

Approved Agenda – #2020/21-03

Meeting of the Council of the College of Naturopaths of Ontario

Date: October 28, 2020

Time: 09h00-16h30

Location: Zoom Video Conference Platform

Please be advised that our office is a scent free environment

**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
October 28, 2020, 09h00-4h30
Video Conference¹
DRAFT AGENDA

Sect/No.	Action		Item	Page	Responsible	
1	Call to Order and Welcome (9:00 am)					
	1.01	Procedure	Call to Order	--	K Bretz	
	1.02	Discussion	Meeting Norms	4-6	K Bretz	
	1.03	Discussion	“High Five” – Process for identifying consensus	7	K Bretz	
2	Consent Agenda ² (9:15 am)					
	2.01	Approval	i.	Draft Minutes of July 29, 2020	8-14	K Bretz
			ii.	Committee Reports	15-28	
			iii.	Ratification of Executive Committee Decisions	29	
			iv.	Information Items	30-109	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda	3	K Bretz	
	3.02	Discussion	Declarations of Conflict of Interest	110-112	K Bretz	
4	Monitoring Reports (9:25 am)					
	4.01	Acceptance	President's Report	113	K Bretz	
	4.02	Acceptance	Registrar's Monitoring Report	114-150	A Parr	
5	Council Governance Policy Confirmation ³ (9:45 am)					
	5.01	Decision	Review/Issues Arising		--	B Sullivan J Sokoloski
			i.	Governance Process Policies		
			ii.	Council-Registrar Linkage Policies		
			iii.	Executive Limitations Policies		
	5.02	Decision	Detailed Review (as per GP08)		4	
			i	Ends Policies		
6	Regular Business (10:30 am)					
	6.01	Election	Election of Officer-at-Large (Public Member)		--	A Parr
	6.02	Decision	Committee Appointments		151	K Bretz
	6.03	Decision	Prescribing Exam Retake Extension		152-168	D. O'Connor
	6.04	Decision	EL17 – Reserve Funds		169	B. Sullivan
	6.06	Discussion	Recording and broadcasting Council meetings		170-172	A Parr
	6.07	Decision	CANRA Incorporation		173-193	A Parr
7	Business Arising from the Governance Review (11:30 pm)					
	7.01	Information	Report on the Governance Implementation Plan - #1		194-207	A. Parr
	7.02	Discussion	Council Meeting Dates		208	A Parr
8	Other Business (12:00 pm)					
	8.01	Decision			--	K. Bretz
9	Next Meeting (12:05 pm)					
	9.01	Discussion	Next Meeting – January 27, 2021		--	K. Bretz
10	Adjournment (12:15 pm)					
	10.01	Decision	Motion to Adjourn		--	K. Bretz

¹ Meeting being held via the Zoom platform. Please contact the CEO if you have not registered.

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

³ Council Members must bring their Governance Policy Manual (PM) with them to each meeting

⁴ Materials will be sent from the Governance Policy Review Committee separately but in advance of the meeting.



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

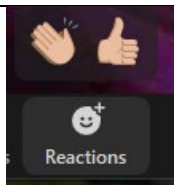
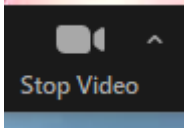
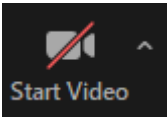
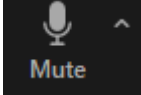
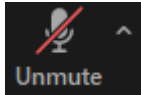
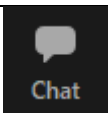
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

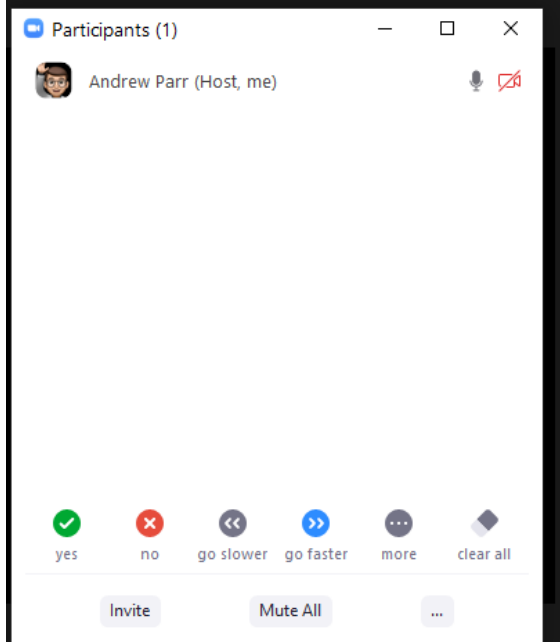
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

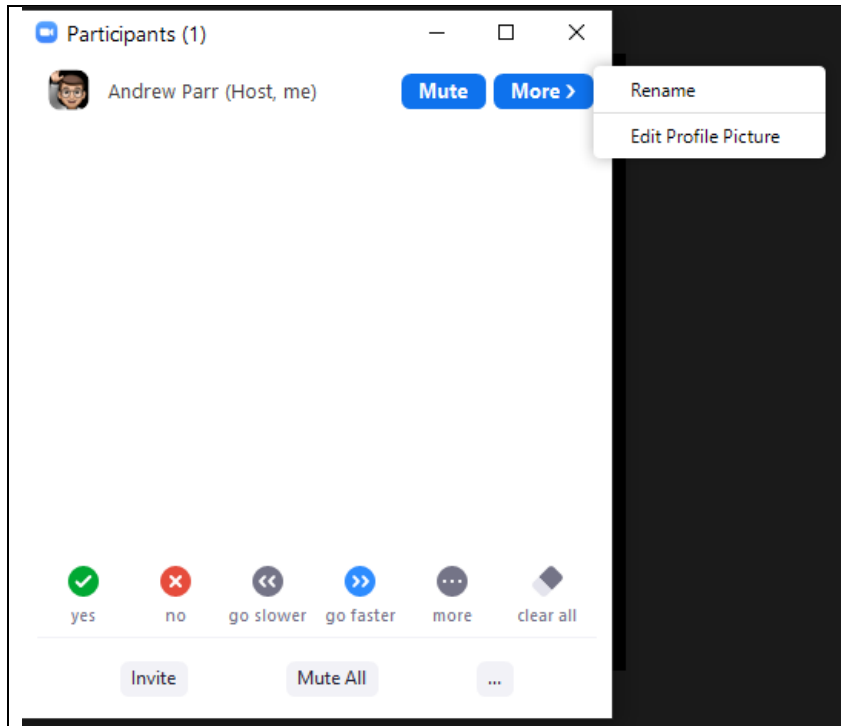
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

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



The screenshot shows a Zoom application window titled "Participants (1)". Inside the window, there is a list of participants. The first participant is "Andrew Parr (Host, me)". To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there is a row of icons with labels: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three-dot menu labeled "more", and a trash can icon labeled "clear all". At the bottom of the window, there are three buttons: "Invite", "Mute All", and a three-dot menu.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
July 29, 2020**

**Zoom Teleconference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (1:1)		Dr. Tara Gignac, ND (1:2)
Dr. Kim Bretz, ND (2:2)		Dr. George Tardik, ND (1:2)
Dr. Shelley Burns, ND (2:2) ¹		
Mr. Dean Catherwood (2:2)		
Ms. Dianne Delany (2:2)		
Ms. Lisa Fenton (2:2)		
Mr. Samuel Laldin (2:2)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:2)		
Dr. Danielle O'Connor, ND (2:2)		
Dr. Jacob Scheer, ND (2:2)		
Dr. Jordan Sokoloski, ND (2:2)		
Mr. Barry Sullivan (2:2)		
Staff Support		
Mr. Andrew Parr, CAE, Registrar & CEO		
Ms. Agnes Kupny, Director of Operations		
Mr. Jeremy Quesnelle, Deputy Registrar		
Ms. Margot White, Director of Communications		
Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		Observers
Dr. Elena Rossi, ND, Audit Committee Chair		Mr. John Wellner, OAND

¹ Present between 9:00 a.m. – 12:00 p.m.

Mr. Thomas Kriens, Auditor		Dr. Greg Sikorski, B.Sc., ND (Alberta)
Ms. Rebecca Durcan, Legal Counsel		
Mr. Jack Shand, The Portage Group		

1. Call to Order and Welcome

The President, Dr. Kim Bretz, ND, Chair, called the meeting to order at 9:02 a.m. She welcomed everyone to the meeting.

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dianne Delany
SECOND:	Samuel Laldin
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	Danielle O'Connor
SECOND:	Shelley Burns
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair asked the Council members if there were any conflicts to declare. No conflicts were declared.

4. Monitoring Reports

4.01 President's Report

The President's Report 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 President's Report as presented.
MOVED:	Danielle O'Connor

SECOND:	Barry Sullivan
CARRIED.	

4.02 Registrar's Report

The Registrar's Report was circulated in advance of the meeting. Mr. Andrew Parr highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Registrar's Report as presented.
MOVED:	Jordan Sokoloski
SECOND:	Shelley Burns
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitations Policies

Council members were asked if they had any questions or matters to note with respect to the Executive Limitations policies based on the Registrar's Report received. Mr. Parr informed the Council members that he is currently creating an online submission form for Council to submit any recommendations, amendments, or grammatical changes to any policy for review. In addition, he mentioned he is currently creating an online manual for Council to view all current policies.

5.01(ii) Council-Registrar Linkage Policies

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

5.01(iii) Detailed Review – Ends Policies

Council members were asked if there were any Council members who wished to discuss the Ends Policies. No issues were noted at this time.

5.02 Detailed Review – Governance Process Policies

Council members were asked if they had any questions or matters to note with respect to the Governance Process policies based on the reports received. Amendment suggestions to Policy EL 04.00 and Policy EL 10.01 were brought forward for Council's feedback. Mr. Parr noted the suggestions and advised that the Policy Review Committee will review both policies and make changes if required.

6. Business

6.01 Audit Committee Report – 2019/20 Fiscal Year

A copy of the Audit Committee Report on the audit for the fiscal year April 1, 2019 to March 31, 2020, was circulated in advance of the meeting. Dr. Elena Rossi, ND, Audit Committee Chair, reviewed the report with the Council members and responded to any questions.

MOTION:	To accept the Audit Committee Report as presented.
MOVED:	Shelley Burns
SECOND:	Samuel Laldin
CARRIED.	

6.02 Auditor's Report and Audited Financial Statements

The Chair invited Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, to present the Auditor's Report and the Audited Financial Statements to Council. Mr. Kriens presented his report and responded to questions that were brought forward from Council members.

MOTION:	To accept the Auditor's Report and approve the Audited Financial Statements for the period April 1, 2019 to March 31, 2020 as presented.
MOVED:	Dianne Delany
SECOND:	Barry Sullivan
CARRIED.	

The Chair thanked Mr. Kriens and Dr. Rossi, ND, for presenting their reports to Council.

6.03 Patient Relations – Member and Patient Guide Amendments

A briefing note outlining the amendments to the Member Guide and the Patient Information Guide, as well as both Guides were circulated in advance of the meeting. Mr. Samuel Laldin reviewed the proposed changes with the Council members and responded to any questions during the discussion.

MOTION:	To approve the amendments made to the Member Guideline and Patient Information Guideline as presented.
MOVED:	Danielle O'Connor
SECOND:	Barry Sullivan
CARRIED.	

6.04 Annual Committee Reports

The annual Committee Reports submitted by each Committee were distributed in advance of the meeting.

MOTION:	To accept the annual Committee Reports as presented.
MOVED:	Danielle O'Connor
SECOND:	Dianne Delany

CARRIED.	
----------	--

6.05 Infection Control Standard of Practice Amendments

A briefing note summarizing the amendments to the Infection Control Standard of Practice, as well as corresponding documentation were circulated in advance of the meeting. Mr. Barry Sullivan reviewed the proposed changes with the Council members and responded to any questions during the discussion.

MOTION:	To approve the amended Infection Control Standard of Practice as presented.
MOVED:	Shelley Burns
SECOND:	Samuel Laldin
CARRIED.	

6.06 Guideline on Tele-practice

A briefing note outlining the creation of the Tele-practice Guideline, as well as the Guideline were distributed in advance of the meeting. Mr. Sullivan reviewed the newly developed guideline with the Council members and responded to any questions during the discussion.

MOTION:	To approve the new Tele-practice Guideline as presented.
MOVED:	Danielle O'Connor
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.07 College E-mail and Data Systems Update

A briefing note providing an update in relation to the e-mail breach and the College's data system was circulated in advance of the meeting. Mr. Parr provided a detailed timeline of the measures the College has already implemented to reduce the probability of experiencing another breach. Also, he informed the members of Council of the new updates and responded to any questions during the discussion.

6.08 Governance Report – A Mandate for Change

The draft Governance Report – A Mandate for Change was distributed in advance of the meeting. The Chair highlighted the process that was undertaken to produce the report and provided a summary of the report itself and responded to any questions during the discussion.

MOTION:	To approve the Governance Report – A Mandate for Change as presented.
MOVED:	Jordan Sokoloski
SECOND:	Jacob Scheer
CARRIED.	

6.09 Governance Implementation Plan

The draft Governance Implementation Plan was distributed in advance of the meeting. Mr. Parr provided Council a brief explanation about the plan and went through each grouping of recommendations and responded to any questions during the discussion.

MOTION:	To approve the Governance Implementation Plan as amended with the removal of Recommendation 'W'.
MOVED:	Dianne Delany
SECOND:	Samuel Laldin
CARRIED.	

6.10 Committee Appointments

The Chair notified Council members that after having a discussion prior to the meeting with Asifa Baig, the newly appointed public Council member, it is recommended to have her join the Inquiries, Complaints and Reports Committee (ICRC).

MOTION:	To appoint Asifa Baig to the Inquiries, Complaints and Reports Committee (ICRC).
MOVED:	Shelley Burns
SECOND:	Samuel Laldin
CARRIED.	

6.11 New Registrar Performance Review Process

A briefing note summarizing the process undertaken in the development of a new Registrar Performance Review Process was circulated in advance of the meeting. Mr. Jack Shand, on behalf of The Portage Group, reviewed the new process by highlighting the areas of improvement and how the end results were achieved. He responded to any questions during the discussion that followed.

Also, Mr. Sullivan thoroughly reviewed the corresponding Registrar Performance Review Process Check List explaining each step and which Forms would be completed. In addition, he summarized the proposed amendments to Policy GP 19.01, as a result of the new process being implemented.

MOTION:	To approve the changes to GP 19.01 – Registrar Annual Performance & Compensation Review as presented.
MOVED:	Danielle O'Connor
SECOND:	Samuel Laldin
CARRIED.	

7. In-Camera Session

The Chair asked for a motion to move the meeting to an in-camera session at 1:52 p.m.

MOTION:	That the Council moves to an in-camera session to discuss personnel matters, pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991.
MOVED:	Barry Sullivan
SECOND:	Danielle O' Connor
CARRIED.	

All observers and staff left the Zoom meeting room. Ms. Agnes Kupny, Director of Operations, was invited to remain with the Council to offer advice as needed.

The Chair asked for a motion to end the in-camera portion of the meeting at 2:48 p.m.

MOTION:	That the Council meeting in-camera session ends.
MOVED:	Dianne Delany
SECOND:	Samuel Laldin
CARRIED.	

8. Other Business

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

9. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for October 28, 2020 and will be held via Zoom.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 2:51 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Danielle O'Connor
SECOND:	Jacob Scheer

Recorded by: Monika Zingaro
Administrative Assistant, Operations
July 29, 2020



The College of Naturopaths of Ontario

MEMORANDUM

DATE: October 28, 2020

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. Nominations and Elections Committee
6. Patient Relations Committee
7. Quality Assurance Committee
8. Registration Committee
9. Scheduled Substances Review Committee
10. Discipline Committee
11. Inspection Committee

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE CHAIR REPORT

October 2020

This serves as the chair report of the Audit Committee for the period July 1, 2020 to September 30, 2020.

During the reporting period the Audit Committee convened on July 9, 2020 to review and accept the Auditor's Report and draft Financial Statements for fiscal year April 1, 2019 to March 31, 2020 from Kriens-LaRose LLP. These statements and Committee's findings were presented at the Council meeting on July 29, 2020.

Dr. Elena Rossi, ND

Chair

October 4, 2020



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT

October 2020

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.

Respectfully submitted,

Dianne Delany

Chair

October 7, 2020



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

October 2020

For the reporting period of July 1, 2020 to September 30, 2020, the Executive Committee met on one occasion. The Committee met for its regular meeting on September 9, 2020. At this meeting, Agnes Kupny, Director of Operations, reviewed the Variance Report and Unaudited Statements for Q1 with the Committee.

The Committee also received updates on the Governance Report Implementation, Public Member appointment and processes, and reviewed the CANRA incorporation process. Matters regarding GP 23 and 06 were finalized, along with the Governance Policy Review Committee's Terms of Reference.

The Committee will next meet on December 2, 2020.

Dr. Kim Bretz, ND
Chair
October 2020



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

October 2020

Between July 1, 2020 and September 30, 2020, the Inquiries, Complaints and Reports Committee held three online meetings – July 9, August 6, and September 10.

In July, 11 matters were reviewed, ICRC members issued 3 Decisions and Reasons and drafted 3 reports. In addition, the committee received a refresher training regarding its role, potential conflicts of interest, and risks of running independent searches by committee members.

In August, 8 matters were reviewed, and ICRC members issued 1 Decision and Reasons and drafted 3 reports.

In September, 9 matters were reviewed, and ICRC members issued 2 Decisions and Reasons, drafted 1 report.

Meetings continue to be well-attended and productive in the online format. The addition of a dedicated Decision and Reasons writer has been valuable to the committee in terms of consistency and distribution of our workload. We are also pleased to have had two new public members appointed to the committee. The committee continues to see concerns about COVID-related advertising by registrants. One of these matters was referred to the Discipline Committee for a hearing.

Dr. Erin Psota, ND
Chair
October 6, 2020



The College of Naturopaths of Ontario

NOMINATIONS AND ELECTIONS COMMITTEE REPORT

October 2020

The Nominations and Elections Committee convenes on an as-needed basis, based on the nominations and elections process set out in the by-laws. The Nominations and Elections Committee was not required to undertake any activities during the period of July 1, 2020 to September 30, 2020.

The Nomination and Elections Committee did not convene in this reporting period.

Dr. Gudrun Welder, ND

Chair

October 5, 2020



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

October 2020

The Patient Relations Committee (PRC) had 1 meeting scheduled during the reporting period (July 1, 2020 to September 30, 2020) but agreed to cancel the meeting as it was not necessary.

Attendance continues to be good with no issue in reaching quorum.

Ongoing Issues/Topics for Discussion

Applications for Funding

There were no applications for funding for therapy and counselling during this reporting period. An update was provided on current funding approved, the total amount of funding accessed and the amount remaining for each file. There continues to be four active files with a total of \$11,272.10 of funding accessed.

Sam Laldin
Chair
October 2020



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT July- September 2020

Meetings and Attendance

Since the date of our last report to Council in July, the Quality Assurance Committee has met on three occasions, all via teleconference; on July 13th, August 25th and September 22nd. Attendance has continued to be good with no concerns regarding quorum experienced.

Activities Undertaken

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

In addition, at its **July** meeting, the Committee reviewed and made decisions with respect to the results of 4 Peer and Practice Assessments, as well as 5 CE Reporting deadline extension requests.

The Committee also reviewed available options for dealing with the matter of 7 Registrants who remained non-compliant with the Group II CE Reporting requirements and decided to provide one final extension to August 24th. Should that requirement not be met, the non-compliant Registrants will be required to undergo a QAC ordered Peer and Practice Assessment at their own cost.

The Committee also had an in depth discussion regarding the various options for continuing with Peer and Practice Assessments during the COVID 19 pandemic and agreed to suspend the program for the remainder of the 2020/21 fiscal year. It was also agreed that staff would begin work on alternative delivery options should in- person assessments not be feasible for an extended period of time.

Lastly, the Committee reviewed the feedback from the public consultation on the amended Standard for Infection Control and the new Telepractice Guideline, amended as deemed appropriate and approved both documents.

At its **August** meeting, the Committee also reviewed and made decisions with respect to the results of 2 Peer and Practice Assessments, as well as 2 CE Reporting deadline extension requests.

The Committee also reconsidered the matter of 6 Registrants having failed to meet the previously established final deadline for submitting their CE logs deadline and it decided to proceed with an order for mandatory Peer and Practice Assessments at the Registrants' cost.

At its **September** meeting, the Committee also considered and made decisions with respect to 6 CE Reporting deadline extension requests.

Also, following a presentation by staff, the Committee discussed and approved proposed amendments to the Peer and Practice Assessment section of the QA Program policies.

Additionally, the Committee reviewed and provided feedback on amendments proposed by staff in a first draft of an amended Standard for Core Competencies. It was agreed that staff would obtain input from the various College departments on the amendments proposed so far and return a further amended version for review by the Committee at its next meeting.

The Committee also reviewed and discussed the final summary report provided by staff on the results of the Peer and Practice Assessment program for 2019/20. It was noted that out of the 75 Registrants who were initially selected for participation in the program, 64 assessments were completed and out of those a total of 62 Registrants were deemed to have achieved satisfactory results, either in the first instance or as a result of having completed the requisite follow-up on shortcomings that had been identified.

Finally, the Committee reviewed and accepted the QAC meeting schedule for 2021, as proposed by staff.

Issues

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

Next Meeting Date

October 20, 2020.

Respectfully submitted by,

Barry Sullivan, Chair,
October 13, 2020.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (October 2020)

At the time of this report, the Registration Committee had met three times: July 22, August 19 and September 23.

Entry-to-Practise Reviews and Referrals

The Committee reviewed applications for registration referred under subsection 3(2) of the Registration Regulation for good character, subsection 7(2) of the Registration Regulation with respect to out of province certificates, and 3(4) of the Registration Regulation regarding an applicant's physical or mental condition or disorder.

A decline in referrals was noted by the Committee however, this has been directly attributed to the postponement of examinations due to COVID-19 restrictions, which in turn has delayed the application for registration process for 2020 graduates.

Exam Remediation

The Committee continued to set exam plans of remediation, for candidates who have made 2 unsuccessful attempts of a College examination. One plan of exam remediation was set during this period for a candidate who had made two unsuccessful attempts of the examination.

Policy Updates

The Committee discussed policy timelines effected by COVID-19 restrictions for the Standards of Practice for Intravenous Infusion Therapy (IVIT) and Prescribing.

Danielle O'Connor, ND
Chair
Registration Committee
October 7, 2020



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

October 2020

During the reporting period of July 1, 2020 to September 30, 2020, the SSRC did not meet. Meeting are scheduled based on work flow.

Staff of the College are developing a process and to support the committee in its review of the Scope of Practice as directed by Council at its January meeting. The Committee's review of Scope of Practice is anticipated to begin in Q3/Q4.

Respectfully submitted by

Dr. George Tardik, ND
Chair
October 2020



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

October 2020

The Discipline Committee (DC) is independent of Council and has no legal obligation to submit quarterly 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 July 2020 to 30 September 2020 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 v. Elvis Ali (DC20-01)

Panel Members (appointed 16 June 2020):

Dr. Jordan Sokoloski, ND - Chair
 Dr. Shelley Burns, ND
 Dr. Madeline Elton, ND
 Dianne Delany
 Samuel Laldin

The Panel held a one-day uncontested electronic hearing on 16 July 2020 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 four (4) 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 \$6,400;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

CONO v. Helen Cohen (DC19-03 & DC19-04)

Panel Members (appointed 11 Aug 2020):

Dr. Jordan Sokoloski, ND - Chair (DC19-03)
 Dr. Danielle O'Connor, ND – Chair (DC19-04)
 Dr. Rick Olazabal, ND
 Dean Catherwood
 Lisa Fenton

The Panel held a one-day uncontested electronic hearing on 28 September 2020 and imposed orders:

DC19-03

- 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 four (4) months; of note, this suspension runs concurrently with the suspension ordered in DC19-04 below;
- 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 \$3,500;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

DC19-04

- 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 four (4) months or until the Registrant completes the requirements as set out in the order made by the ICRC, whichever is longer; of note, this suspension runs concurrently with the suspension ordered in DC19-03 above;
- 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 \$3,500;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

New Referrals

One new referral was made to the Discipline Committee from the ICRC on 10 September 2020 (DC20-02).

Committee Meetings and Training

On 3 July 2020, the Committee held a virtual discipline refresher training for new members or for members who had not served on a panel in a while and wanted a review of the discipline process.

This was followed by a half day mandatory training session on 17 July 2020. The training focused on Reasons writing, pre-hearing conferences, and the process of conducting electronic/virtual hearings.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

12 October 2020



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **September 2020**

Committee Update

Since the last update to Council, the Inspection Committee had two teleconference meetings August 20th, and September 23rd.

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 Report for inspections of 8 locations.

The outcomes were as follows:

- Part I
 - 2 Passes
 - 4 Passes with a combined total of 21 Recommendations
 - 1 Pass with 1 Condition and 9 Recommendations

Inspection Outcomes in Response to Submissions Received

There were two submissions received and the outcomes of a pass with conditions were met for both locations.

Type 1 Occurrence Reports

There were three Type 1 Occurrences reported for this period.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

During this reporting period, certain council members attended a two day Zoom training session. I can confirm that the attendees had a positive experience and spent some valuable time learning. The IVIT Inspection and Program Requirements, and fees will be reviewed at the November 26th/20 council meeting. Best of health from the IVIT Committee!

Sincerely,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
October 9, 2020

150 John St., 10th Floor, Toronto, ON M5V 3E3
T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

Executive Committee Decisions To Be Ratified

Meeting of September 9, 2020

- Acceptance of the Variance Report and Unaudited Financial Statements for the first quarter of the fiscal year.
- Acceptance of the amendments made to GP23.00 – Process for Election of Officers.
- Acceptance of the newly developed policy CC06.00 – Governance Policy Review Committee – Terms of Reference.
- Acceptance of the appointment of Dr. Jordan Sokoloski, ND, and Mr. Barry Sullivan, who would also serve as the Chair, to the Governance Policy Review Committee.
- Acceptance of the amendments made to GP06.04 – Committee Principles to include the Governance Policy Review Committee.
- Acceptance of the appointment of Ms. Sarah Griffiths-Savolaine to the Inquiries, Complaints and Reports Committee (ICRC).



The College of Naturopaths of Ontario

MEMORANDUM

DATE: October 28, 2020

TO: Members of Council

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. 248, 249, 250)	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 (July, August, Sept)	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.

No.	Name	Description
3	CAG Newsletter	The Citizen Advisory Group, is a multi-College entity that provides advice from citizens to the Colleges and their initiatives. The Summer Newsletter is attached.
4	Type 2 Occurrences	This is a summary from Dr. Mary-Ellen McKenna, ND (Inactive) of the Type 2 Occurrence Reports submitted by registered premises under the College's Inspection Program.
5.	CNPBC Announcement	An announcement from the naturopathic regulatory authority regarding a change in their Registrar & CEO position.
6.	Alberta Health Proposals	A paper from Alberta Health setting out proposed changes to the Health Professions Act in that province.
7.	Vaccination Paper	This is a paper written through CCNM endorsing the administration of vaccinations by NDs in Ontario.

The Case for Empathy by Regulators

by Natasha Danson
Summer 2020 - No. 248

What is the primary purpose of the complaints process of a regulator of a profession? A likely answer would be: to protect the public from an incompetent or unethical practitioner. Most regulators might also say that the nature of the process is such that participants are rarely happy with the outcome.

However, an important purpose of the complaints process should also be to inspire public confidence in the regulator's oversight of the profession. If that is true, a key aspect of the process should be to create as positive a complaints experience as possible. Two recent sources emphasize the importance of empathy for regulators in achieving that goal.

In the first, a major survey of over 1,200 complainants and 1,600 respondents in Australia was analyzed in an article by Susan Biggar and others and was recently published in the Journal of Medical Regulation. The research was based on records available from the Australian Health Practitioner Regulation Agency (AHPRA).

The research indicated that most complainants and respondents found that it was easy to locate information about the process. Most complainants also found it easy to initiate a complaint and, where phone contact was made by complainants, they found the interaction helpful. However, beyond that, most complainants felt the fairness of the process, the level of communication (e.g., updates) and timeliness was unsatisfactory. Except for where cases were

summarily closed without a full investigation, most practitioners had similar perceptions of the process.

A major concern of complainants related to the fairness of the process. Many complainants felt that the process was not impartial and protected the practitioner. Complainants also felt that they had not been heard, that reliance was placed on inaccurate information provided by the practitioner and that they did not have an opportunity to respond to the outcome.

Many complainants had concerns about the outcome. Many did not understand the outcome:

Complainants commonly mentioned a lack of clarity in the outcome letter. The wording in the letters was considered "vague," "bureaucratic," "impersonal," "insensitive," with "inappropriate assumptions." Fifty complainants said they did not know that an outcome had been reached, yet due to the anonymous nature of the surveys the reason for this cannot be verified.

Many complainants also did not agree with the outcome. This was the major difference in perception between complainants and practitioners:

Conversely, most practitioners (70%) were satisfied with the outcome of their matter, yet many felt the regulatory threshold for even considering the notification [complaint] was too low.

For practitioners, the greatest dissatisfaction seemed to relate to the stress created by the complaints process:

FOR MORE INFORMATION

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

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

When asked how stressful the notifications process was on a scale of 1 to 10 (with 10 being extremely stressful), 89% selected ≥ 7 , with 51% selecting 10. Many practitioners felt this stress was not adequately acknowledged by [AHPRA]. Practitioners noted that the negative effects were often long-lasting and impacted on both their personal and work life. Timeliness and the lack of useful updates often heightened their stress levels.

In their discussion of the results, the authors suggest that regulators should develop “service principles that include respect, listening, transparency, updating, timeliness, apology, improvement and fairness”. This includes managing expectations:

... clarifying public knowledge around three key aspects of health regulation: (1) the role of the regulator, the complainant and the practitioner; (2) the purpose of the regulatory process and greater transparency around the process; and (3) the limitations of regulatory outcomes and reasons for outcomes

As a result, AHPRA:

... has introduced ongoing staff training in effective communication strategies, including active listening skills, the capacity to respond to people in distress (including threats of suicide and self-harm), managing expectations, communicating outcomes and responding to complaints about the process.

More fulsome reasons for decision is also recommended.

This emphasis on empathy was also highlighted by Professor Kieran Walshe from Manchester

University. In a recent podcast he discussed the concept of regulation as being a social discourse. He said that activities, such as investigations, are shaped by the behaviour of the people who do them. The reputation of the regulator is also significantly affected by the behaviour of the people who perform those activities. For example, if the representative of the regulator (e.g., staff or investigator) is directive, rude, dismissive, bureaucratic, and employs the assertion of authority, complainants and practitioners will respond accordingly and develop a resentful view of the regulator.

However, if the representative of the regulator demonstrates compassion, empathy (without showing favouritism), respects the dignity of the complainant and practitioner, listens to them, and treats their concerns seriously, the complainant and practitioner will respond more cooperatively and favourably and will have a more positive view of the regulator.

Regulators who develop policies, form letters, and train and recruit staff and investigators to act with empathy as a priority will be more effective and will also become more respected.

The AHPRA study can be found at: <https://meridian.allenpress.com/jmr/article/106/1/7/435351/How-Can-We-Make-Health-Regulation-More-Humane-A>.

Professional Walshe’s podcast can be found at: <https://player.whooshkaa.com/episode?id=665839>.

Radical Governance and Restrained Complaints Reforms in British Columbia

by Julie Maciura
September 2020 - No. 249

An all-party Steering Committee has issued recommendations for the modernization of the regulation of health professions in British Columbia. The report flows from a review by Harry Cayton of the regulatory structure and extensive consultations on an earlier document from the Steering Committee.

The recommendations in the report call for radical governance reform for health regulators in the province. Those recommendations will reverberate across the rest of Canada. However, the recommendations in respect of transparency of complaints outcomes and the handling of sexual abuse matters are more restrained than in some other Canadian jurisdictions, including Ontario.

Cultural Safety and Humility

The report provides more specifics than the initial consultation document did. For example, the discussion of cultural safety and humility moves from a background consideration to an implementation priority. The report says that work needs to be done to ensure that cultural safety and humility is improved in:

the complaints and discipline process;
ensuring leadership including board
membership and regulatory college
professional staff reflects the diversity of the
people and communities that make up B.C.;

and, creation of standards that promote cultural competence of health professionals and regulatory organizations.

Governance

The report recommends that the governing Boards of regulators be composed equally of public and professional members. All Board members should be selected through a rigorous competency-based recruitment process and should receive extensive training in their role. This reflects a shift in thinking to ensure that Board members are not seen as representing constituencies but as solely serving the public interest. Boards should be smaller in size, consisting of eight to twelve members. Board members should receive adequate compensation to end the concept of volunteerism.

The number of regulatory Colleges would be reduced to six:

- Nursing professionals (including midwives);
- Pharmacy facilities and professionals;
- Physicians and surgeons (including podiatrists);
- Oral health care professionals;
- Allied health professionals; and
- Complementary and alternative health and care professionals.

The word “College” would be replaced by a more easily understood descriptor such as “Regulator” or “Regulatory College”.

Oversight

As proposed in the original consultation document, a single oversight body should be created. However, its

FOR MORE INFORMATION

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

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

functions would be slightly reduced from that proposed in the original consultation document, and would have the following functions:

- Auditing and reporting on the performance of the regulators;
- Publishing regulatory guidance on best practices (e.g., complaints timelines and complaints resolution processes) and to promote consistency (e.g., working to create a single public register for all health professions);
- Recommending, but not requiring, that regulators establish certain standards of practice and ethics;
- Periodically and randomly reviewing the by-laws of a regulator, with an ability to ask the Minister to require changes if the suggestions of the oversight body are not acted upon;
- Overseeing the Board member recruitment process; and
- Making recommendations to the Minister about adding new professions to the legislation.

However, the Steering Committee backed away from an earlier proposal to make the Health Professions Review Board (HPRB) an arm of the oversight body. Rather the HPRB will remain independent, reviewing individual registration and complaints matters.

