-based and reflects current best practice, and
3. Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policy making process.

Registration

In terms of registration processes, the report noted:

The CMRITO has developed a career map for international applicants that provides step by step instructions on the application process, the evaluation process and sets out what documentation is required to support an application for registration. This career map also provides the timing associated with registration and what is required of applicants at each stage of registration.

Complaints Process

For enhancing access to the complaints process, the report indicates:

The [College of Massage Therapists of Ontario] CMTTO makes information about the complaints process available in multiple languages, and also provides information in an audio format. The College of Naturopaths of Ontario (CONO) publishes anonymous complaint information on its website, including the date when the complaint was filed, the issues or concerns included in the complaint and the current stage of the complaints process. When a complaint is closed, the College provides the outcome of each matter and the date of closure.

Risk Management

Risk management is an important tool used by many regulators. The report commented on the College of Medical Laboratory Technologists of Ontario’s (CMLTO) use of a publicly available governance risk register.

Approximately every two years the CMLTO’s Council reviews risk trends to update its

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governance risk register and to ensure there are no key gaps in its policy parameters or in actions Council should be taking. The Working Group noted that the use of a risk-based approach drives regulatory effectiveness by clearly articulating the College's role in understanding and addressing the current and emerging risks to clients/patients. Additionally, it was noted that regular review of regulatory and profession-specific risks can be done using both internal and system-level data and allows Colleges to identify and proactively respond to risks to the organization.

On a related note, the report identified as a notable practice the use of risk-based processes for Quality Assurance (QA) programs.

... the College of Occupational Therapists of Ontario's (COTO) and the College of Optometrists of Ontario's (CoptO) risk-based processes for selecting registrants to undergo a continuing competency assessment as part of the QA Program. The Working Group noted that these processes are aligned with the principles of right touch regulation and identify higher risk registrants. The COTO's process includes categorizing risks into four categories, assigning a risk rating to registrants and using this data as a basis for selection of registrants who will undergo a competency assessment. The CoptO uses its complaints data to identify areas of practice that may pose a higher risk and incorporates this into how it selects registrants to participate in the QA Program. Additionally, QA activities focus on areas of practice that provide the most accurate picture of a registrant's practice and allow for less intensive reviews unless an assessment identifies a comprehensive review is needed. The College of Dietitians of Ontario and the RCDSO have incorporated methods for registrants to self-assess risk and follow up on

areas that need improvement into their QA processes.

These notable practices can give other regulators ideas for enhancing their own performance.

The Ministry's report can be found at: https://health.gov.on.ca/en/pro/programs/hwrob/CPMF_summary_report.aspx.



Legislative Update – What Happened in September 2021?

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

There were no Bills as the legislative assembly is in recess.

Proclamations

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

Not-for-Profit Corporations Act – This Act is proclaimed into force effective October 19, 2021.

Ontario College of Teachers Act and **Early Childhood Educators Act** – January 1, 2022, is when the sexual abuse prevention program requirements come into force.

Regulations

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

Ontario College of Teachers Act – The registration regulation is amended to require applicants to provide proof of having successfully completed the sexual abuse prevention program educational requirements (among other things such as mathematics proficiency) and to



Legislative Update – What Happened in September 2021?

make the sexual abuse prevention program part of the continuing education program for registrants. (O. Reg. 605/21)

Early Childhood Educators Act – The regulations provide broad descriptions of events that must be disclosed as possible evidence of lack of good character by applicants for registration and by existing registrants including every “allegation that has been verified by a children’s aid society or other body that has similar responsibility” and any other “event that would provide reasonable grounds for the belief that the applicant would not practice safely, ethically, professionally, or competently.” (O. Reg. 583/21)

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

Proposed regulation under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA) “Ministry of Health (ministry) is proposing to modernize Ontario’s laboratory (lab) sector by streamlining licensing and updating the regulatory framework. Regulations 682 and 683 under the LSCCLA would be revoked and replaced with a new regulation that: 1. supports the proclamation of amendments to the LSCCLA made by Bill 87, Protecting Patients Act, 2017; 2. modernizes labs licensing systems; 3. reduces regulatory burden for businesses; and 4. aligns with other health system priorities.” Comments are due by October 16, 2021.

Bonus Features

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

Rare Example of a Court Permitting the Rejection of a Joint Submission

Discipline panels should generally accept joint submissions unless doing so would bring the administration of justice into disrepute or would be contrary to the public interest. Recently the Divisional Court emphasized that only where the joint submission in a discipline hearing was “unhinged” from the conduct should the joint submission not be accepted: *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 (CanLII), <https://canlii.ca/t/jdz7v>.

But in another recent case, the Divisional Court, including one Judge who sat on the *Bradley* case, upheld a rejection of a joint submission. In *Sammy Vaidyanathan v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 5959 (CanLII), <https://canlii.ca/t/jj39x>, a physician had been found to have engaged in professional misconduct for various actions including recklessly prescribing and dispensing of controlled substances, including opioids, that exposed patients to potential harm. A partial joint submission (there was disagreement as to the length of the suspension) was tendered. One of the terms of the joint submission was restrictions on the practitioner’s ability to prescribe or dispense controlled substances in his out-of-hospital practice. The panel expressed concern that the restrictions did not apply to the practitioner’s hospital practice as well. After hearing additional submissions, the panel concluded that there was no rational basis to exclude the restrictions from the practitioner’s hospital practice and the panel rejected the joint submission.

On appeal the Court upheld the rejection of the joint submission:

In my view, the Committee’s extensive explanation and its pronounced rejection of the joint submission, demonstrated in clear and cogent terms that the Committee understood and considered the “undeniably high threshold” for its departure from a joint submission. It applied the requirements of *R v. Anthony-Cook* 2016 SCC 43, paras. 34 and 60, and it met those requirements. Its repeated references to the public interest and its concern that the joint submission would be difficult to support and explain, captured the depth of its concern that the Committee’s acceptance of the joint submission would bring the administration of justice into disrepute.

While the Court reaffirmed the established criteria for rejecting a joint submission, this case indicates that there can be situations where the high test is met.

Adding Allegations Mid-Hearing

It is a fundamental principle that a practitioner should know the allegations (and case) they will meet before their discipline hearing starts. Some exceptions exist to permit the regulator to amend the allegations where new information arises during the hearing (e.g., slight discrepancies about the date of events), so long as no unfairness is created. The goal is to address the substance of the concerns without becoming overly technical.

In *Alsaadi v Alberta College of Pharmacy*, 2021 ABCA 313 (CanLII), <https://canlii.ca/t/jj4bh>, a pharmacist was disciplined for accessing confidential electronic records for no health care reason; he viewed some 700 patient records out of “curiosity”. There was another allegation about failing to cooperate fully and honestly with the investigation. During the hearing the practitioner gave evidence that may have been inconsistent with both statements he had made during the investigation and in his earlier testimony. For example, the practitioner suggested during the hearing that a friend may have accessed his computer without his knowledge, which had not been disclosed in statements made during the investigation and may have conflicted with admissions made during the hearing itself. The regulator then provided further “particulars” of the allegation to cooperate fully and honestly related to the statements made during the hearing.

The majority of the Court found that the new allegations were not additional particulars but, rather, amounted to entirely new allegations. Permitting the new allegations to be added during the hearing was unfair.

First, doing so treats the new misconduct as aggravations of the initial allegations. There is no logic to doing so. They are discrete events, on their face. Second, such an approach conscripts the defending professional into immediately justifying the conduct which, as said, may have a non-inculpatory explanation. The approach turns the hearing process and the burden of proof completely around. Third, such an approach in effect makes the hearing tribunal, which should be acting as an impartial adjudicator, both a prosecutor and an eyewitness.

The Court also found the sanction, including a three-year suspension, over-emphasized general deterrence and denunciation and was disproportionate to both the conduct and the outcome of other cases. The Court also noted that discipline panels should consider the collateral consequences experienced by the practitioner. In this case he had been subjected to a period of

house arrest for related offence charges, had lost employment, and had already ceased practising for three years. The Court also found that a condition of direct supervision for 500 hours was unrelated to the conduct as there was no concern about the competence of the practitioner; indirect supervision of his access to computerized records adequately protected the public. The sanction was reduced to a suspension of six months, indirect supervision, and a reduced fine of just over \$10,000 among other things. The Court also reduced the costs payable by the practitioner to the regulator.

While amending the allegations mid-hearing is permissible in some circumstances, fairness to the practitioner must always be considered.

Suing a Regulator for Breach of Privacy

In *Khan v. Law Society of Ontario*, 2021 ONSC 6019 (CanLII), <https://canlii.ca/t/jj1xj>, a practitioner was disbarred in respect of his billing practices for accounts submitted to legal aid. He had an appeal pending before the Divisional Court on the finding. In the meantime, he commenced a legal action against the regulator (amongst others) for damages. The claim was far reaching. Most of the claims were dismissed because they made bald allegations of bad faith by the regulator without any particulars and because they amounted to a collateral attack on the discipline finding that was under appeal.

There was also an unusual claim that the regulator breached the practitioner's privacy rights under the "intrusion upon seclusion" tort. The Court said:

The allegations made by the plaintiff to support the claim for violation of his informational privacy relate largely to the publication of his disbarment following the LST hearing, and the use by the LSO Defendants of his medical information during the investigation process for the purposes of obtaining an independent medical expert report. In the absence of a confidentiality order, the LST proceedings are public and their decisions are subject to publication. The plaintiff produced and relied on his own medical evidence in defence to the allegations of misconduct made by the LSO. By doing so, he has waived the right to privacy over those medical records for the purposes of the LSO investigation and the LST/LSAT hearings. Further, the *Law Society Act* authorizes the LSO and its representatives to disclose confidential information when required in the proper administration of the Act or where necessary in connection with a proceeding conducted under the Act (s. 49.12(2)(a) and (b)). Based on the facts alleged, there is no unlawful invasion into the plaintiff's privacy pursuant to *FIPPA* and the claim for the tort of intrusion upon seclusion is struck as disclosing no reasonable cause of action.

This case reinforces the rights of regulators to use otherwise confidential information when performing its functions and to be transparent in its regulatory activities.

Concurrent Discipline and Criminal Proceedings

Should a discipline hearing proceed even though a criminal trial on related allegations is pending? In *Berko v. Ontario College of Pharmacists*, 2021 ONSC 6120 (CanLII), <https://canlii.ca/t/jj5tn>, the practitioner asked for the discipline hearing to be deferred:

The Applicant argued before the Discipline Committee that he would face irreparable harm if the discipline hearing preceded the criminal trial; should he choose to testify at the hearing, that testimony could be used against him in the subsequent criminal trial. Moreover, the Applicant's participation in the discipline hearing would serve to reveal his defence strategy to the criminal prosecutor, or the Discipline Committee might draw an adverse inference if he did not testify.

The Committee balanced the competing considerations and indicated that it "was not persuaded that the Applicant would suffer any irreparable harm if the stay [i.e., deferral] was denied". The practitioner sought judicial review of the decision. The Court declined to interfere on the basis that the application was premature. The Court provided the following additional observations:

The Applicant may well face some tactical choices about whether to testify in the discipline hearing but that does not rise to the level of procedural unfairness that would constitute an exceptional circumstance. If there is prejudice to the fairness of the disciplinary proceedings, that can be raised at the end of the hearing on an appeal.

As well, it is not unusual that discipline proceedings and criminal proceedings overlap. The Applicant's submission that testifying at the discipline hearing might prove prejudicial, or that the discipline hearing would betray his defence strategy in the criminal case, is a generic submission that could be made in every case. To show exceptional or extraordinary circumstances requires more.

There is no evidence that the Applicant will expose himself to any irreparable harm should the discipline hearing precede the criminal trial. The disciplinary allegations overlap with but are not the same as the criminal charges. We can only presume that the criminal court will ensure the Applicant's right to a fair trial by adhering to the rules of evidence and affording the Applicant protections guaranteed by the *Charter*.

While discipline panels need to consider the circumstances of the individual case, in the absence of particular unfairness, discipline proceedings may proceed before the related criminal trials.

Interim Order Banning Regulator from Posting Information on its Website

Increasingly, regulators post information about criminal charges against practitioners on their websites to provide all relevant information to the public and to enable the public to make informed choices. If the practitioner challenges the regulator's legal authority to post the information, should the information appear on the regulator's website while the challenge is ongoing?

On the one hand, the information about the criminal charges is publicly available, just not well known. The value of making the information public diminishes if there is a delay in posting it. The public expectation of a regulator making such information public, where the regulator knows about it, is likely high.

On the other hand, there will probably be permanent harm to the reputation of the practitioner if the legal challenge succeeds and the Court determines there is no authority to post the information on the regulator's website. In effect, the practitioner will have no meaningful remedy

to challenge the regulator's interpretation of its legal authority because the publication will have already occurred.

In *AB v College of Physicians and Surgeons of Alberta*, 2021 ABCA 320 (CanLII), <https://canlii.ca/t/jj7pt>, the Court said that there should be a balancing of the competing interests. In that case the practitioner had been charged with the criminal offence of sexual assault. The practitioner agreed to a restriction on his practice to only see female patients with a chaperone present. Information about that practice condition was available to anyone who searched the practitioner's profile on the regulator's website.

The Court concluded that, on the facts of this case, an order should be granted prohibiting the regulator from publishing information about the criminal charges until the court case on the merits had been determined. The Court emphasized the short period of time for which this prohibition would be in place, the public interest protection already provided by the chaperone requirement, and the public's access to information about that practice condition.

This case may be limited to its particular facts since a balancing of public interest considerations is required. In addition, the effectiveness of chaperone-based restrictions is being questioned by many regulators.

Limits to the Freedom of Expression

There is little doubt that the limits on practitioners' freedom of expression is becoming a central issue in professional regulation in recent years. Pandemic-related speech will only accelerate this trend. While the circumstances are rather unique, the case of *Lauzon v. Justices of the Peace Review Council*, 2021 ONSC 6174 (CanLII), <https://canlii.ca/t/jj90l>, provides some additional insights on this issue.

The practitioner, a Justice of the Peace, published an opinion piece about the bail system in a national newspaper. A disciplinary panel found the article constituted professional misconduct for bringing the administration of justice into disrepute because of "the manner by which she did so, including the language that she used, the personal attacks that she levied against Crown counsel appearing before her, and the statements she made conveying disdain for the justice system in which she is an integral participant." The majority of the panel recommended removing her from her position.

The Court found that the panel had conducted an appropriate balancing exercise in determining whether the nature, context and content of the expression supported disciplinary action despite the practitioner's freedom of expression rights. Of relevance were guidelines that had been published on the issue. The Court found that the panel did not require actual evidence as to whether public confidence in the administration of justice was undermined.

In terms of the sanction, the Court upheld the recommendation for removal on the basis that no error in principle was demonstrated. The sanction was protective of public confidence in the legal system and not punitive. The conduct was serious, mitigating factors were taken into account, and prior precedents were considered. The Court also indicated that the panel's consideration of the manner in which the practitioner responded to the complaint and during the hearing (misleading and combative) and the lack of remorse and remediation were appropriately considered on the issue of whether a lesser sanction would be effective. Those considerations were not treated as aggravating factors.

Taking a contextual approach as to whether a particular expression is unprofessional can result in misconduct findings being upheld.

Appearance of Bias related to Adjudicative Conduct

An appearance of bias can arise as a result of the way that a proceeding is conducted. In *Kivisto v. Law Society of Ontario*, 2021 ONSC 6394 (CanLII), <https://canlii.ca/t/jjbnh>, an unusual objection was made that the way an appeal hearing was held by the Divisional Court on a discipline appeal demonstrated an appearance of bias.