Complaints and Discipline

The recent report provides more details on how the complaints and discipline system would be reformed.

Complaints would continue to be handled by the regulator. However, selection of Inquiry Committee members would be through a competency-based

process and Board members would not be able to serve on the Committee. The Committee would be required to consider the previous complaints history of a practitioner. Any resolution agreements would have to be made public. However, cautions or warnings would continue to be private. Timelines for disposing of a complaint would be replaced with timelines for certain steps in processing a complaint (e.g., notification of the practitioner and complainant; for negotiating a resolution agreement). The regulator would be able to confirm the existence of an investigation where it would be in the public interest to do so.

Discipline hearings would be removed from the regulator. There would be a single disciplinary tribunal operating through the oversight body. The tribunal would have an independent chair or executive who would assign panels. Typically hearing panels would consist of three people, one of whom would be a member of the profession of the person being disciplined.

The Steering Committee did not commit to mandatory revocation provisions for frank acts of sexual abuse. It left that issue for further work. However, it did call for the regulator to create a fund to pay for counselling of patients who were sexually abused. The report also recommended further work on the following:

- Common standards/policies among regulators for prevention, investigation and discipline;
- A specific complaints/investigation process, with specialized investigations and supports;

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

- Training in trauma-informed care for regulatory investigators and decision makers; and
- Common definitions of sexual abuse and sexual misconduct between regulators.

The report also recommended that regulators be able to share information about practitioners with each other and with regulators of health care facilities to ensure that the public is being protected.

The report can be found at:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>.

The earlier Steering Committee consultation document can be found at:

<https://engage.gov.bc.ca/app/uploads/sites/578/2019/11/Modernizing-health-profession-regulatory-framework-Consultation-Paper.pdf>.

The Cayton Report can be found at:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>.

Trying to Make Sense of the Use of Social Media by Practitioners

by Julie Maciura
October 2020 - No. 250

The Canadian regulatory world has waited impatiently for the decision of the Saskatchewan Court of Appeal in the case of *Strom v. Saskatchewan Registered Nurses' Association*. The decision finally came down this week. It provides some guidance but leaves many questions unanswered.

In that case nurse Strom posted comments on Facebook about the care that her grandfather had received during his final days at a care home in Saskatchewan. The comments did not identify any specific staff at the home and recognized some, again unidentified staff, for their compassionate care. However, the comments indicated that her grandfather had received “subpar” care that was not “up to date” and lacked compassion. The posting urged others to raise any concerns about the care of their loved ones with the facility. Ms. Strom also tweeted a link to the posts to “the provincial Minister of Health and the provincial Leader of the Opposition” which made them much more public.

Ms. Strom was disciplined for harming the reputation of the nursing staff at the home and undermining the public confidence in the staff at that facility. In part the tribunal was concerned that Ms. Strom had failed to adequately ascertain the facts, relying instead on reports from other family members. In addition, she had not attempted to raise the concerns through proper channels. Also, she identified herself as a registered nurse in one of the posts and made them generally available to the public, undermining the argument that the posts were a private matter.

The Court of Appeal held that the discipline panel failed to take a “contextual” approach in assessing whether this off-duty conduct was unprofessional and whether the finding was a proportional response to the infringement of Ms. Strom’s freedom of expression under the *Canadian Charter of Rights and Freedoms*.

The Court summarized some of the contextual factors as follows:

Ms. Strom posted as a granddaughter who had lost one grandparent and was concerned for the future of another. That fact was front and center for a reader of the posts. Although she identified as a nurse and an advocate, she was not and did not purport to be carrying out her duties as a nurse. She was on maternity leave and spoke to the quality of care provided by a distant facility with which she had no professional relationship. The private aspect of the posts was made clear and was significant. Further, and as has been noted, the posts have not been shown to be false or exaggerated and, on the face of it, would appear to be balanced.

The Court did not accept the discipline panel’s contention that Ms. Strom should have followed formal channels of communicating concerns in the circumstances of this case. It was a disproportionate limitation on the freedom of expression to prevent practitioners from choosing “their means of communication and audience”.

In setting aside the misconduct finding, the Court was careful to not extend its reasoning too far:

FOR MORE INFORMATION

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

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

It is entirely legitimate for a professional regulator to impose requirements relating to civility, respectful communication, confidentiality, advertising, and other matters that impact freedom of expression. Failing to abide by such rules can be found to constitute professional misconduct.

The Court's reasons suggest that so long as a contextualized approach is taken by regulators in scrutinizing social media posts by practitioners, findings of professional misconduct would likely be upheld.

The Court's decision will soon be available on www.canlii.org.

Even while the *Strom* case was pending, there have been a number of other developments on the issue of practitioners using social media.

Backlash Against Narrow View of Professionalism

This past summer a scholarly paper entitled "Prevalence of unprofessional social media content among young vascular surgeons" was posted by the Journal of Vascular Surgery. It characterized various forms of unprofessional posts on social media that it suggested could cause difficulties for the practitioners later in their career. Two of the categories of "potentially unprofessional" conduct included pictures taken while wearing swimwear and holding alcoholic drinks. The response was viral with hundreds, if not thousands, of health practitioners posting pictures of themselves in swimwear holding drinks. See:

<https://www.cnn.com/2020/07/25/cnn10/medbikini-backlash-and-apologies-trnd/index.html>.

The Journal retracted the paper. See: [https://www.jvascsurg.org/article/S0741-5214\(19\)32587-X/fulltext](https://www.jvascsurg.org/article/S0741-5214(19)32587-X/fulltext).

Serious Consequences in Serious Cases

The proposed sanction in *Strom* did not involve a suspension. It does appear that suspension is not the usual sanction for inappropriate social media posts. For example, recently a teacher in British Columbia was reprimanded, without a suspension, for "intemperate and insulting comments about religion" on an open Facebook post. The teacher "agreed his conduct constituted professional misconduct and conduct unbecoming a teacher." He also agreed that his posts "could undermine his efforts to provide an inclusive learning environment for his students." See: <https://www.timescolonist.com/news/local/b-c-teacher-reprimanded-for-posting-insulting-comments-about-islam-1.24084516>.

Similarly, in the UK a barrister was recently reprimanded and fined £1000 for a sexually and racially offensive tweet in the context of a debate over the colonial nature of the curriculum at English universities. See: <https://www.bailii.org/ew/cases/EWHC/Admin/2020/467.html>.

However, suspensions are available in serious cases. For, example, an Ontario physician was suspended for one month for using "a slang term for female genitalia" in reference to two physicians during an intra-professional dispute. See: <https://lfpres.com/news/local-news/local-surgeon-suspended-over-tweet-as-regulatory-body-starts-eyeing-online-decorum>.

Similarly, a UK physician was suspended for four weeks for numerous highly offensive posts on race,

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

pedophilia and terrorism. Those posts were made before the physician was registered. See:

<https://lfpres.com/news/local-news/local-surgeon-suspended-over-tweet-as-regulatory-body-starts-eyeing-online-decorum>.

Thus highly inappropriate social media posts can result in significant consequences.

Evidence of Incapacity

Some social media posts can be so bizarre or disturbing as to suggest that a practitioner is suffering from a mental illness. For example, an Australian psychiatrist who posted bizarre “alt-right” conspiracy theories about President Trump and the “Deep State” on his practice website had his registration revoked. He called his regulator a “pedophile protection agency”. A psychiatric assessment, to which he brought 600 pages of documents to prove the accuracy of his views, concluded that he suffered from paranoia. See:

<https://www.theguardian.com/australia-news/2020/feb/07/psychiatrist-struck-off-for-posting-bizarre-qanon-conspiracy-theories>.

Duty to Report Colleagues

Further complicating the issue, there may be circumstances where a practitioner observing the social media posts of a colleague may have a professional obligation to report them to the regulator. For example, the College of Nurses of Ontario describes a scenario where this duty to report might arise on a social media post by a colleague who says he needs to have a drink before facing work. The duty to report could arise from Principle 4 of their Code of Conduct: “Nurses work respectfully with colleagues to best meet patients’ needs.” See webcast on

Principle 4 at: <http://www.cno.org/code-of-conduct-webcast#principle4>.

Conclusion

While social media posts have many similarities with other inappropriate verbal or written comments, there is something unique to them as well. Societal (and perhaps generational) views about the use of such media to express personal views can conflict with some traditional professional expectations. In addition, the more experience regulators have with social media postings, the more unanticipated issues may arise.

Prepared by Richard Steinecke

In This Issue

- Bill 197 to require consideration of administrative costs of new regulations, see p. 1
- Bill 175 to provide greater oversight of home and community care, see p. 1
- Bill 161 to permit entity regulation for the legal profession and other changes, see p. 2
- Bill 159 to permit competency-based selection of Board members for DAAs, see p. 2
- Regulation requires gathering demographic data for COVID-19, see p. 2
- Numerous general pandemic regulations enacted, see p. 2
- Consultation on numerous proposed regulations:
 - Nurse Practitioners (NPs) providing CT scans and, along with dentists, MRIs, see p. 3
 - Spousal exemptions for dental hygienists, optometrists and chiropractors, see p. 3
 - Nurse practitioners and pharmacists to do more point-of-care testing, see p. 3
 - More administrative monetary penalties for consumer protection, see p. 3

Bonus Features

- “Invigorated” Undue Delay Scrutiny, see pp. 3-5
- Alberta’s Regulatory Reform, see pp. 5-6
- Acknowledging the Apparent, see p. 6
- Publishing Discipline Decisions Pending Appeal, see p. 7
- Criminal Search Warrants for a Regulator’s Files, see p. 7
- No Pandemic Exceptions, see p. 8

Ontario Bills

www.ola.org

Bill 197, *COVID-19 Economic Recovery Act, 2020* – (government Bill, passed all three readings and has received Royal Assent) – Bill 197 is an omnibus Bill. One schedule enacts the *Modernizing Ontario for People and Businesses Act, 2020*, which requires that instruments such as regulations must assess any administrative costs that will be imposed on businesses complying with it. For regulations, there must be an offset in those administrative costs created within a specified period of time. This Bill may make it more difficult for Colleges to make regulations.

Bill 175, *Connecting People to Home and Community Care Act, 2020* – (government Bill – completed third reading and has received Royal Assent). The Bill will restructure and integrate the provision of home and community care under the Ontario Health agency. This will involve new funding models and new oversight mechanisms including additional investigation powers, enhanced powers to appoint a supervisor on an urgent basis without notice and an expanded role for the Patient Ombudsman.

Bill 161, *Smarter and Stronger Justice Act, 2019* – (government Bill – completed third reading and has Received Royal Assent). The Bill, amongst other things, provides the legal regulator, the Law Society of Ontario, with the authority to perform entity regulation. It also:

- authorizes the regulator to disclose information during an investigation where necessary to protect the public interest;
- expands the power of investigators to obtain information from former practice colleagues;
- simplifies the interim order powers in discipline matters; and
- increases the maximum fine at discipline to \$100,000 from \$10,000.

Bill 159, *Rebuilding Consumer Confidence Act, 2019* – (government Bill – completed third reading and has received Royal Assent). The Bill reforms the delegated administrative authorities (DAA) scheme that applies to many professions and businesses including:

- allowing the Minister to revise the composition of the Board of Directors of a DAA (e.g. requiring a certain percentage of public members);
- allowing the Minister to establish competency criteria for being elected or appointed to the Board of Directors of a DAA;
- requiring disclosure of compensation of Board and staff members of a DAA; and
- authorizing the appointment of an administrator to take over the operation of a DAA.

The Bill also establishes an administrative penalty scheme for the *Consumer Protection Act*.

Proclamations

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

There are no relevant proclamations this month.

Regulations

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

Health Protection and Promotion Act – The regulation authorizes the collection of race, income, household size, and languages spoken of people contracting COVID-19. (Ontario Regulation 318/20, Gazetted July 11, 2020).

Emergency Management and Civil Protection Act – Numerous regulations relating to the management of the pandemic were made. Most related to the relaxation of previously imposed restrictions.

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

(All of these consultations are continuations from last month.)

Healing Arts Radiation Protection Act and **Regulated Health Professions Act** – Proposed amendments would permit NPs to order CT scans and both NPs and dentists to order MRIs. Comments are due by August 9, 2020.

Spousal Exemptions – Proposed amendments would allow dental hygienists, optometrists, and chiropractors and podiatrists to treat their spouses in accordance with the limitations contained in the RHPA. Comments are due by August 8, 2020.

Laboratory and Specimen Collection Centre Licensing Act - Proposed amendments would authorize NPs to independently perform a broad range of point-of-care tests to assist with diagnosis and the formulation of treatment plans for their patients. In addition, pharmacists would be authorized to perform a small range of point-of-care tests. Comments are due by August 8, 2020.

Consumer Protection Act – This consultation relates to proposed administrative penalties for failure to make proper disclosure in door-to-door sales and tow truck hires. Comments are due by August 4, 2020 (the comment period was extended).

Bonus Features

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

“Invigorated” Undue Delay Scrutiny

Given the strict judicial scrutiny of delays in criminal cases, regulators have been wondering whether those principles would creep into the professional discipline arena. Saskatchewan’s highest court has said yes in *Abrametz v Law Society of Saskatchewan*, 2020 SKCA 81, <http://canlii.ca/t/j8jf3>. In that case the lawyer had been the subject of extensive, and hotly contested, investigation into his trust accounts. While there had been no misappropriation of funds, the lawyer was found to have disregarded the rules in a dishonest way, possibly to conceal income from the tax authorities. He also was found to have made loans to clients without full disclosure and charging excessive fees for the loans.

The Court engaged in a technical analysis as to when deference will be accorded to the decisions of a disciplinary tribunal. In applying the *Vavilov*¹ principles, the Court held that the standard of review on the interpretation of regulatory rules and codes of conduct (similar to the by-laws enacted by many regulators) should be reviewed according to the correctness standard where there is a statutory right of appeal. The previous deference given to regulators in the interpretation of their own regulatory rules no longer applies. Similarly, on the issue of whether a delay was excessive and amounts to an abuse of process, the Court said that this was a procedural fairness issue which should also be reviewed on a correctness standard. No deference should be afforded to the views of the discipline tribunal hearing the case.

On the issue of whether the delay was excessive, the Court discussed the criteria established by in the *Blencoe v British Columbia (Human Rights Commission)*, 2000 SCC 44, <http://canlii.ca/t/525t>, case:

For a court to intervene on this ground, it must be satisfied that there has been both inordinate delay caused by the administrative entity, and prejudice of a certain order attributable to that delay. The following principles identified in *Blencoe* reflect these requirements:

1. The period of delay must be so inordinate as to be clearly unacceptable (at paras 115 and 121). Whether a delay is inordinate turns on contextual factors, including “the nature of the case and its complexity, the facts and issues, the purpose and nature of the proceedings, and whether the respondent contributed to the delay or waived the delay, and other circumstances of the case” (at para 122).
2. The party claiming abuse of process must show that the inordinate delay “directly caused [them] a significant prejudice” that is related to the delay itself (at para 115, emphasis added). In order for there to be abuse of process, “the delay must have caused actual prejudice of such magnitude that the public’s sense of decency and fairness is affected” (at para 133).
3. The analysis requires a weighing of competing interests. “In order to find an abuse of process, the court must be satisfied that ‘the damage to the public interest in the fairness of the administrative process should the proceeding go ahead would exceed the harm to the public interest in the enforcement of the legislation if the proceedings were halted’” (at para 120).
4. A stay is not the only remedy available in administrative law proceedings. However, where a respondent asks for a stay, they will bear a heavy burden (at para 117). A finding of abuse of process is available only in the “clearest of cases” (at para 120).

¹ In the case of Canada (*Minister of Citizenship and Immigration*) v *Vavilov*, 2019 SCC 65, <http://canlii.ca/t/j46kb>, the Supreme Court of Canada established a new approach to reviewing decisions by administrative tribunals. Lower courts are now applying those principles to various types of decisions by administrative tribunals.

The Court conducted a detailed analysis of the 53-month delay from the initiation of the investigation and the commencement of the hearing (having found that the length of time to conduct the hearing itself was reasonable). It found that 18 of those months as being attributable to the reasonable process of investigation, screening and hearing preparation for a case of this nature. It attributed 2½ months of the delay to the practitioner. The remaining 32½ months was attributable to undue delay. This analysis relied heavily on the evidence provided by the regulator as to the steps taken in the investigation and screening of the concerns.

The Court found that the practitioner had experienced significant prejudice caused by the delay including practising under a cloud of suspicion, stress that took the form of a medical condition, and practising under intrusive restrictions (e.g., supervision) far longer than necessary.

In balancing the competing harms to the public interest, the Court noted that the allegations were serious, relating to honesty and trustworthiness, worthy of substantial disciplinary action. However, the Court found that prejudice to the practitioner was serious and that the practitioner had practised for years under significant restrictions without other concerns arising. The Court concluded:

It is my view, taking account of all of these contextual factors, that the undue delay in this case was inordinate, and caused actual prejudice of such a magnitude that the public's sense of decency and fairness would be offended. In these circumstances, the delay would bring the LSS disciplinary process into disrepute. This was the clearest of cases.

For these reasons, there was an abuse of process.

If the Court's "invigoration" of the principles of *Blencoe* is adopted by the courts of other provinces, one can expect more frequent and, possibly, more successful applications based on abuse of process for undue delay in disciplinary matters.

Alberta's Regulatory Reform

Recently, Alberta introduced Bill 30 that will require public appointees (who are not members of the profession) to constitute 50% of the Council and core committees of its 29 health profession regulators. This simple change will have significant implications. One half of the government appointees of the governing Council for each health regulator will be appointed directly by the government. The Council establishes the priorities and policies of the regulator and has oversight of the effectiveness of the regulator in protecting the public interest. In addition, one half of the committee members and panels of the complaint review committee and hearing tribunal of each health regulator will have to be publicly appointed. Previously, only 25% were publicly appointed. This change will end the decade-long established practice where elected members of the profession formed the majority of the Council and committees. Regulators will have to revise their by-laws to adjust the size of their Councils, deciding whether to simply make them larger or whether to reduce their size at the same time as the 50% requirement is achieved.

The Bill signals that, conceptually, health professional regulation in Alberta will no longer be self-regulation by the profession. Rather, it is shared regulation between the profession and the public to serve and protect the public interest.

The change follows much more comprehensive reform proposals for the regulation of health professions in British Columbia. The BC reforms have not yet been introduced in their Legislative Assembly. As significant as the Alberta proposal is, it falls short of the comprehensive reforms proposed by recent studies across Canada. For example, Bill 30 does not implement a skills and competency based selection process by an independent body. Professional members will still be elected, and public appointees can be selected on any basis deemed fit by the government, including political connections. This revision still remains a perspective-based model of governance as opposed to a competency-based model. The Bill also does not require Councils to be reduced to a workable size (e.g., 8-12 people). In fact, the result might well be larger Councils. Bill 30 also does not address other proposed reforms under active discussion such as combining health regulatory Colleges into fewer bodies or the establishment of an oversight body.

However, Bill 30 reinforces the sense that the regulation of professions across Canada is in for a period of rapid change.

The Bill can be found at:

https://www.assembly.ab.ca/net/index.aspx?p=bills_status&selectbill=030&legl=30&session=2

NB: Much broader regulatory reform is under active consultation in Alberta, but at the time of writing the details of these proposals were not public.

Acknowledging the Apparent

Regulators always need to be, and appear to be, fair. Regulators need the confidence of registrants in order to discharge their mandate to serve and protect the public interest. When a regulator detects that a registrant has not been treated fairly, it needs to rectify that concern. This occurred in *Shamess v College of Physicians and Surgeons of Ontario*, 2020 ONSC 4108, <http://canlii.ca/t/j8k2z>. The practitioner was alleged to have “engaged in inappropriate sexual and physical contact with a patient and that he made inappropriate comments to the patient.” The discipline panel found the practitioner’s “evidence of what occurred during the examination at issue was credible, while the patient’s evidence was not credible.” So, those allegations were not proved. However, the panel went on to make a finding that the practitioner “should have conducted the examination in a manner that had more regard for the patient’s privacy concerns. These allegations were neither set out in the Notice of Hearing nor raised at the hearing.”

The practitioner appealed on the basis that this outcome was procedurally unfair because he had not been given notice of this “theory of liability” and had no opportunity to present a defence to it. The regulator agreed. As did the Court. The finding and penalty were set aside. However, no costs were awarded against the regulator, on agreement, because of the regulator’s acknowledgment of the apparent.

Publishing Discipline Decisions Pending Appeal

A recurring issue is whether regulators should publish a disciplinary decision even though it is under appeal. On the one hand, publication would protect the public in respect of concerns that have been established (subject to appeal) and would enhance the transparency of the process. On the other hand, publication would harm the reputation of the practitioner, especially if the appeal were to succeed.

In *Shea v The Law Society of Newfoundland and Labrador*, 2020 NLSC 91, <http://canlii.ca/t/j8gsl>, the relevant provision gave discretion to the Court, but no criteria for the Court to apply. The Court made some surprising statements including that discipline proceedings are not as inherently open to the public as courts and that public protection was not in issue as the conduct was in respect of the practitioner's employer and the suspension ordered had already been served.

The Court began with the proposition that publication was presumptive under the legislation. However, because the practitioner would suffer irreparable harm if there was publication and the appeal succeeded, because publication was active (in a newspaper), because the outcome was not secret to those who searched for it, and because the public did not seem to be at ongoing risk and deterrence of the profession did not seem to be an issue in the circumstances, publication would be stayed pending the outcome of the appeal. The proceedings before the Court, including the practitioner's name, was not protected.

This decision appears to be based on the particular facts of the case.

Criminal Search Warrants for a Regulator's Files

It is generally accepted that the confidentiality provisions for provincial regulators is subject to federal criminal search warrant powers. Federal law is paramount over inconsistent provincial law. However, the case of *Boisvert c. Brisson*, 2020 QCCA 906, <http://canlii.ca/t/j8m1r>, indicates that this is not necessarily the end of the matter.

In that case, a nurse was disciplined for sexual abuse of vulnerable patients in a psychiatric facility. The patients communicated with the regulator confidentially. Two of the patients went to the police. Four did not. The police obtained a search warrant for the regulator's files in order to conduct a criminal investigation. The regulator challenged the search warrant arguing that the protection afforded to the public in being able to remove the nurse from practice would be jeopardized if patients could not choose whether or not to participate in the criminal process. The patients might then not be willing to participate in the regulatory process.

The Court agreed that on a case by case basis, such warrants could be quashed because the privilege attached to the regulatory process outweighed the benefits to society of allowing the criminal process to proceed. Applying what lawyers call the "Wigmore test", the Court protected the regulator's files in this case.

No Pandemic Exceptions

During the early months of the pandemic, the New Brunswick regulator for pharmacists felt the urgent need to be able to waive some of its registration requirements to ensure that there were enough pharmacists to meet the province's health care demands. However, their registration requirements were set out in mandatory language without the ability to exempt them. In *New Brunswick College of Pharmacists v Province of New Brunswick*, 2020 NBQB 92, <http://canlii.ca/t/j8hzz>, the regulator asked the Court to use its inherent jurisdiction to enable the regulator to register applicants who did not meet all of the compulsory requirements. The government consented to the application. However, the Court declined the request. The Court viewed its role as interpreting the law, including ensuring that laws comply with the Constitution of Canada. The Court did not see its role as creating law in a manner that was inconsistent with laws already enacted by the Legislature or created by the government (e.g., in a regulation). The Court suggested that the regulator approach the government to enact amending regulations on an urgent basis.

This case illustrates the importance of the Legislature and regulators considering exceptional circumstances when making legislation.

Prepared by Richard Steinecke

In This Issue

- Some *PHIPA* amendments proclaimed on July 31st, see p. 1
- Numerous general pandemic regulations enacted, see p. 1
- Consultation on privacy legislation to replace *PIPEDA*, see p. 2

Bonus Features

- Title Protection Restored, p. 2
- Indicators of Abusive Proceedings, p. 3
- Compromised Registration Examinations, pp. 3-4
- False or Misleading Ads, p. 4
- Are Prior Court Determinations Binding at Discipline?, pp. 4-5

Ontario Bills

(www.ola.org)

The Legislature was in recess during August.

Proclamations

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

Personal Health Information Protection Act – July 31, 2020 is the date upon which certain amendments took effect, giving the Information and Privacy Commissioner enhanced powers to require compliance with *PHIPA*. However, the recent amendments related to electronic records are not yet proclaimed into force.

Regulations

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

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

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

Public Consultation - Reforming Privacy in Ontario's Private Sector – This consultation will examine whether provincial privacy legislation should apply to the non-public, non-health sectors. Any such initiative would likely replace the current federal privacy legislation, *PIPEDA*. The right to be forgotten is specifically mentioned. This consultation might have implications for Ontario's *Personal Health Information Protection Act* too. Comments are due by October 1, 2020.

Bonus Features

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

Title Protection Restored

The British Columbia Court of Appeal has restored title protection provisions in that province. In *College of Midwives of British Columbia v. MaryMoon*, 2020 BCCA 224, <http://canlii.ca/t/j90z5>, a person providing support to dying individuals and their families had been calling herself a “death midwife”. An attempt by the College of Midwives to prohibit Ms. MaryMoon from using the word “midwife” had been unsuccessful in a lower Court on the basis that it infringed the protections for free expression in the *Canadian Charter of Rights and Freedoms*.

The Court of Appeal reversed the lower Court decision. In doing so, the Court of Appeal held as follows:

- The prohibition, while not limited to the provision of health services, only applied to the use of the word as a title to describe one's work. For example, making an analogy to one's work as being similar to that of a midwife was not prohibited under the language of the provision. To be used as a title, the word must imply an assertion of status or qualification.
- While the prohibition did infringe on Ms. MaryMoon's freedom of expression, that restriction was permitted by the saving provision found in section 1 of the *Charter*. In finding the restriction justified, the Court quoted the following rationale for title protection provisions: “Reserved titles afford a means for consumers to identify the different types of health care providers, to distinguish the qualified from the unqualified, and to differentiate those practitioners who are regulated from those who are not.” The Court also noted that the infringement was not more than required because it only applied to the use of the word as a title; it related to commercial expression and the provision was part of a complex regulatory scheme to protect the public.

The Court imposed the injunction sought by the regulator.

Indicators of Abusive Proceedings

In recent years courts have become more proactive in screening out vexatious or abusive proceedings. For example, in *Skrypichayko v Law Society of Alberta*, 2020 ABQB 461, <http://canlii.ca/t/j9570>, an Alberta Court found strong evidence that two proceedings brought by a disbarred lawyer against multiple parties were abusive. The Court required him to justify the proceedings before they would be permitted to proceed. The Court identified the following indicators, all of which applied in this case, as suggesting that a proceeding was abusive:

- The proceeding appears to be a collateral attack on a decision made in another proceeding, including a discipline finding.
- Bald allegations are made without particulars (e.g., alleging assaults with no description of who, when, where and what happened).
- Seeking remedies that are impossible to be imposed such as damages that are clearly excessive.
- The proceeding is brought in the face of an immunity that appears to apply to the defendant without addressing the immunity in the pleadings.
- Bringing repetitive proceedings that expand upon and escalate allegations made in previous proceedings.
- The proceedings “appear to potentially be the product of an unwarranted and unjustified belief. This may take the form of scandalous and inflammatory pleadings, unsubstantiated allegations of conspiracy, fraud, and other misconduct, and claims of intimidation, harassment, and racial bias”.

This is a useful checklist for regulators to use in deciding whether to challenge proceedings as abusive or vexatious.

Compromised Registration Examinations

Regulators have had to deal with a number of examination breaches in recent years. Regulators obviously take such matters seriously. However, in one recent case, a regulator was found to have taken the issue too far.

In *Thibeault v Saskatchewan (Apprenticeship and Trade Certification Commission)*, 2020 SKQB 192, <http://canlii.ca/t/j8wnr>, the regulator suspended a practitioner’s certificate on the basis that it was obtained by “misrepresentation or fraud”. The practitioner acknowledged accessing past examinations and training materials and distributing them to other candidates. However, the practitioner had written a different examination that was not compromised. The Court held that conduct did not breach the wording of the legislation in that there was no misrepresentation or fraud in the successful completion of the examination actually written:

To find fraud, the Appeal Committee would have had to have before it evidence of, and a finding of, actual knowledge on the part of Mr. Thibeault that what he was doing was wrong or prohibited. A finding that he ought to have known does not constitute fraud.

A subsequent amendment to the legislation did not apply at the time of the conduct.

The Court also held that the reasons for decision were inadequate in that they did not address what constituted misrepresentation or fraud in the context of the provision.

While not a basis for its decision, the Court also expressed concerns that the appeal tribunal deciding the matter contained Board members who had received extensive briefings on the ongoing examination breach concern. Since the legislation did not require that they serve on the tribunal, it was inappropriate for them to hear this case when they had already received such extensive information on the events in issue.

False or Misleading Ads

There are few areas in which one can debate the concept of false and misleading advertisements more than in cosmetic procedures. In *Fanous v. Tribunal des professions*, 2020 QCCS 2411, <http://canlii.ca/t/j91z1>, a number of the ads were found to be false and misleading from the perspective of a general member of the public. The Court was of the belief that it was appropriate to view the ads from the viewpoint of the members of the public that the advertising requirements were trying to protect rather than how other practitioners would understand them. Doing so did not insert a new theory of the case that required prior particularization. The Court also rejected the argument that expert evidence was required to determine how the ads would be perceived by members of the public.

[Translation] What is more, it is true that the comparison of the photographs is revealing; if subterfuge does not sway the expert eye of the expert, it is reasonable to conclude that in the eyes of an average consumer, a layman, the use of an “after” photograph whose angle, the smiling, makeup and hairstyle favoring the patient's appearance constitutes misleading advertising.

Regulators are wise to interpret requirements from the perspective of those being protected.

Are Prior Court Determinations Binding at Discipline?

Perhaps there are few phrases in the regulatory world that are as frustrating as “it depends”. For example, take the question of whether a court determination of a factual issue is binding on a later discipline tribunal. In *Immigration Consultants of Canada Regulatory Council v. Rahman*, 2020 FC 832, <http://canlii.ca/t/j97w4>, the Court said that there is not a clear answer to the question.

In that case, the practitioner's wife received payment of \$15,000. The complainant said this was an advance for promised services that were not provided. The practitioner said it was a personal loan and there was no promise to provide professional services. The issue first went to Small Claims Court which concluded the payment was a personal loan. The complainant then raised the same matter with the regulator that concluded that the decision of the Small Claims Court was determinative, as it was a final decision on the same issue in respect of essentially the same parties. Even though the regulator was prosecuting the case at discipline, it was brought at the instance of the complainant and thus constituted "issue estoppel".

The Court noted that there was an additional part of issue estoppel. The tribunal "still must determine whether, as a matter of discretion, it ought to apply issue estoppel because it would be unjust to do so". In failing to consider that issue, the tribunal had not fully considered the issue. The matter was returned for a new determination.

To further limit the amount of guidance offered by this decision on whether a discipline tribunal was bound by the finding of the Court, the case did not deal at all with the abuse of process argument that the discipline proceeding might constitute a collateral attack on the Small Claims Court proceedings.

Regulators should note that often there are not simple, clear answers in matters they deal with and they must do the hard work of analyzing the surrounding circumstances.

Prepared by Richard Steinecke

In This Issue

- Bill would require caregiver access in congregate care settings, see p. 1
- Numerous general pandemic regulations enacted, see p. 1
- College of Teachers expands funding for therapy for sexual abuse, see p. 2
- Consultation on privacy legislation to replace *PIPEDA*, see p. 2
- Consultation on regulations for new home construction regulator, see p. 2

Bonus Features

- Advising the Profession, pp. 2-3
- Complications Where a Practitioner Practises in Multiple Jurisdictions, p. 3
- Suing for Discrimination, pp. 3-4
- Easy to Say, Hard to Do, p. 4
- Relying on Out-of-Province Disciplinary Findings, p. 5
- Joint Books of Documents, pp. 5-6

Ontario Bills

(www.ola.org)

Bill 203, More Than a Visitor Act (Caregiving in Congregate Care Settings), 2020 – (Private Member's Bill – Passed Second Reading and referred to the Standing Committee on Social Policy) The Bill requires the Minister of Health (and Long-Term Care) to ensure that designated caregivers will have access to residents of congregate care settings.

Proclamations

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

No relevant proclamations were gazetted this month.

Regulations

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

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

Ontario College of Teachers Act – The regulation provides for funding for therapy and counselling of a student even where the student was not an actual student of the teacher but where “the member’s practice facilitated the relationship between the student and the member, or the member’s access to the student”. (Ontario Regulation 493/20, Gazetted on September 19, 2020)

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

Public Consultation – Reforming Privacy in Ontario's Private Sector – This consultation will examine whether provincial privacy legislation should apply to the non-public, non-health sectors. Any such initiative would likely replace the current federal privacy legislation, *PIPEDA*. The right to be forgotten is specifically mentioned. This consultation might have implications for Ontario’s *Personal Health Information Protection Act*, too. Comments are due by October 16, 2020.

New Home Construction Licensing Act – This consultation covers a comprehensive set of regulations establishing the licensing and regulation of new home builders. The new regulator is expected to be operational on February 1, 2021. Comments are due by October 19, 2020.

Bonus Features

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

Advising the Profession

Can regulators advise the profession about new developments that appear to be unethical or unprofessional? One New Brunswick court suggests that this is a proper function of a regulator that will rarely be subject to judicial review: *Laboratories C.O.P. Inc. v New Brunswick College of Pharmacists*, 2020 NBQB 96, <http://canlii.ca/t/j8hhg>.

The applicant was marketing a diet protocol through pharmacies. The program involved pharmacists performing an assessment of clients and recommending the protocol. The regulator issued an advisory statement saying that this approach (not naming the company) risked pharmacists straying beyond their scope of practice, in effect practising dietetics. The advisory statement also suggested that a pharmacist participating in such an activity risked using their professional status to market a commercial product. As a result, fewer pharmacists became involved in the protocol and the Applicant’s revenues were reduced. The Applicant sought judicial review to set aside the advisory statement.