The objection was against one of the three Justices hearing the case and was based on several aspects in the proceeding, including that the Justice had refused to allow the appellant to file a longer than permitted factum, that the hearing was allegedly rescheduled deliberately to permit the Justice to hear the case, that excessive questions and comments were made by the Justice during the practitioner's submissions, and that the decision itself revealed an appearance of bias.

The affected Justice released separate reasons explaining his response to each of the allegations. Some of this explanation described the routine processes followed by the Court.

The affected Justice nicely summarized the test for an appearance of bias quoting from a previous case as follows:

Bias as applied to a person or tribunal... is a state of mind disqualifying the person affected from adjudicating impartially in respect of the subject-matter under consideration. ... As reflected in this statement, bias is not solely circumscribed by a subjective animus towards a participant in the proceedings, or some personal interest in the outcome. "Bias" refers to anything that may reasonably lead the adjudicator to decide the case on some basis other than the evidence before the tribunal and the law. "Apprehended bias" refers to anything that may lead the informed and reasonable observer to form a reasonable apprehension that the adjudicator might decide the case on some basis other than the evidence and the law.

The other two Justices concurred that there was no appearance of bias, stating:

As observed by Corbett J., administrative judges are required to make many directions and rulings on issues leading up to a hearing, including the permissible length of a factum. Corbett J.'s ruling denying Mr. Kivisto's request to file a factum longer than 30 pages in this case, including the language used to describe Mr. Kivisto's proposed factum, would not lead a reasonable person to conclude that our colleague had made up his mind about the merits of Mr. Kivisto's case. It is trite law that a ruling unfavourable to a litigant, even when expressed in strong language, on its own cannot form the basis for finding a reasonable apprehension of bias.

We also agree that there is no basis for Mr. Kivisto's suggestion that there is a reasonable apprehension of bias in the manner in which this matter was scheduled. As one of the administrative judges of the Divisional Court, Justice Favreau is aware of how matters are scheduled in this Court. Generally, as in this case, hearing panels are scheduled months ahead to sit for a week at a time. Here, when the original hearing date

Legislative Update – What Happened in September 2021?

was cancelled due to a conflict of interest by Justice Sachs, it was fortuitous that there was availability for a hearing the following week. There was no design to schedule this matter before Corbett J. and any suggestion by Mr. Kivisto to the contrary is unsupported and defies common sense.

Also, we agree that the manner in which the hearing was conducted does not give rise to a reasonable apprehension of bias. It is normal and expected for the president of a panel to control the hearing process and for all members of a panel to ask questions, including expressing their concerns about the positions advanced by the parties. In order for such questions or interventions to give rise to a reasonable apprehension of bias, courts look at the cumulative conduct and not at isolated questions or interventions. We have reviewed the transcript in this matter and are satisfied that the conduct of the hearing did not create a reasonable apprehension of bias. The questions and interventions were directed at testing the logic and foundation of Mr. Kivisto's arguments and positions. This is a proper and appropriate role of the Court on an appeal, such as this one, where Mr. Kivisto challenged multiple findings made by the tribunal below.

Besides the arguments made by Mr. Kivisto addressed in Corbett J.'s reasons, in his factum Mr. Kivisto also relies on findings made by the Court of Appeal in an unrelated case about the manner in which our colleague had conducted a prior case. That decision and the Court of Appeal's comments in that case have no bearing or relevance on the issue of whether there is a reasonable apprehension of bias in this case. The decision in question is over 5 years old. Mr. Kivisto was not a party to that case nor has he suggested that this matter is in any way related to that case. There is no basis for Mr. Kivisto's attempt to suggest a reasonable apprehension of bias based on an unrelated decision of the Court of Appeal.

The approach taken in this case may be of assistance to tribunals as well, and particularly to tribunal members who face an objection that their conduct during a hearing has created an appearance of bias.



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
September 29, 2021
10 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	3 @ 4 7 @ 5	4.7
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.	2 @ 4 8 @ 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.	2 @ 4 8 @ 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.	2 @ 4 8 @ 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.	2 @ 4 8 @ 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.	5 @ 4 5 @ 5	4.5
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale:	5 @ 4 5 @ 5	4.5

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	1 - Not at all adequately prepared to 5 - More than adequately prepared.		
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	2 @ 4 8 @ 5	4.8
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 (8) • Council member attendance (4) • Council member participation (8) • Facilitation - removal of barriers (9) • Ability to have meaningful discussions (9) • Deliberations reflect the public interest (8) • Decisions reflect the public interest (9)	
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement. • Meeting agenda • Council member attendance • Council member participation • Facilitation (removal of barriers) • Ability to have meaningful discussions • Deliberations reflect the public interest • Decisions reflect the public interest	• Meeting agenda (0) • Council member attendance (4) • Council member participation (1) • Facilitation (removal of barriers) (0) • Ability to have meaningful discussions (0) • Deliberations reflect the public interest (1) • 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?	• Times added to individual agenda items	
Final Feedback	Very impressed with scope and content of all materials. Chair, staff and all presenters were excellent.		
	I miss the training component where we would have guest speakers come in to talk about specific issues. I find these training sessions informative, and I always come away with a pearl!		
	I feel the information - program briefing to be very useful to reinforce/remind and/or inform me of how the Council/College works.		

	The Chair did an excellent job leading the meeting today. I especially liked the way that they reviewed the meeting norms and had everyone practice muting and un-muting. Overall facilitation of the meeting today was exceptional. Thank you.
	Could we please get a copy of Brenda's presentation if not already posted? A great refresher.

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				4.36
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.7	4.5	4.8				4.66
Time Management 1 - Not at all managed to 5 - Very well managed.	--	4.2	4.8				4.5
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	--	4.5	4.8				4.65
Right People 1 - None of the right people to 5 - All of the right people.	--	4.0	4.8				4.4
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.3	4.5	4.5				4.43
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.2	4.0	4.5				4.23
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	--	4.1	4.8				4.45
Number of Evaluations	10	11	10				10

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 2021-2022

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

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

16.01 Definition

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

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2021 to March 31, 2022.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

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

Interests from which they receive Financial Compensation

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

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

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

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

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

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

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

Updated: November 15, 2021



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 September to October 2021.

This recent two-month period has been a calmer period within the COVID-19 pandemic. I have continued to liaise with the Chief Executive Officer on broad issues impacting the College, including issues that arose with respect to the Clinical (Practical) Examination, upcoming elections and the qualifying program and planning for a meeting with the OAND. With respect to the latter, we have been unable to find a mutually convenient date for a meeting.

We continue to follow the direction from the Ministry of Health and hope to see more positive changes to come.

Dr. Kim Bretz, ND
Council Chair
November 2021



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1759
General Class							1567
In Good Standing	1526	1533	1552				1552
Suspended	15	16	15				15
Inactive Class							170
In Good Standing	167	166	165				166
Suspended	5	5	5				5
Life Members	22	22	22				22
Changes in Registration Status							
Suspensions	6	2	1				9
Resignations	2	0	1				3
Revocations	3	0	0				3
Reinstatements	1	0	1				2
Class Changes							
GC to IN	0	1	0				1
IN to GC (< 2 years)	1	3	1				5
IN to GC (> 2 years)	0	0	0				0
Life Membership Applications							
Approved	0	0	0				0
Not Approved	0	0	0				0
Professional Corporations (Total)							
New applications approved	5	5	0				10
Renewed	11	14	13				38
Revoked	0	0	0				0
Resigned/Dissolved	0	1	0				1
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	2	18	11				31
On-going applications	16	25	32				16
Certificates issued	9	5	19				33
Referred to RC	2	4	5				11
Approved	0	1	4				5
Approved – TCLs	0	1	1				2
Approved – Exams required	0	0	0				0
Approved – Education required	2	2	0				4
Denied	0	0	0				0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued								
	PLAR Applications							0
	New	0	0	0				0
	On-going	1	1	1				1
1.3 Regulatory Activity: Examinations								
	CSE							
	Scheduled	0	1	0				1
	Held	0	1	0				1
	Candidates	N/A	68	N/A				68
	BME							
	Scheduled	0	0	1				1
	Held	0	0	1				1
	Candidates	N/A	N/A	64				64
	Clinical Practical Exam							
	Scheduled	1	1	2				4
	Held	0	1	2				3
	Candidates	23	40	70				133
	Therapeutic Prescribing							
	Scheduled	1	1	1				3
	Held	1	1	1				3
	Candidates	35	14	35				84
	IVIT							
	Scheduled	1	0	0				1
	Held	1	0	0				1
	Candidates	19	N/A	N/A				19
	Exam Appeals							
	CSE							
	*** Granted	0	0	0				0
	*** Denied	0	0	0				0
	BME							
	*** Granted	0	0	0				0
	*** Denied	0	0	0				0
	Clinical Practical							
	*** Granted	0	0	0				0
	*** Denied	0	0	0				0
	Therapeutic prescribing							
	*** Granted	0	0	0				0
	*** Denied	0	0	0				0
	IVIT							
	*** Granted	0	0	0				0
	*** Denied	0	0	0				0
	Exam Question Development							
	*** CSE questions developed	0	0	0				0
	*** BME questions developed	0	125	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				1
	Funding application approved	0	0	0				0
	Funding application declined	0	0	0				0
	Number of Active Files	4	4	4				4
	Funding Provided	\$2,732	\$2,353	\$1,240				\$6,325
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	0	0	10				10
	Completed	0	0	10				10
	CE Reporting							
	Number in group	0	0	491				491
	Number received	0	0	483				483
	P&P Assessment required	0	0	0				0
	QAC Reviews							
	Accepted	2	0	1				3
	Work Required	0	0	0				0
	QAC Referrals to ICRC	0	0	0				0
1.6 Regulatory Activity: Inspection Program								
	New premises registered	8	5	4				17
	New Premise Inspection							
	Part I Scheduled	8	1	4				13
	Part I Completed	8	1	4				13
	Part II Scheduled	1	4	3				8
	Part II Completed	1	4	3				8
	New premises-outcomes							
	Passed	12	0	6				18
	Pass with conditions	5	0	2				7
	Failed	0	0	0				0
	Secondary Inspections							
	Scheduled	0	0	0				0
	Completed	0	0	0				0
	Second inspections							
	Passed	0	0					0
	Pass with conditions	0	0					0
	Failed	0	0					0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	3	1	2				6
	Patient died	0	0	2				2
	Emergency drug administered	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				14
	CEO Initiated	5	2	0				7
	ICRC Outcomes							
	Letter of Counsel	3	3	3				9
	SCERP	2	3	2				7
	Oral Caution	6	1	1				8
	SCERP & Caution	0	0	0				0
	No action needed	1	2	1				4
	Referred to DC	0	0	0				0
	Summary of concerns							
	Advertising	4	0	0				4
	Failure to comply	0	0	0				0
	Ineffective treatment	2	2	2				6
	Out of scope	5	2	2				9
	Record keeping	1	2	0				3
	Fees & billing	2	0	3				5
	Lab testing	0	0	0				0
	Delegation	0	0	0				0
	Harassment	0	0	1				1
	QA Program comply	1	0	0				1
	C&D compliance	0	0	0				0
	Failure to cooperate	1	1	1				3
	Boundary issues	0	0	2				2
	Practising while suspend.	0	1	0				1
	Unprofessional, unbecoming	0	0	0				0
1.8 Regulatory Activity: Cease & Desist								
	C&D Issued	2	3	4				9
	C&D Signed	1	2	1				4
	Injunctions							
	Sought	0	0	0				0
	Approved	0	0	0				0
	Denied	0	0	0				0
1.9 Regulatory Activity: Hearings								
	Pre-hearing conferences							
	Scheduled	1	1	0				2
	Completed	0	1	1				2
	Discipline hearings							
	Contested	1	0	0				1
	Uncontested	1	0	1				2
	Contested Outcomes							
	Findings made	0	0	0				0
	No findings made	0	0	0				0
	FTP Hearings	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				267
	Telephone	59	58	71				188
	Top inquiries							
	COVID-19	21	17	16				54
	Scope of practice	12	8	15				35
	Conflict of interest	0	0	8				8
	Tele-practice	9	9	9				27
	Inspection program	0	8	0				8
	Patient visits	10	0	6				16
	Advertising	6	0	4				10
	Lab testing	0	23	15				38
	Notifying patients when moving	8	4	0				12
	Fees & billing	0	6	7				13
	Record keeping	6	6	15				27
	Grads working for a Registrant	7	0	0				7
	Completing Forms/Letters for Patients	4	10	24				38
1.11 Regulatory Activity: HPARB Appeals								
	RC Appeals							
	Filed	0	0	0				0
	Upheld	0	0	0				0
	Returned	0	0	0				0
	Pending	0	0	0				0
	ICRC Appeals							
	Filed	0	0	0				0
	Upheld	0	1	0				1
	Returned	0	0	0				0
	Overtaken	0	0	0				0
	Pending	2	1	1				4
1.12 Regulatory Activity: HRTM Matters								
	In progress	1	1	1				1
	Decided	0	0	0				0
	In favour of applicant							0
	In favour of College							0

Report on Operations – Mid-term 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 first report under the new structure and represents all operational activities for the period April 1, 2021 to September 30, 2021. It provides the Council with an update as to how operations are unfolding at the mid-point in the year.

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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		• 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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
1.2. Entry to Practise				
All 3 Planning Years				
The College will operate an Entry-to-Practise program that enables new graduates and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.		• A process that enables both recent graduates and individuals from other jurisdictions to apply for registration with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and Registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
1.3. Examinations				
All 3 Planning Years				
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from CNME-accredited programs and PLAR candidates seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.		• The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually.		
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
		○ 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.			
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		• Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. • Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.		
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	○ Matters will be processed in a manner that ensures fairness and due process for all parties involved, including opportunities for responding and commenting on submissions provided to the process ○ Complaints will be resolved within 150 days and if not resolved, parties involved and HPARB will be notified. • Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. • Complaint and report files will be presented for the consideration and screening by the ICRC. As such, ○ Panel appointments are drafted for Chair's approval upon receipt of a new matter. Database of appointments is maintained. Conflicts are tracked and recorded in meeting minutes. ○ Training is conducted for any new ICRC members appointed. ○ Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Registrants' prior history with the College/BDDT-N is maintained. ○ 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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
Year-to-date outcomes:		Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:		☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
1.8 Cease & Desist					
All 3 Planning Years					
The College will operate an Unauthorised Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to Registrants who are breaching the standards of practice in a manner that presents a risk of public harm.			• C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorised practitioners are posted on the Register of Unauthorised Practitioners on the College’s website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorised Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorised practitioners who failed to sign a confirmation is provided to the Deputy CEO. • Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.		
Year-to-date outcomes:		Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:		☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
		• Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair’s selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearing of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.			
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
1.10. Regulatory Guidance					
All 3 Planning Years					
The College will operate a Regulatory Guidance program that will respond to Registrants’ questions and provide information, whenever possible, and guide the profession to the resources available to it.		- E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist. - Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.			
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
1.12. HRT0 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 (HRT0).		- All notices received by the HRT0 will be provided to Legal Counsel of the College. - College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		- College senior staff will participate in all conferences and hearings of the HRTTO. - All outcomes of the HRTTO will be reported to the Council and any impacted Committees.		
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2021 for year-to-date outcomes.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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-to-date outcomes:	Standards Committee has undertaken a review of the Core Competencies consultation and recommendations from the Quality Assurance Committee and has incorporated amendments.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators	
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-to-date 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 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.		
All 3 Planning Years		2021-2022	2022-2023
			2023-2024

Index:

1.