The Court concluded that the advisory statement did not amount to a “decision” that was subject to judicial review. It involved a general statement reminding practitioners of their professional obligations in a certain context. It was too vague to be directly enforceable at a discipline hearing.

Even if it were a reviewable “decision”, the Court concluded that there was no procedural unfairness. Given the nature of the statement, any procedural requirements were at the low end of the spectrum. The consultation process followed in this particular case was adequate even though the advisory statement had a financial impact on the Applicant.

The Court concluded: “I am also satisfied that the College, by issuing the Statement, was acting in a manner consistent with its overarching obligation as a self-regulating profession to uphold the welfare of the public.”

Complications Where a Practitioner Practises in Multiple Jurisdictions

Complex issues can arise where a practitioner is registered in multiple jurisdictions and misconduct concerns arise. In *Mema v Chartered Professional Accountants of Alberta*, 2020 ABQB 486, <http://canlii.ca/t/j99mc>, the practitioner was registered in both Alberta and British Columbia. Allegations of misconduct arose primarily in respect of conduct in British Columbia. Regulators in both provinces received complaints of similar misconduct. It appears that the Alberta regulator was proceeding first and that the regulator in British Columbia was awaiting the outcome in Alberta.

The Alberta regulator imposed an interim suspension upon the practitioner’s registration. Having found that practitioner would suffer irreparable harm to his reputation (even in the absence of evidence of financial harm), the Court focused on balancing whether the public or the practitioner would suffer greater damage from the absence or presence of the interim suspension. The Court determined that since the practitioner was not practising in Alberta, there was little risk of harm there. The interim suspension in Alberta was set aside.

The practitioner also tried to prevent or delay the Alberta investigation arguing that the British Columbia regulator should have priority. The Court agreed that that practitioner should not experience two concurrent investigations for essentially the same concerns. However, the Alberta regulator had jurisdiction over the conduct of the practitioner even if it occurred outside of the province. In addition, the practitioner had provided insufficient evidence to support the position that the British Columbia regulator should be required to proceed first.

Suing for Discrimination

A breach of the *Human Rights Code* should be addressed through the human rights process. A Saskatchewan court said it should not be pursued through a civil action for monetary damages: *Yashcheshen v Law School Admission Council Inc.*, 2020 SKQB 209, <http://canlii.ca/t/j9jc8>. In that case a candidate for the law school admission test sued the examiners for failing to accommodate her disability. The Court said:

At its core, Ms. Yashcheshen's claim alleges that LSAC failed to properly accommodate her. There is no independent civil action for such allegations, outside a complaint filed under the [Code](#). Ms. Yashcheshen is required to follow the procedures set out in the [Code](#) for addressing such complaints before this Court has the jurisdiction to hear them. Permitting the claim to continue constitutes an impermissible collateral attack on the process required by the [Code](#).

The Court also indicated that rolling such a case into traditional torts was inappropriate:

The claim contains allegations of negligence, negligent misrepresentation, breach of fiduciary duty, breach of contract, and infliction of mental suffering. However, these claims are simply reiterations of the discrimination that is alleged. They cannot stand independently.

However, this decision is applicable to civil actions for monetary damages. It does not, for instance, prevent a regulator from considering discrimination as a ground for reviewing the validity of an examination result.

Easy to Say, Hard to Do

Canadian regulators are increasingly moving from dual mandates to single mandate organizations: https://nurses.ab.ca/docs/default-source/latestnews/governance-review-findings-report.pdf?sfvrsn=867323df_2. However, distinguishing which activities fall within the public interest regulatory mandate and which fall within the advocacy / practitioner support mandate is not easy.

Take the example of whether regulators should actively address preventative health measures for practitioners, particularly those related to substance use and mental illness. One prominent observer, Harry Cayton, argues that wellness initiatives are not part of the mandate of regulators; they should be done by professional associations: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf> at page 58.

However, many regulators are continuing (or expanding) their involvement in wellness initiatives: <http://www.cno.org/en/trending-topics/nurses-health-program/>. Recently Australian regulators affirmed and expanded their commitment to such initiatives: <https://ajp.com.au/news/funding-boost-for-support-service/>.

Those in favour of the regulator's role in wellness programs argue that such initiatives, if properly framed, protect the public by preventing harm to clients and others that can result from an unrecognized, concealed or untreated health condition. Such initiatives can enhance high quality practice. They also avoid expensive and slow reactive measures such as incapacity proceedings.

This debate over regulators' mandate on wellness matters is just one example of the separating mandates debate.

Relying on Out-of-Province Disciplinary Findings

Where a practitioner is disciplined in another jurisdiction, a Canadian regulator will also want to act. If the conduct is incompetent or unprofessional, the Canadian regulator will also wish to protect the public here. Many regulatory statutes enable the regulator to rely on out-of-province findings without having to reprove the case. Witnesses may not be willing to testify again. Even if there is not an enabling provision, regulators can often rely on the out-of-province findings as evidence of the misconduct.

However, the practitioner will often want to introduce additional evidence or defences as to why the out-of-province finding should not be relied upon. In *Kivisto v. Law Society of Ontario*, 2020 ONSC 5790, <http://canlii.ca/t/j9t5h>, the Divisional Court gave guidance as to when a discipline panel can refuse to permit a practitioner to challenge the out-of-province decision. Relying on the Supreme Court of Canada decision in *Beals v. Saldanha*, 2003 SCC 72, <http://canlii.ca/t/1g7bw>, the Court said that the discipline tribunal can recognize the foreign finding where the other jurisdiction had a real and substantial connection to the matters. In this case, the events occurred in Florida, where the practitioner had been disciplined, so that part of the test was met. In addition, no fundamental unfairness in the procedure followed in the out-of-province hearing.

The issue then turned to whether the Florida discipline findings were determinative. The Court indicated that collateral attacks on findings in other jurisdictions should not be permitted unless:

- the original hearing was tainted by fraud or dishonesty,
- there is material fresh evidence that was not available at the time of the original proceeding, or
- “Fairness dictates that the original results should not be binding in the new context”, such as where the conduct in issue in the original proceeding would not be professional misconduct here.

In this case, those rare exceptions were not established. The practitioner had been disciplined for taking financial advantage of vulnerable clients. Rather, the practitioner was contesting the validity of the findings made at the original hearing, which was an abuse of process.

This decision should reassure regulators that they can usually rely on out-of-province disciplinary findings without having to rehear the allegations on the merits.

Joint Books of Documents

For the second time this year, Ontario’s highest court has provided detailed guidance as to filing documents at a hearing. It is common for parties to agree upon a primary set of documents that can go before the hearing tribunal in an organized fashion. In fact, courts and tribunals have long been encouraging that this be done cooperatively in order to avoid wasted time first proving individual

documents and then locating them every time a document is referred to. Many of us have experienced the frustration of trying to assist a five-person discipline hearing panel sort through 50 loose exhibits during the examination of a witness. However, the result has been that counsel are sometimes unclear as to how the tribunal can then use the documents. For example, if a document records a statement or event by a person, can the panel use that document for the “truth of its content” (i.e., to establish that the statement was made or that the event occurred)? Or is the document there for another purpose (e.g., to be used to cross-examine the author of the document on how they could have reached such an outlandish conclusion)? If the author of the document does not testify at the hearing, then the statements within the document can be hearsay, raising issues as to its very admissibility. The Court rejected the notion that the documents can simply be filed, and the adjudicator can determine how much weight to be placed on it.

In *Bruno v. Dacosta*, 2020 ONCA 602, <http://canlii.ca/t/i9sn4>, the Court repeated the following process for filing agreed documents:

In my view, counsel and the court should have addressed the following questions, which arise in every case, in considering how the documents in the joint book of documents are to be treated for trial purposes:

1. Are the documents, if they are not originals, admitted to be true copies of the originals? Are they admissible without proof of the original documents?
2. Is it to be taken that all correspondence and other documents in the document book are admitted to have been prepared, sent and received on or about the dates set out in the documents, unless otherwise shown in evidence at the trial?
3. Is the content of a document admitted for the truth of its contents, or must the truth of the contents be separately established in the evidence at trial?
4. Are the parties able to introduce into evidence additional documents not mentioned in the document book?
5. Are there any documents in the joint book that a party wishes to treat as exceptions to the general agreement on the treatment of the documents in the document book?
6. Does any party object to a document in the document book, if it has not been prepared jointly?

It would be preferable if a written agreement between counsel addressing these matters were attached to the book of documents in all civil cases. In addition, it would be preferable if the trial judge and counsel went through the agreement line by line on the record to ensure that there are no misunderstandings.

Following this process can be detail orientated and painstaking. It can also be difficult for non-legally trained panel members to follow. While the goal of the Court’s direction is to make the resulting hearings less ambiguous and to reduce the grounds of appeal that can arise, it will require significantly more effort on everyone’s part, particularly in cases where credibility is in issue.

[View this email in your browser](#)



SUMMER 2020 NEWSLETTER

A Quarterly Newsletter for Citizen Advisory Group Members

Hello Citizen Advisory Group Members,

We hope you are all staying safe during this time.

Thank you to all the members who have been sharing information about the Citizen Advisory Group with their networks. We appreciate you spreading the word about what we do and how others can get involved!

If you know someone who might be interested in becoming a member, be sure to share [our website](#) with them.

[Visit our website](#)

KEEP SCROLLING TO FIND:

- Recap from our recent CAG Focus Group: Resuming Care during COVID-19
- Consultation updates from our Partners
- Open public consultations
- Other great resources we think you will enjoy!

FOCUS GROUP RECAP: RESUMING CARE DURING COVID-19

COVID-19 pandemic.

Members were asked for their views on returning to their regular health care providers and how things will need to change to ensure that everyone is safe. Partner colleges wanted to understand what you expect of health care providers as they start to provide non-essential care to you or your family again while the COVID-19 pandemic continues.

Members discussed:

- positive and negative experiences in accessing care during the pandemic;
- potential risks and benefits of accessing non-essential care again;
- safety precautions providers can take to reassure patients it is safe to receive care;
- expectations for different health care providers and/or nature of care being provided; and
- if the precautions taken might compromise the quality of care received.

The 14 Partner colleges that sponsored the Focus Group gained invaluable insights.

You can read the full report from the Focus Group [here](#).

CONSULTATION UPDATES

College of Medical Laboratory Technologists of Ontario (CMLTO)



College of Medical
Laboratory Technologists
of Ontario

[After the CAG discussed the regulation of medical laboratory technicians and assistants at the meeting in November 2019](#), CMLTO wrote a report about it and it was submitted to the CMLTO Council at its meeting on November 28, 2019.

College of Naturopaths of Ontario (CONO)



COO would like to thank the CAG Members who participated in the [Focus Group: Resuming Care during COVID-19](#).

The feedback we received from CAG Members was invaluable and shaped the COO's final Return to Practice Guidelines document. To review the guidelines, please click [here](#).

The Return to Practice Guidelines is not a static document and is being revised as necessary on an ongoing basis to reflect updates from the Ministry of Health and other sources. We welcome your feedback or questions as we continue to ensure our guidelines and FAQs are comprehensive.

Please feel welcome to contact us at mail@collegeofopticians.ca.

College of Physicians and Surgeons of Ontario (CPSO)

Continuity of Care Companion Guide for Patients and Caregiver Guidebook Volunteer Opportunity



In Fall 2019, CPSO Council approved four inter-related [Continuity of Care](#) policies. CPSO is co-developing a companion guide with the CAG to set out what patients and caregivers can expect from physicians regarding continuity of care in a user-friendly format and to describe how patients and caregivers can help support continuity of care.

As part of the consultation process, CPSO has heard what issues and expectations are important to a small focus group of CAG Members. One key piece of feedback we heard from the focus group was to canvass the larger group of CAG Members to hear your stories about how you have been empowered (as a patient or caregiver) in the health care system.

As this is a volunteer opportunity, CAG Members will **not be remunerated** for submissions.

Please contact the CAG Partnership Coordinator at info@citizenadvisorygroup.org with any questions.

*Submissions will be accepted until **July 8, 2020**.*

OPEN PUBLIC CONSULTATIONS

College of Naturopaths of Ontario (CONO)



The College of Naturopaths of Ontario

CONO is seeking public input on two documents by **July 5, 2020**.

- *Standard of Practice for Infection Control* (revised)
- *Telepractice Guideline* (new document)

Standard of Practice for Infection Control

Standards of Practice describe the responsibilities of naturopaths in providing care to Ontarians. Each standard sets out the legal and professional basis for the practice of naturopathy and describes the expected level of performance for that topic.

The *Standard of Practice for Infection Control* is being updated to include the following items.

- Appropriate use of PPE
- Signage on how and when to use hand sanitizer and masks

- Additional resources available to members

Telepractice Guideline

Practice Guidelines provide recommendations on how naturopaths can deal with particular situations to be compliant with rules, regulations and standards.

The new *Telepractice Guideline* provides specific advice about important factors naturopaths must consider before providing a virtual visit by phone or videoconference. Examples of those factors include making sure there is a formal naturopathic doctor-patient relationship, ensuring privacy and confidentiality, obtaining informed consent and keeping proper patient records.

[Review the *Standard and Guideline* and provide feedback now.](#)

*This consultation closes on **July 5, 2020.***

Thank you for your ongoing support and contributions!

College of Physicians and Surgeons of Ontario (CPSO)



CPSO is seeking your input on our new draft *Advertising* policy and draft *Advice to the Profession: Advertising* document.

CPSO has developed a new draft *Advertising* policy capturing expectations for physician advertising that are contained in the [General Regulation](#) under the *Medicine Act, 1991*, and additional expectations of CPSO, in order to provide one simple, succinct document to assist physicians in understanding their obligations related to advertising.

before and after photos or videos in limited circumstances.

You can learn more about this consultation and provide your feedback [here](#).

*This consultation closes on **August 3, 2020**.*

ADDITIONAL RESOURCES

The Ontario Caregiver Organization: SCALE Program & COVID-19 Resource Page



The SCALE Program (Supporting Caregiver Awareness, Learning, and Empowerment) empowers caregivers with practical information and skills to enhance self-awareness with a focus on your own needs and well-being. The program consists of a series of six weekly webinars, online group coaching, and one-on-one, individualized telephone counselling.

[Be sure to also check out their COVID-19 Resource Page](#) for Caregiver Tips & Resources (e.g. [Mental Health](#); [Technology](#); [Virtual Caregiver Support Group](#)).

Plan Well Guide: Efficacy of Plan Well Guide™ Advance Medical Care Planning



[Plan Well Guide](#) is an advance care planning decision aid developed with the express aim of helping patients clarify their values and be truly informed about their medical treatment options in the context of serious illness.

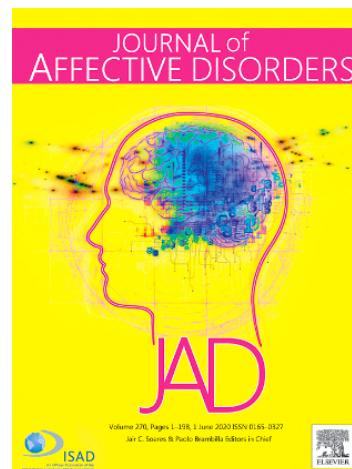
patient and physician satisfaction, and reduces time physicians spend on their interactions with patients.

Check out the visually summarised results in the [Plan Well Guide infographic](#).

Open-Access Journal Article: Journal of Affective Disorders

This recent article from the Journal of Affective Disorders identifies numerous strategies that can be used to strengthen the patient- and family-centeredness of collaborative care.

Read the article 'Strategies for engaging patients and families in collaborative care programs for depression and anxiety disorders: A systematic review' [here](#).



Open-Access Journal Article: Journal of Patient Experience

JOURNAL of PATIENT
EXPERIENCE

Giving voice to our patients and our providers



PFAC members believe patient engagement can result in better quality research and encourage decision makers and researchers to utilize patients' valuable input to inform health system changes and drive priorities at a policy level.

Check out the feature article 'The Role of Patient Advisory Councils in Health Research: Lessons From Two Provincial Councils in Canada' [here](#).

Citizen Advisory Group
info@citizenadvisorygroup.org
citizenadvisorygroup.org

Our mailing address is:



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 24, 2020
TO: Council
FROM: Mary-Ellen McKenna
RE: Type 2 Occurrence Reporting

The following information is being provided to Council for information purposes.

Summary of Type 2 Occurrence Annual Reports

The designated members for all applicable premises where Intravenous Infusion Therapy (IVIT) procedures are performed are required to submit the Type 2 Occurrence Annual Report form every year by the deadline date of May 1. The reporting period is from March 2 to March 1. The Inspection Program came into effect on March 2, 2017.

The designated members for all applicable premises (165) submitted the Type 2 Occurrence Annual Report for the reporting period of March 2, 2019 to March 1, 2020.

Of the 165 premises, 150 submitted the form by the deadline date of May 1, 2019, 15 premises reported late with the final report being received on May 9, 2020.

The General Regulation defines Type 2 occurrences as:

1. Any infection occurring in a patient in the premises after an IVIT procedure was performed at the premises.
2. An unscheduled treatment of a patient by a Member occurring within five days after an IVIT procedure was performed at the premises.
3. Any adverse drug reaction occurring in a patient after an IVIT procedure was performed at the premises.

An adverse drug reaction is defined as a harmful and unintended response by a patient to a drug or substance or combination of drugs or substances that occurs at doses normally used or tested in humans for the diagnosis, treatment or prevention of a disease or the modifications of organic function.

The Inspection Program policies state that a summary of Type 2 occurrences will be provided to the Inspection Committee and Council on an annual basis for statistical and planning purposes.



The Type 2 occurrences for the previous reporting period were reviewed by the Inspection Committee at its August 20, 2020 meeting.

For the Council's information, below is the summary of reports received for the past 2 reporting periods.

Number of Premises Reporting		Number of Premises Reporting a Type 2 Occurrence	
2019	2020	2019	2020
146	165	28 (19%)	34 (20.5%)

Infections	
2019	2020
2	1
Unscheduled Treatments	
2019	2020
7	4

Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2019	2020	2019	2020	2019	2020	2019	2020
91	125	67	92	23	32	1	1

Infections, Unscheduled Treatments and Adverse Drugs Reactions Reported for the Period from March 2, 2019 to March 1, 2020

Infections	Total	Delegation - Yes	Delegation - No
Flu-like symptoms	1		1
Total	1		1

Unscheduled Treatments	Condition	Total	Delegation - Yes	Delegation - No
Provided re-assurance and	Anxiety regarding	1		1

reviewed post care document	feeling of fatigue after first Myer's cocktail infusion			
Heat pack, vitamin E advised, decreased next IVC dose	Phlebitis	1		1
Acupuncture – 4 treatments	Lower back strain	1		1
Follow up visit to review diagnosis of pneumonia and supportive treatment strategies and management.	Pneumonia	1		1

Adverse Drug Reactions		Severity	Delegation
Allergic reaction to mistletoe	1	Mild	No
Anxiety	3	Mild	No
Anxiety	4	Mild	Yes
Blurry vision and increased hot flashed	1	Mild	No
Breast pain	12	Mild	No
Bruising	1	Moderate	No
Cardia arrhythmia	1	Mild	No
Cytokine release syndrome	3	Mild	No
Diarrhea	2	Mild	No
Fatigue, chills	1	Moderate	No
Headache, migraine	1	Moderate	No
Hematoma	1	Mild	No
Hypertension	3	Moderate	No
Hypoglycemia	8	Mild	No
Hypoglycemia	3	Moderate	No
Hypoglycemia	1	Moderate	Yes
Infiltration at infusion site	1	Mild	No
Infusion site extravasation	11	Mild	No
Infusion site extravasation	1	Moderate	Yes
Itching at site	2	Mild	Yes
Light-headedness	1	Mild	No
Nausea	5	Mild	No
Nausea	2	Moderate	No
Nausea	1	Moderate	Yes
Neuropathy in hands	1	Mild	No
Peri-orbital swelling, redness, pain, flaking skin, dark circles around the eyes	1	Mild	No
Phlebitis	8	Mild	No
Phlebitis	4	Moderate	No

Pre-syncope	9	Moderate	No
Pre-syncope	5	Moderate	No
Pre-syncope	1	Severe	No
Pre-syncope	2	Mild	Yes
Shortness of breath	2	Mild	No
Shortness of breath	1	Mild	Yes
Shortness of breath	1	Moderate	No
Syncope	4	Mild	No
Syncope	1	Moderate	No
Syncope	1	Mild	Yes
Syncope	3	Moderate	Yes
Urticaria	2	Moderate	No
Urticaria	3	Mild	No
Urticaria	1	Mild	Yes
Vomiting	2	Mild	No
Vomiting	2	Moderate	Yes
Warm sensation in abdomen	1	Mild	No
Total	125		



August 20, 2020

Dear Colleagues and Friends,

I hope that you and your families are safe and well and have had some enjoyment of the beautiful summer in BC. I know that the pandemic has been a difficult challenge for everyone.

As you may know, the Board of the College has recently appointed me as Registrar and CEO of the College. I have come out of retirement to provide support to the College Board and staff, to ensure that the College has stability and can continue to fully meet its public safety mandate and provide necessary regulatory services to the public and to registrants. I anticipate being in this role for a few months during a transitional period. I have been impressed with the commitment of the Board and staff to continuing to provide essential regulatory services during the COVID19 pandemic.

Unfortunately, during the transition the announcement letter from the Board Chair, Dr. Rebecca Pitfield, ND was not sent to certain key stakeholders. I am attaching that letter today.

This is my second week since my return as Registrar and I can tell you that the College is very busy and staff are working hard. If you have queries or other business, please contact staff. Due to procedures during the pandemic and the heavy workload, you may not get an immediate reply, but you will be contacted as soon as possible.

I have had several meetings (remotely) already and I hope to have a chance to “see” many of you in the days ahead. I want to congratulate the whole CNPBC “family” for their efforts during the pandemic and thank all of the volunteers, committee members, inspectors, examiners, public members and registrants for your collaboration and support of the College.

I look forward to speaking with many of you soon.

Sincerely,

Howard Greenstein, B.Sc., M.A., M.B.A.
Registrar & CEO

cc. Distribution list



MEMORANDUM

Date: August 6, 2020

Re: Registrar's Departure

I hope this finds you all safe and well during these very interesting times.

Registrar Phillipa Stanaway, a valued member of the College staff for the better part of a decade, is departing for a new career opportunity with another regulator. She leaves us on Friday, August 7th and will be missed by her staff and by the entire Board.

This was a difficult decision for her because of the great people and relationships she has developed at the College and within the profession, not to mention her commitment to the mandate of the organization.

CNPBC has always fostered career development and understands that, as in any organization, this can inevitably mean movement and transition. When this new opportunity presented itself to Phillipa she thought long and hard about it, both in terms of her own career path as well the College's accomplishments over this past challenging year.

While the process of replacing Phillipa is underway, Howard Greenstein will fill the position of Interim Registrar. As the former Registrar of the CNPBC we are appreciative of the expertise he is able to bring to the College at this time.

Staff are committed to working hard to assist Howard during the interim period, and to help the new Registrar get up to speed as soon as possible. As a Board, we are grateful for their efforts to continue to work to protect the public, amid a time of change, not to mention a pandemic.

We will keep our fellow regulators informed of all new developments. On behalf of the College, the Board wishes Pip all the best as she embarks on this new opportunity.

Kind regards,

Dr. Rebecca Pitfield, ND
Chair, Naturopathic Physician

PROPOSALS TO AMEND THE HEALTH PROFESSIONS ACT TO IMPROVE REGULATORY EFFECTIVENESS AND EFFICIENCY: DISCUSSION PAPER

ALBERTA HEALTH

TABLE OF CONTENTS

<i>Introduction: Issues and Scope</i>	<i>1</i>
<i>The Alberta Health Professions Regulatory Model:</i>	<i>2</i>
The HPA	2
Restricted Activities	2
Professional Regulations	2
<i>Proposed Changes to The HPA</i>	<i>8</i>
Proposals to enhance professional governance and discipline	8
Proposals to enhance the transparency of restricted activities	11
Proposals to enhance professional regulatory consistency and efficiency	12
Proposals to Enhance Collaboration and Engagement	14
<i>Attachments</i>	<i>15</i>
Attachment 1	15
Attachment 2	16
Attachment 3	17
Attachment 4	18
Attachment 5	22

INTRODUCTION: ISSUES AND SCOPE

Under the *Health Professions Act* (HPA), colleges are delegated responsibility to govern their members in a manner that serves to protect the public interest. The HPA came into force in 2001 and several provisions within the Act are now outdated and need to be modernized to increase the efficiency and effectiveness of the legislation. In addition, it has become increasingly difficult for colleges to update and maintain professional regulations, leading to workforce challenges.

The objective of this discussion paper is to propose legislative amendments to improve the regulatory effectiveness and efficiency of the HPA, and to seek interest group feedback on these proposals. We recognize that the current HPA is outdated and in need of updating. The discussion paper is intended to challenge your perspectives on the current regulatory system and to generate thought and discussion about ways to improve it.

As you review the discussion paper, we encourage you to have collaborative discussions with your colleagues and provide us feedback indicating your support, concerns and other ideas that you may have for improving the effectiveness and efficiency of the current regulatory system.

In addition to proposals to increase effectiveness and efficiency, this paper also proposes:

- enhancing the ability of government and regulated health professionals to respond to public health emergencies;
- strengthening the prohibitions on the performance of female genital mutilation or cutting (FGM/C)
- extending the *Health Information Act* (HIA) to all regulated health professionals;
- enhancing professional governance and discipline;
- enabling professionals in addition to physicians, dentists, chiropractors and optometrists to provide services through professional corporations; and
- enhancing provisions for engagement and collaboration.

The paper is being circulated to health professional regulatory colleges and other interested parties for feedback. A template is provided to help organize responses. Please submit your comments by <date> by email to Andrew.Douglas@gov.ab.ca and Dona.Carlson@gov.ab.ca. Any questions can also be directed to Mr. Douglas and Ms. Carlson.

THE ALBERTA HEALTH PROFESSIONS REGULATORY MODEL: A BRIEF OVERVIEW

The HPA

- The HPA (https://www.qp.alberta.ca/570.cfm?frm_isbn=9780779815012&search_by=link) can be divided into two major sections:
 - Common provisions (Parts 1-9) that address general requirements for governance, registration, continuing competence, professional conduct and other matters that apply to all professional colleges under the Act.
 - Individual Professional Schedules (Part 10) for each college under the Act that establish the college, describe the practice of regulated members of the profession, list the titles reserved for regulated members and address any transitional issues involved in moving from the previous legislation.
- Each schedule under the HPA corresponds to a college, which may govern one or several health professions. Attachment 1 lists the 30 colleges that are or will be included in the HPA and the professions they govern.

Restricted Activities

- Restricted activities are health services that may only be provided by persons authorized in regulation to perform a restricted activity or by persons permitted to perform a restricted activity under the supervision of a person so authorized. Currently, restricted activities are defined in Schedule 7.1 to the *Government Organization Act*.
- Regulations authorizing the performance of restricted activities may be made by councils of regulatory colleges and approved by Lieutenant Governor in Council or by the Minister of Health.

Professional Regulations

The HPA delegates to college councils the authority to make regulations to govern its regulated members. A professional regulation will typically address:

- | | |
|---|--|
| • college registers | • the use of professional titles |
| • competence requirements for entry to practice | • alternative complaint resolution |
| • other entry to practice requirements | • gathering and release of information about regulated members |
| • the performance of restricted activities | • reinstatement of registration following cancellation of registration under Part 4 of the Act |
| • the college's continuing competence program | |
| • renewal of practice permits | |

PROPOSED CHANGES TO THE HPA

Proposals to enhance professional governance and discipline

Proposal #1 *Enhance the ability of government and regulated health professionals to respond to public health emergencies.*

The pandemic has demonstrated that the HPA requires provisions to enable the Minister and colleges to flexible to respond to public health emergencies in the future.

- It is proposed that the HPA be amended as follows:
 - Enable the Minister by order to:
 - Vary requirements under Parts 2, 3, 3.1 and 4 of the HPA and any regulations under the legislation, if necessary to respond to a pandemic or other public health emergency
 - Direct colleges to take any necessary actions with respect to standards of practice and professional guidelines, including but not limited to creating new or varying existing standards and guidelines.
 - Based on current experiences with the pandemic, governments will need to focus on provisions for continuing and long-term care. To support initiatives to enhance the health care system's ability to care for the elderly and the disabled, it is proposed that priority be given to the rregulation of health care aides.

Proposal #2: *Mandate the separation of colleges from professional associations and labour unions and enhance the operation of governing councils and hearing tribunals.*

The HPA permits combined colleges and associations, but prohibits professional colleges serving as bargaining agents for their members (unions).

- It is proposed that the HPA be amended as follows:
 - Colleges will no longer be permitted to function as professional associations.
 - Individuals who are engaged officers or senior employees within a professional association or a labour union representing members of a regulated health profession may not also serve as members of a council or registration or competence committee of a college for that health profession.
 - Separation should not preclude appropriate cooperation between colleges and associations, e.g.: developing continuing competence training programs

Proposal #3 *Enable and enhance the regulation of multiple professions within regulatory colleges (amalgamation).*

There are several colleges that include multiple professions. Also there are multiple colleges that regulate similar professions – including three nursing colleges and five colleges governing dental practitioners.

- It is proposed that the HPA be amended to:
 - Enable the amalgamation of existing colleges.
 - Provide that where new professions apply for regulation, that regulation within an established college be the preferred option.

Proposal #4: *Establish a centralized registry of health professionals in Alberta.*

At present, there are 28 colleges registering health professionals under the HPA. A member of the public who has concerns about a health practitioner may have to visit several websites to determine which college was responsible and whether the practitioner regulated or not.

- It is proposed that the HPA be amended as follows:
 - Option 1: To enable the establishment of a centralized health professional registry that would be maintained on the government website. This registry would include member information from all colleges.
 - Option 2: Government would oversee the registration of health professionals and responsibility for professional registration conducted by a single agency established by government.

Proposal #5: *Revise the current professional complaints and discipline processes.*

Currently, a person has many avenues within the current health system to make a complaint about a health practitioner or the provision of health services. Complainants often encounter challenges in trying to determine the appropriate avenue to make a complaint.

- To make the complaints process more patient-centred, it is proposed that the HPA be amended as follows:
 - Option 1: Establish a centralized agency to receive and triage complaints or concerns about the provision of health services. This body could receive complaints involving regulated health professionals within Alberta Health Services, facilities licensed under the *Mental Health Services Protection Act*, persons in care, private practice, etc. Complaints would be triaged to the appropriate college or employer to deal with. Complaints could also go directly to colleges or an employer, with a feedback loop to the centralized agency.
 - Option 2: Establish a centralized agency to address patient concerns/complaints. This agency would handle and resolve complaints about any regulated health professional. This agency would be the first line in dealing with the patient and the patient's complaint; however, if a complaint dismissal decision was appealed, an investigation was required, or disciplinary action was required, the agency would make a referral to the appropriate college and the college would be responsible for these matters.

- Option 3: Establish a centralized complaint and discipline agency within government to address all complaints, appeals investigations and hearings. Colleges would no longer have any responsibility in practitioner conduct and discipline.
- Option 4: Enhance current HPA provisions to be more patient-centred. A patient focus should not be taken to mean that the individual interests of a specific patient should be given priority over the interests of all other parties. The focus of this option will be on increasing transparency, patient involvement and efficiency of the existing complaint and discipline process under the HPA as set out in Attachment 2.

Proposal #6: *Strengthen existing laws aimed at banning Female Genital Mutilation or Cutting (FGM/C) in Alberta.*

According to the World Health Organization, FGM/C refers to “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” Under section 268 of the Criminal Code, FMG/C is considered a form of aggravated assault, subject to a term of imprisonment for a term not exceeding 14 years. See Attachment #3.

It is proposed that the HPA be amended as follows:

- That the definition of “sexual abuse” within the HPA be amended to include the procurement or performance of FGM/C; and
- That a reference to section 268 of the Criminal Code of Canada be included in the list of criminal code provisions for which a person, if convicted, may not apply for the practice permit to be reissued and the registration reinstated.

Proposals to enhance the transparency of restricted activities

Proposal #7: *Authorize the performance of restricted activities through government regulation (LGIC), rather than professional regulations.*

Restricted activities are currently authorized through individual professional regulations that require LGIC approval.

- It is proposed that the HPA be amended so that authorizations for restricted activities are set out in one common LGIC Restricted Activity Regulation. Within this regulation, there would be separate sections for each college.
- This would allow government and professional colleges to address changes to multiple scopes of practice across professions if required.

Proposal #8: *Move the provisions for restricted activities as set out in Schedule 7.1 in the Government Organization Act into the HPA and repeal Schedule 7.1.*

Restricted activities are currently set out in Schedule 7.1 in the *Government Organization Act*, which creates challenges for keeping restricted activities current.

- It is proposed that the HPA be amended to move restricted activities into one of the initial provisions of the HPA.
- At this time, no changes to the restricted activity list are proposed. However, government recognizes restricted activities are outdated and some of its provisions need updating. The department is planning to do a full-scale review of restricted activities in the coming years.

Proposals to enhance professional regulatory consistency and efficiency

Proposal #9: *Amend the common provisions of the HPA to address matters that are currently addressed uniformly among health professional regulations.*

There are several provisions in professional regulations that are common across all professions.

- It is proposed that the HPA be amended as follows:
 - Where matters are being addressed consistently within regulations across professions, that these matters should be addressed in the common provisions of the HPA.
 - Attachment 3 describes the proposed changes in more detail. Where possible and appropriate, the approach should be enabling.

Proposal #10: *Enable colleges to address the operation of their continuing competence programs within standards of practice.*

The details for implementing continuing competence programs are embedded in college regulations. Since college regulations are updated infrequently, keeping continuing competence programs current is a challenge.