Activity	Key Performance Indicators
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Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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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.
- 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.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		○ 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-to-date outcomes:	Council elections - Proposed by-law changes have been developed and circulated for consultation that would shorten the duration of the election process. If these changes are approved in November, the election will be delayed until a January start date. The election handbook has been updated based on the proposed changes and the new timeframe set. Executive elections – Executive elections were held in April/May 2021 using a new on-line nominations process. Public member appointments – Monitoring continues. The Council has six public members, none of whom have re-appointments pending at this time.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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-to-date outcomes:	All new Council members have been in receipt of onboarding orientation. The College has also launched a newly developed volunteer onboarding program in which all Council members have attended the program as a refresh.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
	One member of Council needs to complete the second day of the new training program. All Council members will be enrolled in supplementary training on Equity, Diversity and Inclusion in Q4 of this year. Bias and anti-discrimination policies are under development.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.		- The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. - The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, - A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting. - A year-end report based on the work set out in the Operational Plan including Part 1) will be presented to the Council at its July meeting.		
Year-to-date outcomes:	Bi-monthly Regulatory Operations Reports have been submitted to each Council meeting. This report is the mid-year report based on the Operational Plan and is being submitted to the Council at its first meeting after the mid-year has been completed.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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-to-date outcomes:	Council has been briefed on a number of major issues and policy matters, including: Changes to the Inspection Program requirements,			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
	• 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.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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-to-date outcomes:	The new model for the CEO’s evaluation was implemented in the 2020-21 evaluation as previously presented by Portage Group. The Council finalized the CEO evaluation tool at its July meeting and presented the CEO’s evaluation in early August. Following the CEO evaluation, the Panel made various recommendations to the Governance Committee to further streamline the process and modify various forms. The recommendations were accepted at the September council meeting. Each Committee has completed a performance review of itself and its members via a third party (Sartori Consulting). The results of the reviews for each committee are being presented starting in September with an anticipated date for completion in November.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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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-to-date outcomes:	The College has renewed all of its insurance policies and is up to date.			
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred

2.2. Support to Committees		
All 3 Planning Years		
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.	• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. • 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.	

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
Year-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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-to-date 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 program in which all individuals interested in seeking nomination for election or appointment to committees were invited to attend.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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-to-date 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.				

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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. • 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-to-date outcomes:	Committee Chair Reports are provided bi-monthly to Council and included in the consent agenda. The annual report is in the process of being finalized and will include the Auditor’s Report and audited financial statements. These two reports have also been released on the website. Council meeting materials are posted seven days prior to the meeting. The Executive Committee has not been required to meet .			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
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-to-date 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 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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.

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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 engage the OFC in support of its registration practices assessment conducted approximately every three years.			
Year-to-date 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. Updates provided to the OFC re. registration practices assessment.				
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred	
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-to-date outcomes:	The College’s initial College Performance Measure Framework was submitted by March 31, 2021 as required. Work has begun on assembling information for the next submission due by the end of March 2022.				
Year-to-date rating:	☒ Not started	☐ In progress	☐ Completed	☐ To be deferred	

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,
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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
	○ Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions. ○ Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes. ○ New positions and vacant positions will be advertised on the College's own website, as well as in one or more forums for job postings. • College staff will be compensated in a manner that reflects the current market value of the positions. As such, ○ A salary range for each position shall be maintained and updated annually using the Consumer Price Index for November Ontario All-Items published in December. ○ Compensation for new hires will be based on the salary ranges. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. As such, ○ A policy governing the on-boarding of new staff will be maintained and implemented. ○ New staff will be oriented to the College, its role and how it meets its obligations. ○ Initial training of new staff shall be provided by the College to enable quick integration into the work force. ○ An evaluation of performance will be conducted at the conclusion of the 3-month probationary period.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		- Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. As such, - Performance reviews will be conducted on all staff annually and will be completed by the end of July. - A program for appropriate compensation changes will be maintained that is based on pay-for-performance using salary increases or bonuses. - Staff who are leaving the College will be treated with respect they and dignity. As such, - Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed. - Staff who resign their position will be asked to complete an exit interview that provides the desired information to the College.		
Year-to-date outcomes:	Two new hires were made in this reporting period and 1 individual left the College, and 1 additional person began a medical leave. All positions are advertised to existing staff prior to being sent to the open market. Staff were given a CPI increase of 0.7% and pay for performance increases based on satisfactory performance reviews where were completed. An exit interview could not be conducted with the one employee who left the College due to medical circumstances.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		• The College shall foster the team approach through shared work and social experiences. As such, ○ On at least a semi-annual basis, the College will provide formal social opportunities for the staff. ○ Informal social opportunities to develop the staff rapport and team will also be provided. ○ On at quarterly basis, the CEO shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow as well as the opportunity to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.		
Year-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		Processes will be implemented to assist staff in self identifying training needs related to their program area(s).		
Year-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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.			

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		○ 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-to-date outcomes:	Q1 of the unaudited financial statements was presented and accepted by Council in September. Audited Financial Statements for fiscal year 2020-21 were presented and accepted by Council at the July meeting. Operating and Capital budget is under development and will be presented in Q4 to Council.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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-to-date outcomes: The College maintains a minimum level of 15% of the staff being bilingual. The College's website is currently under development to be fully translated to French.

Year-to-date rating: ☐ Not started ☒ In progress ☐ Completed ☐ To be deferred

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

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators			
A review cycle will be undertaken of existing Regulations, program policies, operating policies and related procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.		- Working with Committee Chairs, the College will ensure that all regulations and program policies are accurate and appropriate for the College’s work. As such, - Regulations will be reviewed with the Committees on a bi-annual basis and any recommendations for amendments brought before the Council. - Program Policies that are approved by the Council will be reviewed on an on-going basis with approximately 5% being completed each year. - All Operating policies and procedures will be accurate to the manner in which the College functions and will be appropriate for the role of the College. As such, 20% of all existing policies and procedures will be reviewed on an annual basis. - 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-to-date outcomes:	Staff are in receipt of notification to any new policies and changes to existing policies. New operating policies include: Alternative Dispute Resolution, Cease and Desist Process, Cease and Desist to Registrants, Advertising notices to suspended Registrants, and Complaint Withdrawal Requests. Registration Program policies reviewed: Language Proficiency Policy, Good Character Policy, Registration Policy. Exam Program policies reviewed: Prescribing and Therapeutics Program & Exam Policy. Review of Registration Regulation by the Registration Committee to occur November 2021.				
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
3.5. Records Management and Retention					
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 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-to-date outcomes:	Records Management and Retention review has not yet begun.				
Year-to-date rating:	☒ Not started	☐ In progress	☐ Completed	☐ To be deferred	

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-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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.		

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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 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, ○ 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,

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
		○ 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-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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-to-date 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.			
Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

4.2. Risk-based Regulation	
	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 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-to-date outcomes:	This initiative has not been started.				
Year-to-date rating:	☒ Not started	☐ In progress	☐ Completed	☐ To be deferred	

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-to-date outcomes:	The Program Policies and related guidelines, tools and operational policies have been completed and fully implemented into College operations.			
Year-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred

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.					
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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 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-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
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		2021-2022 - A set of competencies necessary to perform the role of Council and Committee member will be developed and presented to the Council for approval. - Working with the Governance Committee, an assessment program to review the competencies of volunteers will be developed and presented to the Council for approval.			
Year-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred	
		2021-2022			

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity		Key Performance Indicators		
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.		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-to-date 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-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred

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-to-date outcomes:	Drafting of policies, guidelines and a registration decisions reference repository is underway.

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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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Year-to-date rating:	☐ Not started	☒ In progress	☐ Completed	☐ To be deferred
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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-to-date outcomes: Due to COVID-19, the running of beta testing activities has not been available to date for 2021. Staff have initiated discussions again, with the lifting of some restrictions for post-secondary institutions, to inquire re. timelines for re-initiating beta testing work with the CCNM.

Year-to-date rating: ☒ Not started ☐ In progress ☐ Completed ☐ To be deferred

4.7. Inspection Program Review

The College, in concert with the Inspection Committee, will undertake a review of the Inspection Program to ensure that the re-inspection of the original “existing premises” can be completed in a orderly fashion and that the fees being charged for the program are in keeping with the intent of the Council.

2021-2022

- The College will implement any strategies developed and approved by the Committee/Council around the timing of inspections. As such,
 - Program policies will be updated and published to the website.
 - Designated Registrants are informed of program changes.
- The Inspection Committee will consider any potential changes to the fee structure for the program. As such, The Council will be briefed on any recommended fee changes.
- Any fee changes determined by the Council are implemented in the 2022-2023 fiscal year.

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All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
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Year-to-date 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-to-date rating:	☐ Not started	☐ In progress	☒ Completed	☐ To be deferred

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-to-date outcomes:	The RFP has not yet been issued.			
Year-to-date rating:	☒ Not started	☐ In progress	☐ Completed	☐ To be deferred

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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Activity	Key Performance Indicators
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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-to-date outcomes: The College is in the process of completing a needs analysis survey.

Year-to-date rating: ☐ Not started ☒ In progress ☐ Completed ☐ To be deferred

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-to-date outcomes: This initiative has not yet been started.

Year-to-date rating: ☒ Not started ☐ In progress ☐ Completed ☐ To be deferred

Index:

All 3 Planning Years	2021-2022	2022-2023	2023-2024
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The College of Naturopaths of Ontario

MEMORANDUM

DATE: November 12, 2021

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director of Operations

RE: Variance Report – Q2 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 September 30, 2021, which represents the second quarter of our 2021-2022 fiscal year.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, as of September 30, 2021.

At the end of Q2 the College is in a good financial position with a surplus of \$1,649,626 as noted under Current Earnings.

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

In our Accounts Receivable approximately one third of our Registrants have enrolled in our Payment Plan which allows for pre-authorized payments of registration fees to be paid over a ten-month period. This is the highest enrollment the College has experienced since offering the program. The quality of the Accounts Receivables continues to be strong with less than 1% of payments going into default in the second quarter and a 2.8% default rate for the year thus far.

The Canada Emergency Wage Subsidy (CEWS) continued to be available for employers to apply up to October 23, 2021. The College qualified for CEWS remittances for July; however, we did not meet the criteria for August and September. At the end of Q2 the College has received a total of \$107,849.12 in subsidies this fiscal year.

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

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

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

Statement of Operations

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

- **Blue**- notes actual budget and actual expenditures for Q2 only.
- **Green**- is a calculation of how much was spent in Q2 versus the Q2 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 and Q2 only.
- **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 \$3,240,867. This compares to the Year-to-Date budget of \$2,978,544 resulting in a favorable variance of \$262,323 (109% over budget).

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

Line Item	Current 2021-2022 Fiscal Year				Prior 2020-2021 Fiscal Year		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q2- Actual Revenue	Q2- Variance in \$	Q2- Variance in %
Registration Fees	2,834,823	2,698,044	136,779	105% over budget	961,358	952,134	Over 1000% over budget
Examination Fees	234,202	199,300	34,902	118% over budget	128,800	40,425	146% over budget
Inspection Fees	24,250	25,000	(750)	3% under budget	13,750	(6,250)	31% under budget
Misc. Income (CEWS Subsidy)	122,047	22,000	100,047	555% over budget	225,194	225,194	*this line item was not budgeted for in 2020-21*

Registration Fees – In Q2 over 50% of the income was generated by our Entry to Practice department via issuance fees and application fees. With the easing of COVID-19 restrictions, this department has experienced an increase in activity.

Examination Fees – The examinations program in Q2 held a number of exams due to some changes in COVID-19 restrictions. There were a total of 32 Biomedical exam attendees, 79 attendees for the Clinical Practical exam, 46 for the Prescribing exam and the online Jurisprudence was taken by 32 people.

Inspection Fees- There were 11 inspections completed in Q2. A total of nine inspections were Part II grandfathered under old payment structure. New payment structure is a combination of Part 1 and Part 2 fees incorporated into a new premise fee which was applied to two premises.

Misc. Income (CEWS Subsidy)- In the second quarter the College was eligible to apply for a total of three periods, however only qualified for a subsidy in one of those periods. There are an additional two remittances included in Q2 from Q1 filings.

Expenses

Total Year-to-Date expenses were \$1,591,043 compared to the Year-to-Date budget of \$1,927,812. The favorable variance of \$336,769 is 17% below budget. The primary items that contributed to lowered expenses are as follows:

Line Item	2021-2022				2020-2021		
	Year to Date Expense	Year to Date Budget	Variance in \$	% within the Budget	Q2- Actual Expense	Q2- Variance in \$	Q2- Variance in %
Consulting Fees- Assessors	6,860	23,700	16,840	71% under budget	3,248	16,552	84% under budget
Exam Fees and Expenses	107,256	162,768	55,512	34% under budget	40,882	41,920	under budget
Legal Fees- General	5,870	23,948	18,078	75% under budget	13,471	(3,346)	125% over budget
Legal Fees- Complaints	24,156	35,713	11,557	32% under budget	8,273	5,727	41% under budget
Legal Fees- Discipline	28,541	128,000	99,459	78% under budget	26,139	(9,139)	135% over budget
Hearings	6,830	19,195	12,365	64% under budget	3,232	2,544	44% under budget
Public Education	45,375	47,071	1,696	4% under budget	54,967	(30,580)	156% over budget
Education and Training	5,494	22,632	17,138	76% under budget	2,444	556	19% under budget
Printing and Postage	563	925	362	39% under budget	442	258	37% under budget

Consulting Fees Assessors (29% of YTD budget): This item includes costs incurred for both Peer & Practise Assessors and Inspectors. It is well below budget due to the postponement, due to COVID-19 of all Peer & Practice Assessments except those ordered by the Quality Assurance Committee. A total of 11 inspections were completed.

Consulting fees – Complaints and Inquiries (104% over of YTD budget): This item represents the costs of investigations. Costs are running above budget at the end of Q2 due to the complexity of matters being investigated.

Exam Fees and Expenses (66% of YTD budget): Although three exams were delivered in the second quarter and typical expenses for room rental, per diems and supplies incurred, the inability to deliver exams in the first quarter has resulted in lower year to date costs.

Legal Fees General (25% of YTD budget): This item is all legal fees except complaints and discipline. The lower costs is due to a lower number of instances where legal advice has been required.

Legal Fees Complaints (68% of YTD budget): Although below budget, legal fees are being incurred for legal advice and prosecutorial viability opinions on various matters. Lower costs are likely due to a slower process of seeking advice as the cases have become increasingly complex requiring detailed committee review.

Legal Fees Discipline (22% of YTD budget): The reduction in expenses is due to no hearings having been held in Q2. These costs are anticipated to increase as more hearings are held in the last half of the fiscal year, including an anticipated contested hearing.

Hearings (36% of YTD budget): There were no hearings that took place in Q2. These costs are anticipated to increase once additional hearings are held this fiscal year, including a contested hearing that has been tentatively planned for Q3-Q4.

Public Education (96% of YTD budget): This program is working on a few larger projects in which the activities will be billed in Q3 and Q4. This includes the finalization of the College's Annual Report, enhancing the website with graphics and working on the French version of the website which includes a lot of translation of our existing content.

Education and Training (24% of YTD budget): Volunteer training was conducted in-house by the College and many programs have not had to provide specific program training thus far. Additionally, staff training has been deferred until later in the fiscal year due to on-going COVID-19 restrictions.

Printing and Postage (61% of YTD budget): Postage fees were minimal this quarter due to the College continuing to work remotely and various programs being postponed due to COVID-19 restrictions including the mail out of inspection packages and candidate exam results.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q2 are at 97% of the annual budget, with a boost from the CEWS subsidy. The revenue cycle has returned to normal in which the College sees the majority of its revenues received in the first quarter of the fiscal year, based on receipt of registration fees.

Overall expenses are at 47% of budget which is consistent for the end of the quarter using the benchmark of 25% per quarter.

Capital Expenditures

By the end of Q2 a total of 35% of the I.T budget has been used to replace one laptop and basic computer accessories such as keyboards. An additional laptop has been purchased, however due to global shortages on I.T equipment the laptop is on backorder and the College will not be billed until receipt of equipment.

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

Thank you,

Agnes Kupny
Director of Operations



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION
As of September 30, 2021 (Q2)
50% of Fiscal Year

ASSETS

Chequing / Savings		
Bank - Operating Funds	\$	73,951.32
Bank - Savings	\$	847,938.48
Petty Cash	\$	500.00
<i>Total Chequing / Savings</i>		<i>\$ 922,389.80</i>

Accounts Receivable		
Accounts Receivable	\$	657,468.62
Allowance for Doubtful Accounts	\$	(32,374.50)
Ordered DC Costs	\$	2,000.00
<i>Total Accounts Receivable</i>		<i>\$ 627,094.12</i>

Other Current Assets		
Prepaid Expenses	\$	85,482.50
Investment in Mutual funds	\$	1,570,648.21
Accrued Interest	\$	1,407.10
Investment in GIC	\$	514,379.08
<i>Total Other Current Assets</i>		<i>\$ 2,171,916.89</i>

Fixed Assets		
Computer Equipment	\$	72,854.59
Furniture and Fixtures	\$	159,390.70
Accumulated Amortn - Computers	\$	(46,077.82)
Accumulated Amortn - Furniture	\$	(141,680.99)
<i>Total Fixed Assets</i>		<i>\$ 44,486.48</i>

TOTAL ASSETS **\$ 3,765,887.29**

LIABILITIES AND EQUITY

Accounts Payable		
Accounts Payable	\$	130,302.15
Credit cards	\$	(397.54)
<i>Total Account Payable</i>		<i>\$ 129,904.61</i>

Other Current Liabilities		
Accrued Liabilities	\$	55,522.26
Deferred Income	\$	-
HST Payable (Refund)	\$	110,351.11
<i>Total Current Liabilities</i>		<i>\$ 165,873.37</i>

Equity		
Retained Earnings	\$	(394,093.84)
Patient Relations Fund	\$	89,192.65
Business Continuity Fund	\$	1,075,385.00
Investigations and Hearing Fund	\$	1,000,000.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	1,649,625.50
<i>Total Equity</i>		<i>\$ 3,470,109.31</i>

TOTAL LIABILITIES AND EQUITY **\$ 3,765,887.29**



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q2 commencing July 01, 2021 to September 30, 2021

	Q2				12 MONTH ENDING MARCH 31, 2022				ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Jul-Sept'21 Budget	Jul-Sept'21 Actual	BUDGET FAV (UNFAV) VARIANCE		Jul-Sept'20 Actual	Jul-Sept'20 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE	
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%
Revenue										
Registration and Member Renewals	48,379	27,907	(20,472)	58%	961,358	952,134	2,698,044	2,834,823	136,779	105%
Examination Fees	162,300	64,252	(98,048)	40%	128,800	40,425	199,300	234,202	34,902	118%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%
Incorporation Fees	4,650	8,904	4,254	191%	4,900	1,250	15,200	18,208	3,008	120%
Ordered Costs Recovered	4,000	2,750	(1,250)	69%	7,150	3,150	8,000	6,600	(1,400)	83%
Inspection Fees	12,500	16,750	4,250	134%	13,750	(6,250)	25,000	24,250	(750)	97%
Interest	1,000	534	(466)	53%	725	(14,395)	2,000	930	(1,070)	47%
Investment Income	3,000	293	(2,707)	10%	-	-	9,000	(193)	(9,193)	-2%
Miscellaneous Income (CEWS Subsidy)	-	107,850	107,850	#DIV/0!	225,194	225,194	22,000	122,047	100,047	555%
Total Revenue	235,829	229,240	(6,589)	97%	1,341,877	1,201,508	2,978,544	3,240,867	262,323	109%
Expenses										
Salaries and Benefits	421,549	443,930	(22,381)	-5%	397,476	6,093	823,508	839,351	(15,843)	-2%
Rent and Utilities	80,513	74,814	5,699	7%	77,518	(5,338)	156,026	159,197	(3,171)	-2%
Office and General	41,730	21,309	20,421	49%	38,594	25,809	120,346	78,939	41,407	34%
Consulting Fees-General	22,070	21,770	300	1%	12,148	32,602	66,570	31,196	35,374	53%
Consulting Fees-Complaints and Inquires	30,250	40,079	(9,829)	-32%	32,022	1,228	67,500	70,057	(2,557)	-4%
Consulting Fees-Assessors/Inspectors	10,500	2,200	8,300	79%	3,248	16,552	23,700	6,860	16,840	71%
Exam Fees and Expenses	97,520	63,084	34,436	35%	40,882	41,920	162,768	107,256	55,512	34%
Legal Fees-General	11,788	1,995	9,793	83%	13,471	(3,346)	23,948	5,870	18,078	75%
Legal Fees-Complaints	13,928	3,378	10,550	76%	8,273	5,727	35,713	24,156	11,557	32%
Legal Fees-Discipline	14,000	11,701	2,299	16%	26,139	(9,139)	128,000	28,541	99,459	78%
Council Fees and Expenses	95,555	66,256	29,299	31%	29,672	14,684	158,120	115,777	42,343	27%
Hearings (Discipline, Fitness to Practice)	3,777	4,467	(690)	-18%	3,232	2,544	19,195	6,830	12,365	64%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%
Insurance	-	-	-	0%	-	-	31,000	24,840	6,160	20%
Equipment Maintenance	12,045	12,711	(666)	-6%	8,710	980	24,290	25,341	(1,051)	-4%
Audit Fees	16,500	15,600	900	5%	15,600	700	16,500	15,600	900	5%
Public Education	8,375	325	8,050	96%	54,967	(30,580)	47,071	45,375	1,696	4%
Education and Training	1,000	1,757	(757)	-76%	2,444	556	22,632	5,494	17,138	76%
Printing and Postage	462	546	(84)	-18%	442	258	925	563	362	39%
Total Expenses	881,562	785,922	95,640	11%	764,838	101,250	1,927,812	1,591,243	336,569	17%
Total Revenue over Expenses	(645,733)	(556,682)	(102,229)	16%	577,039	1,100,258	1,050,732	1,649,624	(74,246)	16%



The College of Naturopaths of Ontario

Statement of Operations

	2021-2022			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Sept'21 Budget
REVENUES				
Registration and member renewal fees	\$ 2,877,889	\$ 2,834,823	99%	\$2,698,044
Examination fees	\$ 292,000	\$ 234,202	80%	\$199,300
Deffered capital funding	\$ -	\$ -	-	\$0
Incorporation fees	\$ 23,150	\$ 18,208	79%	\$15,200
Ordered costs recovered	\$ 16,000	\$ 6,600	41%	\$8,000
Inspection fees	\$ 110,000	\$ 24,250	22%	\$25,000
Interest	\$ 4,000	\$ 930	23%	\$2,000
Investment Income	\$ 12,000	\$ (193)	-2%	\$9,000
Miscellenous	\$ 22,000	\$ 122,047	555%	\$22,000
TOTAL REVENUES	\$ 3,357,039	\$ 3,240,867		\$2,978,544
EXPENSES				
Salaries and benefits	\$ 1,621,321	\$ 839,351	52%	\$823,508
Rent and utilities	\$ 307,052	\$ 159,197	52%	\$156,026
Office and general	\$ 169,164	\$ 78,939	47%	\$120,346
Consulting fees				
Consultants - general	\$ 71,370	\$ 31,196	44%	\$66,570
Consultants - complaints and inquiries	\$ 128,000	\$ 70,057	55%	\$67,500
Consultants - assessors/inspectors	\$ 53,700	\$ 6,860	13%	\$23,700
Exam fees and expenses	\$ 267,703	\$ 107,256	40%	\$162,768
Legal fees				
Legal fees - general	\$ 46,780	\$ 5,870	13%	\$23,948
Legal fees - complaints	\$ 65,566	\$ 24,156	37%	\$35,713
Legal fees - discipline	\$ 192,000	\$ 28,541	15%	\$128,000
Council fees and expenses	\$ 211,694	\$ 115,777	55%	\$158,120
Hearings (Discipline, Fitness to Practise)	\$ 34,619	\$ 6,830	20%	\$19,195
Amortization/Depreciation	\$ 16,715	\$ -	0%	\$0
Insurance	\$ 31,000	\$ 24,840	80%	\$31,000
Equipment maintenance	\$ 48,380	\$ 25,341	52%	\$24,290
Audit fees	\$ 16,500	\$ 15,600	95%	\$16,500
Public education	\$ 109,945	\$ 45,375	41%	\$47,072
Education and training	\$ 24,082	\$ 5,494	23%	\$22,632
Printing and Postage	\$ 1,912	\$ 563	29%	\$925
TOTAL EXPENSES	\$ 3,417,502	\$ 1,591,241		\$1,927,812
EXCESS OF REVENUES OVER EXPENSES	\$ (60,463)	\$ 1,649,626		\$1,050,731



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							\$3,207.29	\$4,492.71
Furniture & Fixtures	\$1,500.00													\$0.00	\$1,500.00
Total	\$9,200.00													\$3,207.29	\$5,992.71



The College of Naturopaths of Ontario

MEMORANDUM

DATE: November 17, 2021

TO: Council members

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

RE: Review of the Ends Policies
Proposed Updates to GP16 – Governance Evaluation

The Governance Policy Review Committee (GPRC) met on November 2, 2021 to review the Ends policy suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Ends Policies.

In keeping with the revised Council Annual Cycle, the November meeting of the Council includes a detailed review of the Ends policies:

- E01.05 – Ends Statements
- E02.05 – Ends Priorities.

The staff circulated information to Council members in advance of the Committee meeting. No feedback was provided by Council members with respect to E01.05 – Ends Statements; however, the Committee does have a general recommendation below which would apply to it.

With respect to E.02.05, several comments were considered specifically about paragraph 1. Namely, adding safe to the first bullet point, clarifying the third bullet point and breaking the fifth bullet point into two sections.

Based on its review, the committee made several changes which are highlighted in the proposed amended version attached.

The Committee also considered several changes of its own; however, it noted a couple of items that would require discussion of the Council. For example, the numbering of the priorities seems to suggest one set of priorities, however, when contemplating the assigned percentage of resources, a different set of priorities seems to emerge. In addition, the Chief Executive Officer (CEO) noted that if challenged to substantiate the percentage of resources allocated to each of the three priority areas, he would likely be unable to do so.

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The Committee contemplated asking the Council to review E02.05 and to identify the appropriate priorities; however, it noted that many of the Council members would not have been present at the time these Ends Policies were created in October of 2016 and approved in January 2017.

In discussions, the CEO noted that strategic planning typically occurs on a three to five year cycle and that the current Ends policies are passed the end of that cycle.

As a result, the Committee was of the opinion that a strategic planning exercise should be undertaken in 2022 that would allow the Council to consider its goals and priorities and restate its Ends policies.

Recommendations: The GPRC is recommending that:

- a) E02 – Ends Priorities be amended as presented in the attached, and
- b) The Council ask the CEO to initiate the process to allow the Council to engage in a Strategic Planning session no later than the fall of 2022.

2. Proposed Amendments to GP16 – Governance Evaluation

The GPRC received recommendations from the CEO with respect to revisions to GP16 – Governance Evaluation. It is noted that this policy required amending based on the new evaluation process set out in the Council's Governance Review and based on the process developed in consultation with Satori Consulting.

A draft was presented to the Committee which included feedback from Satori Consulting.

Recommendation: The GPRC recommends that the Council approved the proposed amendments set out in the attached, red-lined version of GP16 – Governance Evaluation.

Respectfully submitted,

Brenda Lessard-Rhead, Chair
November 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	ENDS	Item 5.02a
	Title	Policy No. E02.05
	PRIORITIES	Page No. 1

The College of Naturopaths of Ontario is a self-governing body that protects the public interest by registering and regulating Naturopathic Doctors to ensure safe, ethical, and competent naturopathic care for the people of Ontario.

1. Our major focus is on ensuring that stakeholders understand and value the College and that regulated NDs influence the health and well-being of Ontarians.

Accordingly, 60% of our resources over the planning period will be directed towards activities that will ensure that stakeholders understand and value the role of the College.

- The College supports safe, competent and professional ND practice.
- Registrant's practice is consistent with and supported by defined professional standards and competencies.
- ~~ND's~~ Standards of practice exist for in key areas of practice.
- Registrants have access to College-developed tools to increase professionalism and standards for their practice.
- The College enforces the statutes, regulations, standards, policies and by-laws of the College
- The College's ~~and~~ evaluation methods are valid, reliable and credible, and applied fairly and consistently.
- Appropriate research is used in the development of tools to guide practitioners to make evidence informed and risk-based decisions.

2. Our secondary focus is on the College being recognized and respected as a partner in Ontario's health-care system.

Accordingly, 10% of our resources over the planning period will be focused on this area.

- Regulatory health policy related to the profession is appropriate for naturopathic practice.
- Relationships with Registrants, government and other key stakeholders are strong, collaborative and productive.
- Health care in the Province of Ontario is influenced by the work of the College.

3. Our priorities also include principles of strong governance and fiscal responsibility.

Accordingly, 30% of our resources over the planning period will be focused on this area.

- The College is financially responsible, stable and has sufficient funds to meet its mandate.
- The College is governed and operates effectively and appropriately in accordance with its legislated mandate and in keeping with the transparency principles adopted by the Council.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 27, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Governance Evaluation	GP16.024
		Page No.
		1

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

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Accordingly,

1. At least every two years~~Each year, starting in May and concluding in July,~~ Council and Committees will evaluate their ~~its~~ own performance as a whole and the individual contributions that members make in relation to the responsibilities highlighted in our Governance Process Policies and Council-CEO Linkage policies.
2. The evaluation process will be overseen by an independent third-party consultancy that specializes in governance evaluation process.
3. The Executive Committee will recommend an evaluation process to Council for their approval.~~The Governance Evaluation Framework will include the following three components.~~
 - a) A general performance assessment for the Council and each of its committees.
 - b) An individual self-assessment conducted by each Council and Committee member.
 - c) A peer assessment conducted by each Council and Committee member on each of their peers on Council and each Committee.
4. In order to ensure confidentiality and a fair process, individuals self-assessments and peer assessments of each Council or Committee member will be provided only to the consultant and shall not be provided to the College nor held among the records of the College.
5. At the conclusion of the evaluation process in July or as soon as practical thereafter, the consultant will do the following.
 - a) Present the evaluation of Council and each committee to Council and each committee respectively.
 - b) Meet with each Council and Committee member to review their own self-assessment comparatively with the peer assessment received for them. Each meeting will cover all of efforts of the individual with Council and their various Committees to which they have been appointed. The intent of the meeting is to provide coaching and guidance on how they may individually be able to improve their own performance.
 - c) Provide a summary to the Council Chair and CEO of the individuals with whom they have met to provide coaching and guidance. The summary shall also include any broad themes of education and training that is warranted based on the assessments.
 - d) Provide an action plan for Council and Committee member to the CEO and the Governance Committee of the College to allow for targeted

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Governance Evaluation	GP16.0 21
		Page No.
		2

development of Council and Committee members based on individual needs.