- It is proposed that the HPA be amended as follows:
 - The HPA would require that each college in accordance with standards of practice must establish a continuing competence program for its regulated members that:
 - would provide for member participation in a program of self-directed professional development; and
 - provide for the assessment of practitioner competence through practice visits, examinations, interviews or other means.
- The HPA would continue to address the confidentiality of the continuing competence program and provisions for referral to the complaints director, based on information from practice visits and other assessments.
- It is also proposed that the HPA be amended to specifically enable:
 - The registrar, registration committee or competence committee to impose conditions upon or suspend a member's practice permit;
 - The council to review such decisions at the request of the regulated member at any point within the continuing competence program.

Proposal #11: *Enable colleges to address the use of professional titles within standards of practice.*

The use of professional titles is currently specified in professional regulations.

- It is proposed that the HPA be amended as follows:
 - Colleges would be enabled to address the use of professional titles in standards of practice, including:
 - Titles as set out in the college's schedule.
 - Titles referenced in section 128 of the HPA.
 - Section 128 (12) would be amended to enable social workers, occupational therapists, registered nurses, and registered psychiatric nurses to use the title "psychotherapist" (in accordance with standards of practice).

- Section 128 would be amended to enable colleges to use the designation “provisional” in combination with a protected title that has been reserved for that college to identify practitioners who are provisionally registered and have not yet met requirements for full registration.

Proposal #12: *Provide for the approval of professional regulations by the Minister rather than the Lieutenant Governor in Council (LGIC).*

Professional regulations currently require LGIC approval. If other proposals in this paper go forward, much of what was addressed in regulation will be addressed within the common provisions of the HPA, in standards of practice, and LGIC regulations (restricted activities).

It is proposed that the HPA be amended so that professional regulations are approved by the Minister rather than the LGIC. As a result, there will be significantly less demand for Cabinet time and professional regulations will be focused on operational requirements and be of less impact to the public.

Having professional regulations approved by the Minister, should not change how regulations are developed. They will still be initiated by college councils, circulated for review and comment, drafted by Legislative Counsel, and once approved filed as regulations.

Proposal #13: *Enable colleges to propose to the Minister that the HPA be amended to enable their regulated members to provide professional services through a professional corporation.*

Only certain regulated health professionals can establish a professional corporation. This prevents most regulatory colleges from regulating their members business practices.

- It is proposed that the HPA be amended as follows:
 - Colleges would have the authority to make proposals to the Minister to enable its regulated members to provide professional services through a professional corporation.
 - This would expand professional corporations beyond the current physicians, dentists, chiropractors and optometrists.

Proposal #14: *Address other HPA amendments that have been proposed over the past several years but have not been acted upon.*

Over the past several years colleges and other health system groups have brought forward suggested amendments to the HPA to respond to issues they are experiencing and to increase effectiveness and efficiency of professional regulation.

It is proposed that the HPA be amended to address proposals that have been brought colleges, the Alberta Federation of Regulated Health Professions (AFRHP) and other interest groups. Some of the college and AFRHP proposals are addressed elsewhere in this paper. The additional changes proposed by the AFRHP are listed in Attachment 4.

Proposal #15: *Provide that the Health Information Act (HIA) will apply to all regulated health professionals under the HPA.*

The HIA does not apply to all regulated health professions.

- It is proposed that the HIA be amended as follows:
 - To designate all regulated health professionals as custodians under that Act.
 - The designation would be by reference to the HPA rather than by reference to specific professions (to facilitate onboarding of new professions).
 - To designate Colleges as custodians for the purpose of taking responsibility for patient records that have been abandoned by a regulated member.

Proposals to Enhance Collaboration and Engagement

Proposal #16: *Enable the Minister to establish ad hoc advisory committees under the HPA.*

The *Red Tape Reduction Implementation Act, 2019* repealed provisions in the HPA establishing the Health Professions Advisory Board.

- It is proposed that the HPA be amended as follows:
 - Minister be specifically authorized to establish advisory committees under the HPA.
 - This is important as there may still be a need for the Ministry to obtain expert advice in the future.

Proposal #17: *Formally establish the Alberta Federation of Regulated Health Professions (AFRHP) under the HPA.*

The AFRHP works closely with government and colleges to enhance public protection, advance healthcare regulation and to provide direction, expertise and leadership on health and related public policy. However, the AFRHP is not an established body under the HPA like colleges are.

- It is proposed that the HPA be amended as follows:
 - That the AFRHP, a corporation under the *Societies Act*, is continued as a corporation under the HPA with the same name and with a mandate to:
 - Promote regulatory best practices through cooperation and collaboration among health professional regulatory colleges.
 - Provide a forum for consideration and review of professional and regulatory issues.
 - Enable effective communication among professional colleges.
 - That the AFRHP have an advisory role; that is to provide advice to the Minister on the Minister's request with respect to matters related to the HPA, including changes to restricted activities, authorizations to perform restricted activities and the regulation of new health professions.
 - That the AFRHP would also have the right to be consulted on any amendments to the HPA.

ATTACHMENTS

Attachment 1

Colleges established under the HPA		
Schedule	Acronym	College Name
1	CAAA	College and Association of Acupuncturists of Alberta ¹
2	ACAC	Alberta College and Association of Chiropractors
3	ACLXT	Alberta College of Combined Laboratory and X-Ray Technologists
3.1	CCTA	Association of Counselling Therapy of Alberta ²
4	CADA	College of Alberta Dental Assistants
5	CRDHA	College of Registered Dental Hygienists of Alberta
6	CDTA	College of Dental Technologists of Alberta
7	ADA+Ct	Alberta Dental Association and College
8	CAD	College of Alberta Denturists
9	CHAPA	College of Hearing Aid Practitioners of Alberta
10	CLPNA	College of Licensed Practical Nurses of Alberta
11	CMLTA	College of Medical Laboratory Technologists of Alberta
12	ACMDTT	Alberta College of Medical, Diagnostic and Therapeutic Technologists
13	CMA	College of Midwives of Alberta
14	CNDA	College of Naturopathic Doctors of Alberta
15	ACOT	Alberta College of Occupational Therapists
16	ACAO	Alberta College and Association of Opticians
17	ACO	Alberta College of Optometrists
18	ACoP	Alberta College of Paramedics
19	ACP	Alberta College of Pharmacy
20	PAC+A	Physiotherapy Alberta College + Association
21	CPSA	College of Physicians and Surgeons of Alberta
21.1	CPPA	College of Podiatric Physicians of Alberta
22	CAP	College of Alberta Psychologists
23	CDA	College of Dietitians of Alberta
24	CARNA	College and Association of Registered Nurses of Alberta
25	CRPNA	College of Registered Psychiatric Nurses of Alberta
26	CARTA	College & Association of Respiratory Therapists of Alberta
27	ACSW	Alberta College of Social Workers
28	ACSLPA	Alberta College of Speech Language Pathologists and Audiologists

¹ The CAAA currently operates under the *Health Disciplines Act*.

² The CCTA is not in force as the professional schedule is not yet proclaimed.

Attachment 2**Attachment to Proposal 5
Enhancing transparency and patient focus in complaint and discipline process**

1. Include provisions to facilitate patient focus and involvement.
 - a. Enable online complaints.
 - b. Obligate the complaints director to assist the complainant (where appropriate), at various stages throughout the complaint and disciplinary process.
 - c. Ensure that the complainant is advised of significant events in the progress of the complaint from initiation to final decision.
2. Include provisions to ensure transparency and fairness of the discipline process
 - a. Include provisions to enable health professional colleges to share information with Alberta Health, AHS, HQCA and other health regulators.
 - b. Limit informal resolution to matters that do not involve significant allegations of professional misconduct.
 - c. Provide for the release of investigation reports to complainants (appropriately redacted) when a complaint is dismissed or after the hearing and appeals are concluded. Also, explicitly permit release of the report to the hearing tribunal.
 - d. Phase in requirements that investigators, complaint directors, and tribunal members must meet competence and training requirements.
 - e. Mandate the publication³ on the College website for a period of at least 10 years of all disciplinary decisions, but allow for the redaction of the member's name in certain circumstances, except for decisions involving cancellation or suspension.
3. Update the ACR provisions
 - a. Retitle as Alternative Discipline Process (ADP).
 - b. Enable the ADP process without complainant participation (provided the complainant agrees).
 - c. Provide for complainant updates (see above).
 - d. Mandate publication of decisions (see above).
 - e. Add provision for complainant to make an impact statement to the Complaint Review Committee (CRC).
4. Expand requirements for employers to report terminations and suspensions, and behaviour that may include sexual abuse or sexual misconduct, to include decisions made under the Medical Staff Bylaws.
5. Explore enhanced roles in the HPA complaints/discipline process for the Health Advocates Office and Ombudsman.
6. Other miscellaneous amendments to clarify and update this part of the Act.

³ Publication of a decision includes information about the nature of the complaint. Information that a member's registration has been cancelled or suspended would also be entered on the public register while that information was current. Also, as disciplinary decisions in response to complaints involving sexual abuse or sexual misconduct must involve cancellation or suspension, these decisions will always be subject to publication.

Attachment 3

Attachment to Proposal #6
Aggravated Assault: Excerpt from the Criminal Code of Canada

Aggravated assault

- **268 (1)** Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.
- **Marginal note: Punishment**
(2) Every one who commits an aggravated assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.
- **Marginal note: Excision**
(3) For greater certainty, in this section, “wounds” or “maims” includes to excise, infibulate or mutilate, in whole or in part, the labia majora, labia minora or clitoris of a person, except where
 - **(a)** a surgical procedure is performed, by a person duly qualified by provincial law to practise medicine, for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function; or
 - **(b)** the person is at least eighteen years of age and there is no resulting bodily harm.
- **Marginal note: Consent**
(4) For the purposes of this section and section 265, no consent to the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora or clitoris of a person is valid, except in the cases described in paragraphs (3)(a) and (b).
- R.S., 1985, c. C-46, s. 268
- 1997, c. 16, s. 5

Marginal note: Unlawfully causing bodily harm

269 Every one who unlawfully causes bodily harm to any person is guilty of

- **(a)** an indictable offence and liable to imprisonment for a term not exceeding ten years; or
- **(b)** an offence punishable on summary conviction.
- R.S., 1985, c. C-46, s. 269
- 1994, c. 44, s. 18
- 2019, c. 25, s. 94

Attachment 4

Attachment to Proposal #9: Matters addressed in regulations to be addressed in the HPA		
Provision	Current Requirements	Proposed Changes
Good Character	Increasingly regulations now include - a menu listing what evidence of good character may be required and leaving it to the Registrar to select what evidence is appropriate in the circumstances, - provisions to obtain and consider additional information from other sources and ensuring that applicants are fully informed and are able to respond to such information. Recent changes introduced with Bill 21 (Protecting Patients) address some aspects of good character within the HPA, specifically criminal record checks, information about previous unprofessional conduct, conditions on practice and judgements in civil actions respected the applicant's practice (See 28(1)(h) to (m).	That 28(1) be amended to include a provisions for the registrar to request that an applicant provide evidence of good character, in addition to that which is now required as a result of the amendments introduced with Bill 21 (<i>An Act to Protect Patients</i>). This would include - written references from colleagues which, if applicable, may be from colleagues from other jurisdictions in which the applicant is or was registered with an organization responsible for the regulation of [profession], and - any other relevant information required by the Registrar or Registration Committee. In addition, the following provisions would be added after 28(1): - A provision enabling the Registrar to contact any regulatory body responsible for the regulation of the same or different profession in Alberta or another jurisdiction to confirm the veracity and particulars of the applicant's information provided under section 28(1). - A provision enabling the Registrar when determining whether an applicant for registration as a regulated member is of a good character and reputation, to consider information other than that submitted by the applicant under subsection (1), including information from another regulatory body. - A provision that if the Registrar considers information other than that submitted by the applicant, the Registrar must give the applicant sufficient particulars of that other information and a reasonable opportunity to respond to the information.
Fitness to Practice,	Several regulations include provisions requiring applicants to provide evidence of fitness to practice.	That a provision be added to Section 28(1), requiring an applicant to provide

Provision	Current Requirements	Proposed Changes
	Section 28(3) of the HPA addresses the situation where the Registrar is aware that an applicant may in the practice of the health profession create a danger to the public or be unsafe because of a disability or incapacity. However, there is nothing within this section to indicate how the Registrar may be made aware of the member's disability or incapacity.	evidence of fitness to practice on the request of the registrar.
Liability insurance, and English language competence	Virtually all professional regulations address requirements for liability insurance and English language competence. In both cases specificities are set by the council.	That provisions be added to section 28(1) • requiring an applicant to provide evidence of having liability insurance of the type and amount set by council • requiring an applicant for registration as a regulated member to be reasonably proficient in English to be able to engage safely and competently in the practice of the profession, and enabling the Registrar to require the applicant to demonstrate proficiency in the English language in accordance with the requirements approved by the Council
Equivalent Jurisdiction	Virtually all regulations enable the college to recognize equivalent jurisdictions whose regulated members may be registered in Alberta on the basis of having equivalent registration requirements.	That 28(2)(b) of the HPA be amended by the deletion of the reference to regulations.
Practice permit renewal	The HPA already addresses the basic process for renewal of a practice permit. Regulations address specific requirements linked to the continuing competence program, good character, fitness to practice, and liability insurance. If these requirements are moved to the HPA, then provisions for renewal could also be dealt with in the Act.	That section 40 of the HPA be amended to refer specifically to good character, fitness to practice, liability insurance, and English language competence without reference to regulations. That a provision be added to section 40 enabling a college to consider other requirements for renewal set out in regulation.
Alternative Complaint Resolution	Except for a few minor tweaks introduced by one college and now generally accepted when other professional regulations are amended, the provisions in regulation dealing with the processes for ACR are essentially boiler plate.	That Part 4, Division 2, Alternative Complaint Resolution) of the HPA be amended to include provisions to address • the person conducting the ACR process, • the agreement respecting the procedures for and objectives of the ACR process

Provision	Current Requirements	Proposed Changes
		- provisions for confidentiality, and - procedures for leaving the ACR process
Reinstatement following cancellation of registration under Part 4	With Bill 21, government has already introduced some additional requirements that will impact reinstatement of registration in the context of sexual abuse. Initially, colleges adopted one of two approaches in regulation to address reinstatement: - To refer applications for reinstatement to an <i>ad hoc</i> reinstatement committee established by the hearing director. Decisions of this committee were either not subject to appeal or appealable to the council. - To treat applications for reinstatement like applications for registration, with some additional requirements and refer them to the established Registrar or Registration Committee. Reinstatement decisions would also be subject to review by council like other registration decisions. Most colleges have adopted the second approach and some who had previously adopted approach #1, have proposed shifting to approach number 2. In practice, the two approaches involve similar considerations; however, approach #2 avoids the administrative obligation of establishing a reinstatement review committee.	That the HPA be amended to include a standard provision for reinstatement following cancellation under Part 4 of the Act. That applications for reinstatement be referred to the registrar who must consider the application in accordance with the provisions of Part 2 of the HPA and must specifically consider the following: - the record of the hearing at which the applicant's registration and practice permit were cancelled; - activities undertaken by the applicant since the applicant's registration and practice permit were cancelled, including whether the applicant has met any conditions imposed under Part 4 of the Act before the applicant's registration and practice permit were cancelled; - whether the applicant is fit to practice does not pose a risk to public safety or to the integrity of the profession.
Collection of Information from applicants and regulated members	Under the HPA, each registrar must collect information from applicants and regulated members as set out in - section 33(3) of the HPA, - professional regulation under the HPA, and - additional information pursuant to regulations made by lieutenant governor in council. While not identical, the information referenced in professional regulations are similar and all are collected on application, on renewal	It is proposed that the HPA be amended to include a master list that would identify the information that a registrar <u>may collect</u> from applicants or regulated members. This list would need to reflect the information currently collected in accordance with the various professional regulations under the HPA. While not every item in the list would be used by every profession under the HPA, the list would be sufficiently general that colleges would be able to select appropriate items.

Provision	Current Requirements	Proposed Changes
	of a practice permit and whenever the information changes	This information would have to be provided on the request of the Registrar on application, on renewal of a practice permit and when there had been a change in the information provided.
Release of Information about regulated members	Some regulations include provisions for the release of register information for the purpose of maintaining a public register.	Since the HPA has been amended to mandate public registers on college websites, such provisions will not be required.
Release of information in accordance with section 119(4) of the HPA.	Section 119(4) addresses the information about a regulated member that a member of the public may obtain from a college. Regulations set the time frame within which this information must be provided.	That the variable time frames addressed in regulation be addressed for all professions in Section 119 of the Act as follows: – information about conditions, while condition is in effect, – information about suspensions, while suspension is in effect, – information about a direction under 118, while direction is in effect – information about cancellation, for at least 2 years (while provisions respecting former members apply) – information about scheduling of a hearing, until hearing has been completed – information about any order under Part 4 of the HPA, for a minimum of 5 years – the written decision and the testimony given before the hearing tribunal, except for that part of the testimony that was given while the hearing was held in private, for a minimum of 5 years.

Attachment 5

Attachment to Proposal 14 Other HPA amendments that have been proposed but not implemented

1. Further updates to the requirements for college websites
2. Provisions to enable colleges to access information held by Alberta Health, Alberta Health Services, and other employers, private insurers and others for purposes of quality assurance. Holders of the information would be required to make reasonable efforts to comply with the registrar's request.
3. A requirement that colleges advise the Alberta College of Pharmacists when a health professional who is authorized to prescribe Schedule 1 drugs and that member's registration or practice permit is suspended or cancelled or if conditions are placed upon the member's practice.
4. Provisions enabling access to publicly funded facilities for the purpose of a practice visit, inspection or investigation with reasonable notice, rather than operator consent as currently required.
5. An update to the registrar's responsibilities on receipt of an application for registration to require the registrar to respond more effectively and to align with the requirements of the *Fair Registration Practices Act*.
6. A provision that mandatory registration of supervisors applies only to regulated members who as supervisors provide clinical supervision.
7. An offence provision that would apply to any person who is subject to mandatory registration and knowingly practices a regulated health profession, without being registered.
8. A provision enabling the Minister (or a person authorized by the Minister) to apply for an injunction under the following circumstances:
 - An individual provides services contrary to the requirements in the HPA for mandatory registration or refuses to submit an application for registration when directed to do so by the registrar of a college (S 49).
 - An individual contravenes the provisions of section 128 respecting protected titles (S 130).
9. A general provision enabling the Minister (or person authorized by the Minister) to seek an injunction to enjoin a person from continuing to engage in any behaviour contrary to the HPA.
10. An update to provisions for liability protection for the Minister, college officials and agents acting under the HPA, that would also include the liability protection provisions set out in an unproclaimed amendment to the HPA passed in 2008.
11. An update, if necessary, to the unproclaimed provisions for abandoned records (in the aforementioned HPA 2008 amendment), to align with the *Health Information Act*.⁴
12. An update to the provisions for providing notices under the HPA to reflect current communication realities.
13. An amendment to clarify that the public interest is to be considered if the Minister recommends the appointment of an administrator for a college on the request of that college (See section 135.2).

⁴ Once the provisions of the 2008 HPA Amendment are incorporated within the current amendments, the 2008 HPA Amendment Act can be repealed.

Improving Immunization through Vaccine Administration by Regulated Naturopathic Doctors in Ontario

Valentina Cardozo BSc, MSc; Kieran Cooley BSc, ND; Bob Bernhardt BSc, MEd, LLM, PhD

Executive Summary

One of the most significant challenges in ensuring that an adequate number of Ontario residents will be vaccinated once a safe and effective COVID-19 vaccination is available is the resistance of the vaccine hesitant. From a systems view, finding the levers that could swing members of this group from resisting to participating may be the most cost effective and safe way forward. This paper identifies naturopathic doctors as a group of regulated health professionals in Ontario who tend to have greater contact with many in the vaccine-hesitant group. Equipping properly trained naturopathic doctors to provide vaccinations could be a significant step forward in convincing many vaccine-hesitant individuals to be vaccinated against COVID-19, and beyond that convincing them of the recommended childhood vaccinations that their families should be receiving.

The World Health Organization has declared vaccine hesitancy as one of the top ten major threats to global health (World Health Organization, 2019a).

History of Vaccination in Canada

Over the last 50 years, vaccination has saved more lives than any other health intervention in Canada (Canadian Public Health Association, 2020). Vaccines have eradicated once-common and deadly diseases like polio, and substantially reduced serious diseases such as measles and mumps. In addition to saving countless lives, vaccination is one of the most cost-effective ways of avoiding and preventing the spread of communicable disease. In fact, the Public Health Agency of Canada estimates that every dollar spent on influenza immunization of seniors results in a \$45 return, and every dollar spent on measles, mumps, and rubella (MMR) immunization of children results in a \$16 return (Canada, 2016). These cost savings are derived from

Immunization program	Cost savings per \$1 spent
Influenza for adults 65 years of age and older	\$45
Measles, mumps, rubella for children	\$16
Pneumococcal polysaccharide for adults 65 years of age and older	\$8
Diphtheria, pertussis, tetanus for children	\$6

Table 1: Saving from Immunization programs in Canada (Canada, 2016)

reduced visits to health care providers, fewer hospitalizations and reduced time off by family members who care for the sick (Canada, 2016).

While the majority of Canadians continue to vaccinate their children, vaccination rates are still below ideal levels (Public Health Agency of Canada, 2019). Alarming, a growing percentage of Canadians have doubts and concerns primarily about vaccination safety (Caulfield et al., 2017).

In order to address vaccine hesitancy, increasing people's knowledge is not enough to change their behaviour (Cairns et al., 2012); it is key to understand the perspectives of the people for whom the immunizations services are intended, their engagement with the issue, and the social processes that drive immunization (Goldstein et al., 2015; World Health Organization, 2019b). Ultimately addressing vaccine hesitancy requires proactive, multipronged strategies that are tailored to the concerns of the different segments of the population (Jarrett et al., 2015).

The Proposal

This paper proposes, that in accordance with the strategic immunization framework for better health of all Ontarians (Ministry of Health and Long-Term Care, 2015), the province should expand the range of vaccination providers to include naturopathic doctors. The rationale is:

1. The human and economic damage resulting from the COVID-19 pandemic is demanding new approaches to suppress transmission.
2. Naturopathic doctors offer a route to a subset of the population that lacks trust in those who currently make vaccine recommendations.
3. Naturopathic doctors are already authorized to provide vaccinations in British Columbia, and no risks have been identified in having them do so.
4. Several jurisdictions in the United States have included vaccination in the scope of naturopathic doctors for many years.
5. Expanding access to vaccinations through naturopathic doctors will decrease access barriers to vaccination.
6. Training for naturopathic doctors in vaccine delivery will expand their knowledge about evidence-based risks and benefits of vaccination.

In brief, immunization is a recognized public good, and ensuring public health policy and health regulation support the attainment of immunization targets is imperative. Incorporating naturopathic doctors in Ontario's immunization response will contribute towards reaching immunization goals for publicly funded vaccines, reduce health risks related to vaccine-preventable diseases and achieve better health for all Ontarians.

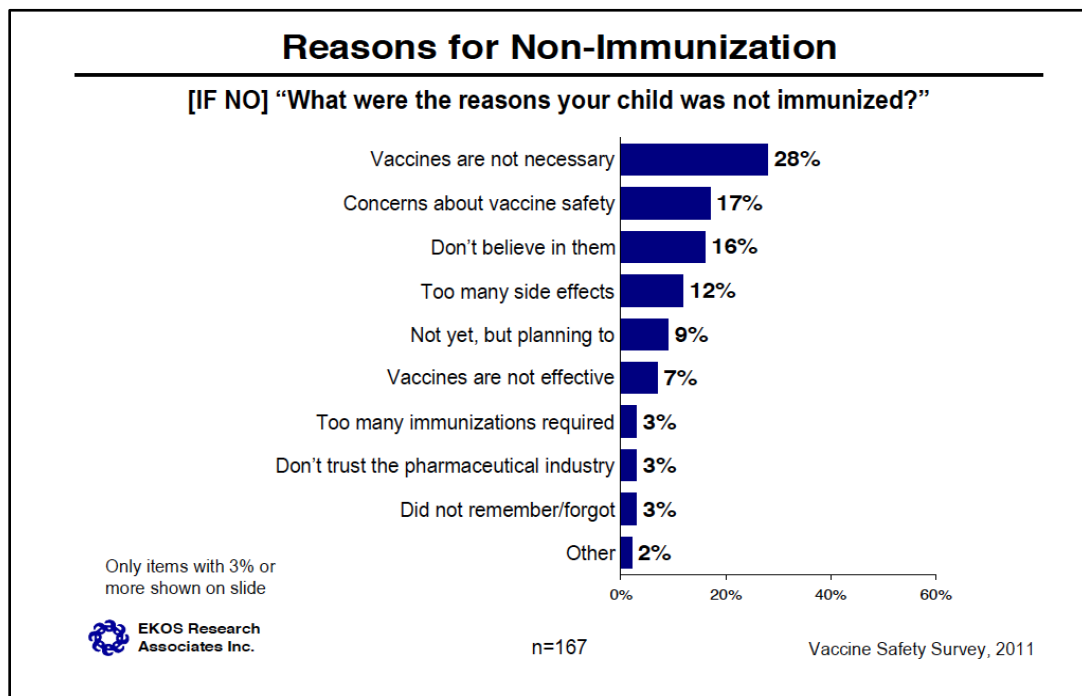
Vaccine Hesitancy is on the Rise

On March 12, 2019, Canada's Chief Public Health Officer, Dr. Theresa Tam released a public statement raising concerns about the impact of vaccine hesitancy in Canada: "In an era where, thanks to the success of vaccines, we are no longer familiar with these dangerous illnesses, some parents have come to fear the prevention more than the disease... I urge my fellow healthcare provider colleagues to take the time to answer the questions of concerned parents, and in turn, I urge parents and guardians to ask questions and seek out trusted and reliable sources of information to help guide them."

Vaccination rates in Canada do not rank well compared to other developed countries (WHO/ UNICEF, 2018). Canada ranks 4th on the list of the highest percentage of children who have not received the

In Canada, **vaccine hesitancy** has been defined as "reluctance to receive recommended vaccination because of concerns and doubts about vaccines that may or may not lead to delayed vaccination or refusal of one, many or all vaccines" (Dube et al., 2016).

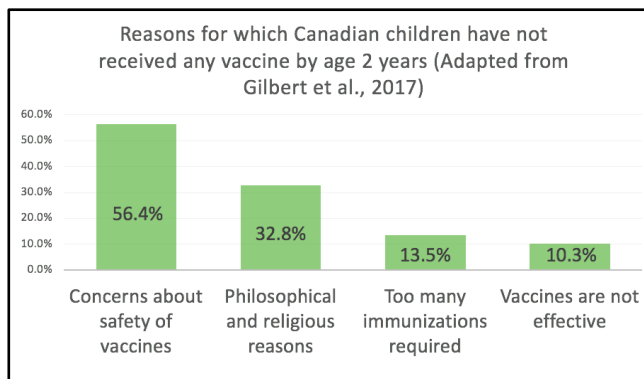
Diphtheria-tetanus-pertussis (DTP3) vaccine (WHO/UNICEF, 2018) and 7th on the list of the percentage of children who have not received the first dose of the measles vaccine (Kent, 2019). Consequently, although diseases like measles have been eradicated in Canada since 1998, there have been reported outbreaks in communities where people are not vaccinated. In fact, according to the results from the 2017 Childhood National Immunization Coverage Survey (CNICS), vaccination coverage remains suboptimal in Canada; all provinces



and territories are failing to meet the 95% national immunization goals for key diseases (Public Health Agency of Canada, 2019). In a survey of 1745 Canadian parents commissioned by the Public Health Agency of Canada (EKOS, 2011):

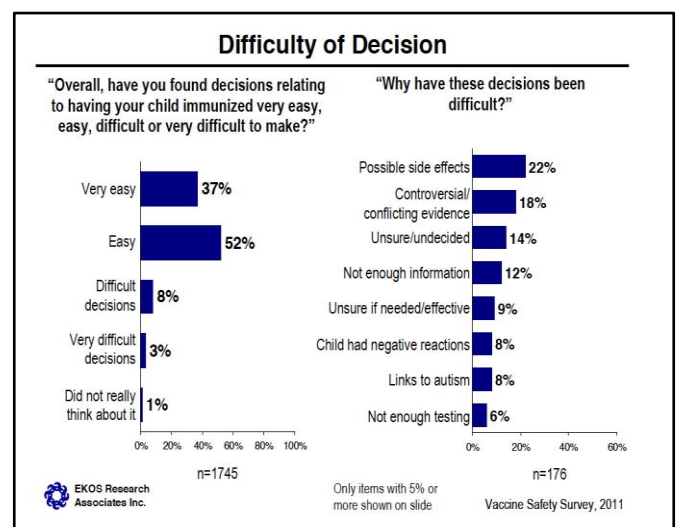
- 40% said they were more concerned about the safety of vaccines now than five years ago;
- 33% felt that children today receive too many vaccines;
- 10% reported that their child had missed at least one of the recommended vaccines and expressed concerns regarding the need, safety and effectiveness of immunization; and
- 11% felt that the decision was difficult, expressing concerns about side effects and controversial or conflicting evidence.

Similarly, another study found that among children who had not received any vaccines, the most common reasons were concerns about vaccine safety and philosophical or religious reasons (Gilbert et al., 2017).



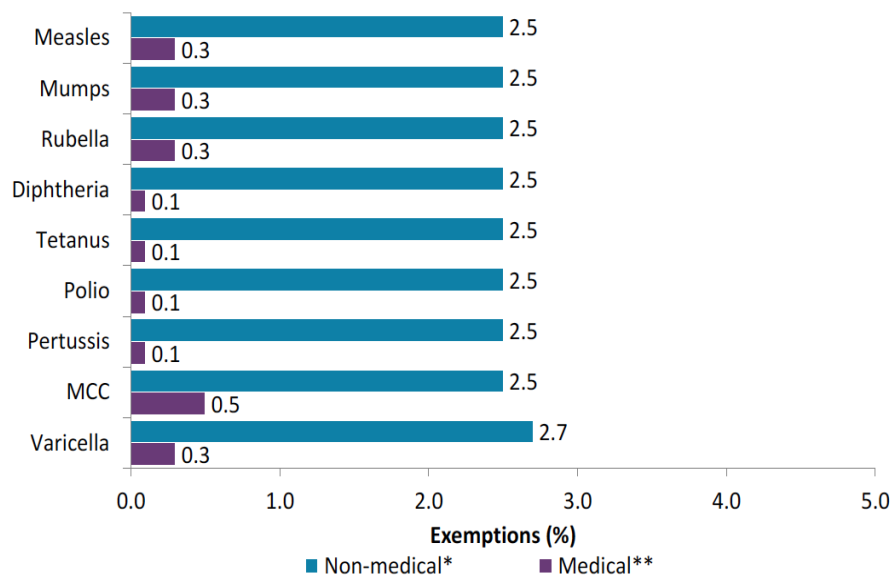
Moreover, data from the Ontario Immunization Records System over a 10 year

period from the 2002/03 to 2012/13 school years show that although vaccination exemptions remained close to 2.5%, non-medical exemptions have increased significantly, while medical exceptions decreased (Wilson et al., 2015). Increasing non-medical exemptions are particularly concerning because reduced vaccination levels can ultimately lead to the loss of herd immunity.



A qualitative study of traditionally vaccine hesitant religious and alternative health seeking Canadian communities found that those who identified as belonging to alternative health groups were more concerned with the safety and adverse side effects of vaccines and harboured a stronger sense of mistrust of pharmaceutical companies than those with religious objections (Kulig et al., 2002).

Figure 12. Immunization exemptions for ISPA designated diseases in Ontario among children 7 years old: 2017–18 school year

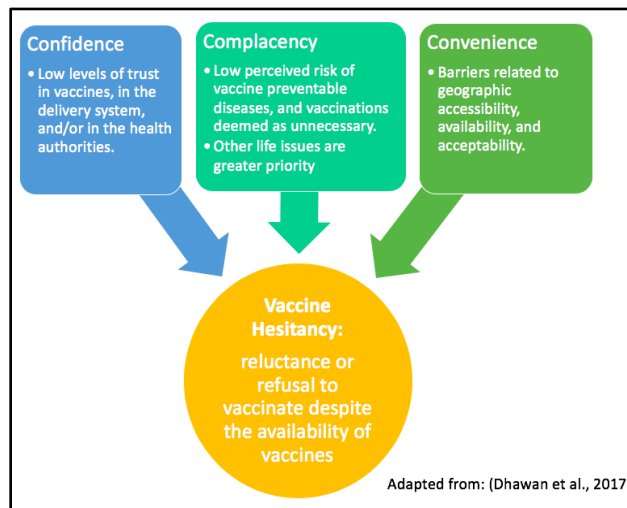


* Includes children with a non-medical exemption submitted due to conscientious objection or religious belief.

** Includes children with a medical exemption submitted due to a medical contraindication.

What causes vaccine hesitancy?

Vaccine hesitancy is a complex issue that involves several factors. The three key drivers of vaccine hesitancy are depicted by the 3C's model in the figure below (Dube et al., 2016; Dhawan et al., 2017): confidence, complacency and convenience.



Additional causes of vaccine hesitancy include negative and false information about vaccination online and in social media, and in some cases a lack of knowledge about vaccines (Dube et al., 2016). Nonetheless, studies have shown that “many vaccine hesitant parents appear to be well-informed individuals who have considerable interest in health related issues and actively seek information” and that hesitancy has been associated with both high and low socioeconomic status (Dube et al., 2016). Altogether these factors accentuate the complexity of the determinants of vaccine hesitancy and are more accurately

represented by the Working Group Determinants of Vaccine hesitancy matrix:

CONTEXTUAL INFLUENCES Arise due to historic, socio-cultural, environmental, health system/institutional, economic or political factors	• Communication and media environment • Influential leaders, immunization program gatekeepers and anti- or pro-vaccination lobbies • Historical influences • Religion/culture/ gender/socio-economic • Politics/policies • Geographic barriers • Perception of the pharmaceutical industry
INDIVIDUAL AND GROUP INFLUENCES Arise from personal perception of the vaccine or influences of the social/peer environment	• Personal, family and/or community members' experience with vaccination, including pain • Beliefs, attitudes about health and prevention • Knowledge/awareness • Health system and providers-trust and personal experience • Risk/benefit (perceived, heuristic) • Immunisation as a social norm vs. not needed/harmful
VACCINE/ VACCINATION-SPECIFIC ISSUES Directly related to vaccine or vaccination	• Risk/ Benefit (epidemiological and scientific evidence) • Introduction of a new: vaccine, formulation or recommendation for an existing vaccine • Mode of administration • Design of vaccination program/Mode of delivery (e.g., routine program or mass vaccination campaign) • Reliability and/or source of supply of vaccine and/or vaccination equipment • Vaccination schedule • Costs • The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals

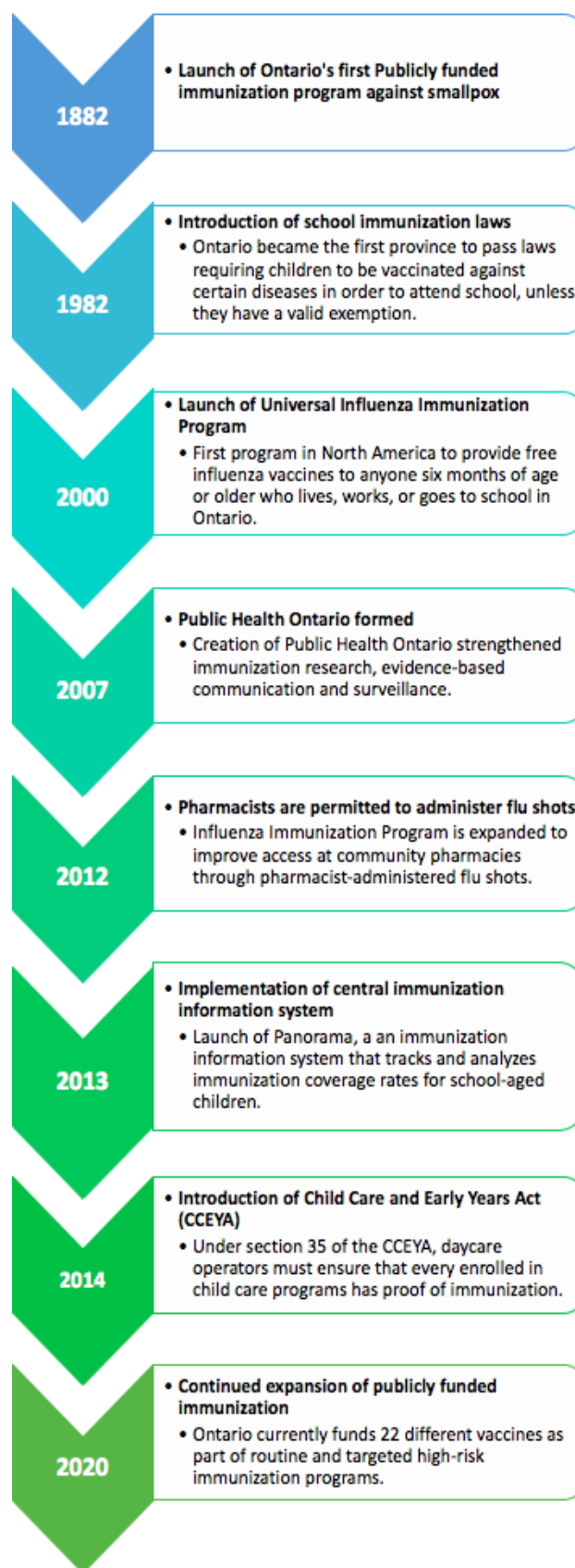
Adapted from: (World Health Organization, 2014)

Ontario's Vaccination Model

In Ontario, immunizations are usually given at the office of one's primary care provider. They can be administered by doctors, nurses and midwives. However, midwives don't tend to play a significant role because postpartum care ends before the first set of immunizations take place (Busby, C., & Chesterley, 2015). On the other hand, naturopathic doctors cannot administer any vaccines in Ontario, yet fertility remains a common primary care concern for their patients (Steel et al., 2020). This results in missed opportunities to discuss vaccination pre-conception and in early parenthood.

Since 2012, trained pharmacists have been permitted to administer the influenza vaccine at community pharmacies in Ontario. The Universal Influenza Immunization Program (UIIP) demonstrates a recent successful innovation to Ontario's Vaccination Strategy for influenza, and outlines a process for approval and oversight that can be modelled elsewhere.

Ontario's Immunization of School Pupils Act (IPSA) and Day Nurseries Act (DNA) require parents to provide proof of their child's immunization records or submit a request for an exemption. Exemptions can be based on religious concerns or conscientious objection and must be witnessed by a commissioner of oaths, a public notary or justice of the peace. If parent's fail to provide proof of vaccination or an exemption, their child is subject to suspension from school. It is up to each regional public health unit to



decide exactly how it carries out the process, including how many reminders are sent before a suspension notice is issued (Ontario

Agency for Health Protection and promotion, 2018).

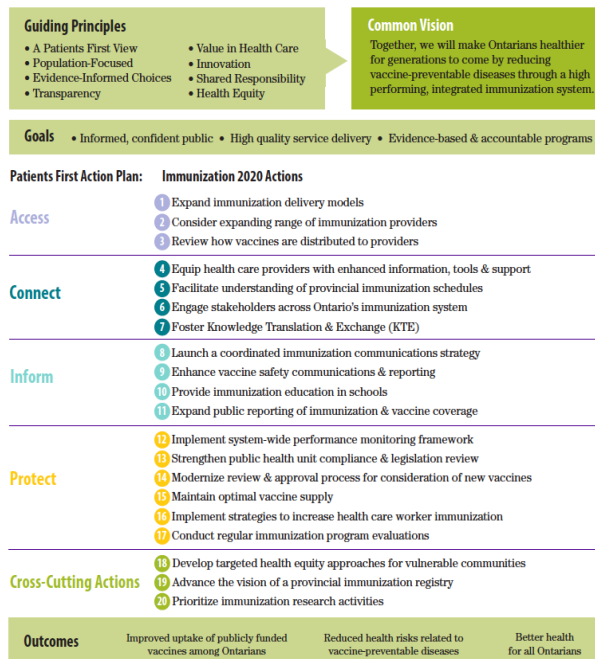
Incorporating Naturopathic Doctors in the Response to Tackle Vaccine Hesitancy in Ontario

Goal	Objectives
Informed, confident public	✓ Promote shared responsibility for immunization among individuals, communities, health care providers, and the public health system ✓ Support informed immunization decision-making ✓ Strengthen public confidence in the safety and effectiveness of vaccines ✓ Increase vaccine awareness and literacy
High quality service delivery	✓ Improve convenient and equitable access to immunizations for all Ontarians ✓ Leverage patient-provider interactions as an opportunity for immunization
Evidence-informed and accountable programs	✓ Strengthen partnerships and engagement ✓ Support continuous quality improvement of Ontario's publicly funded immunization program ✓ Improve system efficiencies and effectiveness ✓ Optimize use of evaluation and research evidence

Incorporating naturopathic doctors in Ontario's immunization response could improve uptake of publicly funded vaccines among Ontarians, reduce health risks related to vaccine-preventable diseases and achieve better health for all Ontarians.

In accordance with the strategic immunization framework for better health of all Ontarians (Ministry of Health and Long-

Immunization 2020: A Strategic Framework to Better Health for All Ontarians



Term Care, 2015), the province should consider expanding the range of vaccination providers to include naturopathic doctors. This course of action would be in line with the guiding principles set out by the province and help achieve the following goals and objectives:

1. Naturopathic doctors may be able to reach a subset of the population that lacks trust in those who currently make vaccine recommendations

Previous studies have noted that parents who use naturopathic care are more likely to avoid vaccinating or to selectively vaccinate their children (Busse et al., 2011; Wilson et al., 2005). In a survey of 95 parents attending naturopathic care in Ontario, 50% of respondents indicated that their children did not have all the recommended pediatric vaccines. At the same time, the study found that feeling pressured by allopathic physicians to vaccinate resulted in naturopathic patients being three times more likely to choose *not* to vaccinate, and one in four respondents reported feeling discomfort in continuing care with their allopathic physician (Busse et al., 2011). These findings are in line with a systematic review that explored mothers' perceptions of vaccine communication which found that poor communication and negative relationships with health workers can impact vaccination decisions (Ames et al., 2017). Despite this, 69.6% of the parents with partially or unvaccinated children indicated that they would still be willing to reconsider this decision (Busse et al., 2011). Naturopathic doctors may be better positioned to engage this high-risk group to discuss pediatric vaccinations, address parent's concerns and encourage evidence-based decision making.

Allowing parents to have access to reliable information from sources they trust is vital to improve vaccination rates in Ontario.

"Trust is gained when a provider spends time discussing vaccines, is knowledgeable about parents' vaccination concerns, offers satisfactory answers to parent questions, uses a patient centered approach, and does not deride parents' concerns" (Benin et al., 2006).

Several studies show that having trust in the provider is essential to achieving vaccination compliance (Connors, 2017). People are more accepting of information that shares their worldview and tend to react defensively to information that contradicts their values, which is why among the very hesitant, messaging that advocates too strongly for vaccination may ultimately backfire (Nyhan et al., 2014; Dube & McDonald, 2016). Even so, research shows that parents generally find it difficult to get information that they feel is unbiased and balanced (Ames et al., 2017). In fact, the study of parents presenting for naturopathic paediatric care mentioned above, reported that parents viewed allopathic physicians as biased sources of information that primarily provided them with pro-vaccine materials whereas discussion with naturopathic physicians was seen as more balanced (Busse et al., 2011). Correspondingly, studies show that those who seek naturopathic care in the first place, have a higher level of trust in naturopathic doctors as a source of

reliable information on immunization compared to allopathic providers (Wardle et al., 2016).

As such, there is an unrealized opportunity for pro-vaccination naturopathic doctors to engage vaccine hesitant parents, who may

not trust biomedical sources of information, in conversations about immunization. This is particularly opportune as naturopathic doctors generally have longer patient visits which can be devoted to educating and discussing vaccination with patients.

2. Expanding the range of vaccination providers in Ontario to include naturopathic doctors would position Ontario to provide a breadth of vaccination access comparable to British Columbia

On March 28, 2019 Dr. Eileen de Villa, Toronto's Medical Officer of Health presented a report addressing vaccine hesitancy to the Board of Health. The report included a recommendation that organizations such as the Ontario Association of Naturopathic Doctors "educate their members on how to address vaccine hesitancy in their practice and promote vaccines" (Board of Health, 2019). However, since 2015 the professional policy of the College of Naturopaths of Ontario states that:

*Members are not permitted to vaccinate (prescribe and administer a vaccination) to patients. Vaccines are drugs, as defined by the Drug and Pharmacies Regulation Act. Although the profession is authorized to prescribe, dispense, compound and sell a drug or administer a substance by injection, this authorization is limited to the list of drugs and substances that are included in the Controlled Acts Regulation. As a result, **when asked***

by a patient about vaccinations, members shall inform the patient that vaccinations are outside of the scope of naturopathic practice and that the patient should consult with a health professional who has the ability within his/her scope of practice. (College of Naturopaths of Ontario., 2015).

This policy came into effect in 2015 because vaccination was recognized as being outside the scope of practice of naturopathic doctors. Nonetheless, it means that in Ontario naturopathic doctors must stay silent about this pressing issue which may in turn, fuel further mistrust and doubt from individuals who are already hesitant about vaccines. This can be particularly problematic given that studies show that about 50% of patients tend to initiate discussions about immunization with their complementary medicine practitioners (Wardle et al., 2016).

On the other hand, in British Columbia naturopathic doctors are permitted to

discuss, prescribe and administer vaccinations as long as they: 1) are registered with the College of Naturopathic Physicians of British Columbia 2) hold a prescriptive authority certification from the College of Naturopathic Physicians of British Columbia and 3) have completed the BC Centre for Disease Control online immunization competency course. This model serves as a 'proof-of-principle' demonstrating that there is a process for unified training, audit, and discipline within the regulatory framework for naturopathic doctors.

obligated to maintain up-to-date scientific knowledge so that they may assist their patients in making healthcare decisions... Naturopathic physicians must not advertise, offer, promote, provide, or recommend alternatives to vaccinations or immunizations. Prohibited phrases include but are not limited to "flu shot alternative," "natural flu shot," "homeopathic vaccination," and "natural immunization." (College of Naturopathic Physicians of British Columbia, 2018)

When it comes to addressing vaccine hesitancy, the College of Naturopathic Physicians of British Columbia standards and guidelines state that:

Naturopathic physicians may encounter patients who are concerned about, or reluctant to obtain, immunizations for themselves or their children. Naturopathic physicians are a resource for patients, and are

These guidelines illustrate the extent to which the regulatory college has taken a clear pro-immunization position that aligns with public health efforts. Alongside proof of principle, extending this scope to naturopathic doctors in all provinces/territories where they are regulated aligns with the goal of moving towards a pan-Canadian health human resources network and addresses public uncertainty around vaccination and the naturopathic profession.

3. Incorporating naturopathic doctors in Ontario's immunization response would decrease access barriers to vaccination

Despite the benefits of immunization, general inconvenience continues to deter people from getting vaccinated (Papastergiou, 2014). Thus, implementing policies that help individuals save time and energy have the potential to improve vaccination rates. For instance, pharmacists

provide a convenient, accessible alternative for influenza vaccination that reaches out to a segment of the population that would otherwise refrain from getting vaccinated (Papastergiou, 2014). In 2012 pharmacists' scope of practice in Ontario was expanded to include the administration of the flu vaccine.

Two influenza seasons after the introduction of the pharmacist- administered influenza vaccinations program in Ontario, there was a net immunization increase of almost 450,000 (3%) people (O'Reilly et al., 2018). The success of the program exceeded the provincial government's initial target of immunizing 100,000 per year (Papastergiou, 2014). Although the increase of immunizations resulted in an additional expenditure of \$6.3 million, the improvement in vaccination saved \$0.7 million in direct health care costs and \$7.9 million in productivity cost (O'Reilly et al., 2018). Ultimately, the province saved approximately \$2.3 million in direct health care costs and lost productivity (O'Reilly et al., 2018).

Similar to pharmacists (Andrawis & Rahm, 2012), naturopathic doctors are a well respected resource for their patients and have the potential to influence immunization rates. In fact, naturopathic doctors and other traditional, complementary and integrative medicine practitioners provide services at community clinics in medically underserved and under-resourced areas (Hollenberg et al., 2013). Providing naturopathic patients the opportunity to discuss and get vaccinated at their naturopathic doctor's office would offer a convenient, accessible alternative for this subset of the population that is less likely to get vaccinated.

4. Incorporating naturopathic doctors into Ontario's vaccination response would ultimately solidify knowledge about evidence-based risks and benefits of vaccination

Although dated, a study of naturopathy students in Ontario found that "anti-vaccination" attitudes increased as students progressed through their education due to concerns about the potential risks and the lack of benefit of vaccines (Wilson et al., 2004). Interestingly this trend appeared to be mediated in part by a decrease of trust in public health sources of information and an increase in knowledge of individuals who had an adverse reaction to vaccination (Wilson et al., 2004). As such, the authors suggested that "public health and conventional medical supporters of vaccination need to identify mechanisms for engaging in discussion with this population of complementary/ alternative medical

professionals at an early stage in their careers" highlighting that "finding effective mechanisms to communicate the benefits of vaccination to naturopathic providers during their training is an important first step to prevent this from occurring" (Wilson et al., 2004).

Currently, the largest educator of naturopathic doctors in Canada, the Canadian College of Naturopathic Medicine, specifically teaches the value of childhood vaccinations and recommends that, barring indications to the contrary, the recommended childhood vaccination schedule from the Centre for Disease Control should be followed.

Moreover, a recent critical literature review of complementary medicine and childhood immunization concluded that although there is a significant level of anti-vaccination sentiment among the complementary medicine community, research shows that their values are more in line with those of public health than previously assumed (Wardle et al., 2016). The review also highlights that pro-vaccination sentiments within complementary medicine

communities have the potential to be harnessed through education and practice to improve vaccination uptake and reduce misleading information about vaccines (Wardle et al., 2016). Currently, naturopathic doctors in Ontario have access to evidence-based immunization education to improve their knowledge and ensure they are able to appropriately address patient's questions about vaccination in a manner that aligns with public health efforts.

Conclusion

Naturopathic doctors are highly trained health care providers who are ideally positioned to provide vaccinations to the public. They offer primary, preventive and acute care, typically to a sector of the population that is less likely to get vaccinated and lacks trust in those who currently make vaccine recommendations. This represents an unrealized opportunity for pro-vaccination naturopathic doctors to engage vaccine-hesitant parents who may not trust other sources of information in conversations about immunization. Furthermore, Ontario should act in accordance with British Columbia's policy to incorporate naturopathic doctors into the province's immunization response. This action would align with the goal of moving towards a pan-Canadian health human resource network giving a clear and unified message for providers and patients alike. In

addition, it would decrease access barriers to vaccination and offer a convenient, accessible alternative for a subset of the population that is less likely to get vaccinated in the first place. Moreover, pro-vaccination sentiments within the naturopathic community have the potential to be harnessed through education and practice to improve evidence-based knowledge about the risks and benefits of vaccination among naturopathic doctors, in order to better inform patients in a manner that aligns with public health efforts. Expanding naturopathic doctor's scope of practice to include the administration of vaccines in Ontario has the potential to improve access to vaccines, increase evidence-based knowledge about immunization, and increase immunization rates, as well as providing potential cost savings for the province.

References

- Ames, H. M., Glenton, C., & Lewin, S. (2017). Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination: a synthesis of qualitative evidence. *Cochrane Database of Systematic Reviews*, (2).
- Andrawis, M. A., & Rehm, S. J. (2012). Health-system pharmacists' role in improving immunization rates. *American Journal of Health-System Pharmacy*, 69(1), 74-76.
- Benin, A. L., Wisler-Scher, D. J., Colson, E., Shapiro, E. D., & Holmboe, E. S. (2006). Qualitative analysis of mothers' decision-making about vaccines for infants: the importance of trust. *Pediatrics*, 117(5), 1532-1541.
- Board of Health. (2019). Addressing Vaccine Hesitancy-Report for Action (hl4.03). Available at: <https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-137355.pdf> [Accessed 10 July 2020].
- Busby, C., & Chesterley, N. (2015). A shot in the arm: how to improve vaccination policy in Canada. *CD Howe Institute Commentary*, (421).
- Busse, J. W., Walji, R., & Wilson, K. (2011). Parents' experiences discussing pediatric vaccination with healthcare providers: A survey of Canadian naturopathic patients. *PLoS One*, 6(8), e22737.
- Cairns, G., MacDonald, L., Angus, K., Walker, L., Cairns-Haylor, T., & Bowdler, T. (2012). Systematic literature review of the evidence for effective national immunisation schedule promotional communications. European Centre for Disease Prevention and Control (ECDC).
- Canada, 2016. *Benefits Of Immunization: Canadian Immunization Guide*. [online] Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-3-benefits-immunization.html> [Accessed 13 July 2020].
- Canadian Public Health Association. 2020. *Vaccination*. [online] Available at: <https://www.cpha.ca/vaccination> [Accessed 7 July 2020].
- Caulfield, T., Marcon, A. R., & Murdoch, B. (2017). Injecting doubt: responding to the naturopathic anti-vaccination rhetoric. *Journal of Law and the Biosciences*, 4(2), 229-249.
- College of Naturopaths of Ontario. (2015). Vaccination - Professional practice policy (PP04.0). Available at : <http://www.collegeofnaturopaths.on.ca/C>

ONO/Resources/Professional_Standards__Policies__and_Guidelines/Professional_Standards.aspx> [Accessed 24 July 2020].

College of Naturopathic Physicians of British Columbia. (2018). Immunization - Standards and Guidelines. Available at:

<<https://www.cnpbc.bc.ca/for-registrants/resources/certification-requirements/immunization/>> [Accessed 20 July 2020].

Connors, J. T., Slotwinski, K. L., & Hodges, E. A. (2017). Provider-parent communication when discussing vaccines: a systematic review. *Journal of pediatric nursing*, 33, 10-15.

Dhawan, S. Conversations to build trust in vaccination: A training module for health workers. World Health Organization, May 2017

Dubé, E., & MacDonald, N. E. (2016). Addressing vaccine hesitancy and refusal in Canada. *CMAJ*, 188(1), E17-E18.

Dubé E., Bettinger J. A., Fisher W. A., Naus 4, Mahmud S.M., Hilderman T. (2016). Vaccine acceptance, hesitancy and refusal in Canada: Challenges and potential approaches. *The Public Health Agency of Canada*, 42-12. Available at:

<[https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2016-42/ccdr-volume-42-12-december-1-](https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2016-42/ccdr-volume-42-12-december-1-2016/ccdr-volume-42-12-december-1-2016-improving-vaccination-rates-2.html)

[2016/ccdr-volume-42-12-december-1-2016-improving-vaccination-rates-2.html](https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2016-42/ccdr-volume-42-12-december-1-2016-improving-vaccination-rates-2.html)>

[Accessed 10 July, 2020]

EKOS Research Associates Inc. (2011). Survey of parents on key issues related to immunization.

Gilbert, N. L., Gilmour, H., Wilson, S. E., & Cantin, L. (2017). Determinants of non-vaccination and incomplete vaccination in Canadian toddlers. *Human vaccines & immunotherapeutics*, 13(6), 1447-1453.

Goldstein, S., MacDonald, N. E., & Guirguis, S. (2015). Health communication and vaccine hesitancy. *Vaccine*, 33(34), 4212-4214.

Hollenberg, D., Lytle, M., Walji, R., & Cooley, K. (2013). Addressing provider shortage in underserved areas: the role of traditional, complementary and alternative medicine (TCAM) providers in Canadian rural healthcare. *European Journal of Integrative Medicine*, 5(1), 15-26.

Jarrett, C., Wilson, R., O'Leary, M., Eckersberger, E., & Larson, H. J. (2015). Strategies for addressing vaccine hesitancy—A systematic review. *Vaccine*, 33(34), 4180-4190.

Kent, M., 2019. *Over 20 Million Children Worldwide Miss Out On Measles Vaccine Annually* | CBC News. [online] CBC.

Available at:

<<https://www.cbc.ca/news/health/unvacci>

nated-children-pave-way-for-measles-to-spread-says-unicef-1.5111118> [Accessed 10 July, 2020].

Kulig, J. C., Meyer, C. J., Hill, S. A., Handley, C. E., Lichtenberger, S. M., & Myck, S. L. (2002). Refusals and delay of immunization within Southwest Alberta. *Canadian journal of public health*, 93(2), 109-112.

Ministry of Health and Long-Term Care. Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program. 020102 ISBN 978-1-4606-5996-0. Available at http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf [Accessed July 20, 2020]

Nyhan, B., Reifler, J., Richey, S., & Freed, G. L. (2014). Effective messages in vaccine promotion: a randomized trial. *Pediatrics*, 133(4), e835-e842.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2018). Immunization coverage report for school pupils in Ontario: 2016–17 School year.

O'Reilly, D. J., Blackhouse, G., Burns, S., Bowen, J. M., Burke, N., Mehlretter, J., ... & Houle, S. K. (2018). Economic analysis of pharmacist-administered influenza vaccines in Ontario, Canada. *ClinicoEconomics and Outcomes Research: CEOR*, 10, 655.

Papastergiou, J., Folkins, C., Li, W., & Zervas, J. (2014). Community pharmacist-administered influenza immunization improves patient access to vaccination. *Canadian Pharmacists Journal/Revue des Pharmaciens du Canada*, 147(6), 359-365.

Public Health Agency of Canada. (2019). Vaccine coverage in Canadian children: results from the 2017 Childhood National Immunization Coverage Survey (cNICS). Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/2017-vaccine-uptake-canadian-children-survey.html> [Accessed 10 July 2020]

Statement from the Chief Public Health Officer of Canada, Dr. Theresa Tam, on the current measles outbreak and vaccine hesitancy (March 12, 2019). Available at: <https://www.canada.ca/en/public-health/news/2019/03/statement-from-the-chief-public-health-officer-of-canada-dr-theresa-tam-on-the-current-measles-outbreak-and-vaccine-hesitancy.html> [Accessed 20 July 2020]

Steel, A., Foley, H., Bradley, R., Van De Venter, C., Lloyd, I., Schloss, J., ... & Reid, R. (2020). Overview of international naturopathic practice and patient characteristics: results from a cross-sectional study in 14 countries. *BMC Complementary Medicine and Therapies*, 20(1), 1-12.

Wardle, J., Frawley, J., Steel, A., & Sullivan, E. (2016). Complementary medicine and childhood immunisation: a critical review. *Vaccine*, 34(38), 4484-4500.

Wilson, K., Busse, J. W., Gilchrist, A., Vohra, S., Boon, H., & Mills, E. (2005). Characteristics of pediatric and adolescent patients attending a naturopathic college clinic in Canada. *Pediatrics*, 115(3), e338-e343.

Wilson, K., Mills, E. D., Boon, H., Tomlinson, G., & Ritvo, P. (2004). A survey of attitudes towards paediatric vaccinations amongst Canadian naturopathic students. *Vaccine*, 22(3-4), 329-334.

Wilson SE, Seo CY, Lim GH, et al. Trends in medical and nonmedical immunization exemptions to measles-containing vaccine in Ontario: an annual cross-sectional assessment of students from school years 2002/03 to 2012/13. *CMAJ Open* 2015; 3:E317-23.

World Health Organization. (2019a). Ten threats to global health in 2019. 2019. Available at: <<https://www.who.int/news-room/feature-stories/ten-threats-to-global-health-in-2019>> [Accessed 7 July, 2020]

World Health Organization. (2019b). Improving vaccination demand and addressing hesitancy. Available at: <https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/> [Accessed 4 August 2020].

World Health Organization. (2014). Report of the SAGE Working Group on Vaccine Hesitancy. Available at: <http://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf> [accessed Aug 4, 2020]

WHO/UNICEF estimates of national immunization coverage, 2018 revision. Available at: <<https://www.cpha.ca/vaccination>> [Accessed 7 July 2020].



The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2020-2021

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

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

16.01 Definition

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

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2020 to March 31, 2021.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

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



--	--	--

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Kim Bretz, ND	RMA/Life Labs, – Consultant & Speaker; CCNM – Student Recruitment	Paid on a per engagement basis.
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at the clinic.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2020-21 year and the date 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 ²	Any Declarations Made
Asifa Baig	June 18, 2020	Sept 29, 2020	None
Dr. Kim Bretz, ND	April 28, 2020	Sept 21, 2020	Yes
Dr. Shelley Burns, ND	April 28, 2020	Sept 3, 2020	Yes
Dean Catherwood	April 28, 2020	July 20, 2020	None
Dianne Delany	April 28, 2020	Sept 2, 2020	None
Lisa Fenton	April 28, 2020	Sept 23, 2020	None
Dr. Tara Gignac, ND	April 28, 2020	Sept 25, 2020	None
Sarah Griffiths-Savolaine	Aug 13, 2020	August 25, 2020	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	April 28, 2020	Sept 2, 2020	Yes
Dr. Danielle O'Connor, ND	April 28, 2020	Sept 2, 2020	None
Sarah Griffiths-Savolaine	August 13, 2020	August 17, 2020	None

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

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

Dr. Jacob Scheer, ND	April 28, 2020	Sept 21, 2020	None
Dr. Jordan Sokoloski, ND	April 28, 2020	Sept 21, 2020	None
Barry Sullivan	April 28, 2020	Sept 22, 2020	None
Dr. George Tardik, ND	April 28, 2020	Sept 24, 2020	None

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



The College of Naturopaths of Ontario

President's Report

This is the second President's Report of the current Council cycle and provides information for the period July 1, 2020 to September 30, 2020.

This report continues with a focus on COVID-19, as the College, Committees and staff continue to work in different ways than ever previous - I want to thank everyone for their flexibility and perseverance in these changing times. I have also seen the profession continuing to adapt as required. We have maintained on-boarding our new Public Members through Zoom and have found the process to be going well - although it lacks the personal touch of being together as we had previously.

In August, a letter was sent to the Ministry of Health regarding our Governance Review Report and Implementation Plan. While we did have a meeting set up with the OAND during mid-October, that meeting was rescheduled to after this Council meeting.

I have continued to have communication with the CEO, although not nearly as frequent as in the beginning of the pandemic. I also had the chance to thank Mr. Andrew Parr, CEO for his dedicated work with the College over the last 10 years - especially given the challenges over the last year.

There remains considerable uncertainty for the medium- and long-term periods, in particular how the pandemic will continue to impact the profession and therefore the College, in particular as we head towards the winter and not only the resurgence of COVID-19 but also the start of the usual flu season.

Dr. Kim Bretz, ND
Council Chair
October 2020



The College of Naturopaths of Ontario

Report on Operations

Q2: JULY 1, 2020—SEPTEMBER 30, 2020

Activity (Ends Reference)	Results for this Period	Results to Date	Item 4.02
---------------------------	-------------------------	-----------------	-----------

INTRODUCTION

The purpose of this report is to provide the Council of the College of Naturopaths of Ontario with the following:

1. an overview of key operational activities underway within the College based on the Operating Plan presented to and accepted by Council in January 2020, and
2. a report on compliance with the Executive Limitation Policies.

REPORT ON OPERATIONAL ACTIVITIES

Activity	Results for this Period July 1, 2020 to September 30, 2020	Results to Date
1. Regulate the Profession In each of the three years of the operating plan, the College will perform the following operational activities.		
1.1 Entry to Practise		
Receive, review and process applications for registration, approve those who qualify and refer others to the Registration Committee for review and a determination.	Initial applications: • New received—10 • Ongoing from prior—3 Certificates Issued—8 Application referrals to RC—2 • # approved—1 • # approved with TCL's—0 • # approved following exams—0 • # approved following additional education/training—1 # declined—0	Applications received—19 Certificates issued—13 Referrals to RC—2 • # approved—1 • # approved with TCL's—0 • # approved following exams—0 • # approved following additional education/training—1 # declined—0
Receive, review and process applications for a determination of substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR).	No PLAR applications were received or assessments conducted during this reporting period.	PLAR Document of Education and Experience (DEE) Received—0 PLAR Demonstration-based assessments conducted—0
Submit the annual Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC).	No activity this quarter. The next report Fair Registration Practices Reporting period starts December 2020.	No activity. The next report Fair Registration Practices Reporting period starts December 2020.
Support the Registration Committee in consideration of applicants referred to it and implement the decisions provided by the	Supporting documentation (e.g., sections of pertinent legislation and summary documents) was provided to the Registration	

Activity (Ends Reference)	Results for this Period	Results to Date
Committee.	Committee for all reviews conducted.	
Support the Registration Committee in appeals made by applicants to the Health Professions Appeal Review Board (HPARB).	New HPARB appeal—0 HPARB decisions—0 - Decision upheld—0 - Matter returned for reconsideration—0	HPARB appeals—0 Decision upheld—1 Matter returned for reconsideration—0
Maintain current information on the College's website about the application process, the Prior Learning Assessment and Recognition Program.	Updates were made as needed.	Application information was updated on the College website to include an <i>Applying for Registration During the COVID-19 Pandemic</i> guidance document.
Annual review of the Prior Learning Assessment and Recognition Program (PLAR).	Review and redevelopment of the PLAR remains ongoing.	

1.2. Examinations		
Maintain and deliver practical Clinical Examinations for new applicants to the profession.	Due to a potential COVID-19 exposure, a portion of the September 27, 2020 Clinical Practical exams were postponed to October 18, 2020. Candidates who did not wish to sit the exam in two parts were provided with the option of a refund. Of the 65 who registered for the exam 53 sat a portion of the exam on the 27th, 5 deferred their exam due to illness, and 7 opted to be refunded for this session. The next session after the October 18th practical component is scheduled for November 1, 2020. Examination dates for 2021, including contingency back-up dates due to COVID-19 are being finalised and the Clinical Practical Exams schedule will be posted on October 5, 2020.	2 Clinical Practical exams postponed due to COVID-19.
Maintain and deliver the written Clinical Sciences Examination (CSE).	The CSE was run online on September 29, 2020. Of the 93 candidates who registered, 3 deferred due to illness and 2 did not show up	CSE—1 88 candidates

Activity (Ends Reference)	Results for this Period	Results to Date
	for their exam. Examination dates for 2021 are being finalised and the CSE schedule will be posted on October 5, 2020. At present dates are being reserved both for test centre and online delivery to allow for flexibility around COVID-19. To support the online delivery of the exam, an Online CSE exam guide was created as an adjunct document to the Ontario Clinical Sciences and Ontario Biomedical Exam handbook to assist candidates in understanding the online delivery platform. In addition, a review was initiated of the current CSE maintenance contract with Yardstick Psychometric was initiated to ensure all deliverables are captured. Work on reviewing the item bank to ensure consistency of formatting, nomenclature etc., across all items continued.	1 CSE postponed due to COVID-19. Review and approval of newly developed CSE content by the Exam Committee (ETP) in May 2020, along with revisions to the CSE Study Reference Guide
Maintain and deliver the written Ontario Biomedical Examination (BME).	Registration for the November 19, 2020 session of the BME opened on September 22, 2020; at the time of this report, 4 candidates had registered for the exam. The <i>BME Study Reference Guide</i> was finalised and posted on September 25. Examination dates for 2021 are being finalised and the BME schedule will be posted on October 5, 2020. At present dates are being reserved both for test centre and online delivery, to allow for flexibility around COVID-19.	The <i>BME Study Reference Guide</i> was finalised and posted on September 25.
Maintain and deliver the Intravenous Infusion Therapy (IVIT) Examination for those Registrants who wish to meet the Standard of Practise.	No exams were conducted during this reporting period The next exam session is scheduled for December 6, 2020. Examination dates for 2021 are being finalised	

Activity (Ends Reference)	Results for this Period	Results to Date
	and the IVIT exam schedule will be posted on October 5, 2020. At present dates are being reserved both for test centre and online delivery, to allow for flexibility around COVID-19.	
Maintain and deliver the Therapeutic Prescribing (TP) Examination for those Registrants who wish to meet the Standard of Practise.	No exams were conducted during this reporting period. The next exam session is scheduled for October 25, 2020.	
1.3. Registration		
Conduct an annual renewal process that includes enabling Registrants to pay their annual fees in each year and update their Information Return with the College.	Due to COVID-19, the deadline for paying renewal fees was extended to September 30, 2020. At close of renewal • 701—Paid and completed the info return form • 6—Submitted the info return form but did not pay Suspensions—1 Revocations¹—0 Resignations—2 Reinstatements—3 Total Registrants = 1,701 General Class = 1,522 • In good standing—1,504 • Suspended—18 Inactive Class = 159 • In good standing—150 • Suspended—9 Life Registrants = 20	Renewal for the 2020–21 registration year launched February 14, 2020. • 1,630—Paid and completed the info return form • 6—Submitted the info return form but did not pay • 0—Paid but did not submit the info return form • 7—Took no action Suspensions—21 Revocations²—3 Resignations—3 Reinstatements—15
Receive, review and process applications for change of class, approving those who qualify and referring the remainder to the	Class Change applications: GC to IN—4 IN to GC (under 2 years)—1	Class Change applications: GC to IN—7 IN to GC (under 2 years)—1

¹ refers to suspension made pursuant to Section 16 of the Registration Regulation which occurs two years from the date a Registrant was suspended.