6. As soon as is practical after the Council and Committees have received their evaluations, the College will publish on its website a summary of findings for the evaluation of Council and each Committee as well as an action plan as to how any deficiencies will be addressed. Individual Action Plans for Council and Committee members will not be published.
7. Individual Action Plans for Council and Committee members will be provided to the Governance Committee. The Committee shall review the plans and take the following actions:
 - a) make recommendations to Council regarding any education that might be provided to all volunteers through a structured program; and
 - b) follow up with individual Council and Committee members midway through the year to provide any assistance and guidance necessary in support of the individual action plans.

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



The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Registration Policy

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

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

On October 30, 2014, the then transitional Council of the College of Naturopaths of Ontario approved a policy which covers the majority of the College's registration requirements and provides a comprehensive outline of all policy decisions needed in support of the Registration Regulation.

In March 2020, amendments were made to the Policy to bring the policy up to date, add additional clarity for applicants seeking registration and for Registrants of the College, and provide additional guidance to the Registration Committee and College staff in carrying out their duties.

In September and October 2021, additional reviews of the Registration Policy were carried out to address questions around currency, CPR requirements and non-clinical Terms, Conditions, and Limitations (TCL).

Draft amendments to the Registration Policy (attached) have been made to add clarity and consistency to the above noted policy pieces, and to update policy definitions, terminology and language to align with the newer policies under the College.

DISCUSSION POINTS:

Currency Activities – General Class Certificates of Registration

Minor amendments have been made to remove direct patient care from the list of supplementary currency activities for Registrants holding a General class Certificate of Registration, adding it instead to the currency definition for 'Practising the Profession - General

Class Certificate' to emphasize that currency hours related to this class of registration should involve direct patient care as the core activity. This was done as a result of currency audit findings for 2020 where a number of Registrants reported well over 750 hours of currency activities but noted minimal to no hours related to direct patient care.

Criteria for the Application of a Non-Clinical Term, Condition or Limitation

Policy criteria has been added to outline the conditions for the application of a non-clinical term, condition, or limitation (TCL) to a certificate of registration for the purposes of adding additional clarity and aligning with the policy's section on currency for Registrants with a non-clinical TCL.

Amended CPR Certification Level Requirements

In recognising that 'HCP Level C' is a CPR certification level specific to only one or two of the many organizations a Registrant may obtain CPR certification through, the CPR certification requirement has been amended to 'Health Care Provider Level, which includes training on automated external defibrillation (AED).' This ensures clarity and consistency of requirement.

Amended Criteria for CPR Certification Exemptions

CPR exemptions may be provided in cases where Registrants who, due to disability or exceptional circumstance, are physically unable to complete the requirements necessary for CPR certification. Exemptions are not intended to provide a means for Registrants to waylay recertification at CPR certificate expiry. To ensure the intent of and criteria for the granting of CPR exemptions is clear, additional policy information has been added.

Amended Definitions and Gender Neutrality

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

ANALYSIS

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

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

Privacy Considerations – There are no privacy considerations.

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

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

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

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

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

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

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

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Registration Policy.

ACTION ITEMS

The policy will be updated and posted on the College website. Currency requirements will be communicated on, as a direct mailing and/or in an upcoming issue of the College's iNformed newsletter.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

November 13, 2021

 The College of Naturopaths of Ontario	Policy Type REGISTRATION	PROGRAM POLICIES
	Title Registration Policy	Policy No. P07.01
		Page No. 1

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

Definitions	Act	Means, the <i>Naturopathy Act, 2007</i> , S.O.2007, Chapter 10, Schedule P, as amended from time to time.
	Applicant	Means, an individual who has made a formal application to the College for a <u>C</u> ertificate of <u>R</u> egistration.
	By-laws	Means, the <u>B</u> y-laws of the College approved by the Council under the authority of section 94 of the Code.
	Good Character	Means the personal characteristics of an applicant or Member, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
	Certificate of Registration	Means, a document issued by the College, in either the General Class or Inactive Class, that demonstrates to the public that the holder is a <u>Member of Registrant of</u> the College, registered in the class set out on the <u>C</u> ertificate and identifies whether there are any terms, conditions or limitations (<u>TCLs</u>) placed on the <u>C</u> ertificate.
	<u>Chief Executive Officer (CEO)</u>	<u>Means, the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.</u>
	CPR, Certificate	Means, a document issued by a recognized <u>cardiopulmonary resuscitation (CPR) Certification</u> course provider, which clearly shows the date of course completion, level of CPR certification, the applicant or <u>Member Registrant's</u> name and the name of the course provider.
	CPR, Recognized Certificate Course	Means, an in-person training course in CPR procedures taught in compliance with the Heart & Stroke Foundation of Canada's most current Guidelines for CPR and Emergency Cardiovascular Care (ECC).
	College	Means, the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	Code	Means, the Health Professions Procedural Code, which is schedule 2 to the <i>Regulated Health Professions Act, 1991</i> .

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October 30, 2014		March 4, 2020

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	Title	Policy No. P07.01
	Registration Policy	Page No. 2

Former
~~Member~~Registrant

Means, an individual who previously held a valid ~~C~~ertificate of ~~R~~egistration with the College and who is no longer a ~~Member~~ by Registrant by virtue of having retired, resigned, being deceased or having had their ~~C~~ertificate of ~~R~~egistration revoked by the College.

General Class

Means, a ~~Member~~ authorized Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.

Good Character

Means, the personal characteristics of an applicant or ~~Member~~Registrant, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.

Good Standing

Means, the status assigned to a ~~Member~~ when Registrant when they are current on dues and payments and is current with the registration requirements assigned to their class of registration.

Inactive Class

Means, a ~~Member~~ not Registrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.

Language Skills

Means, the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.

Language Test

Means, a test designated in this policy that can be relied upon to test the language proficiency of an applicant.

Letter of Standing

Means, a document issued by a regulatory body, which outlines full details about a ~~Member~~Registrant's status and registration history, discipline history and ongoing complaints and investigations, if any.

~~Member~~Registrant

~~Means, an individual person registered with the College as defined in section 1(1) of the Health Professions Procedural Code.~~

Mentor

Means, a ~~Member~~Registrant -who has agreed to supervise another ~~Member~~Registrant or an applicant as part of a refresher program or additional education and training as required to enter into practise or return to the General class of registration and to practise the profession.

Mentee

Means, an applicant, ~~candidate~~ or ~~Membe~~Registrant, as the case may be, who has been required by a panel of the

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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	Title	Policy No. P07.01
	Registration Policy	Page No. 3

Registration Committee to enter into a supervised mentorship as outlined in this policy.

Pre-Registration

Means, the process whereby an individual who intends to seek registration provides the College with information to establish themselves before formally submitting an application for registration.

RHPA

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

Register

Means, an electronic, searchable database system that provides ~~users~~ the public with information about Registrants, Premises (under the Inspection Program), Professional Corporations and Illegal practitioners

Registrant

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

Registrar

~~Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.~~

Registration Committee

Means, the statutory committee of the College responsible for all registration matters referred to it by the ~~Registrar~~CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code.

Registration Regulation

Means, Ontario Regulation 84/14 as amended from time to time.

Supporting Documentation

Means, official records provided by a court, tribunal, educational institution, licensing or regulating body, or other government sanctioned organization which provides details surrounding, and the outcome of, an event.

Term, Condition or Limitation (TCL)

Means, a term, condition or limitation (TCL) imposed on a ~~C~~ertificate of ~~R~~egistration by a panel of the Registration Committee which restricts a ~~Member's~~ Registrant's activities within the practice of the profession.

Good Character

~~Good Character, Applicants~~
General

~~In accordance with the Registration Regulation, all applicants shall provide such information as is necessary under the College's Good Character Policy to ensure applicants meet Good Character provisions as listed in sections 3(1) and 3(2)~~

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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of the Registration Regulation. Assessments of Good Character are managed in accordance with the College's Good Character Policy.

Good Character, Members

As a condition of membership, all Members are required to notify the College within 30 days of being made aware of any events that may affect an assessment of their Good Character, as listed in section (4) of the Registration Regulation.

Currency	Minimum Requirements	A <u>MemberRegistrant</u> who holds a General class <u>C</u> ertificate of <u>R</u> egistration is expected to practise the profession for at least 750 hours over any three-year period in order to maintain currency, in accordance with section 6(1) of the Registration Regulation.
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Practising the Profession
- General Class
Certificate

MemberRegistrants holding a General class Certificate of Registration are expected to be actively practising the profession in the capacity of a clinical practitioner, including but not necessarily limited to providing direct patient care within the scope of practice of the profession for the purpose of satisfying the currency requirements of section 6(1) of the Registration Regulation.

The Member's employment determines how they are practising the profession.

To be practising the profession as a General class Certificate holder, a MemberRegistrant's currency hours may must include direct patient care (consultation/visit, assessment, treatment) and may include any of the following additional activities, or a combination thereof:

- direct patient care (consultation/visit, assessment, treatment);
- Research related to managing patient care (a specific case);
- Clinical supervision involving direct patient care, care;
- Clinical education involving patient interaction or provision of professional services while teaching, teaching;
- Communication with colleagues regarding case management, or
- Mentoring.

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

A MemberRegistrant holding a General class Certificate of Registration with a non-clinical term, condition or limitation (TCL) TCL does not engage in direct patient care within the scope of practice of the profession but may be working in non-clinical areas related to practising the profession.

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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	Title	Policy No. P07.01
	Registration Policy	Page No. 5

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

- ~~A~~administration of an educational program in naturopathic medicine or a naturopathic clinic;~~;~~
- ~~N~~naturopathic research (non-clinical, not performing controlled acts or directly interacting with patients);~~;~~
- ~~R~~regulatory/government work;~~;~~ ~~or~~
- ~~N~~natural health product development/promotion.

In accordance with paragraph 5 of section 23(2) of the Code, any restrictions on a ~~MemberRegistrant's~~ Certificate of ~~R~~egistration as a result of the ~~MemberRegistrant's~~ limited practise would be noted on the ~~public R~~egister for public protection.

Declaration

During annual ~~membership~~ Registration -renewal, a ~~MemberRegistrant~~ must report on their currency hours for the previous calendar year.

For new ~~MemberRegistrants~~, the three--year reporting period begins on April 1st following the ~~MemberRegistrant's~~ initial registration with the College.

At the discretion of the ~~Registrar~~ CEO where a ~~MemberRegistrant~~ is initially registered at a point in the year where they can meet the minimum annual requirements for currency, set as 250 hours, those hours shall be counted towards the three-year currency period.

Evidence of Currency

The ~~Registrar~~ CEO may request evidence from a ~~MemberRegistrant~~ to support ~~his or her~~ their declaration of currency hours. Such a request would be warranted if (but not limited to):

- ~~T~~he ~~Registrar~~ CEO has reason to believe the ~~MemberRegistrant~~ may have provided a false or misleading declaration;~~;~~
- ~~A~~a ~~MemberRegistrant's~~ hours approach the requirement but do not meet the minimum and may warrant a ~~review~~;review.
- ~~O~~ther information has become available indicating the ~~MemberRegistrant~~ has not practised the profession to the extent necessary for a General class ~~C~~ertificate of ~~R~~egistration.

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

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 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
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- a) For a ~~Member~~Registrant holding a General class ~~C~~eertificate of ~~R~~registration ~~and providing direct patient care~~:
- ~~A~~appointment book/schedule.;
 - ~~L~~letter of employment, including hire date and hours worked per week/month.;
 - ~~C~~eonfirmation that the duties and responsibilities outlined in a job description were performed.;
 - ~~C~~eonfirmation of services provided, such as invoices, letter from individual persons for whom direct services were provided.;
 - ~~P~~patient record/case notes.;
 - ~~C~~elinical research articles.;
 - ~~C~~elinical education plan.
- b) For a ~~Member~~Registrant holding a General class ~~C~~eertificate of ~~R~~registration with a non-clinical TCL, ~~practising in areas related to naturopathy~~:
- ~~W~~work schedule.;
 - ~~L~~letter of employment, including hire date and hours worked per week/month.;
 - ~~C~~eonfirmation that the duties and responsibilities outlined in a job description were performed.;
 - ~~R~~research articles.;
 - ~~T~~teaching plan.

Language Proficiency	English or French	Sufficient language proficiency in either English or French is an essential requirement of all Members registered in Ontario for entry-to-practise . All applicants must meet the requirements set out in the College's Language Proficiency policy.
Professional Liability Insurance (PLI)	Coverage Required	Maintaining Professional Liability Insurance (PLI) coverage in the amount and form required in the B <u>b</u> y-laws is a condition of every C <u>e</u> ertificate of R <u>r</u> egistration.
	Proof of Coverage for Applicants	All applicants for registration with the College shall be required to provide proof of PLI before a C <u>e</u> ertificate of R <u>r</u> egistration will be issued.
	Proof of Coverage for <u>MemberRegistrants</u>	Upon the annual renewal of their C <u>e</u> ertificate of R <u>r</u> egistration with the College, all MemberRegistrants shall be required to sign a PLI declaration, affirming that the MemberRegistrant's coverage meets all of the minimum requirements set out in the B <u>b</u> y-laws. The MemberRegistrant will also provide the College with information related to their insurance coverage (coverage amount, term, broker and insurer) as required on a form

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established by the [Registrar-CEO](#) and, at the same time, shall consent to the College verifying and collecting information from third parties, including but not limited to their insurer, broker and/or relevant professional associations through which coverage might have been obtained.

Proof of Coverage for Registrants (Inactive- five years or more)

Inactive class [Members-Registrants](#) who have not practised the profession for five (or more) years are not required to carry PLI in accordance with section 19.03 of the By-laws.

Upon the annual renewal of their Certificate of Registration, Inactive [Members-Registrants](#) who have met the above criteria shall be required to sign a declaration, attesting that the Registrant has not practised the profession for five (or more) years.

Proof of Coverage at Change of Class

A [MemberRegistrant](#) who is applying to change to a different class of registration (e.g., Active to Inactive class) will be required to provide proof of insurance coverage at the discretion of the [CEORegistrar](#).

Changes in Coverage

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

Failure to be Insured

The [Registrar-CEO](#) in accordance with section 4(5) of the Registration Regulation will immediately suspend a [MemberRegistrant](#) whose insurance does not meet the requirements per section 4(5) of the College [By-laws](#).

Refresher Programs, Additional Education and Training

General

An applicant or [MemberRegistrant](#) may be required by a panel of the Registration Committee to undertake a refresher program, or additional education if one of the following conditions ~~exist::exist:~~:

- ~~Aa~~ an applicant for registration where more than two years have passed since either their successful completion of a CNME-accredited program or the College's Prior Learning Assessment & Recognition (PLAR) program, and where the applicant has not been practising the profession for 750 hours in the three years preceding their date of application, may be required to complete such further education or training as required by a panel of the Registration Committee [Registration Regulation, section 5(2)].
- ~~Aa~~ [MemberRegistrant](#) who in the preceding three years has not practised the profession for a minimum of 750 hours, and who has declined to enter into an undertaking

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with the College not to practice the profession but who does not wish the matter to be referred to the Quality Assurance Committee (~~¶~~Registration Regulation, section 6(2))~~1.7.1~~.