² refers to suspension made pursuant to Section 16 of the Registration Regulation which occurs two years from the date a Registrant was suspended.

Activity (Ends Reference)	Results for this Period	Results to Date
Registration Committee for review and a determination.	IN to GC (2 years or more)—0 Life Registrant applications—0 • Approved—0 • Denied—0	IN to GC (2 years or more) —0 Life Registrant applications—1 • Approved—1 • Denied—0
Manage (adding, modifying and auditing records) the public register of Registrants for use by the public as required in the Regulated <i>Health Professions Act, 1991</i> and the College by-laws.	Information on the Public Register was updated as needed, based on changes to Registrant status and Standards of Practice (IVIT and Prescribing). No register audits were conducted during this reporting period.	
Submit the annual reporting data to Health Force Ontario as required under the Code.	No activity this quarter. Next reporting period will start December 31, 2020.	The annual Health Force Ontario report for the 2019 reporting year was submitted on June 17, 2020.
Receive, review and process applications for Certificates of Authorisation for professional corporations	New applications—2 • Approved—2 • Denied—0	Applications—4 • Approved—4 • Denied—0
Conduct annual renewals of Certificates of Authorisation for professional corporations (PC).	PC renewal applications—13 • Approved—13 • Denied—0	PC renewal applications—30 • Approved—30 • Denied—0 Total PCs—77

1.4 Patient Relations Program

The College will operate a Patient Relations Program as set out in the Regulated Health Professions Act, 1991.	The College operates a Patient Relations Program under the guidance of the Patient Relations Committee (PRC). The PRC had one meeting scheduled during the reporting period but was cancelled due to lack of agenda items.	The PRC has met once this year.
Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	New applications: 0	Total number of approved applications: 4

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

1.5 Quality Assurance Program

The College will operate a Quality Assurance (QA) Program as set out in the Regulated Health Professions Act, 1991 and the Quality Assurance Regulation made under the Naturopathy Act, 2007.	The College operates a Quality Assurance Program under the guidance of the Quality Assurance Committee (QAC). The QAC had 3 meetings during the reporting period.	The QAC has met a total of 5 times to date.
The Quality Assurance Committee will be supported by the College and will be provided with information in a timely fashion.	During the reporting period the QAC was provided with finalised Peer & Practice Assessment statistics, CE reporting numbers as well as draft amendments to its program policies related to Peer & Practice Assessments.	The QAC is supported by the Deputy CEO, the Manager, Professional Practice and the Professional Practice Coordinator.
Standards and guidelines will be reviewed by the Quality Assurance Committee to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	The Quality Assurance Committee undertook its first review of the Core Competencies providing updates and amendments	The QAC has finalised a new Telepractice Guideline and updated the Infection Control Standard of Practice.

1.6 Inquiries, Complaints and Reports

The College will receive information and complaints about Registrants of the profession and fulfil its obligations to investigate the matters in accordance with the Regulated <i>Health Professions Act, 1991</i> through the Inquiries, Complaints and Reports Committee (ICRC).	New complaints/reports: 10 • 9 Investigations initiated by CEO • 1 complaint	Complaints/reports received to date: 17 • 15 investigations initiated by CEO • 2 complaints Ongoing complaints/reports: • 2015 (BDDT-N)—1* • 2016/17—3* • 2018/19—1* • 2019/20—13 • 2020/21—17 (*Note: these 5 matters are related and were on hold pending a criminal investigation.)
	Concerns in new complaints/reports: (a single complaint can include multiple concerns) • Inappropriate advertising—6	Concerns in new complaints/reports since the beginning of the fiscal year: (a single complaint can include multiple concerns)

Activity (Ends Reference)	Results for this Period	Results to Date
	• Failure to comply with a C&D letter—1 • Misrepresentation, holding out as a medical Dr—1 • Providing services outside the scope—4 • Failure to comply with SoP for Fees and Billing—1 • Failure to cooperate with investigators—2	• Inappropriate advertising—11 • Failure to comply with a C&D letter—2 • Misrepresentation, holding out as a medical Dr—1 • Providing services outside the scope—6 • Failure to comply with SoP for Fees and Billing—1 • Failure to cooperate with investigators—2 • Practising while suspended—2 • Violating the LSCCLA—2 • Failure to maintain records—1 • Failure to comply with SoP for Delegation—1 • Insurance fraud—1 • Harassment of an employee—1 • Selling substance outside Naturopath-patient relationship—1 • Failure to comply with QA program—1
	Complaints/Reports disposed of: 7 • Letter of Counsel—4 • Oral Caution—2 • Referral to DC—1	Complaints/Reports disposed of to-date: 14 • Letter of Counsel—7 • SCERP & Oral Caution—2 • Oral Caution—2 • No action—2 • Referral to DC—1
The ICRC will be supported by the College through the timely provision of information, assistance in preparing Decisions and Reasons and through the provision of expert and legal advice and assistance when needed.	The Inquiries, Complaints and Reports program is supported by the Deputy CEO; the Manager; and the Coordinator, Professional Conduct. A pool of investigators from Benard + Associates and a pool of experts is available to provide as needed support to the program and committee.	
Staff will develop a database of prior decisions and legal opinions to assist the ICRC.	A database of prior decisions and legal opinions to assist the ICRC has been developed and is maintained by staff.	

Activity (Ends Reference)	Results for this Period	Results to Date
Cease and desist (C&D) letters will be issued to unauthorised practitioners and the Register will be managed in accordance with Council policy.	C&D letters issued to individuals holding out as naturopaths: 3	C&D letters issued to-date: 7
The Appeals process will be supported through the timely provision of information to the Health Professions Appeal Review Board (HPARB) and participation in HPARB hearings.	One new application for review of ICRC decisions were submitted to HPARB.	ICRC decisions under review by HPARB: 4

1.7 Discipline/Fitness to Practise		
The College will support the Discipline and Fitness to Practise committees as quasi-judicial and independent adjudicative bodies by providing annual training as necessary and by supporting the selection of panels by the Chair.	The Discipline and Fitness to Practise Committees are supported by the CEO; Deputy CEO; Manager; and Coordinator, Professional Conduct.	
Independent Legal Counsel (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.	Discipline committee was fully supported by ILC during the reporting period.	
The CEO, with the support of the Deputy CEO, Manager of Professional Conduct and with the advice of legal counsel, will oversee the prosecution of matters referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.	Pre-Hearing Conferences (PHC's): - Completed—0 - Scheduled—1 Hearings held: 3 CONO vs. E. Ali—July 16, 2020 CONO vs. H. Cohen (DC19-03 and DC19-04), September 28, 2020 Hearings scheduled: 1 T. Rodak DC18-01—October 5–7, 2020 (contested)	One PHC has been completed to date. 4 uncontested hearings have been held: L. Ee E. Ali H. Cohen—2 matters Ongoing discipline matters: T. Rodak DC18-01 Y. Deshko DC19-05 T. Rodak DC19-06 N. Turner DC20-01

Activity (Ends Reference)	Results for this Period	Results to Date
Referrals by the Inquiries, Complaints and Reports Committee to the Discipline Committee or the Fitness to Practise Committee will be managed in accordance with the Code and the rules of procedure.	New referrals: 1	One matter has been referred by ICRC to DC to date.
Staff will monitor and enforce the Registrants' compliance with orders of the Discipline/FTP panels.	Staff continuously monitor and enforce Registrants' compliance with orders of the Discipline panels. Any deviations are promptly reported to the CEO.	

1.8 Inspections		
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 operates an Inspection Program under the guidance of the Inspection Committee (IC). Inspections: - New premises (Part I and II)—9 - Regular inspections—0	The College operates an Inspection Program under the guidance of the Inspection Committee (IC). Inspections: - New premises (Part I and II)—10 - Regular inspections—0
The Inspections Committee (IC) will be supported by the College.	The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy CEO, and Legal Counsel. The IC met 2 times during the reporting period.	The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy CEO, and Legal Counsel. To date the IC has met 3 times.
Inspectors will be recruited and trained in support of the program as needed.	No activity this reporting period.	No activity to date.
New premises will be inspected within one hundred and eighty (180) days of becoming registered with the College.	New premises registered—3 New premises inspected: - Part I—8 - Part II—1 All Part I inspections were completed within 180 days of being registered.	Total New Premises registered—7 New premises inspected: - Part I—9 - Part II—1 All Part I inspections were completed within 180 days of being registered.
The College will manage the Premises Registry on its website.	The IVIT Premises Register was updated regularly. 9 Inspection Committee Reports were posted which included:	The IVIT Premises Register was updated regularly. 22 Inspection Committee Reports were posted which included:

Activity (Ends Reference)	Results for this Period	Results to Date
	○ 8 pass outcomes ○ 1 pass with conditions outcome	○ 20 pass outcomes ○ 2 pass with conditions outcome
Type 1 and Type 2 occurrence reports will be processed and reviewed by the Inspection Committee and statistical data reported annually.	Type 1 Occurrence Reports: 1 • Death of a patient that occurs within the 5 days following the performance of a procedure at the premises— 1	Type 1 Occurrence Reports: 2 • Referral of a patient to emergency services within 5 days of an IVIT procedure—1 • Death of a patient that occurs within the 5 days following the performance of a procedure at the premises—1 • Type 2 Occurrence Annual Reports— 165 (annual submission due May 1, 2020)
1.9 Scheduled Substance Review Program		
The College will operate a process to review the tables to the General Regulation outlining the drugs and substances authorised for use by the profession and review the specimens and tests that can be taken, performed or ordered by the profession.	The process to review the Scope of Practice at the request of Council has not yet been initiated at the Committee level. It is anticipated that the Committee review will begin in early 2021.	The College has an approved process to review the tables to the General Regulation and the laboratory tests available to NDs, which is guided by the Scheduled Substances Review Committee (SSRC). This process is on hold while the SSRC undertakes a Scope of Practice review at the request of Council.
The Scheduled Substances Review Committee will be supported by the College through the timely provision of information for meetings.	The SSRC is supported by the Deputy CEO.	
In 2020-2021, the SSRC will review and consider making recommendations to Council for additional considerations to the schedules of drugs, substances and lab tests.	The SSRC will be undertaking a review of the Scope of Practice of the profession of naturopathy in Ontario in order to identify potential gaps in the system.	
In 2020-2021, necessary research will be conducted in support of additional considerations as established by the Council.	The SSRC will be conducting a review of the Scope of Practice of the profession of naturopathy in Ontario.	

Activity (Ends Reference)	Results for this Period	Results to Date Item 4.02
1.10 Regulatory Education		
The Regulatory Education Specialist will respond to Registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.	215 inquiries were responded to. Registrants are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College's website.	452 inquiries were responded to since the beginning of the fiscal year. Registrants are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College's website
The College will use <i>iNformed</i> , the website and other communications channels to ensure that the profession is aware of the regulations, standards and guidelines for the profession.	• Articles submitted for <i>iNformed</i>: • Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformed</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, • Student's Corner in <i>iNformed</i>: Tips for NDs Joining a Practice • Providing Regulatory Guidance for Naturopaths • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> • COVID-19 FAQ updated on July 7	• Articles submitted for <i>iNformed</i>: • Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformed</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, • Student's Corner in <i>iNformed</i>: Tips for NDs Joining a Practice • Providing Regulatory Guidance for Naturopaths • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> • COVID-19 FAQ updated on July 7
The College will respond to inquiries from the public, Registrants and stakeholders by telephone or through written communication as required.	The Manager of Professional Practice responded to 99 telephone inquiries and 116 e-mails. The 10 most common inquiries related to: • COVID-19 • Telepractice • Inspection Program • Patient visits • Continuing Education • Completing Form and letters for patients • Fees and billing • Record Keeping • Laboratory Testing • CPR	The Manager of Professional Practice responded to 116 telephone inquiries and 336 e-mails since the beginning of the fiscal year. The 10 most common inquiries related to: • COVID-19 • Telepractice • Inspection Program • Patient visits • Registration • Continuing Education • Scope of Practice • Advertising • Fees and billing • Record Keeping

Activity (Ends Reference)	Results for this Period	Results to Date
All standards, guidelines and policies will be maintained on the College's website.	All standards, guidelines, policies are maintained on the College's website.	To date the College developed a COVID-19 Reopening Guideline to support Registrants in reopening their practices. Ministry developments are monitored and the College guideline has been updated twice to align with changing government policy.

2. Governance 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. As such, the following operational activities will be undertaken.

2.1. Good Governance

2.1.1 Ensuring Council is Properly Constituted

Council elections will be conducted annually as required by the by-laws.	No activity for this period.	Council elections concluded in the fall of 2019; however, the re-elected Council members formally began their new term on April 29, 2020.
Executive Committee elections will be initiated immediately following the completion of Council elections and will be held at the first meeting of the Council following the Council elections.	A Supplemental election to fill the Officer-at-Large (Public member) position which will become vacant on October 17, 2020 was initiated in September.	Initial Executive Committee elections were initiated in February and concluded at the April 29, 2020 Council meeting.
The CEO will monitor the appointments of public members to the Council to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the needs to appointments and re-appointment as necessary.	1 new Public member was appointed: Sarah Griffith-Salvolaine (August 13, 2020)	Information relating to the reappointment of Barry Sullivan, Dianne Delany and Samuel Laldin had previously been provided to the Ministry of Health. Since April 1, 2020, two new Public members have been appointed: - Asifa Baig (June 18, 2020) - Sarah Griffith-Salvolaine (August 13, 2020)
The College will work with and respond to all external oversight agencies to ensure that it is meeting all legislative requirements.	Updated information was provided to the Ministry of Health relating to time commitment s of public members. Feedback was also provided on the College	The College has been working closely with the Ministry of Health on health human resource planning and with the Ministry Emergency Operations Centre during the COVID-19

Activity (Ends Reference)	Results for this Period	Results to Date
	Performance Measure Framework.	pandemic.
2.1.2 Council Orientation		
The CEO will work with the Executive Committee, the Chair and Legal Counsel to provide a program of annual orientation for existing and newly elected/appointed Councillors.	Due to COVID-19 restrictions and the remote working status of the office, a re-orientation for all Council members was deferred. All new Council members have completed Unconscious Bias training online.	All new Council members have completed Unconscious Bias training online.
Members of the Council will be oriented to the governance model and their fiduciary responsibilities annually.	Due to COVID-19 restrictions and the remote working status of the office, an orientation session was held for new Council members Dean Catherwood and Asfia Baig on July 15, 2020 and an orientation for Sarah Griffiths-Salvolaine was held on September 18, 2020. An orientation session for all of Council was deferred.	
2.1.3 Reporting to Council		
The CEO will submit quarterly reports to the Council detailing operational activities, based on the ENDS policy, as well as his performance with respect to his statutory responsibilities. These reports will be made public.	A Report on Operations for the period ending June 30, 2020 was submitted to and accepted by Council on July 28.	The Report on Operations for Q4 and Q1 have been approved.
The CEO will provide trending information to the Council relating to the nature of complaints/investigations, discipline referrals, performance of groups of candidates on examinations and issues identified by the public and Registrants.	The Report on Operations includes all relevant trending information.	
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.	Council was briefed at its July meeting about changes to the Patient and Registrant Guides under the Patient Relations Program; changes to the Standard of Practice for Infection Control, a new Telepractice Guideline for Ontario NDs, data and e-mail systems matters and the new CEO Performance Review Process.	April Council meeting: • CSE Blueprint changes • BME Blueprint • COVID-19 response July Council meeting: • Patient and Registrant Guides • Standard of Practice for Infection Control

Activity (Ends Reference)	Results for this Period	Results to Date Item 4.02
		• Telepractice Guideline • Data and e-mail systems matters • New CEO Performance Review Process.

2.1.4 Assessing Performance		
The Council will undertake an annual organisational performance review measuring the College's activities against the Operating Plan and Operating Budget.	The Council completed the Organisational and CEO Performance Review for 2019–20 at its July meeting.	The Council completed the Organisational and CEO Performance Review for 2019–20 at its July meeting.
The Council will undertake a performance review of the CEO on an annual basis in accordance with its policies.	This process was initiated by the Executive Committee as noted in the preceding line. Additionally, the Executive Committee engaged The Portage Group to assist in the process redefining the CEO's Review for future years.	
The Council will undertake a bi-annual (2020, 2022) assessment of its own performance over the course of the prior two years.	This was not undertaken during this reporting period.	
2.1.5 Identification and Mitigation of Risk		
The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organisation, including directors and officer's liability insurance, commercial general liability insurance and property insurance.	No activity was undertaken during this reporting period.	All insurance policies have been renewed by the College.
• The College will update the organisation-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.	The College continues its work on organisation-wide risk assessments.	The College continues its work on organisation-wide risk assessments.

Activity (Ends Reference)	Results for this Period	Results to Date
2.2 Support to Committees		
2.2.1 Composition, Recruitment and Appointment		
Recruitment of non-Council members for Committees and operational roles in the College will be undertaken and will include a robust screening process.	Work on the screening process continues and a new volunteer section is under development for the new website	Recruitment was undertaken and in April, the Council appointed its first four public representatives to various committees. Work on the screening process continues.
The Council will be asked to appoint members of Council and non-Council members to the Committees.	A call for nominations has been made in Q2 for a supplemental Executive Committee Election to fill a public member Officer at Large position for the remainder of the fiscal year. 1 New public member has been appointed to the ICRC Committee by the Council and by the Executive Committee on behalf of the Council.	All committee appointments were made by the Council at its April 29, 2020 meeting. 2 new public members were appointed to the ICRC: • Asifa Baig during Q1 • Sarah Griffith-Salvolaine during Q2
2.2.2 Committee Training and Guidance		
The College will provide training to the new Committee volunteers.	A group orientation session has not yet occurred due to the COVID-19 restrictions; however, individually, new volunteers have been trained by their staff liaisons and the Committees themselves.	All Committee chairs were in receipt of a full day of chair training focussed on how to facilitate successful meetings.
The College will provide training to the Committees on issues relating to conflict of interest, bias, health and safety, human rights, as well as, on how Committees operate within the College and the specific role of each Committee.	During the Reporting Period new ICRC members were trained on COI, public interest and committee process. The ICRC and DC received their respective annual committee training. All new committee members have completed Unconscious Bias training online.	New ICRC members were trained on COI, public interest and committee process. The ICRC and DC received their respective annual committee training. All new committee members have completed Unconscious Bias training online.

Activity (Ends Reference)	Results for this Period	Results to Date
The College will develop guidelines, policies or other similar documents for Committee members about the potential for bias or risk to impartiality in the assessment process. These documents should include content on: ○ Characteristics or types of bias and/or situations that may compromise the impartiality of assessment decisions, ○ Procedures to follow where there is a potential for bias, and ○ Actions to prevent discriminatory assessment practices.	No work has been undertaken during this timeframe.	No work has been undertaken.
2.2.3 Committee meetings		
Council Committees will meet on an “as-needed” basis ensuring effective use of financial and human resources. Wherever possible, and with the consent of the Chair, meetings will be conducted electronically.	During this period, committees where the Chair has determined a meeting was necessary, have met either by telephone or by using the College's Zoom platform.	
The College will monitor Committee attendance to ensure that quorum requirements have been met.	Committee attendance is being monitored by the Committee liaisons and Chairs advised if there were concerns over quorum. No meetings were cancelled due to lack of meeting quorum requirements.	
Committees will receive their information for meetings in a timely manner.	During Q2 there were 9 meetings of Council and Committees held. Materials were sent out 7.8 days in advance on average (7 being the benchmark) and minutes were circulated after the meeting in 6.25 days on average (14 days being the benchmark).	Q1: 11 meetings in total: • Materials released 8.7 days in advance; • Minutes circulated with 8.5 days after. Q2: 9 meetings in total: • Materials released 7.8 days in advance; • Minutes circulated with 6.25 days after.

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

2.3 Transparency

2.3.1 Reporting

The qualitative Annual Report format will be continued and augmented to provide information to the public and stakeholders about Council processes and decisions.	The Annual Report has been assembled and translated and is in the layout stages. It is expected to be released at the end of October.	
Audited financial statements and the Auditor's Report will be reviewed by Council, approved and publicly released.	Audited financial statements and the Auditor's Report were reviewed and approved by Council on July 29, 2020.	Audited financial statements and the Auditor's Report were reviewed and approved by Council on July 29, 2020.
Committee reports will be presented to the Council at each meeting and an annual report of Committee activities presented to the Council.	Annual committee reports were presented to and approved by the Council at its July meeting.	Annual committee reports were presented to and approved by the Council at its July meeting.

2.3.2 Decision-making

A decision-making matrix/tree for the Council and each of its Committees will be developed, reviewed and adopted by Council and published.	No new activities were undertaken.	A decision-making tree is maintained for QA, ICRC, SSRC, RC, IC and EAC.
Council meetings, agenda and materials will continue to be posted publicly.	All Council meeting materials for the July 28, 2020 meeting were posted on the College's website one week prior to the meeting.	Council materials for the April meeting were posted one week prior to the meeting date.

2.3.3 Regulatory Processes and Public Interest

The College will maintain a summary table of active and resolved complaints and inquiries.	This table is provided via the College's website and is updated regularly.	
The College will alert the public to discipline hearings and outcomes.	All decisions and reasons from hearings are published on the website in both English and French. Three hearings were held during the reporting period.	4 hearings have been held in this fiscal year. All decisions and reasons have been published as soon as they become available.
In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, the College will ask the DC to consider providing access to Joint Submissions on Penalty and Costs (JSPCs) and Agreed Statements of Facts (ASFs).	In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, JSPCs, ASFs and Notices of Waiver, where applicable, are posted on the Discipline Outcomes page as per directive of the DC.	

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

2.4 Program Regulations and Policies

2.4.1 Review of Regulations and Program Policies

The College will review Regulations and Program Policies and recommend any required policy changes.	During the Reporting Period: - The QA policies related to Peer Assessments and ICRC program policies were reviewed and updated. - The Discipline Committee reviewed and updated the Rules of Procedure for Disciplinary Hearings. - The Intravenous Infusion Therapy (IVIT) Program and Exam Policy and the Prescribing & Therapeutics Program and Exam Policy were reviewed with respect to noted timelines for completion of examinations, and possible temporary extensions in consideration of exam cancellations this year.	During the Reporting Period: - The QA policies related to Peer Assessments and ICRC program policies were reviewed and updated. - The Discipline Committee reviewed and updated the Rules of Procedure for Disciplinary Hearings. - The Intravenous Infusion Therapy (IVIT) Program and Exam Policy and the Prescribing & Therapeutics Program and Exam Policy were reviewed with respect to noted timelines for completion of examinations, and possible temporary extensions in consideration of exam cancellations this year.
---	---	---

2.5 Governance Review

2.5.1 Undertaking a Review

Working with the consultant and the Executive Committee, the final report from the Governance Review undertaken in the prior planning year will be completed.	The report, entitled <i>Governance Report: A Mandate for Change</i> was presented to and accepted by the Council at its July meeting.	The report, entitled <i>Governance Report: A Mandate for Change</i> was accepted by the Council at its July meeting.
---	---	--

2.5.2 Acting on Review Outcomes

The Report will be submitted to the Minister of Health and Long-Term Care. The Report will be disseminated among the other health regulatory Colleges and other regulators. By-law changes, where required, will be	A draft Governance Report Implementation Plan has been prepared by the CEO and accepted by the Council in July. The report has been disseminated to all Ontario health regulatory Colleges and posted on the College's website. Information was sent to Registrants of the College.	A draft Governance Report Implementation Plan has been prepared by the CEO and accepted by the Council in July. The report has been disseminated to all Ontario health regulatory Colleges and posted on the College's website. Information was sent to Registrants of the College.
--	---	---

Activity (Ends Reference)	Results for this Period	Results to Date
developed by the CEO and presented to Council for final review. Other activities will be determined based on the content of the Report.	A letter was sent to the Minister of Health as set out in the implementation plan and this is also posted to the College's website. An e-mail alerting stakeholders to a change in the terminology used by the College was also sent and the new terminology has been implemented. An outline for the new Volunteer Program has been developed and will be reviewed by the Nominations and Elections Committee in early October. A Request for Proposals has been sent to seven governance consultancies to obtain proposals for the development and implementation of the Council and Committee evaluation process. Finally, by-law changes have been developed, reviewed by legal counsel and a consultation document prepared for release in early October.	A letter was sent to the Minister of Health as set out in the implementation plan and this is also posted to the College's website. An e-mail alerting stakeholders to a change in the terminology used by the College was also sent and the new terminology has been implemented.

2.6 College Performance Measurement Framework

2.6.1 Implementation

The College develops the necessary infrastructure to meet and report to the Ministry on priority Standards, performance measures and supporting evidence.	The College Performance Measurement Framework was received in early September from the Ministry of Health for a soft-launch. The Ministry invited and the College sent feedback at the end of September. A meeting with the Ministry has been scheduled for early November to test try some of the data and to discuss certain performance measures not yet defined.	The College has received a draft of the Performance Measurement Framework.
--	---	---

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

3. Corporate Activities

3.1 Human Resources

The College recognises that its human resources are a key asset. It also recognises 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.

3.1.1 Recruitment

Each position in the College will have a relevant and up-to-date position description.	Entry-to-Practice Coordinator and Registration Coordinator position descriptions were updated in Q2.	Entry-to-Practice Coordinator and Registration Coordinator position descriptions were updated in Q2.
Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions.	All internal postings are shared with staff for consideration and developmental plans are included in annual performance reviews.	
New and vacant positions available in the College will be advertised in an open and transparent fashion and will ensure that the College is an equal opportunity employer.	All internal postings are posted both internally and externally. Full time Entry-to-Practice Coordinator and Director of Operations (contract position) were posted in Q2.	

3.1.2 Compensation

A set of salary ranges that reflect current market value will be updated annually based on cost of living and used to recruit new employees.	No work was undertaken during this reporting period.	A set of salary ranges has been established for 2020–21 prospective new hires in accordance with CPI.
--	--	---

3.1.3 On-boarding New Staff

A specified process for on-boarding new staff will be implemented that properly and effectively orients new staff to the College and its role/mandate and the functions of the College departments.	General orientation checklist and onboarding PowerPoint presentation is conducted with all new hires within their probationary period. General orientation in Q2 was conducted with Content Writer and Practice Advisor.	General orientation was conducted with Content Writer and Practice Advisor.
---	--	---

3.1.4 Performance Management

Staff performance will be evaluated in an open and transparent way based on standardised performance management processes.	New elements are being piloted this year with the Senior Management Team only.	Standard evaluation used for all levels of staff.
--	--	---

Activity (Ends Reference)	Results for this Period	Results to Date
Performance reviews will be conducted on all staff annually and during their probation period by the College.	No work has been undertaken for this period.	Annual or probationary period review have been completed for all eligible staff.
3.1.5 Enhancing the College Team		
Management and staff will work collectively to continue to build and enhance the College “team” as a unified work force.	Attendance of monthly staff meetings is excellent and everyone has the opportunity to share the activities of their departments with their peers.	Staff meetings have increased to monthly using the Zoom platform and the College’s Teams networking system is heavily used for casual chat, information sharing and questions. A full team chat area is heavily used to continue our work at building the team environment. Attendance of monthly staff meetings is excellent and everyone has the opportunity to share the activities of their departments with their peers.
Staff will be informed of corporate activities and provided information and guidance to enhance their own performance and that of the entire team.	Staff have been kept informed by regular communication from the CEO, each Senior Manager meets with their respective teams on a weekly basis for updates and to provide performance feedback and all College staff use the collaborative platform to chat by using the Teams app.	Staff have been kept informed by regular communication from the CEO, each Senior Manager meets with their respective teams on a weekly basis for updates and to provide performance feedback and all College staff use the collaborative platform to chat by using the Teams app.
Ensuring an environment that is free from harassment, abuse and discrimination.	Policy is posted, shared with staff and included in orientation along with key contacts for reporting.	Policy is posted, shared with staff and included in orientation along with key contacts for reporting.
3.1.6 Training		
The College will provide staff within ongoing training to enhance individual and program performance.	New program under development for staff to submit developmental plans prior to annual performance review for budgeting purposes.	Managers and staff that provide senior support to committees undertook a 2-day training on meeting facilitation.
3.1.7 Off-Boarding		
A specified process for off-boarding staff will be implemented that ensures the College has the opportunity to glean information from staff departures about the College functionality, work environment and College leadership as a means of learning from staff	No work was undertaken during this reporting period	An off-boarding checklist is completed along with an Exit Interview as applicable.

Activity (Ends Reference)	Results for this Period	Results to Date
experiences.		

3.2 Financial Management

The following activities relating to the financial management of the College will be undertaken.

3.2.1 Budget Development

The CEO, through the Director of Operations, will develop a budget 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.	College budget is closely monitored to ensure it balances and that various cost savings are achieved to put the College in a better position next fiscal year due to this year adjustments due to COVID-19.	Capital and Operating Budget were re-presented to Council on April 29 regarding potential cutbacks in lieu of staff working from home due to COVID-19 and opportunities for savings to subsidise a 40% reduction in registration dues for the current fiscal year.
The budget development process will include a consultation process with the Council, Committees and with the Executive Committee in order to ensure that the needs of the Council and the Committees have been adequately addressed.	Budget work has begun for next fiscal year 2021–2022.	Capital and Operating Budget were re-presented to Council on April 29 regarding potential cutbacks in lieu of staff working from home due to COVID-19 and opportunities for savings to for the Council to make a recommendation on the potential reduction in registration dues for the current fiscal year.

3.2.2 Financial Reporting

The CEO, through the Director of Operations, will provide Council with Quarterly Unaudited Financial Statements and a variance report explaining expenditures against budgeted amounts.	In Q2 the unaudited financial statements and variance reporting for Q1 were shared with the Executive Committee and Council. The current budget is on track with cost savings of approximately 20% due to shift to remote operations and all meetings being held remotely.	Q4 unaudited financials with variance reporting were presented to the Executive and Council. In Q2 the unaudited financial statements and variance reporting for Q1 were shared with the Executive Committee and Council. The current budget is on track with cost savings of approximately 20% due to shift to remote operations and all meetings being held remotely.
Quarterly unaudited Financial Statements will be presented to the Executive Committee for review and acceptance.	Q1 unaudited financials were presented to the Executive Committee for review and acceptance on September 9, 2020.	Q4 unaudited financials were presented to the Executive Committee for review and accepted on June 3, 2020. Q1 unaudited financials were presented to

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

		the Executive Committee for review and accepted on September 9, 2020.
3.2.3 Annual Audit		
The CEO, through the Director of Operations, will support the annual audit of the College's finances by the external auditor selected by the Council and in concert with the Council's Audit Committee.	Audit Committee met on July 9, 2020 to accept the 2019–20 Audited Financial statements.	Audit Committee met in May to accept Auditor's scope of work, planning and engagement letter. College audit fieldwork commenced on June 15, 2020 for a two-week duration period. Audit Committee met on July 9, 2020 to accept the 2019–20 Audited Financial statements.
The CEO will address any concerns surrounding the management of the College's finances, as set out by the Auditor or the Audit Committee at the time the Auditor and Audit Committee present their findings to the Council.	The 2019–20 Audited Financial statements were approved by Council on July 29, 2020.	The 2019–20 Audited Financial statements were approved by Council on July 29, 2020.

3.3 French Language Services

3.3.1 Translation of materials

Existing content materials for key College programs will be systematically reviewed and translated into French and made available by the College.	As part of the website redesign and the new content library, 19 existing documents have been translated to French during Q2.	As part of the website redesign and the new content library, 62 existing documents have been translated to French since the beginning of the fiscal year.
On a go forward basis, all new materials developed by the College, will be translated once approved and posted to the website.	The Annual Report 2019-20, the Audited financial statement, the one-page infographic AR and the Decision and Reasons Elvis Azad Ali have been translated to French.	The following documents have been translated to French during the current fiscal year: - the new <i>COVID-19 Reopening Guidelines</i> ; - the Annual Report 2019-20; - the Audited financial statement; - the one-page infographic AR; and - the Decision and Reasons Elvis Azad Ali.
The College will translate all Decisions and Reasons of the Discipline Committee into French.	One decision and reason has been translated to French: Decision and Reasons—Elvis Ai.	Two decisions and reasons have been translated to French

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

3.3.2 French speaking personnel		
The College will maintain sufficient French speaking personnel to be able to respond to the needs of the public and the Registrants.	College mandate remains fulfilled.	College mandate is fulfilled.
The College will undertake training of existing French-speaking personnel and any non-French speaking personnel who desire additional learning to encourage the development and maintenance of French language capabilities.	No activity this quarter.	No activity to date.
The College will encourage existing French-speaking personnel and those learning to use French in the office environment.	Staff are encouraged to speak in French with their peers.	

3.4 Operating Policies & Procedures

The College has developed and implemented many operating policies since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating. While procedures have been established, few are fully documented. Finally, there are areas where no written policies or procedures are in place.

3.4.1 Existing Operating Policies & Procedures

A review will be undertaken of existing operating policies and 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. This will coincide with the program reviews.	HR Personnel policy and Insurance policy has been updated and approved.	HR Personnel policy and Insurance policy has been updated and approved.
The College will review Regulations and Program Policies and recommend any required policy changes.	The ICRC program policy were reviewed and changes approved by the ICRC. The QA Program Policies were reviewed and amended to allow for the option of virtual Peer & Practice Assessments.	The ICRC program policy were reviewed and changes approved by the ICRC. The QA Program Policies were reviewed and amended to allow for the option of virtual Peer & Practice Assessments.

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

3.4.2 Development of New Operating Policies & Procedures

New operating policies will be developed based on needs identified by the senior management team or based on Council directions.	An Enforcing Cost Orders, an Expression of Condolences, Operating Reserve Funds and Chart of Accounts policies were developed and approved.	A Translation Policy, an Enforcing Cost Orders, an Expression of Condolences, Operating Reserve Funds and Chart of Accounts policies were developed and approved.
--	---	---

3.5 Records Management and Retention

3.5.1 Records Management Audit

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.	A process has begun for the electronic scanning of all paper-based Complaint and Discipline files from the BDDT-N.	
---	--	--

3.6. Corporate Communications

3.6.1 Communications Return on Investment

The College will monitor its communication vehicles (<i>iNformeD</i> , <i>News Bulletin</i> , website) to determine overall utilisation and a means of gaging its return on investment, as well as opportunities to solicit audience feedback.	Monitoring is ongoing based on the results from quarterly Communications analytics dashboards. - Website visits: 80,368 (including 1,099 to the COVID-19 Information for NDs page and 411 to the COVID-19 page for the public) <i>iNformeD Fall</i> had an open rate of 49.5% much higher than usual. We continued to send A/B testing and have come to a conclusion that the best combination is no image and a call-to-action to encourage the recipient to access the Newsletter. - The average open rate for the July, August and September <i>News Bulletins</i> was 79%. 1 all-Registrant e-mails was sent to the	Since the Beginning of the fiscal year: 164,419 Website visits <i>iNformeD</i> was sent in Fall and had a readership of 49.5%. We continued to send A/B testing and have come to a conclusion that the best combination is no image and a call-to-action to encourage the recipient to access the Newsletter. - The average open rate for the May, June, July, August and September <i>News Bulletins</i> was 82% - All-Registrants e-mails were sent to the profession about COVID-19 and related topics on April 29 (Council decisions re exams, fees, etc.), May 15 (update on return to work status), May 27 (Health Sector Restart & returning
---	---	---

Activity (Ends Reference)	Results for this Period	Results to Date
	profession about the change in terminology used by the College on September 9. The Readership level was of 83%. - Over 115 e-mail inquiries to general@collegeofnaturopaths.on.ca were triaged and responded to where appropriate by Communications. - Andrew's Corner (blog) was visited 786 times.	to practice), May 29 (College Re-opening Guidelines & resources). Readership levels were an all-time high of 91%. 1 all-Registrants e-mails was sent to the profession about the change in terminology used by the College on September 9. The readership level was of 83%. - Over 235 e-mail inquiries to general@collegeofnaturopaths.on.ca were triaged and responded to where appropriate by Communications. - Andrew's Corner (blog) was visited 983 times.
3.6.2 Communications Support and Issues Management		
Provide ongoing marketing communications counsel, planning and development of materials to all College departments as needed.	- Regular editing/approvals for materials created by all departments. - Renewal: - Update Renewal webpage to include banner. - Slider on home page - Deadline included in NEWS on the home page 4 reminders e-mails with an average open rate of 84% - Article in <i>Fall iNformeD</i> - Article in every <i>News Bulletin</i> - Included CE Reminder deadline on home page NEWS and in 3 <i>News Bulletin</i>. - Updated Council member bios on website.	- Regular updates to COVID-19 materials and webpage content for NDs and the public. - Regular editing/approvals for materials created by all departments. - Renewal: - Update Renewal webpage to include banner. - Slider on home page - Deadline included in NEWS on the home page 4 reminders e-mails with an average open rate of 84% - Article in <i>Fall iNformeD</i> - Article in every <i>News Bulletin</i> - Completed tracking and analysis of 2020 Renewal analytics and held debriefing meeting with Renewal team to ID opportunities for improvement. - Revised ETP exam webpages and <i>Which Exam Should I Take?</i>

Activity (Ends Reference)	Results for this Period	Results to Date
		infographic, created page for Biomedical Exam, ongoing revisions of schedules, added new reference materials. • Included CE Reminder deadline on home page NEWS and in 3 <i>News Bulletin</i>. • Created volunteer recognition infographic for use in blog and newsletter during National Volunteer Week. • Investigated e-mail marketing platform options for compatibility with move to Alinity, including research with other HROs. • Created 5th Anniversary logo. • Updated Council member bios on website. • Communication sent a total of 4 Registration reminder e-mails with an average open rate of 84%
Continue with a proactive issues management program to ensure the College is prepared as possible for media interest in upcoming Discipline hearings and other matters, including those that may solicit negative feedback from Registrants and other stakeholders.	The Communications department is constantly monitoring the press.	Responded to incoming inquiry from documentary producer about NDs counselling patients re immune system during COVID-19.
3.6.3 The College Website		
The College's website will be accurate, up-to-date and a valued tool for users.	The website is regularly reviewed and updated to ensure all content is current and accurate and that stakeholders are informed of upcoming events.	
3.6.4 Public and Stakeholder Engagement		
The College will engage naturopathic stakeholders in ongoing dialogue.	The College sent an e-mail to all stakeholders about the results of the Governance review and the change in terminology. Stakeholders were encouraged to review the outcomes on	Regular communications were ongoing with the OAND regarding both organisations' responses to COVID-19 so that, where appropriate, we coordinated

Activity (Ends Reference)	Results for this Period	Results to Date Item 4.02
	the College's website.	information being sent to the profession. E-mails to stakeholders to keep them up to date on the Governance Review.
The College will engage the Ontario Government in ongoing dialogue.	On August 27, 2020, the Council Chair, Dr. Kim Bretz, ND, sent a letter to the Minister of Health explaining the results of the Governance Review and encouraging a dialogue. Regular communication has been undertaken with the Ministry of Health through the Regulatory Oversight Branch. Discussions have focused on the COVID-19 lockdown and what may happen in the future, the College's Regulation amendment and the CPMF.	On August 27, 2020, the Council Chair, Dr. Kim Bretz, ND, sent a letter to the Minister of Health explaining the results of the Governance Review and encouraging a dialogue. Regular communication has been undertaken with the Ministry of Health through the Regulatory Oversight Branch. Discussions have focused on the COVID-19 lockdown and what may happen in the future, the College's Regulation amendment and the CPMF.
The College will engage other health regulatory Colleges in Ontario through the Health Profession Regulators of Ontario (HPRO), formerly known as FHRCO.	No formal meetings of HPRO were held during this period, however, informal bi-weekly meetings initiated during COVID have continued. The CEO has attended several of these informal meetings.	Several meetings of HPRO, both alone and others with the Ministry of Health in attendance were held in this reporting period to address the emerging pandemic crisis.
The College will engage other Canadian naturopathic regulators and support as much as is possible.	A meeting of CANRA members was cancelled as there were insufficient representatives available.	A meeting of CANRA CEOs was held in early June to resume work on activities identified in the strategic plan.
The College will engage Ontarians on regulatory matters.	On July 7, the communications department joined a year in review Zoom meeting with the CAG. The partners discussed topics such as changing the pool of citizens part of the CAG to keep their level of knowledge as close to reality as possible.	- Promoted consultation on the new <i>Telepractice Guideline and Standard of Practice for Infection Control</i> to the Citizen Advisory Group. - Wrote article for CAG newsletter thanking participants in Governance Review consultation and sharing outcomes from Advertising by Regulated Health Professionals CAG survey and meeting led by CONO. - On July 7, the communications department joined a Zoom meeting with the CAG.

Activity (Ends Reference)	Results for this Period	Results to Date
The College will engage Registrants on regulatory and profession-specific matters.	- Articles submitted for <i>iNformeD</i>: - Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformeD</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, - Student's Corner in <i>iNformeD</i>: Tips for NDs Joining a Practice - Providing Regulatory Guidance for Naturopaths - Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> - COVID-19 FAQ updated on July 7	- Registrants were invited via the <i>News Bulletin</i> and website to participate in the current Standard & Guideline Consultation. - Articles submitted for <i>iNformeD</i>: - Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformeD</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, - Student's Corner in <i>iNformeD</i>: Tips for NDs Joining a Practice - Providing Regulatory Guidance for Naturopaths - Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> - COVID-19 FAQ updated on July 7
The College will engage naturopathic educational students on regulatory and profession-specific matters.	Conducted an info session webinar on July 23, 2020 to educate new graduates on the Clinical Sciences exam online delivery platform.	Promoted ETP examination changes to CCNM and to Naturopathic Students' Association. Conducted an info session webinar on July 23, 2020 to educate new graduates on the Clinical Sciences exam online delivery platform.

4. Program Development

In addition to the continued delivery of its existing examinations, the College will focus on the development and launch of new written Entry-to-Practise and biomedical exams. Demonstration-based Objectively Structured Clinical Examinations (OSCEs), initially envisioned for PLAR, will be developed to replace the College's current clinical examinations in the future.

4.1 Written Biomedical Examination

4.1.1 BME Development

The College will continue the development of the written biomedical entry-to-practise examination.	This activity was completed.	
--	------------------------------	--

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

4.2 Prior Learning Assessment and Recognition Program (PLAR)

The College will engage external experts who, in concert with College staff, Committees and Council, will conduct a review of the PLAR program, redevelop it as necessary and fully operationalise the program. As such, the following operational activities will be undertaken.

4.2.1 PLAR Redevelopment

The PLAR Program will be refined and streamlined.

No work was undertaken during this reporting period.

4.2.2 PLAR Program Implementation

PLAR documentation will be fully developed and operationalised.

This activity remains ongoing.

PLAR training will be developed and implemented.

A PLAR “train the trainer” training session was conducted with Registration and Examinations staff on July 9, 2020 on the demonstration-based component of PLAR (with the exception of the OSCEs).

4.2.3 PLAR Information for Applicants

The College will provide information for PLAR applicants as set out in the report of the Office of the Fairness Commissioner

In this reporting period staff initiated draft revisions to the PLAR Program Policy, Language Proficiency Policy and began work on an Alternate Documentation Policy to align with consultant recommendations following completion of the PLAR review and revision project in July. Work was also initiated on updating the Document of Education and Experience and associated guide, drafting a PLAR application tracker and a PLAR applicant handbook in anticipation of policy approvals.

Following revision of the PLAR program costs, a revised PLAR fee schedule will be circulated for consultation as part of the draft by-law amendments.

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

4.2.4 Demonstration-based PLAR component		
No activities planned for this planning year.	Beta testing of the developed PLAR OSCEs has been postponed due to COVID-19	

4.3. Registration Practices

The College will align its registration practices with the fair registration practices as set out by the Office of the Fairness Commissioner's audit and report.

4.3.1 Information for Applicants		
Provide applicants support and consistent opportunities for translation of materials.	Translation of all applicant material is ongoing. Translated materials are currently made available upon request.	
Provide applicants with relevant fee information.	Fee schedules related to making an application for registration are updated regularly and posted in the Application for Registration Handbook.	
Creation of a decision-making guideline describing the registration process	No activity during this reporting period	
4.3.2 Policies, Procedures & Guidelines		
Develop needed guidelines to support registration processes.	No activity during this reporting period.	
Develop needed policies and procedures in support of the registration process.	No activity during this reporting period.	
4.3.3 Registration Audit		
Establish an audit process to monitor, verify and improve the consistency and accuracy of registration decisions.	No registration audits were conducted during this reporting period.	
Establish processes to ensure third parties used in the registration process have assessment practices that meet OFC requirements.	No audits of third-party assessment practices were conducted during this reporting period.	

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

4.4 Volunteer Program Redevelopment

4.4.1 Program Development

The College will develop a competency-based approach to the recruitment process for non-Council Committee members and volunteers.	A further review and update of the competencies has been completed and is under internal review. They will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them.	
A new process for the recruitment of non-Council Committee members and volunteers based on the competencies necessary to fill the roles will be developed and implemented.	A new process has been drafted and is being incorporated into the overall Program Overview. This will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them.	
A new process for welcoming and training non-Council Committee members and volunteers will be developed and implemented with consideration to the approach being developed by other Colleges.	A new process has been drafted and is being incorporated into the overall Program Overview. This will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them	

4.5 Inspection Program Review

4.5.1 Inspection Timing

The College will undertake a review of the timing of inspections with the intent of adjusting the schedules for the original “existing premises” that had to be inspected within the first two (2) years of launch to spread those over a longer period.	No activity this reporting period.	No activity this fiscal year.
--	------------------------------------	-------------------------------

4.5.2 Inspection Fees

The College will undertake a review of all costs of inspections, as the initial five-year cycle will end in the subsequent fiscal year, with the intent of adjusting the fees to ensure that the program is revenue-neutral, that is, the inspections conducted pay for the costs of operating the program.	No activity this reporting period.	No activity this fiscal year.
---	------------------------------------	-------------------------------

Activity (Ends Reference)	Results for this Period	Results to Date Item 4.02
4.6 College Data Management System Redevelopment		
4.6.1 Data Management System Implementation		
A new database to manage College operational systems and replace iMIS will be implemented.	College continues to work on Phase 1 of the implementation and date has been revised to mid November due to some unanticipated issues with one of the Registries.	College is working on Phase 1 of implementation and is slated to go live November 2020. There is anticipated overlap with the two databases until at minimum the end of the calendar year.
4.6.2 Public Registry Redevelopment		
An operating policy governing the public registry will be developed, in compliance with the College by-laws in preparation for re-programming of the Registry.	Public Registry policy remains in draft.	Public Registry policy is in draft.
A new registry will be developed in conjunction with any changes to the College's data management system.	Corporations Registry has been approved and final approval is pending on the IVIT Premise and Unauthorized Practitioners Register.	Public Register is now completed within the new data management system-currently working on additional registries. Corporations Registry has been approved and final approval is pending on the IVIT Premise and Unauthorized Practitioners Register.
4.6.3 College Website Redevelopment		
A new College website will be developed.	Development of the new College website is well underway. 78Digital has completed the wireframe development and the new site is up and running in a staging area. Staff have been trained on how to upload webpages. Media Profile has been engaged to assist in the content rewriting process. All pages have been reviewed and are now in the rewriting stage. Final pages are expected to be uploaded by the end of October to allow for website testing.	Development of the new College website is well underway. 78Digital has completed the wireframe development and the new site is up and running in a staging area. Staff have been trained on how to upload webpages. Media Profile has been engaged to assist in the content rewriting process. All pages have been reviewed and are now in the rewriting stage. Final pages are expected to be uploaded by the end of October to allow for website testing.

Activity (Ends Reference)	Results for this Period	Results to Date
---------------------------	-------------------------	-----------------

Item 4.02

4.7 Review of College Finances and Fees		
4.7.1 Request for Proposals		
No activities in this planning period.		
4.7.2 Five-Year Review		
No activities in this planning period.		

4.8 Property Search		
4.8.1 Request for Proposals		
No activities in this planning period.		

ACTIVITIES OUTSIDE OF THE OPERATING PLAN

The College was required to undertake the following activities although they were not anticipated and fall outside of the current Operational Plan:

This reporting period:

COVID-19 continues to impact our ongoing planning and operations. Daily briefings with the government and held earlier are now held weekly and attended by the Deputy CEO. We also continue to respond to ongoing questions from Registrants and the public about the virus and naturopathic practice.

In addition, the planned reopening of the College physical space was implemented on September 8th; however, as Council was informed, the office was closed once again on September 22, 2020 due to a potential exposure to COVID-19. At this time, there are no plans to attempt to re-open the office given the significant growth in COVID-19 cases being experienced in Ontario and specifically the GTA. Staff are able to go into the office to perform specific tasks that require the equipment. They may stay in the office for a few hours as needed but do not work from that location. The Director of Operations monitors when staff will be entering to ensure that the number of staff in the office at any given time remains low (ideally 3–5 people).

Activity (Ends Reference)	Results for this Period	Results to Date	Item 4.02
---------------------------	-------------------------	-----------------	-----------

REPORT ON EXECUTIVE LIMITATIONS COMPLIANCE

This part of the Report on Operations will provide the Council with information regarding the CEO's compliance with the Executive Limitation Policies established by the transitional Council.

Policy No.	Name	Compliance	Explanation/ Notes
EL01.00	Global Executive Constraint	Yes	
EL02.00	Emergency CEO Replacement	Yes	
EL03.00	Communications and Council Support	Yes	
EL04.00	Treatment of Staff	Yes	
EL05.00	Financial Condition and Activity	Yes	
EL06.00	Financial Planning and Budgeting	Yes	
EL07.00	Financial transactions	Yes	
EL08.00	Asset Protection	No	See note 1
EL09.00	Workplace Violence	Yes	
EL10.00	Workplace Harassment	Yes	
EL11.00	Administration of Statutory Committees and Panel	Yes	
EL12.00	Operation of the Register	Yes	
EL13.00	Treatment of Registrants	Yes	
EL14.00	Support to Council	Yes	
EL15.00	Program Administration	Yes	
EL16.00	Treatment of the public	Yes	

Activity (Ends Reference)	Results for this Period	Results to Date	Item 4.02
---------------------------	-------------------------	-----------------	-----------

Note 1:

EL.08 #9: "Deposit monies in an unsecured chequing account."

At the start of each month, the College requires a capital of \$120,000 - \$160,000 to cover wages, rent and all other accounts payable. Any amount greater than \$100,000 is not considered as unsecured. However, under #8, all College assets are with a bank under schedule 1 – in which risk of bankruptcy is very minute.

Respectfully submitted,

Andrew Parr, CAE
CEO
October 2020



The College of Naturopaths of Ontario

MEMORANDUM

DATE: October 28, 2020

TO: Council members
College of Naturopaths of Ontario

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Appointment of Samuel Laldin

As you will know, Mr. Samuel Laldin of Kingston, Ontario was appointed to the Council of the College on October 18, 2017 as a Public Member, by Order in Council. His term expired on October 17, 2020.

In the most recent round of changes to the College's by-laws, the Council instituted provisions to allow it to appoint members of the public who are not appointed by Order-in-Council, to its Statutory and Non-statutory Committees. In fact, in April of this year, the Council made its first appointments under these provisions when four members of the public were appointed to Council Committees.

With the expiration of Mr. Laldin's Order-in-Council, he now becomes eligible for appointment by the Council under the new by-law provisions. Mr. Laldin has expressed an interest in continuing, should the Council be so inclined.

Given this, it would be my recommendation to the Council that it appoints Mr. Samuel Laldin to the Patient Relations Committee (as Chair) and to the Discipline Committee and Inspection Committee.

Please note that while the Council may appoint Mr. Laldin to the Discipline Committee and while the Chair of the Committee may appoint him to a panel of the Committee for the purposes of a hearing, when sitting on a panel, Mr. Laldin will not fulfill the requirements for a Public Member on a panel as set out in section 38(2) of the Code as he is not appointed by Order-in-Council to the College Council.





The College of Naturopaths of Ontario

BRIEFING NOTE

Temporary Extension of a Standard of Practice Policy Timeframe

PURPOSE: The Registration Committee is seeking the approval of Council to grant a temporary extension to the timeframe noted in the Prescribing and Therapeutics Program & Examinations Policy for retaking a singular component of the Ontario Prescribing & Therapeutics exam.

OUTCOME Approval of the Registration Committee's recommendations is sought.

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

PROCESS:

Activity:	Discussion		
Results:	Consideration and a 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 March 17, 2020, the Ontario Legislature passed a Declaration of Emergency under the *Emergency Management and Civil Protection Act* in response to the COVID-19 pandemic, which included orders prohibiting events and gatherings of more than 5 individuals, and the temporary halting of legislated timeframes. This state of emergency extended into the early summer months, necessitating cancellation of the College's May 24, 2020 Intravenous Infusion Therapy (IVIT) exam and its June 21, 2020 Prescribing and Therapeutics exam. Further, stage 3 restrictions, which limit indoor gatherings to 50 individuals, has resulted in the College's need to cap registration at a lower capacity for the October 25, 2020 sitting of the Ontario Prescribing and Therapeutics exam and the December 6, 2020 sitting of the Ontario IVIT exam.

In accordance with the IVIT Program and Examinations Policy (copy enclosed), Registrants registered in the General class, wishing to practise IVIT are required to meet certain timeframes for sitting an exam, and for meeting the associated Standard of Practice for Prescribing.

In accordance with the Prescribing and Therapeutics Program and Examinations Policy (copy also enclosed), candidates wishing to retake only the component of the exam they were unsuccessful in, must do so within three attempts of the exam, and two years of their completion of the requisite training course.

As these timeframes are noted in policy only, not in regulation, the Declaration of Emergency did not allow the College to "stop the clock" for a portion of 2020. A review of each program policy was therefore undertaken by the Committee to determine whether any policy change or

potential relief measure was warranted in light of the impact of COVID-19 on these post-registration examinations.

As a result, and for reasons that will be discussed below, the Registration Committee is seeking the approval of the Council to grant a temporary extension to the timeframe noted in Prescribing and Therapeutics Program & Examinations Policy for retaking a singular component of the Ontario Prescribing & Therapeutics exam. No recommendations are being made with respect to extending the timeframe related to IVIT nor to the timeframes for meeting a Standard of Practice from point of successful completion of its associated exam(s).

DISCUSSION POINTS:

Policy Timeframes Related to the Standard of Practice for IVIT

Two policy timeframes related to the Standard of Practice for IVIT were considered by the Committee: the two-year window granted to Registrants to complete the IVIT exam from point of completion of an approved IVIT course, and the two-year window granted to Registrants to successfully complete the Prescribing exam from point of successful completion of the IVIT exam, granting them the authority to perform IVIT.

- **Two-year window for completing the IVIT exam from date of IVIT course completion.**

While the point of the two-year window is to ensure currency with respect to knowledge and skill, such currency is of equal benefit to the Registrant for being successful in their examination attempt. While refresher courses were discussed as a possible temporary stop gap, the ultimate determination was that refresher courses are intended to allow Registrants practising IVIT to refresh some skills, they are not meant to cover the full gamut of what an exam candidate is expected to know and demonstrate in an exam or ensure that all competencies for practising IVIT have been fully addressed.

- **Two-year window from point of IVIT exam completion to completion of the Prescribing exam (for being able to administer IVIT).**

As with the above, the Committee agreed that by extending this timeline, substantial risk is posed to the public in allowing a Registrant, who has not had to perform any of the controlled acts associated with the Standard of Practice for IVIT in over two years (when completing the exam) to incorporate this into their practise. The Committee agreed that it is in the public's best interest that those who have exceeded this timeline but still wish to meet the Standard of Practice for IVIT, follow policy directive, with the completion of another IVIT training course and the College's IVIT exam, in addition to passing the Prescribing exam.

In both instances, the Committee determined that the potential risk of harm posed in allowing the performance of IVIT, whether in an exam setting (where venous access is required to be demonstrated) or within one's practise, over the two-year window of skill atrophy outweighed the potential hardship experienced by a small percentage of Registrants who in having exceeded this window, will be required to re-take a full IVIT training course and the Ontario IVIT examination, if seeking to meet the Standard of Practice for IVIT. As such, the Committee is not recommending any temporary extensions to any of the timeframes noted in the IVIT Program & Examinations Policy however, for the purposes of transparency, this information is being included for consideration by the Council.

Policy Timeframes Related to the Standard of Practice for Prescribing

Two policy timeframes related to the Standard of Practice for Prescribing were considered by the Committee: the two-year window granted to exam candidates to successfully complete the Ontario Prescribing & Therapeutics exam from point of course completion, and the two-year

window granted to candidates from point of completion of the prescribing course to retake only the component of the prescribing exam that they failed during a previous attempt.

- **Two-year window to successfully complete the Ontario Prescribing & Therapeutics examination from point of course completion.**

As a series of self-guided study modules, videos and associated readings, the Ontario Prescribing and Therapeutics course offered by the Therapeutics Education Collaboration (TEC) allows for continuous, on-going study in contrast to an in-person course where instruction and information is imparted within a set period of time. While the policy does note that a candidate must “retake the course” if they have not successfully completed the examination within 2 years of their declared date of course completion (declared at exam registration for their initial attempt), candidates have access to this content (without needing to repurchase) until the point of successful completion of the exam. Given the breadth of content covered in the examination, a candidate will not be successful without having remediated their knowledge of therapeutic prescribing with a fulsome review of this course content prior to any examination attempt. As such, no extension is being requested for this timeframe.

- **Two-year window from point of completion of the prescribing course to retake only the component of the prescribing exam that they failed during a previous attempt.**

In reviewing this specific timeframe, the Committee considered competencies tested in each component of the exam (i.e., cross pollination of the competencies being assessed), access to course material, the study and review required to sit any component of the exam, and level of risk to public protection. As per the policy change in April 2018, a decision had been made by Council to allow candidates to retake only the component they failed, having determined that enough cross pollination of competencies exist between the different exam components, that even in sitting one component of the exam, a broad enough snapshot of competency was achieved to provide the College with assurances that the candidate possessed sufficient knowledge, skill and judgement to safely and competently perform the controlled acts associated with the Standard of Practise for Prescribing.

Based on the above information, including the cancellation of one prescribing examination session, and the limited capacity of the second session this year, the Committee is recommending a temporary, 12-month extension to the two-year window established in policy, to allow those candidates who were unsuccessful with one component of the exam during a previous exam attempt in 2018 or 2019, to retake only that portion of the examination at an upcoming sitting in 2021. To account for the exam capacity restrictions which will remain in place during the pandemic, the College has scheduled an additional exam session to run in 2021; three sessions in total for the year.

Should Council approve the extension, preference with respect to exam registration would be granted to Registrants, rather than non-Registrants (i.e., ND students, new grads or those registered as NDs in other regulated provinces) in 2021, and Registrants who had unsuccessfully completed an exam component during a previous attempt, and had reached this two-year window in 2020, would be contacted separately by College staff to advise of the extension with the requirement that they register and sit the exam in 2021. Similar messaging would be noted on the College website where examination information is posted.

It is important to note that while the Committee is seeking approval of the extension for completion of the examination as detailed above, it is not seeking to extend the two-year window, from point of successful completion of the exam to point of initial registration with the College, for non-Registrants (i.e., new grads or 4th year students) to have the Standard of Practice for Prescribing recognized. This is due to the potential risk of harm that may be posed

with skill atrophy.

ANALYSIS

Risk Assessment – In electing not to grant extensions for all policy associated timelines related to the post-registration Standards of Practice, the College faces the risk of criticism and anger from Registrants and future applicants.

Privacy Considerations – There are no privacy concerns.

Transparency – As this briefing, as well as the Council's discussion, will be public, transparency requirements have been addressed.

Financial Impact – There are no financial implications in this recommendation.

Public Interest – Discussions regarding public safety, as set out above, address the public interest element of this decision.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve a temporary, 12-month extension to the timeframe noted in the Prescribing and Therapeutics Program & Examinations Policy for retaking a singular component of the Ontario Prescribing & Therapeutics exam.

Further, the Committee recommends that this extension be granted only to Registrants who were unsuccessful in completing a component of the exam in 2018 or 2019.

Danielle O'Connor, ND
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

October 1, 2020

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. P06.03
		Page No. 1

Intent/Purpose	To establish a policy governing the intravenous infusion therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	General Class Certificate of Registration	As defined in section 1(1) of the Health Professions Procedural Code means a Certificate of Registration issued by the Registrar, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.
	Deferral	Means a granted postponement of a Candidate's attempt at one or more examinations.
	Examinations Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's current needs arising from a disability, physical limitation or religious requirement.
	Examination Violation	Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.
	Good Standing	Means the status assigned to a Member when they are current on dues and payments and are current with the registration requirements assigned to their Class of Registration.
	Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Member's competencies to perform IVIT safely, competently and ethically.
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the Member's patient by intravenous infusion therapy.
	Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
	Member	Means a person registered with the College as defined in section 1(1) of the Health Professions Procedural Code.
	Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the Registrar, and the imposition of terms, conditions or limitations on Certificates of Registration as

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 2

deemed necessary in accordance with 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 Regulation Means Ontario Regulation 84/14 as amended from time to time.

General Regulation Means Ontario Regulation 168/15 as amended from time to time.

Standard of Practice for IVIT Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.

General	Regulation	Determinations of whether a Member has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy.
		Registration staff and Members of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.

Eligibility Requirements for the Practise of IVIT Any Member who wishes to perform the controlled act of administering intravenous infusion therapy must:

- Hold a General Class without any terms, conditions or limitations which restrict the Member from engaging in direct patient care;
- Be in Good Standing with the College;
- Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council;
- Have met the Standard of Practice for Prescribing, as outlined in the General Regulation;
- Hold \$3 million per claim and \$3 million aggregate level in professional liability insurance in addition to the \$2 million coverage required of all Members holding a General Class Certificate of Registration, in accordance with section 19 of the College By-laws;
- Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT.

Skills Atrophied Members holding an Inactive Class Certificate of Registration or a General Class Certificate of Registration with a Non-Clinical Term,

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 3

Condition or Limitation (TCL) with the College for more than two (2) years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

Core Competencies for the Practise of IVIT

Members performing intravenous infusion therapy possess the knowledge, skill and judgment in the following IVIT core competencies to ensure safe and effective practise:

- Clinical rationale, including knowledge of indications and contraindications related to the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option;
- Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment;
- Record keeping, including knowledge of documentation, charting and labeling requirements, appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements;
- Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control;
- IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment;
- IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures;
- IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types and gauges of needles and how to respond to common equipment issues;
- Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique;
- Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous,

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 4

musculoskeletal, and endocrine systems, proper set-up, administration and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.

IVIT Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of Candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced; 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT; 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for IV infusion therapy, emergency response and infection prevention and control; 4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation; 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the Laboratory and Specimen Collection Centre Licensing Act, the General Regulation and the Standards of the College; 6. All participants who successfully complete the course and course examination must be provided with a certificate of completion signed and dated by the course instructor 7. The course must contain six (6) to eight (8) hours of dedicated emergency procedures content, including one (1) hour of emergency procedures role play, which addresses the following: • How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and IV line issues (e.g. line obstructions and tubing disconnects); • Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios;
-----------------------	----------	---

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 5

- Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters);
 - Documentation and reporting requirements around adverse reactions.
8. Course must have a practical component which:
- Requires participants to perform at least one (1) successful infusion with proper insertion and termination;
 - Requires participants to perform at least one (1) successful IVIT push with proper insertion and termination;
 - Requires participants to perform at least seven (7) angiocath insertions, and at least three (3) butterfly insertions;
 - Requires participants to compound a bag for IVIT using a laminar air flow hood; demonstrating proper infection control measures and garbing protocol;
 - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique;
 - Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties;
 - Demonstrates chevron technique and the use of transparent dressings (e.g. transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.
9. Course must have a calculation requirement which requires participants to complete at least ten (10) osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.
10. Course instructors must be in Good Standing with their regulatory body.

Course Audits

The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor.

Revocation of Course Approval

The College reserves the right to review and/or revoke course approval in the following instances:

- Failure to adhere to the training course requirements and the course outline approved by the Registration Committee;
- Unsafe or unsanitary practises occurring during the training course;
- Known plagiarism of course content;
- IVIT complaints and discipline related matters involving course instructors;

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 6

- Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.

Course Updates Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and to regulated health profession industry standards concerning IVIT, and such changes are subject to a review and approval by the Registration Committee.

Any updates must be submitted to the Registration Committee prior to implementation.

Course Changes Changes to course material and/or references must be reviewed and approved by the Registration Committee.

Any changes must be submitted to the Registration Committee prior to implementation.

IVIT Examination	General	In order to have been deemed to have met the Standard of Practice for IVIT, a Member must successfully complete an examination administered or approved by Council.
	Eligibility	A Candidate is eligible to sit the College's IVIT examination provided they: • Hold a General Class Certificate of Registration without any terms, conditions or limitations that restricts the Member from engaging in direct patient care and are in Good Standing with the College at the time of application for the IVIT exam, or; • Are a registered ND in a regulated Canadian jurisdiction, and; • Have successfully completed a Council approved Ontario IVIT training course no more than two (2) years prior to the date of the exam.
	Exam Registration	Exam registration priority will be given to Members of the College. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
	Course Validity	Examination attempts must be made within two (2) years of the date of a Candidate's successful completion of the IVIT training course. A Candidate who has exceeded the two (2) year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
	Examination Attempts	Three (3) initial attempts are provided to Candidates to successfully complete the IVIT examination. A Candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.03
	IVIT Program & Examinations Policy	Page No. 7

determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.

Window of Exam Ineligibility	A Candidate, who has failed the IVIT examination three (3) times will be ineligible to sit the examination again until the two (2) year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	Prior to being eligible to make a fourth attempt of the IVIT exam, a Candidate must successfully re-take a Council approved Ontario IVIT training course. For the purposes of public protection, Candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam.
Retakes	Candidates who have failed any one (1) component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
Accommodations	To ensure Candidates are provided fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any Candidate. Requests for accommodation will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Deferrals	Any Candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Examination Violations	All Candidates are required to comply with the Examination Rules of Conduct as established by the Registrar. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Passing Requirements	To pass the IVIT examination, the Candidate must score 75% on each component of the examination.