- ~~Aa~~ ~~MemberRegistrant~~ who has held a General class ~~C~~ertificate of ~~R~~egistration with a non-clinical TCL for a period of more than two years and who wishes to return to the General class (~~¶~~Registration Regulation, section 6(3))~~1.7.1~~.
- ~~Aa~~ ~~MemberRegistrant~~ who has been in the Inactive class of registration for a period of more than two years and who wishes to return to the General class (~~¶~~Registration Regulation, section 10(1)(6))~~1.7.1~~.

Acceptable Courses

Individual refresher programs, further education and training are determined on a case-by-case basis and subject to approval of a panel of the Registration Committee. Education relevant to the practice of the profession and based on identified areas of deficiency with respect to the individual's competencies will be considered.

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

- ~~O~~ffered by a recognized University or College~~1.7.1~~.
- ~~O~~ffered by a CNME-accredited program~~1.7.1~~ ~~or~~.
- ~~H~~as been approved or meets the criteria for approval by the Quality Assurance Committee of the College for Category A continuing education credits under the Quality Assurance Program.

Supervised Mentorship

While individual refresher programs and further education and training are subject to approval by a panel of the Registration Committee, an applicant or ~~MemberRegistrant~~ may request, or the ~~p~~Panel may require, that the program, education and/or training include a period of supervised mentorship by a ~~MemberRegistrant~~ of the College who is in Good Standing.

In such instances, the mentor will be required, at the conclusion of the supervised mentorship period, to provide the College with a letter which details whether the mentor believes:

- ~~I~~the mentee's knowledge, skill and judgment are at the level required for the applicant or ~~MemberRegistrant~~ to practise the profession safely, competently and ~~ethically;ethically~~~~1.7.1~~.
- ~~I~~the mentee should undergo additional education and/or training in any specific competencies relating to the practise of the profession.

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Conflicts of Interest

For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the Bby-laws. Without limiting the definition, a real or perceived conflict of interest between a mentor and an applicant or MemberRegistrant who is subject to a supervised mentorship requirement, exists when a prior personal or professional relationship exists.

Qualifications for Mentors

A MemberRegistrant is eligible for selection as a mentor if, on the date of mentorship for which they are selected, the MemberRegistrant:

- Hholds a General class Certificate of Registration with the College with no TCLs.
- Has actively practised naturopathy for at least five years.
- Practises in accordance with the Standards of Practice of the profession.
- Is not in default of payment of any fees prescribed by the Bby-laws or any fine or order for costs to the College imposed by a College committee or court of law.
- Is not in default of completing and returning any form required by the College.
- Is not the subject of any disciplinary or incapacity proceeding.
- Has not had a finding of professional misconduct, incompetence, or incapacity against them in the preceding five years.
- Is not a Council or Committee memberRegistrant.
- Is not employed by the College; and
- Is not employed as an administrative faculty memberRegistrant or instructor at a naturopathic academic institution.

All mentors must be approved by the RegistrarCEO.

Terms, Conditions, and Limitations	General	Where the <u>RegistrarCEO</u> believes it is in the public interest to have a <u>TCL</u> imposed on a <u>C</u> ertificate of <u>R</u> egistration, and the applicant or <u>MemberRegistrant</u> does not consent, the <u>RegistrarCEO</u> shall inform the applicant or <u>MemberRegistrant</u> of the need for referral and refer the matter to a panel of the Registration Committee for review.
	Panel of the Committee	Where the <u>RegistrarCEO</u> and the applicant or <u>MemberRegistrant</u> agree to having to <u>having</u> a <u>TCL</u> placed on the applicant or <u>MemberRegistrant</u> 's <u>C</u> ertificate of <u>R</u> egistration, the matter shall be referred to a panel of the Registration Committee for review and approval.
	<u>Non-Clinical TCL</u>	<u>Registrants registered in the General class who do not engage in direct patient care, and who are employed in one of the following areas, may have or seek to have a non-clinical TCL placed on their C</u> e <u>ertificate of R</u> e <u>gistration:</u>
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- Administration of an educational program in naturopathy or a naturopathic clinic.
- Naturopathic research (non-clinical, not performing controlled acts or directly interacting with patients).
- Regulatory/government work.
- Natural health product development/promotion.

Good Standing	Applicant Registered with Another Regulatory Body	A Letter of Standing must be provided from each regulatory authority, in any jurisdiction, with whom an applicant is currently or was previously registered. Letter(s) of Standing must indicate that the applicant was in good standing at the time of making their application to the College, or if no longer registered with that body, at the time they ceased being a <u>memberRegistrant</u> .
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Confirmation Requirements

Confirmation of Good Standing must:

- Be in the form of a letter from the regulatory authority(ies), signed by the Registrar or CEO (senior staff officer) if there is one or, if not, signed by the President (senior elected official).
- Indicate the applicant has paid all fees, dues, and penalties owed to the regulatory authority(ies).
- Indicate there are no outstanding matters relating to professional misconduct or incapacity which have been referred for formal adjudication by the regulatory authority(ies).
- Be received by the College directly from the regulatory authority(ies).

Criminal Record Check	General	The following individuals will be required to submit a name-based Police Criminal Record Check using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP: • <u>Applicants</u> for initial registration with the College. • <u>Former MemberRegistrants</u> seeking <u>reinstatement registration</u> with the College.
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Timing

The report must show the search of the CPIC database was conducted no more than six months before the date of application.

Scope of Report

The name on the report must match the name appearing on the applicant's registration application (legal name) as well as all names the applicant currently uses or has ever used, including first, middle, and last name(s), name at birth as listed on their proof of identity document, maiden name, or any other former or assumed names.

The report must include records of discharge which have not been removed from the CPIC system in accordance with the

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Criminal Records Act, 1985, and records of outstanding criminal charges of which the police are aware.

Exclusion

Online checks by commercial vendors will not be accepted.

CPR	General	All MemberRegistrants holding a General class C ertificate of R egistration must must maintain valid, H health C are P rovider level CPR certification (HCP Level C or equivalent which includes training on automated external defibrillation (AED)) certification.
	Validity and Renewal	A CPR certificate must be valid (not expired) at all times and be renewed no less than every two years through an in-person course . The professional and ethical responsibility for maintaining current CPR certification rests with the MemberRegistrant .
	Initial Registration CPR Requirements	Applicants for registration with the College must provide a CPR certificate issued within the preceding 12 months at the time of submitting their application for registration.
	Request for Proof of CPR Certification	The Registrar-CEO may request proof of CPR certification as deemed necessary.
	Failure to Provide Proof of CPR Certification	In the event a MemberRegistrant's CPR certificate is out-of-date (beyond two years from the date it was issued), the Registrar-CEO shall notify the MemberRegistrant under section 20.12 of the B by-laws. Should the MemberRegistrant fail to provide proof of CPR certification by the deadline, they will be deemed as having failed to maintain valid CPR.
	Exemption	A MemberRegistrant may seek an exemption from the CPR requirements of the College due to disability or exceptional circumstances which prevent the Registrant from physically completing the requirements necessary for CPR certification. Exemption requests must be supported with documentation (e.g., medical note from a regulated health professional) and Such exemptions are granted, at the discretion of the RegistrarCEO. 7 provided the MemberRegistrants granted an exemption are required to agrees to sign an undertaking which includingincludes, but is not limited to, the following provisions: - the MemberRegistrant will not treat any patient unless a designated person or persons who meets the College's CPR requirements is present on-site at the practice locations at all times;times. - the MemberRegistrant will provide the College annually, as part of their renewal, a valid CPR certificate for the designated person(s);). - a TCL will be imposed on the MemberRegistrant's Certificate of Registration and published on the public

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register, stating the MemberRegistrant may not practise the profession unless the designated CPR certificate person(s) is present at all times.

Public Register General
Photo

The Registrar CEO shall establish and maintain the public register in accordance with the Code and the College Bby-laws.

Pursuant to section (iii) of 20.05 of the Bby-laws, the Registrar CEO shall include on the public register a current photograph of the MemberRegistrant, which is suitable for publication and will enable the public to verify a MemberRegistrant's identity.

A commercial photographer must take the photo. On the back of the photo, the photographer must stamp the name and complete address of the photo studio and the date the photo was taken.

Also Also, on the back of the photo, a guarantor must clearly write: "I certify this to be a true likeness of (MemberRegistrant's name)" and sign their name.

Photo Submission

Applicants must provide a photo for the Public Register prior to issuance of a Certificate of Registration.

MemberRegistrants must provide a new photo for the public register as follows:

- General class MemberRegistrants in good standing: on a schedule set by the Registrar CEO.
- Inactive class MemberRegistrants: at the time of submitting an Inactive to General class change application to the College College.
- MemberRegistrants holding a non-Clinical TCL at the time of submitting a request to the College to have the non-Clinical TCL removed from the MemberRegistrant's Certificate of registration Registration.
- Ssuspended General class MemberRegistrants seeking reinstatement: as part of curing the default which resulted in the suspension, and prior to reinstatement of the MemberRegistrant's Certificate of Registration.

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Photo Guarantor

A guarantor for photo identification is an individual who meets the following criteria:

- ~~M~~ust be 18 years of age or older.
- ~~H~~ave known the ~~Member~~Registrant for a minimum of ~~two-year~~two years.
- ~~M~~ust be a ~~member~~Registrant of a regulated profession in the province of Ontario.

Out of Province
Certificates

General

Under the Canadian Free Trade Agreement (CFTA) and the Registration Regulation, individuals who have been issued a ~~C~~ertificate of ~~R~~egistration in the General class in another regulated Canadian province and have practised the profession to the extent as would be expected of a ~~Member~~Registrant holding a General class ~~C~~ertificate of ~~R~~egistration in Ontario who wish to become registered with the College may apply under labour mobility provisions to be issued a ~~e~~Certificate of ~~R~~egistration in the General class subject to certain criteria.

Individuals who are registered in another regulated Canadian jurisdiction but not practising the profession (i.e., in an Inactive class) are not eligible to become registered with the College.

Application Process

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

- ~~S~~ubmit a completed application for registration along with the associated application fees stipulated in Schedule 3 of the ~~B~~by-laws.
- ~~P~~rovide proof of sufficient language fluency in accordance with the Language Proficiency Policy.
- ~~P~~rovide proof of identity in accordance with the Proof of Identity Policy.
- ~~P~~rovide such information and sign declarations with respect to good character in accordance with the Good Character Policy.
- ~~O~~btain a criminal record check in accordance with this policy.
- ~~O~~btain from their current regulatory authority, or regulatory authorities as the case may be, a Letter of Standing.
- ~~P~~rovide proof of valid CPR certification in accordance with this policy.
- ~~P~~rovide proof of PLI in the form and amount as stipulated in the ~~B~~by-laws; and
- ~~P~~rovide proof of evidence that they have practiced the profession to the extent as would be expected of a ~~Member~~Registrant holding a General class ~~C~~ertificate of ~~R~~egistration.

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Extent of practise

For the purposes of this policy, an applicant has practiced the profession, to the extent as would be expected of a ~~Member~~Registrant holding a General Class ~~C~~ertificate of ~~R~~egistration, provided the applicant has practised in accordance with the "Practising the Profession – General Class" currency requirements stipulated in this policy.

Evidence of Professional Practise

In addition to a Letter of ~~Good~~ Standing, the College will require evidence to support an applicant having practiced the profession to the extent as would be expected of a ~~Member~~Registrant holding a General Class Certificate of ~~R~~egistration. Such evidence must include:

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

The following information must be included in the written attestation:

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

Review

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

In the event the ~~Registrar~~CEO has reasonable doubt as to whether the applicant has practised the profession to the extent as would be expected of a ~~Member~~Registrant holding a General class ~~C~~ertificate of ~~R~~egistration, the ~~Registrar~~CEO will refer the matter to a panel of the Registration Committee for further review and determination, in accordance with section 7(3) of the Registration Regulation.

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Examinations

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

Substantial Equivalency

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

Post Registration
Certificate- Prescribing

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

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

Upon issuance of a ~~C~~ertificate of ~~R~~egistration with the College, ~~MemberRegistrants~~ registered in another jurisdiction, where the regulatory authority attests to the ~~MemberRegistrant~~ having met one of the above criteria, will be deemed to have met the College's Standard of Practice for Prescribing upon completion of the course module relating to Ontario's drugs and substances. No additional examination will be required.

Post Registration
Certificate – IVIT

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

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Advice to MemberRegistrants

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

- MemberRegistrants of the College must always practise within the Scope of Practice of the Profession and as such, IVIT chelation, minor surgery, ozone therapy, and hyperbaric oxygen therapy are excluded from the practice of the profession in Ontario;Ontario.
- MemberRegistrants of the College must always practise within the limits of their own knowledge, skill and judgment;judgment.
- MemberRegistrants of the College are required to practise in a manner which meets the Standards of Practice of the profession as detailed in the General Regulation and on the College's website;website.
- ~~a~~ A MemberRegistrant must have met the Standard of Practice for Prescribing before they may access any of the drugs or substances identified in the General Regulation or perform any of the controlled acts of administering a substance by injection or inhalation and prescribe, dispense, compound or sell a drug;drug.
- ~~a~~ A MemberRegistrant must have met the Standard of Practice for Intravenous Infusion Therapy and the Standard of Practice for Prescribing and be practising in premises registered with the College's Inspection Program before the MemberRegistrant may administer a substance by IVIT;IVIT.
- MemberRegistrants will be reminded that they may not perform acupuncture in Ontario unless they have been deemed by their regulatory body to have met the post-registration certification for acupuncture, or until they obtain sufficient education and training in acupuncture in accordance with the College's Clinical (Practical) Examinations Policy.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Council COVID-19 Vaccination Statement

PURPOSE: To approve a communication from the Council to the Profession.

OUTCOME Comfort with statement, and its approval.

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

PROCESS:

Activity:	The materials will be presented to Council for consideration		
Results:	Discussion, potentially approval		
Overall Timing:	25 minutes		
Steps/Timing:	1.	CEO to provide background and highlights of proposal.	5 minutes
	2.	Council to ask questions and discuss	15 minutes
	3.	Motion	5 minutes

BACKGROUND:

Although COVID-19 is outside of the scope of practice of the profession, the College has encountered several situations where actions, such as the issuance of Cease & Desist letters, the initiating of complaints or CEO investigations, and the need for referral to the Discipline Committee, were deemed necessary.

Although the College has continued to caution the profession that COVID-19 is outside of the scope of practice of the profession, there continues to be instances where unnamed Registrants are alleged to have told their patients not to get vaccinated.

Based on the inquiries made of the College when we were forwarding vaccination information from the Public Health Units to Registrants, it was initially thought that many Registrants were likely to be vaccinated. However, more recent indications suggest that many remain unvaccinated.

In addition to complaints-related matters, this issue is also impacting how we as a College manage several of our key regulatory functions, most notably our examinations. Recent Clinical (Practical) Examinations were brought to the brink of cancellation because of the implementation of a new policy by the Canadian College of Naturopathic Medicine (CCNM) where our exams are held. This policy, which seeks to comply with the new mandatory provincial directive for post-secondary institutions, requires people entering the facility to display either proof of COVID-19 vaccination or recent negative Rapid Antigen Test. In advising our volunteer team of this requirement, a portion of our examiners chose to no longer participate. Thanks to some willing individuals, we were able to proceed.

As more and more locations bring in vaccination policies, the impact is expected to grow.

Finally, there have been several discussions among the Regulatory Colleges about promoting vaccinations to the Registrants. Nearly 50% of the Colleges have already made a statement encouraging vaccination of their Registrants for a variety of reasons.

The matter at hand today is whether the College Council wishes to make such a statement.

DISCUSSION POINTS:

Vaccination Status Survey

The College recently undertook an anonymous vaccine status survey of the profession that posed three questions. The first question was about their vaccination status. The second question was about what they would do if the Government introduced a vaccine mandate. The final question was about whether they have been asked by a patient about their own vaccination status.

A total of 583 Registrants responded to the survey, which represents approximately 33.5% of all Registrants. Based on this very good rate of return, it is reasonable to project the following:

Vaccination rates

- Percentage of respondents double vaccinated: 43.4%
- Percentage of respondents in process of being vaccinated: 4.7%
- Percentage of respondents who are not vaccinated and do not intend to be vaccinated: 51.9%

Impact of a Government Mandate

- Percentage of respondents who would get vaccinated: 3.6%
- Percentage of respondents who would practise only virtually: 15.2%
- Percentage of respondents who would continue to practice in person: 10.8%
- Percentage of respondents who would cease practising: 28.9%
- Percentage of respondents already double vaccinated: 41.5%

Patient Questions

- Respondents who have been asked by patients about their vaccination status: 64.6%
- Respondents who have not been asked about their vaccination status: 35.4%

Other health regulatory Colleges

Several other health regulatory Colleges have issued statements regarding COVID-19 vaccinations, including:

- Royal College of Dental Surgeons of Ontario.
- College of Medical Laboratory Technologists of Ontario.
- College of Midwives of Ontario.
- College of Nurses of Ontario.
- College of Occupational Therapists of Ontario.
- Ontario College of Pharmacists.
- College of Physicians and Surgeons of Ontario.
- College of Registered Psychotherapists of Ontario.

A summary of the various statements and links to the respective full statements is provided in Appendix A. While the statements vary, all of them strongly encourage their Registrants to be vaccinated.

Impact of Non-vaccinated Status

The potential impact of a Registrant not being vaccinated is increasing. One example is Registrants who are required to renew their CPR certification. The College has learned through Registrants that many CPR training programs are requiring a person be fully vaccinated if attending in-person training. The College requires in-person training for CPR certification (initial and renewal) in order to ensure that Registrants are fully able to undertake life saving measures. As a result, some Registrants are turning to the College to seek an exemption from having to renew their CPR certification. The College will not be granting such exemptions unless the individual has a medical exemption from the COVID-19 vaccination.

As vaccination mandates potentially increase, the ability of the College to fulfill its mandate through inspections, peer & practice assessments, and examinations is likely to increase.

Health and safety legislation and current litigation may force the College itself to act in order to protect its workers (both staff of the College and our volunteers).

Council consultation

At the request of the Chair, the CEO undertook a consultation of Council members about whether the Council should contemplate issuing a statement recommending that Registrants get double vaccinated and provided a draft of such a statement. Discussions were held with 12 of the 14 Council members. The overwhelming majority of Council members indicated that they believed such a statement should be issued. The most common reasons for doing so included:

- The public interest requires vaccination, and the statement is consistent with the College's mandate.
- Vaccination is necessary for the greater good of society.
- The potential risk to the College's ability to regulate if a substantive part of the volunteer workforce would not or could not work with the College.
- The impact of COVID-19 on the population and patients is significant as seen in the "long-haulers".

Notwithstanding these sentiments, many Council members recognized the impact on individual rights.

Public Expectation

Recently, the CEO and Deputy CEO met with the Regulatory Oversight Branch in preparation for the drafting of the 2021 College Performance Measure Framework submission. The discussion was primarily focused on one of the domains which speaks to working with system partners and developing initiatives to adapt to changing public expectations.

While not focused on COVID-19 or vaccinations, the discussion was timely inasmuch as it raises the question of what public expectations would be in this circumstance.

- As of the date of preparing this briefing, 85.5% of the 12.1 million eligible adults in Ontario has been double vaccinated. A total of 88.8% of persons aged 12 or older have had a single dose of a vaccination. It would seem safe to assume that the overwhelming majority of Ontarians would expect other eligible people to be vaccinated.
- According to [Ipsos](#), a federal polling organization, the majority of Canadians support the various public pandemic measures in place, including:
 - 84% support mandatory vaccination for healthcare workers
 - 72% support vaccine passports to enter certain indoor spaces.
- Also according to Ipsos, in Ontario, 86% support mandatory vaccination for healthcare workers.

These points alone would suggest that the public expectation of Naturopathic Doctors and all healthcare professionals would be that they be vaccinated.

Unfortunately, no surveys have been conducted to consider what the public expectation for the College would be. Given the College's public interest and safety mandate, it would seem a reasonable extrapolation from this data to surmise that the public would expect the College to do something to support Registrants getting vaccinations.

This theme seems to be supported by Harry Cayton as reported in this [CBC News article](#).

Statement Draft

A draft of the proposed statement is attached as Appendix B. This is version five with previous versions having been changed to incorporate various Council members' feedback, which included:

- Remove any words that might be seen as inflammatory or unproven, for example, referring to the impact as dire or referring to mandates.
- Keep the message as brief as possible while focusing on the impact 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. The primary risks to the College on this matter are strategic in nature.

- Political risk – There is a risk that the Government could decide to bring in a vaccine mandate for health professions. Although presently thought to be a small risk, the impact on the College could be significant based on the respondents to the College's survey.
- Reputation – There are a variety of reputational risks. Some Registrants may react negatively to the statement from the Council and view the College as out of touch with the nature of the profession. The public may look at the statement as not strong enough or take the view the College has not having done enough to protect the public and mandate vaccinations.

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. By contemplating this statement, the Council is providing relevant information to all Ontarians. It is made clear that the vaccination rates among the profession appears to be low and that these rates may impact the College's ability to regulate effectively.

Financial Impact – There are no direct financial implications from this matter.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed. As noted in the draft statement itself, supporting vaccinations by Registrants is believed to be a matter of public interest and public safety. Any and all steps to slow the spread and impact of COVID-19 should be taken by every person. It benefits society, it places society's needs above individual needs.

RECOMMENDATION

It is recommended that the Council approves the draft statement to the profession.

Andrew Parr, CAE
Chief Executive Officer

Appendix A COVID-19 Vaccination Statements of Other Health Regulatory Colleges

Royal College of Dental Surgeons of Ontario (RCDSO) ([see full statement](#))

Widespread vaccination is essential to the long-term containment of COVID-19. You have an opportunity to support vaccination efforts, model responsible behaviour for your patients and the public, and address vaccine hesitancy.

Getting Vaccinated

Vaccination is a safe and effective way to safeguard the health of your friends, family, colleagues, patients and yourself.

The College strongly recommends:

1. All dentists are fully vaccinated against COVID-19 as soon as possible unless medically exempted.
2. All dental practices have a workplace COVID-19 vaccination policy consistent with [Directive #6](#) issued by Ontario's Chief Medical Officer of Health.

If you have questions on workplace policies for the vaccination of staff, contact the Ontario Dental Association.

College of Medical Laboratory Technologists of Ontario ([see full statement](#))

As we head toward Fall 2021, the [Ontario COVID-19 Science Advisory Table](#) advises that Ontario "is in the 4th wave of the COVID-19 pandemic. Our models, federal models, and models in other jurisdictions predict a substantial 4th wave."

The CMLTO Board of Directors supports the Table's September 1st [statement](#) that vaccination offers substantial protection against severe health outcomes. Its modelling suggests that there will be "a rapid increase in the number of seriously ill people needing hospital care as workplaces and education re-open in September." As such, the CMLTO office and Board will continue to operate virtually until further notice.

The Ministry of Health (MOH) is deploying its [last mile strategy](#) to reach eligible Ontarians who haven't received a first or second vaccine. On September 1st the Ontario government [announced](#) that it "will require people to be fully vaccinated and provide proof of their vaccination status to access certain businesses and settings starting September 22, 2021."

On September 14th, the government [released](#) "the [regulations](#) and [guidance](#) for businesses and organizations to support them in implementing proof of vaccination requirements" when they take effect next week.

If you need help in obtaining a vaccination for yourself or your family, please visit the [MOH's COVID-19](#) site.

College of Midwives of Ontario ([see full statement](#))

Vaccines play an important role in protecting the most vulnerable—particularly those from communities who have been disproportionately impacted by COVID-19.

This pandemic offers midwives an opportunity to lead by example. By getting vaccinated, midwives can help relieve the strain on our health-care system while supporting the health, safety, and wellbeing of their clients and communities. The College strongly encourages all eligible midwives to get vaccinated unless contraindicated.

The province is not currently mandating that healthcare providers be required to receive a COVID-19 vaccine. However, hospitals are mandated to implement vaccine policies where staff are required to be vaccinated, provide proof of medical exemption, or complete an educational module and receive frequent COVID-19 testing if they choose to not be vaccinated.

Hospitals may choose to adopt their own vaccine policies that go beyond those mandated by the government. Under these policies, disciplinary action may be taken, up to and including loss of hospital privileges or termination, for midwives who do not show proof of vaccination without a valid medical exemption.

College of Nurses of Ontario ([see full statement](#))

CNO strongly recommends nurses to get vaccinated. Vaccines produce protection against diseases as a result of the body developing an immune response. This immunity helps people fight the virus if exposed. Vaccinations are an evidence-based public health intervention and we encourage all individuals to get vaccinated.

By getting the COVID-19 vaccine, you are not only protecting yourself, but you are also protecting those you care for, and the health care system's capacity to deliver needed services during the pandemic.

College of Occupational Therapists of Ontario ([see full statement](#))

The College supports the Government of Ontario and the Ministry of Health's efforts to slow the spread of COVID-19, which includes vaccination. Throughout the pandemic, the College has made information regarding COVID-19 vaccines available through communications to registrants and stakeholders and posted information on our [website](#).

The College will not be mandating vaccination as a condition of registration. We recognize that employers and government have the rights, roles, and responsibilities to act as required to ensure the safety of those they service. We expect occupational therapists to work with their employers on the practice changes that are ongoing, and to problem-solve through service challenges. Recently, the Ontario government issued a directive that affects COVID-19 vaccination workplace policies for those employed in hospitals, community, home care settings and ambulance services. Occupational therapists should refer to their employer policies to understand how these changes might affect them.

College of Pharmacists of Ontario ([see full statement](#))

The Ontario government announced [mandatory vaccination policies for high-risk settings](#) such as hospitals, requiring employees, students, volunteers and contractors to be either fully vaccinated or undertake regular testing for COVID-19 and complete an education session about the vaccine. While this announcement does not apply to those working in community pharmacies—but does apply to pharmacy professionals working in identified high-risk settings—the College continues to strongly encourage all pharmacy professionals to receive both doses of a COVID-19 vaccine as a way to protect themselves and their patients.

College of Physicians and Surgeons of Ontario ([see full statement](#))

Having a fully vaccinated health-care profession is critical to minimizing the risk of COVID-19 transmission and/or outbreaks in offices, clinics and hospitals. Even if you do

not feel sick, asymptomatic infection and subsequent transmission is possible. The COVID-19 vaccine reduces your chance of becoming infected and is the best way to control the spread of the virus, and so getting vaccinated is an essential step to protecting your own health, the health of your patients, and the community at large.

This pandemic offers physicians an opportunity to lead by example. By getting vaccinated, physicians can help relieve the strain on our health-care system and support the health, safety, and well-being of the people of Ontario. The National Advisory Committee on Immunization (NACI) has recognized the unique nature of health-care workers' roles and recommended that they be prioritized to receive the COVID-19 vaccine.

COVID-19 – now a vaccine preventable disease – is among the leading causes of death globally and known to have prolonged, wide-ranging impacts. High vaccination rates are important because they help achieve herd immunity and protect people who cannot be vaccinated.

The NACI recommends that all eligible Canadians should be vaccinated against COVID-19 once the vaccine is available to them. While the College recognizes that some physicians cannot get vaccinated due to medical contraindications, those physicians can still provide strong leadership on COVID-19 prevention and continue to advocate for full vaccination of all those eligible.

College of Registered Psychotherapists of Ontario ([see full statement](#))

While it is not within the College's authority to implement a vaccination mandate for RPs, CRPO continues to encourage all registrants to consider being vaccinated against COVID-19. Vaccines are an important tool to help stop the spread of the virus and allow individuals, families and workers to safely resume normal life. As noted in [Ontario Ministry of Health Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#), COVID-19 vaccination is strongly recommended for all health care workers but remains voluntary for providers outside designated high-risk settings

College of Respiratory Therapists of Ontario

Please note that effectively immediately, only individuals who have received both doses of a COVID-19 vaccine and are at least two weeks post their 2nd dose will be permitted to enter the CRTO office or to attend any of the CRTO's in-person functions. This applies to all CRTO staff, independent contractors, Mentors, Assessors, Members, Council and Committee members, as well as any other seeking access to the CRTO.

Anyone who is not fully vaccinated will be required to interact with the CRTO via email, telephone or videoconferencing.

If you have any questions, please contact us at questions@cрто.on.ca.

CRTO Management

Appendix B
Draft Statement from the Council of the College of Naturopaths of Ontario
COVID-19 Vaccination

(November 24, 2021) Toronto, ON - The Council of the College of Naturopaths of Ontario strongly encourages every Naturopathic Doctor in Ontario—along with all of Ontario’s regulated health care professionals who are actively seeing patients – be vaccinated against COVID-19.

The Council recognizes the obligations of the College and its Registrants to the greater public interest, as well as the social contract between the profession and the people of Ontario, which concurrently require that public safety and public interest be placed above individuals or professional interests.

As a regulator whose mandate it is to serve and protect the public interest, and place safety above all other considerations, this Council acknowledges not only the importance of this vaccination but also its safety and efficacy. It is for these reasons that we encourage everyone to be vaccinated as one important method of reducing its impact.

To be clear, the College is not requiring that its Registrants be vaccinated; however, vaccine and testing requirements in other sectors have been implemented and we believe that we are likely see more of these in the future. These requirements have and will continue to impact the College’s ability to regulate effectively.

For example, requirements set by Government for post-secondary education institutions have meant that College staff and volunteers delivering exams are required to show proof of vaccination or a recent negative COVID-19 test result when entering to deliver the exams. Volunteers who are unable or unwilling to meet these requirements reduce our workforce and may result in cancellation of examinations. This affects not only the College but also students who have spent considerable time in the educational program and preparing for the exams. This was very nearly the case for the Clinical (Practical) Exams delivered on September 26, 2021.

Similar requirements are expected throughout the business sector, including public offices such as the College’s own office. The College relies on over one hundred volunteers for programming and committee activities. Again, we will have difficulty delivering these regulatory programs without enough vaccinated Registrants. If the College cannot deliver its regulatory programs, then it simply cannot fulfill its mandate on behalf of the people of Ontario.

The Council of the College



The College of Naturopaths of Ontario

MEMORANDUM

DATE: November 17, 2021

TO: Council members
College of Naturopaths of Ontario

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Resignations and Appointments

As you are already aware, the Council has received the resignation of Dr. Jennifer Lococo, ND from the Council and all committees to which she is appointed. I also regret to inform you that the College received the resignation of Dianne Delany, Public Representative from the Committees to which she is appointed.

As a result of these resignations, the Council is asked to consider appointments to these Committees in order to ensure that they are properly constituted.

Examination Appeals Committee

The EAC must have a minimum of three persons. The composition requirements are:

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

Presently, the Committee has two Registrants who are not Council members and one Council member meaning it meets the minimum requirements; however, it does not have a Committee Chair. Additionally, the Committee has neither a Public member nor a Public Representative which is problematic in terms of quorum requirements.

In preparation for this matter coming before the Council, I have contacted various committee members and Public Representatives to see if anyone might be interested. Sitting Committee member Dr. Enrique (Rick) Olazabal, ND has expressed an interest to chair the Committee. So too has sitting Committee member and Council member Dr. Jacob Scheer, ND; however, Dr. Scheer has also expressed an interest in the Inspection Committee. From a governance perspective, it is always good to have a

Having canvassed Public Representatives, Ms. Andrea Szametz and Mr. Hanno Weinberger have expressed an interest in joining the EAC.

Inspection Committee (IC)

The IC must also have a minimum of three individuals appointed. The composition requirements are:

- one (1) Council member;
- one (1) or more Registrants who are not Council Members and 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.

Presently, the Committee no longer has a Council member appointed to it although it does have two Registrants not on Council who have met the standards of practice as required as well as a Public Representative. Having reviewed the current Council member committee assignments and a potential interested individual, we do have a Council member interested and available as noted above, Dr. Jacob Scheer, ND has expressed an interest in joining this Committee as the Council member. This would be his second Committee assignment in the current term.

Recommendations

It is recommended that the Council makes the following appointments:

- Dr. Jacob Scheer, ND to the Inspection Committee.
- Dr. Enrique (Rick) Olazabal, ND as Chair of the Examinations Appeals Committee.
- Ms. Andrea Szametz and Mr. Hanno Weinberger, as a Public Representatives to the Examination Appeals Committee.

Respectfully submitted,



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Inspections

BACKGROUND

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

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practise of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintain 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 outcome of public protection, and risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

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

General Regulation

Part IV of the *General Regulation* made under the *Naturopathy Act, 2007* came into effect on March 1, 2017, and requires the College to conduct inspections in premises where Intravenous Infusion Therapy (IVIT) procedures are performed.

Inspection Program Requirements

The Inspection Program applies to all locations where one or more Registrants perform IVIT procedures. IVIT procedures include:

- The compounding of drugs to make a customised therapeutic product for the purpose of administering by intravenous injection to a patient, or
- The administration of a therapeutic product by IVIT.

The Inspection Program establishes the requirements for a premise and reviews the following areas during inspections:

- Physical environment,
- Emergency preparedness,
- Infection Control,
- Sterile Compounding,
- Administering IVIT,
- Record Keeping and charting,
- Reporting of Type 1 and Type 2 occurrences,
- Delegation, and
- Quality management.

Every premises that is registered and performing IVIT procedures will undergo a scheduled inspection once every five years. Each inspection outcome is posted on the IVIT Premises Register. The outcome can be a “pass”, a “pass with conditions” or a “fail”.

Registering an IVIT Premises

A new premises where IVIT procedures are intended to be performed must be registered with the College, undergo Part I of an inspection, and receive a “pass” or “pass with conditions” that will then allow it to begin performing IVIT. The second part, Part II of the new premise’s inspection, occurs within approximately six months of the Part I inspection commencing.

Subsequent Inspections

After the Part I and Part II inspections are completed, subsequent inspections must occur within five years of the date of the initial inspection and every five years thereafter.

Designated Registrant

Every premises must have an ND who is the Designated Registrant. The Designated Registrant is responsible for:

- All Inspection Program related communications with the College,
- Submitting all Inspection Program forms,
- Ensuring the Inspection Program Requirements are met, and
- Paying all Inspection Program fees on behalf of the premises.

Inspection Process

The following outlines the typical inspection process:

- Notification of an upcoming inspection is sent to the Designated Registrant,
- The Designated Registrant submits the Pre-Inspection Information and Declaration of a Conflict of Interest form, and the premises Policies and Procedures Manual within 14 days (this is required for Part I and five-year premises inspections),
- Upon receipt, an inspection is scheduled within 30 days of the Designated Registrant being notified of the assigned inspector,
- At the end of the inspection, the inspector provides feedback to the Designated Registrant who may provide additional comments and/or information to the College, and
- The Inspection Committee reviews the Inspector's Report and any additional information provided by the Designated Registrant, and delivers an outcome.

Inspection Outcomes

The Committee will determine an outcome that falls into one of three categories:

- "Pass" – all Inspection Program Requirements are fully met or partially met with minor deficiencies,
- "Pass with conditions" – One or more Inspection Program Requirements are not met that could impact patient safety, and
- "Fail" – few of the Inspection Program Requirements have been met or there are significant deficiencies that pose a risk of harm to patients, and the premises must cease providing services.

Inspectors

Inspectors within the Inspection Program are NDs who have met the standard of practice for IVIT and therapeutic prescribing, who are performing IVIT procedures at a premises, and who are specifically trained in the program requirements set out by the Council of the College. All individuals within a premises are required to cooperate with an inspector who has been appointed by the College to inspect the premises where IVIT services are provided.

Inspection Committee

The Inspection Program is overseen by the Inspection Committee, which is a Committee of the Council of the College. The Committee is made up of individuals who are:

- Registrants of the College who have met the standard of practice for IVIT (and therapeutic prescribing),
- Members of the Council, and
- Public Representatives appointed by the Council.

Type 1 and Type 2 Occurrences

Type 1 occurrences are incidents that may or did result in serious harm to a patient in relation to an Intravenous Infusion Therapy treatment. Type 1 Occurrences include:

- The death of a patient following IVIT,
- The death of a patient within five days following IVIT,
- Referral of a patient to emergency services within five days following IVIT,
- A procedure performed on the wrong patient.
- Administration of an emergency drug to a patient,
- A patient who is diagnosed with shock or convulsions within five days of IVIT, and
- A patient who is diagnosed with a disease of any disease causing agent as a result of the IVIT.

Type 1 occurrences must be reported to the College within 24 hours of the Registrant becoming aware of the occurrence. These reports are reviewed by the Inspection Committee who review the information and may require a follow up review and inspection if warranted by the Inspection Committee.

Type 2 occurrences are incidents that may or did result in harm to a patient in relation to the performance of compounding for or administering by IVIT. These include:

- An infection in a patient after the provision of IVIT,
- An unscheduled treatment of a patient within five days of IVIT, and
- Any adverse drug reaction.

Type 2 occurrences must be tracked and documented and are reported to the College annually.

Importance of this Program

The College's Inspection Program ensures continuous quality improvement for all premises where IVIT procedures are performed through the development and maintenance of standards. This helps enhance the safety and quality of care for the Ontarians who choose to access these services.

Respectfully submitted,

Dr. Mary-Ellen McKenna, ND (inactive)
Manager, Professional Practice

November 2021



The College of Naturopaths of Ontario

**Council Meeting
November 24, 2021**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (3:4)		Ms. Asifa Baig (2:4)
Dr. Shelley Burns, ND (4:4)		Dr. Kim Bretz, ND (3:4)
Mr. Dean Catherwood (4:4)		
Mr. Brook Dyson (4:4)		
Ms. Lisa Fenton (4:4)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (4:4)		
Mr. Paul Phillion (3:3)		
Ms. Sarah Griffiths-Savolaine (4:4)		
Dr. Jacob Scheer, ND (4:4)		
Dr. Jordan Sokoloski, ND (4:4)		
Dr. George Tardik, ND (3:4)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Dr. Mary-Ellen McKenna, ND (Inactive), Manager Professional Practice		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

Dr. Danielle O'Connor, ND, Registration Committee Chair	
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1. Call to Order and Welcome

Council Vice-Chair, Sarah Griffiths-Savolaine, called the meeting to order at 9:18 a.m. She welcomed everyone to the meeting and noted that Council Chair Dr. Kim Bretz, ND, was unable to attend. Pursuant to the by-laws, she would assume the role of meeting Chair for today. She also reminded Council members that the meeting was being live streamed via YouTube.

2. Consent Agenda

2.01 Review of Consent Agenda

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

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

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	George Tardik
SECOND:	Jonathan Beatty
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 on behalf of the Council Chair, Dr. Kim Bretz, ND. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair.
MOVED:	Jordan Sokoloski
SECOND:	Paul Phillion
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:	Jacob Scheer
SECOND:	Brook Dyson
CARRIED.	

4.03 Operating Report – Mid-year Report

The Operating Report – Mid-year from the CEO was distributed in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Operating Report – Mid-year from the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

4.04 Variance Report and Unaudited Financial Statements for Q2

A Variance Report and the Unaudited Financial statements ending September 30, 2021 (Q2) 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 second quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Council-CEO Linkage Policies

The Chair invited Dr. Brenda Lessard-Rhead, ND (Inactive), Chair of the Governance Policy Review Committee (GPRC) to guide the Council through the policy confirmation process. Dr. Lessard-Rhead, ND (Inactive), asked if they had any questions or matters to note with respect to the Council-CEO Linkage policies based on the reports received. No issues were noted at this time.

5.01(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.

5.01(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.

5.02 Detailed Review (as per GP08) – Ends Policies

Dr. Lessard-Rhead, ND (Inactive), noted that the detailed policy review for this meeting was focused on the Ends Policies. She noted that staff had invited Council members to provide any feedback to the GPRC and that all of the feedback received focused on the Ends Priorities policy. She 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.

Dr. Lessard-Rhead, ND (Inactive), also noted the GPRC recommendation that the Council engage in a Strategic Planning Cycle in the next calendar, year given that the existing Ends policies were now nearly five years old. The Council expressed their willingness to proceed with the recommendation of conducting a Strategic Planning session to be completed by the Fall of 2022 and to be included within the College's budget for review and discussion during their January 2022 meeting.

MOTION:	To accept the recommendations of the Governance Policy Review Committee as presented.
MOVED:	Lisa Fenton
SECOND:	Dean Catherwood

CARRIED.	
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5.03 Proposed New/Amended Policies from GPRC

5.03a GP16.02 – Governance Evaluation

Dr. Lessard-Rhead, ND (Inactive), provided a detailed overview of the proposed amendments to the policy included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to GP16.02 as presented.
MOVED:	Jonathan Beatty
SECOND:	George Tardik
CARRIED.	

6. Business

6.01 Appointment of CEO Review Panel

Ms. Kupny advised the Council members that according to GP 19.03 – CEO Performance Review, each year the Council at its November meeting, will need to appoint the members to the CEO Performance Review Panel (the Review Panel) with a minimum of three members and up to a maximum of four members, that is comprised of the Council Chair and Council Vice-Chair and one or two Council members.

MOTION:	To approve the appointment of Dr. Kim Bretz, ND, Council Chair, Sarah Griffiths-Savolaine, Council Vice-Chair, Dr. Jordan Sokoloski, ND, and Brook Dyson to the CEO Review Panel.
MOVED:	Brenda Lessard-Rhead
SECOND:	Paul Phillion
CARRIED.	

6.02 Registration Policy Amendments

A Briefing Note and corresponding documentation highlighting the proposed changes to the Registration Policy 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 Registration Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer

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

6.03 Vaccination Statement to the Profession

A Briefing Note and corresponding documentation providing a detailed outline of the proposed Vaccination Statement to the profession on behalf of the College Council was included within the Council's package. Mr. Parr explained in detail the statement and responded to any questions and concerns that arose during the discussion.

The Council had a fulsome discussion about the need for the statement and its intent. There was a general consensus that it was an appropriate statement for the Council to make.

MOTION:	To accept the Vaccination Statement to the Profession as presented/amended.			
MOVED:	Dean Catherwood			
SECOND:	Brenda Lessard-Rhead			
VOTE:	In favour:	10	Opposed:	1 (Dr. Jonathan Beatty, ND)
CARRIED.				

6.04 Committee Appointments

A Memorandum informing Council of recent resignations of a committee member and Council member, along with appointments to consider ensuring the affected Committees remain properly constituted was included within the Council's package. Mr. Parr highlighted the recommendations for appointment and responded to any questions and concerns that arose during the discussion.

MOTION:	To approve the recommendation to appoint Dr. Jacob Scheer, ND, to the Inspection Committee, Dr. Enrique (Rick) Olazabal, ND, as Chair of the Examination Appeals Committee, and Ms. Andrea Szametz and Mr. Hanno Weinberger, as Public Representatives to the Examination Appeals Committee.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jordan Sokoloski
CARRIED.	

6.05 Proposed By-law Changes

A Briefing Note highlighting the proposed changes to two areas of the by-laws including the provisions setting out the process for election to the Council and second, the provisions governing the payment plan was circulated as a supplemental document from the meeting package to align with the by-law consultation end date of November 22, 2021.

Mr. Parr provided a detailed overview of the proposed amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to the College's by-laws as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Paul Phillion
CARRIED.	

7. Council Education

7.01 Program Briefing – Inspection Program

A Briefing Note highlighting the Inspection Program was circulated in advance of the meeting. Dr. Mary-Ellen McKenna, ND (Inactive), Manager of Professional Practice, provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

The Chair thanked Dr. McKenna, ND (Inactive), for presenting the Program to Council.

8. Meeting Evaluation and Next Meeting

8.01 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.

8.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for January 26, 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.

9. Adjournment

9.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:35 a.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Shelley Burns

Recorded by: Monika Zingaro
Administration Coordinator
November 24, 2021

Approved: January 26, 2022

Council Highlights
November 24, 2021 (Meeting #26¹)

The Council of the College of Naturopaths of Ontario met on Wednesday November 24, 2021 from 9:18 a.m. to 11:35 a.m. Six of the seven elected professional members and five of the six public members appointed by the Lieutenant Governor in Council were present. Also in attendance was Dr. Danielle O'Connor, ND, Chair of the Registration Committee and General Legal Council Rebecca Durcan of the law firm Steinecke Maciura LeBlanc. The agenda and supporting materials for the meeting were released via the College's website on November 17, 2021 and are 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 – Mid-year Report, Report on Finances at the end of the second quarter, the Council considered several important matters which have been highlighted below.

Process for Governance Evaluation – Having successfully completed its first cycle in the new process, the Council considered and approved changes to the policy. This process is set out in policy under [GP 16- Governance Evaluation](#).

CEO Review Panel Appointments – According to Governance Policy [19- CEO Performance Review](#), each year the Council at its November meeting, will need to appoint the members to the CEO Performance Review Panel (the Review Panel) with a minimum of three members and up to a maximum of four members, that is comprised of the Council Chair and Council Vice-Chair and one or two Council members. This year, the Review Panel is comprised of Dr. Kim Bretz, ND, Council Chair, Sarah Griffiths-Savolaine, Council Vice-Chair, Dr. Jordan Sokoloski, ND, and Brook Dyson.

Registration Policy - The Council considered and accepted recommendations from the Registration Committee for amendments to the Registration Policy which is an element of the Registration Program Policies. Amendments were required due to currency, CPR requirements and non-clinical Terms, Conditions, and Limitations (TCL). The amended policy is available on the [College's website](#).

Vaccination Statement to the Profession - The Council had an extensive discussion about the need for the statement and its intent. There was a general consensus that it was an appropriate statement for the Council to make. The Statement is available on the [College's website](#).

Committee Appointments - Council was informed of recent resignations of a committee member and Council member, as well as suggested appointments to consider ensuring the affected Committees to ensure they remain properly constituted. The Council accepted the recommendations of appointment.

By-law Changes – The Council also considered and accepted the proposed by-law changes to two areas, including the provisions setting out the process for election to the Council and second and the provisions governing the payment plan. The by-laws are available on [the College's website](#).

¹ This is the 26th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.

Council Education – As a part of the College and its Council’s commitment to good governance, the Council conducted an educational exercise. Dr. Mary-Ellen McKenna, ND (Inactive), Manager of Professional Practice, conducted a program briefing about the Inspection Program. 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.

Andrew Parr, CAE
Chief Executive Officer
November 25, 2021