P:\C-Corp\C.11-Corp Plcy-Procdrs\11.04 - Professional Practice And Program Policies\11.04.05 - Program Policies\Examinations\APPROVED\P06.03-IVIT Program And Examinations Policy (Revised Oct 2019).Docx

DATE APPROVED	DATE LAST REVISED
October 20, 2014	October 30, 2019

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 1

Intent/Purpose	To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Candidate	Any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	General Class Certificate of Registration	As defined in section 1(1) of the Health Professions Procedural Code means a Certificate of Registration issued by the Registrar, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.
	Deferral	A granted postponement of a Candidate's attempt at one or more examinations.
	Drug	As defined in the <i>Drug and Pharmacies Regulation Act</i> .
	Examinations Accommodation	An adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's current needs arising from a disability, physical limitation or religious requirement.
	Examination Violation	A contravention of the College's Examination Policy, or Examination Rules of Conduct.
	Good Standing	The status assigned to a Member when he or she is current on dues and payments and is current with the registration requirements assigned to their Class of Registration.
	Prescribing and Therapeutics Examination	A two-part examination approved by the Council of the College that includes both written and oral components which tests a Member's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
	Member	As defined in section 1(1) of the Health Professions Procedural Code, means a Certificate of Registration issued by the Registrar.
	Registration Committee	The statutory committee of the College responsible for all registration matters referred to it by the Registrar, and the imposition of terms, conditions or limitations on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.
	Registrar	The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the 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.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 2

Registration
Regulation

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

Standard of
Practice for
Prescribing

As defined in section 9(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practice of prescribing.

CNME

The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.

General	Regulation	Determinations of whether a Member has met the Standard of Practice for Prescribing, or whether a therapeutic prescribing course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and Members of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements for the Practise of Therapeutic Prescribing	Any Member who wishes to perform the controlled acts of prescribing, compounding, selling, or dispensing a drug, or administering a drug by injection or inhalation must: • Hold a General Class without any terms, conditions or limitations which restrict the Member from engaging in direct patient care; • Be in Good Standing with the College; • Have successfully completed a training course in therapeutic prescribing, approved by Council, that covers the core competencies for the practise of prescribing, and an examination in therapeutic prescribing administered or approved by Council; • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to prescribing.
	Skills Atrophied	Members holding an inactive class Certificate of Registration or a general class Certificate of Registration with a non-clinical Term, Condition or Limitation (TCL) with the College for more than two (2) years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of prescribing a drug.
	Core Competencies for the Practise of Therapeutic Prescribing	Members performing the controlled act of prescribing a drug possess the knowledge, skill and judgment in the following core competencies to ensure safe and effective practise: • Clinical rationale, including knowledge of indications and contraindications related to prescription and non-prescription
DATE APPROVED		DATE LAST REVISED
April 28, 2015		April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 3

drugs and substances, knowledge of appropriate starting dosages and titration schedules, and the ability to assess when a prescription is not an appropriate treatment option;

- Therapeutic treatment plans, including medical history taking, medications and allergies, physical examination and informed consent requirements, appropriate tests and labs for monitoring, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to treatment;
- Record keeping, including knowledge of documentation, charting, prescription writing and prescription labeling requirements;
- Ontario approved drugs and substances as tabled in the General Regulation, limitations, and related standards of practice around the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a substance by inhalation or injection;
- Adverse reactions and emergency situations, including knowledge of how to assess, and respond to an adverse drug reaction, how to administer emergency substances, dosages and route of administration for emergency substances, reporting an adverse drug reaction in conjunction with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures;

Therapeutic
Prescribing
Training
Courses

Approval

In order for the Council to approve a course, and for that course to be recognized by the College for training in therapeutic prescribing, and qualification of Candidates for the Prescribing and Therapeutics examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council.

In reviewing an application for approval, the Registration Committee will base their decision on the following criteria:

1. Course material must be fully referenced;
2. Course is a minimum of 32 hours of structured learning and covers all core competencies necessary for the practise of therapeutic prescribing;
3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for therapeutic prescribing;
4. All participants who successfully complete the course must be provided with a certificate of completion signed and dated by the course instructor
5. The course must contain content which addresses the following:

DATE APPROVED	DATE LAST REVISED
April 28, 2015	April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 4

- Evidence based prescribing, principles and practice including informed decision making related to prescription and non-prescription medications for the treatment of cardiovascular disorders, psychological issues, pain management, respiratory disorders, endocrine disorders, reproductive issues, dermatological issues, nutritional deficiencies, and addiction issues;
- How to create therapeutic plans and monitor therapy to ensure safe and effective treatment for specific conditions;
- Medical history taking with respect to prescription medications, selecting appropriate starting doses and titration schedules when initiating select prescription medications, and strategies for determining when a prescription may not be needed or may be harmful;
- How to recognize and report situations where an adverse drug reaction may have occurred.
- Writing prescriptions using patient case scenarios, defining risks, benefits and monitoring parameters;
- Ontario regulation, related standards and requirements with respect to the controlled acts of prescribing, dispensing, compounding or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.

Course Audits	The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor(s).
Course Updates	Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and other regulated health profession industry standards concerning the controlled act of prescribing, and such changes are subject to a review and approval by the Registration Committee. Any updates must be submitted to the Registration Committee prior to implementation.
Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 5

Prescribing and Therapeutics Examination	General	To be deemed to have met the Standard of Practice for Prescribing, a Candidate must successfully complete an examination administered or approved by Council, and: • Be a Member of the College, in Good standing; or • Become a Member with the College within two (2) years of successfully completing the examination.
	Exam Eligibility	A Candidate is eligible to sit the Prescribing and Therapeutics examination provided they are: • A Member of the College, in Good Standing, at the time of application for the examination; or • A registered ND in a regulated Canadian jurisdiction; or • Enrolled in a CNME accredited program in Canada, and within 12 months of graduation from said program; And have completed a Council approved training course on therapeutic prescribing no more than two (2) years prior to the date of the exam.
	Passing Requirements	To pass the Prescribing and Therapeutics examination, the Candidate must score 60% on each component of the examination.
	Examination Attempts & Retakes	Candidates are provided three (3) attempts to successfully complete the Prescribing and Therapeutics examination and must do so within two (2) years of the date of their completion of the therapeutic prescribing training course. A Candidate who has failed the Prescribing and Therapeutics examination for a second time, will be required to complete additional education or training, if any, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third and final time. A Candidate who has exceeded the two (2) year window from their date of successfully completing a therapeutic prescribing training course will be required to re-take a Council approved training course prior to being eligible to re-attempt the Prescribing and Therapeutics examination. Candidates who have failed any one (1) component of the Prescribing and Therapeutics examination may elect to only retake the component of the examination for which they were unsuccessful, provided the retake component is completed within three (3) attempts and two (2) years of their completion of the course.
	Accommodations	To ensure Candidates are provided fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any Candidate. Requests for

DATE APPROVED	DATE LAST REVISED
April 28, 2015	April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.04
	Prescribing and Therapeutics Program & Examinations Policy	Page No. 6

accommodation will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.

Deferrals

Any Candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.

Examination Violations

All Candidates are required to comply with the Examination Rules of Conduct as established by the Registrar. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	April 25, 2018

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATIONS	Item 6.04
	Title	Policy No. EL17.00
	Restricted Reserve Funds	Page No. 1

The Chief Executive Officer shall not allow the College to have insufficient reserve funds in order to cover variable and/or unforeseen costs and expenses in key areas of activity as set out by the Council.

Accordingly, the CEO shall not,

- 1 Fail to establish and maintain the following reserve funds: Investigations and Hearings Reserve Fund, Patient Relations Reserve Fund, Succession Planning Reserve Fund, and the Business Continuity Reserve Fund.
- 2 Transfer funds to and from the reserve funds, except as set out in this policy, unless they have been approved by the Council upon recommendation of the Audit Committee or the Chief Executive Officer.
- 3 Fail to ensure the reserve funds have the following amounts, as soon as practicable, and to maintain the funds at these amounts thereafter until otherwise directed by Council:
 - a) Investigations and Hearings Reserve Fund at a minimum of \$1,000,000 and a maximum of \$2,000,000;
 - b) Patient Relations Reserve Fund in the amount of \$100,000;
 - c) Succession Planning Reserve Fund in the amount of \$50,000;
 - d) Business Continuity Reserve Fund at a minimum of \$3,000,000 and a maximum of \$4,000,000.
- 4 Fail to transfer funds into the reserve funds from the Colleges surplus in any given fiscal year, as determined by the preliminary audit presented to the Audit Committee, to bring the reserve fund amounts to the established minimum amounts, in the following priority sequence and amounts:
 - a) Patient Relations Fund – Up to the amount used in that fiscal year;
 - b) Investigations and Hearings Fund – 5% of surplus;
 - c) Business Continuity Fund - 10% of surplus
 - d) Succession Planning Reserve Fund – 1% of surplus.
- 5 Fail to transfer funds from the Investigations and Hearings Fund to cover any cost that exceed budgeted amounts in the fiscal year for costs related to legal costs for investigations and hearings, including appeals before any tribunal, conducting investigations, and conducting discipline and fitness to practice hearings.
- 6 Fail to transfer funds from the Patient Relations Fund to cover any costs that exceed budgeted amounts in the fiscal year for payments for therapy and counselling under the Patient Relations Program.
- 7 Fail to transfer funds to or from the reserve funds as directed by Council.

DATE APPROVED	DATE LAST REVISED



The College of Naturopaths of Ontario

BRIEFING NOTE

Broadcasting, Recording and Posting Council Meetings

PURPOSE: To discuss whether it be the desire of Council to broadcast, record and later post the recordings of the Council meetings publicly.

OUTCOME: That the Council has considered this approach and makes a decision.

NATURE OF DECISION: ☐ Strategic ☐ Regulatory Processes & Actions ☒ Other: Transparency, accessibility

PROCESS:

Activity:	Discussion		
Results:	Consideration and a Decision		
Overall Timing:	20 minutes.		
Steps/Timing:	1.	CEO to present overview of concept and decisions point	5 minutes
	2.	Council questions and answers	5 minutes
	3.	Council discussions	5 minutes
	4.	Council motion and vote	5 minutes

BACKGROUND:

The Council of the College has committed to being open and transparent, in particular when it comes to decisions of the College, the Council and where possible, of the Committees. The College has focused considerable energy in increasing transparency and accessibility of the Council.

Although all Council meetings are open to the public, few Registrants or members of the public actually attend the Council meetings. This has always been due in part to the length of the meetings and the requirement to come downtown Toronto to the head office of the College.

Consideration has been given in the past to broadcasting the Council meetings so that the public and Registrants can watch the meetings; however, the costs to do so have been steep. Costs would have included the installation of cameras and a complete audio system, as well as a sound board to mix audio and video and an expert to perform the mixing.

Now that the Council meetings have moved to an on-line video system, the costs of broadcasting, recording and posting the meetings have been significantly reduced and, in fact, most costs have eliminated.

DISCUSSION POINTS:

Transparency and Accessibility

Among the eight transparency principles adopted by the Council are the following:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information to trust that this system of self-regulation works effectively.

It would be naïve to suggest that the public or Registrants would access the College Council meetings en masse. However, the principle that the meetings can be accessed, either in a live broadcast or in a recorded form might suggest to the public that the Council has nothing to hide and will hold its meetings in a forum that allows broad access.

For those who do access the meetings, they would see the level of care and consideration the Council puts into its decision-making and the degree to which the public interest is the highest of considerations. It would also give both the public and Registrants a better understanding of the job of the Council and the complexities of the issues that often come before it. Anecdotally, we have heard this from those Registrants who have come to visit in the past.

2. Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.

Enabling the public and Registrants who wish to do so, to watch the proceedings live or in a recorded form provides access to the senior most decision-makers of this regulatory authority. This will demonstrate a very high level of accountability to the public.

3. 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.

The Council receives relevant, credible and accurate information about the issues that it decides upon. That information is released publicly. The only piece of the puzzle missing is to see how the Council uses it.

Alignment with the Ends Policy

The current Ends Policy set by the Council makes an overall commitment to leadership and innovation in regulation. In support of that overall commitment, the Council sets the following four strategic objectives:

- The College is a leader in accountability for naturopathy in Ontario.
- Stakeholders understand the role of the College, have confidence/trust in its ability to perform its role and cooperate with the College in regulation of the profession.
- The College is a leader in being open and transparent.
- The College regulates the profession efficiently and effectively.

For all of the same reasons set out above, broadcasting, recording and posting Council meetings makes sense within this policy.

Why it may not work

People may feel that they need to watch what they say more carefully in order to ensure that confidential information is not disclosed or privacy rights violated or to ensure they are not potentially embarrassed by what they say. It needs to be kept in mind that the broadcast and recording are predicated on the use of the video platform the College presently uses. The College is not equipped to provide this if and when we return to in-person meeting. In the current environment, Council members have become accustomed to keeping themselves muted when not speaking and only speaking when they have something different to say than that which has already been said by others.

ANALYSIS

Risk Assessment – When broadcasting live, there are risks that someone might say something inappropriate and that risk is compounded as the meeting is recorded and posted for use by others. Discretion will be needed, and all Council members and staff will need to be careful.

Privacy Considerations – There are no privacy concerns.

Transparency – The transparency principles have been addressed above.

Financial Impact – Since the intention is to use the current videoconferencing platform and YouTube to broadcast and record the meeting, the costs are low and would involve small amounts to verify the College's YouTube account.

Public Interest – Discussions of accountability and transparency as set out above speak to the public interest element of this decision.

RECOMMENDATIONS

It is recommended that the Council agree to have Council meetings, starting in January, broadcasted live and recorded for public posting.

Andrew Parr, CAE
Chief Executive Officer
October 2020



The College of Naturopaths of Ontario

BRIEFING NOTE**Incorporation of the Canadian Alliance of Naturopathic Regulatory Authorities**

PURPOSE: The CEO is seeking approval of the Council to enter into a formal alliance of the Canadian Naturopathic regulators by incorporation of the existing informal alliance.

OUTCOME Approval of the Incorporation Documentation is sought.

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

PROCESS:

Activity:	CEO will make a brief presentation about the history of CANRA and the origins of the desire for incorporation, as well as the incorporation documents.		
Results:	It is anticipated that the Council will, after posing questions, approve the incorporation request as it will fulfil one of the CEO's Priorities for the current year.		
Overall Timing:	15 minutes.		
Steps/Timing:	1.	CEO presentation	5 minutes
	2.	Questions from Council and answers	5 minutes
	3.	Motion and Vote	5 minutes

BACKGROUND:

To-date, the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) has been a loose alliance of Canadian regulators.

In February of 2019, the Alliance held its first strategic planning sessions among the five participating regulators and a draft strategic plan was established from the meeting.

Included among the elements of the plan was a formalization of the Alliance through incorporation.

The Registrars of the regulators developed formal incorporation documents, and three attempts have been made to hold a formal meeting of the alliance to get approval, but no date where all participants were available could be found.

As an alternative approach, the Registrars have decided to take the documents to their respective Council's for approval.

To date, the Saskatchewan Association of Naturopathic Practitioners and the College of Naturopathic Doctors of Alberta have already approved the documents.

DISCUSSION POINTS:

Five documents are attached to this briefing, including:

- Draft by-laws,
- Articles of Incorporation under the Canada Not-for-Profit Corporations Act,
- Initial Registered Office Address and Board of Directors,
- Organizing Resolutions of Members, and
- Organizing Resolutions of Directors.

There are a number of key principles embodied in these documents which have been agreed upon by the four founding Registrars:

- The Canada Not-for-Profit Corporations Act requires that certain elements be contained in the by-laws, including such things as disciplining Members.
- The registered office of CANRA will initially be in Edmonton, Alberta; however, it can be moved to Ottawa at some future date if it is deemed necessary and advisable to do so.
- The “members” are individuals who are appointed by the Naturopathic Regulatory Colleges to participate in the meetings and it has been presumed that the Registrar’s will be those individuals.
- The “initial directors” will also be the Registrars, as the majority of activities of CANRA will require work that will be largely operational.
- The Registrars will be entitled to have anyone else present at the meetings they deem fit, thus enabling participation of Presidents or other staff as needed.
- Membership fees will be based on the size of each of the regulatory authorities, i.e. the number of total Members the organization has. This means that the College of Naturopaths of Ontario will be paying the largest amount, approximately \$37,500 annually.
- The initial budget for the organization is intended to provide for part-time staff to move many of the strategic initiatives forward.

It should be noted that originally, Manitoba was among the CANRA Members; however, they have recently chosen to withdraw as they do not have the personnel to support the initiative. Given the recent changes in BC, it is unclear whether they will be able to participate at this time.

It should also be noted that Phillipa Stanaway, listed on these documents as the Registrar & CEO of the College of Naturopathic Physicians of British Columbia has left her post for a position on another regulator. Howard Greenstein is presently filling in on a temporary basis.

These materials were presented to the Executive Committee in September for review. Questions were raised and it was agreed to bring the matter to the Council along with the answers to those questions.

The first question related to the Officers including both a President and Chair of the Board. In follow up with the College of Naturopathic Doctors of Alberta, it was noted that this is a requirement of the incorporation documents; however, following incorporation, the Chair of Board position would be eliminated.

The second question related to the listing of individual Registrars/CEOs by name rather than position title. This has also been clarified as being a requirement of the incorporation process. The incorporation documents would be amended if there is a change in personnel at any of the regulatory authorities.

ANALYSIS

Risk Assessment – The risk to the College is the payment of these funds to CANRA and having little or no return on investment due to inaction. The full participation of the CEO is intended to prevent this from occurring.

Privacy Considerations – There are no privacy considerations.

Transparency – This decision is being taken by the Executive Committee due to the urgency in moving the matter forward. Transparency will be accomplished by informing the Council of the decisions taken.

Financial Impact – The total financial impact on CANRA is \$37,500 annually; however, no other costs will be paid, including travel and accommodation for one representative to attend the CANRA meetings.

Public Interest – The initiatives set out in the CANRA strategic plan are intended to serve and protect the public interest.

RECOMMENDATIONS

It is recommended that the Council approve the CANRA incorporation documents, subject to any necessary amendments relating to the member representative and director from British Columbia.

ACTION ITEMS

If approved, the other regulatory authorities will be notified, and incorporation will proceed.

Andrew Parr, CAE
Chief Executive Officer
October 2020

A by-law relating generally to the conduct of the affairs of

Canadian Alliance of Naturopathic Regulatory Authorities Ltd.

(the "Corporation")

BE IT ENACTED as a by-law of the Corporation as follows:

1. Definitions

In this by-law and all other by-laws of the Corporation, unless the context otherwise requires:

"**Act**" means the *Canada Not-For-Profit Corporations Act* S.C. 2009, c. 23 including the Regulations made pursuant to the Act, and any statute or regulations that may be substituted, as amended from time to time;

"**articles**" means the original or restated articles of incorporation or articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the Corporation;

"**board**" means the board of directors of the Corporation and "director" means a member of the board;

"**by-law**" means this by-law and any other by-law of the Corporation as amended and which are, from time to time, in force and effect;

"**meeting of members**" includes an annual meeting of members or a special meeting of members; "special meeting of members" includes a meeting of any class or classes of members and a special meeting of all members entitled to vote at an annual meeting of members;

"**ordinary resolution**" means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;

"**proposal**" means a proposal submitted by a member of the Corporation that meets the requirements of section 163 (Member Proposals) of the Act;

"**Regulations**" means the regulations made under the Act, as amended, restated or in effect from time to time; and

"**special resolution**" means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

2. Interpretation

In the interpretation of this by-law, words in the singular include the plural and vice-versa, words in one gender include all genders, and "person" includes an individual, body corporate, partnership, trust and unincorporated organization.

Other than as specified above, words and expressions defined in the Act have the same meanings when used in these by-laws.

3. Corporate Seal

The Corporation may have a corporate seal in the form approved from time to time by the board. If a corporate seal is approved by the board, the secretary of the Corporation shall be the custodian of the corporate seal.

4. Execution of Documents

Deeds, transfers, assignments, contracts, obligations and other instruments in writing requiring execution by the Corporation may be signed by any two (2) of its officers or directors. In addition, the board may from time to time direct the manner in which and the person or persons by whom a particular document or type of document shall be executed. Any person authorized to sign any document may affix the corporate seal (if any) to the document. Any signing officer may certify a copy of any instrument, resolution, by-law or other document of the Corporation to be a true copy thereof.

5. Financial Year End

The financial year end of the Corporation shall be determined by the board of directors.

6. Banking Arrangements

The banking business of the Corporation shall be transacted at such bank, trust company or other firm or corporation carrying on a banking business in Canada or elsewhere as the board of directors may designate, appoint or authorize from time to time by resolution. The banking business or any part of it shall be transacted by an officer or officers of the Corporation and/or other persons as the board of directors may by resolution from time to time designate, direct or authorize.

7. Borrowing Powers

The directors of the Corporation may, without authorization of the members,

- (a) borrow money on the credit of the corporation;
- (b) issue, reissue, sell, pledge or hypothecate debt obligations of the corporation;
- (c) give a guarantee on behalf and
- (d) mortgage, hypothecate, pledge or otherwise create a security interest in all or any property of the corporation, owned or subsequently acquired, to secure any debt obligation of the corporation.

8. Annual Financial Statements

The Corporation shall send to the members a copy of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act or a copy of a publication of the Corporation reproducing the information contained in the documents. Instead of sending the documents, the Corporation may send a summary to each member along with a notice informing the member of the procedure for obtaining a copy of the documents themselves free of charge. The Corporation is not required to send the documents or a summary to a member who, in writing, declines to receive such documents.

9. Membership Conditions

Subject to the articles, there shall be one class of members in the Corporation. Membership in the Corporation shall be available to persons duly authorized by the a naturopathic regulatory authority in any Canadian Jurisdiction interested in furthering the Corporation's purposes and who have

applied for and been accepted into membership in the Corporation by resolution of the board or in such other manner as may be determined by the board. Each member shall be entitled to receive notice of, attend and vote at all meetings of the members of the Corporation.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendments to this section of the by-laws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m).

10. Transferring Membership

A membership may only be transferred to the Corporation. Pursuant to Section 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendment to add, change or delete this section of the by-laws.

11. Notice of Members Meeting

Notice of the time and place of a meeting of members shall be given to each member entitled to vote at the meeting by the following means:

- (a) by mail, courier or personal delivery to each member entitled to vote at the meeting, during a period of 21 to 60 days before the day on which the meeting is to be held; or
- (b) by telephonic, electronic or other communication facility to each member entitled to vote at the meeting, during a period of 21 to 35 days before the day on which the meeting is to be held.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the members is required to make any amendment to the by-laws of the Corporation to change the manner of giving notice to members entitled to vote at a meeting of members.

12. Members Calling a Members' Meeting

The board of directors shall call a special meeting of members in accordance with Section 167 of the Act, on written requisition of members carrying not less than 5% of the voting rights. If the directors do not call a meeting within twenty-one (21) days of receiving the requisition, any member who signed the requisition may call the meeting.

13. Absentee Voting at Members' Meetings

Pursuant to Section 171(1) of the Act, a member entitled to vote at a meeting of members may vote by proxy by appointing in writing a proxyholder, who is required to be a member, to attend and act at the meeting in the manner and to the extent authorized by the proxy and with the authority conferred by it subject to the following requirements:

- (a) a proxy is valid only at the meeting in respect of which it is given or at a continuation of that meeting after an adjournment;
- (b) a member may revoke a proxy by depositing an instrument or act in writing executed or, in Quebec, signed by the member or by their agent or mandatary
 - (i) at the registered office of the corporation no later than the last business day preceding the day of the meeting, or the day of the continuation of that meeting after an adjournment of that meeting, at which the proxy is to be used, or

- (ii) with the chairperson of the meeting on the day of the meeting or the day of the continuation of that meeting after an adjournment of that meeting;
- (c) a proxyholder has the same rights as the member by whom they were appointed, including the right to speak at a meeting of members in respect of any matter, to vote by way of ballot at the meeting, to demand a ballot at the meeting and, except where a proxyholder has conflicting instructions from more than one member, to vote at the meeting by way of a show of hands;
- (d) a form of proxy that, if signed, has the effect of conferring a discretionary authority in respect of amendments to matters identified in the notice of meeting or other matters that may properly come before the meeting must contain a specific statement to that effect.

Pursuant to Section 197(1) of the Act, a special resolution of the members (and if Section 199 applies, a special resolution of each class of members) is required to make any amendment to the articles or by-laws of the Corporation to change this method of voting by members not in attendance at a meeting of members.

14. Membership Dues

Membership dues shall be calculated based on each member's regulated membership numbers. Members shall be notified in writing of the membership dues at any time payable by them and, if any are not paid within one (1) calendar month of the membership renewal date the members in default shall automatically cease to be members of the Corporation.

15. Termination of Membership

A membership in the Corporation is terminated when:

- (a) the member dies, or, in the case of a member that is a corporation, the corporation is dissolved;
- (b) a member fails to maintain any qualifications for membership described in the section on membership conditions of these by-laws;
- (c) the member resigns by delivering a written resignation to the chair of the board of the Corporation in which case such resignation shall be effective on the date specified in the resignation;
- (d) the member is expelled in accordance with any discipline of members section or is otherwise terminated in accordance with the articles or by-laws;
- (e) the member's term of membership expires; or
- (f) the Corporation is liquidated or dissolved under the Act.

16. Effect of Termination of Membership

Subject to the articles, upon any termination of membership, the rights of the member, including any rights in the property of the Corporation, automatically cease to exist.

17. Discipline of Members

The board shall have authority to suspend or expel any member from the Corporation for any one or more of the following grounds:

- (a) violating any provision of the articles, by-laws, or written policies of the Corporation;

- (b) carrying out any conduct which may be detrimental to the Corporation as determined by the board in its sole discretion;
- (c) for any other reason that the board in its sole and absolute discretion considers to be reasonable, having regard to the purpose of the Corporation.

In the event that the board determines that a member should be expelled or suspended from membership in the Corporation, the president, or such other officer as may be designated by the board, shall provide twenty (20) days notice of suspension or expulsion to the member and shall provide reasons for the proposed suspension or expulsion. The member may make written submissions to the president, or such other officer as may be designated by the board, in response to the notice received within such twenty (20) day period. In the event that no written submissions are received by the president, the president, or such other officer as may be designated by the board, may proceed to notify the member that the member is suspended or expelled from membership in the Corporation. If written submissions are received in accordance with this section, the board will consider such submissions in arriving at a final decision and shall notify the member concerning such final decision within a further twenty (20) days from the date of receipt of the submissions. The board's decision shall be final and binding on the member, without any further right of appeal.

18. Proposals Nominating Directors at Annual Members' Meetings

Subject to the Regulations under the Act, any proposal may include nominations for the election of directors if the proposal is signed by not less than 2 members entitled to vote at the meeting at which the proposal is to be presented.

19. Cost of Publishing Proposals for Annual Members' Meetings

The member who submitted the proposal shall pay the cost of including the proposal and any statement in the notice of meeting at which the proposal is to be presented unless otherwise provided by ordinary resolution of the members present at the meeting.

20. Place of Members' Meeting

Subject to compliance with section 159 (Place of Members' Meetings) of the Act, meetings of the members may be held at any place within Canada determined by the board or, if all of the members entitled to vote at such meeting so agree, outside Canada.

21. Persons Entitled to be Present at Members' Meetings

The only persons entitled to be present at a meeting of members shall be those entitled to vote at the meeting, the directors and the public accountant of the Corporation and such other persons who are entitled or required under any provision of the Act, articles or by-laws of the Corporation to be present at the meeting. Any other person may be admitted only on the invitation of the chair of the meeting or by resolution of the members.

22. Chair of Members' Meetings

In the event that the chair of the board and the vice-chair of the board are absent, the members who are present and entitled to vote at the meeting shall choose one of their number to chair the meeting.

23. Quorum at Members' Meetings

A quorum at any meeting of the members (unless a greater number of members are required to be present by the Act) shall be a majority of the members entitled to vote at the meeting. If a quorum is present at the opening of a meeting of members, the members present may proceed with the

business of the meeting even if a quorum is not present throughout the meeting.

24. Voting at Members' Meetings

At any meeting of members every question shall, unless otherwise provided by the articles or by-laws or by the Act, be determined by a majority of the votes cast on the questions. In case of an equality of votes either on a show of hands or on a ballot or on the results of electronic voting, the chair of the meeting in addition to an original vote shall have a second or casting vote.

25. Participation by Electronic Means at Members' Meetings

If the Corporation chooses to make available a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during a meeting of members, any person entitled to attend such meeting may participate in the meeting by means of such telephonic, electronic or other communication facility in the manner provided by the Act. A person participating in a meeting by such means is deemed to be present at the meeting. Notwithstanding any other provision of this by-law, any person participating in a meeting of members pursuant to this section who is entitled to vote at that meeting may vote, in accordance with the Act, by means of any telephonic, electronic or other communication facility that the Corporation has made available for that purpose.

26. Members' Meeting Held Entirely by Electronic Means

If the directors or members of the Corporation call a meeting of members pursuant to the Act, those directors or members, as the case may be, may determine that the meeting shall be held, in accordance with the Act and the Regulations, entirely by means of a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.

27. Number of Directors

The board shall consist of the number of directors specified in the articles. If the articles provide for a minimum and maximum number of directors, the board shall be comprised of the fixed number of directors as determined from time to time by the members by ordinary resolution or, if the ordinary resolution empowers the directors to determine the number, by resolution of the board. In the case of a soliciting corporation the minimum number of directors may not be fewer than three (3), at least two of whom are not officers or employees of the Corporation or its affiliates.

28. Term of Office of Directors

At the first election of Directors following the approval of this by-law, one-third (1/3) directors shall be elected for a three-year term, one-third (1/3) directors shall be elected for a two-year term and one-third (1/3) directors shall be elected for a one-year term. Thereafter, except where an election is held to fill the unexpired portion of a term, newly elected directors shall be elected for three-year (3) terms.

29. Calling of Meetings of Board of Directors

Meetings of the board may be called by the chair of the board, the vice-chair of the board or any two (2) directors at any time; provided that for the first organization meeting following incorporation, such meeting may be called by any director or incorporator. If the Corporation has only one director, that director may call and constitute a meeting.

30. Notice of Meeting of Board of Directors

Notice of the time and place for the holding of a meeting of the board shall be given in the manner provided in the section on giving notice of meeting of directors of this by-law to every director of the Corporation not less than 30 days before the time when the meeting is to be held. Notice of a meeting shall not be necessary if all of the directors are present, and none objects to the holding of the meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting. Notice of an adjourned meeting is not required if the time and place of the adjourned meeting is announced at the original meeting. Unless the by-law otherwise provides, no notice of meeting need specify the purpose or the business to be transacted at the meeting except that a notice of meeting of directors shall specify any matter referred to in subsection 138(2) (Limits on Authority) of the Act that is to be dealt with at the meeting.

31. Regular Meetings of the Board of Directors

The board may appoint a day or days in any month or months for regular meetings of the board at a place and hour to be named. A copy of any resolution of the board fixing the place and time of such regular meetings of the board shall be sent to each director forthwith after being passed, but no other notice shall be required for any such regular meeting except if subsection 136(3) (Notice of Meeting) of the Act requires the purpose thereof or the business to be transacted to be specified in the notice.

32. Voting at Meetings of the Board of Directors

At all meetings of the board, every question shall be decided by a majority of the votes cast on the question. In case of an equality of votes, the motion is defeated.

33. Committees of the Board of Directors

The board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the board shall see fit. Any such committee may formulate its own rules of procedure, subject to such regulations or directions as the board may from time to time make. Any committee member may be removed by resolution of the board of directors.

34. Appointment of Officers

The board may designate the offices of the Corporation, appoint officers on an annual or more frequent basis, specify their duties and, subject to the Act, delegate to such officers the power to manage the affairs of the Corporation. A director may be appointed to any office of the Corporation. An officer may, but need not be, a director unless these by-laws otherwise provide. Two or more offices may be held by the same person.

35. Officers of the Corporation

Unless otherwise specified by the board (which may, subject to the Act modify, restrict or supplement such duties and powers), the offices of the Corporation, if designated and if officers are appointed, shall have the following duties and powers associated with their positions:

- (a) Chair of the Board – The chair of the board, if one is to be appointed, shall be a director. The chair of the board, if any, shall, when present, preside at all meetings of the board of directors and of the members. The chair shall have such other duties and powers as the board may specify.

- (b) Vice-Chair of the Board – The vice-chair of the board, if one is to be appointed, shall be a director. If the chair of the board is absent or is unable or refuses to act, the vice-chair of the board, if any, shall, when present, preside at all meetings of the board of directors and of the members. The vice-chair shall have such other duties and powers as the board may specify.
- (c) President – If appointed, the president shall be the chief executive officer of the Corporation and shall be responsible for implementing the strategic plans and policies of the Corporation. The president shall, subject to the authority of the board, have general supervision of the affairs of the Corporation.
- (d) Secretary – If appointed, the secretary shall attend and be the secretary of all meetings of the board, members and committees of the board. The secretary shall enter or cause to be entered in the Corporation's minute book, minutes of all proceedings at such meetings; the secretary shall give, or cause to be given, as and when instructed, notices to members, directors, the public accountant and members of committees; the secretary shall be the custodian of all books, papers, records, documents and other instruments belonging to the Corporation.
- (e) Treasurer – If appointed, the treasurer shall have such powers and duties as the board may specify.

36. Officer Vacancies

In the absence of a written agreement to the contrary, the board may remove, whether for cause or without cause, any officer of the Corporation. Unless so removed, an officer shall hold office until the earlier of:

- (a) the officer's successor being appointed,
- (b) the officer's resignation,
- (c) such officer ceasing to be a director (if a necessary qualification of appointment) or
- (d) such officer's death.

If the office of any officer of the Corporation shall be or become vacant, the directors may, by resolution, appoint a person to fill such vacancy.

37. Method of Giving Notice

Any notice (which term includes any communication or document), other than notice of a meeting of members or a meeting of the board of directors, to be given (which term includes sent, delivered or served) pursuant to the Act, the articles, the by-laws or otherwise to a member, director, officer or member of a committee of the board or to the public accountant shall be sufficiently given:

- (a) if delivered personally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the Corporation or in the case of notice to a director to the latest address as shown in the last notice that was sent by the Corporation in accordance with section 128 (Notice of directors) or 134 (Notice of change of directors);
- (b) if mailed to such person at such person's recorded address by prepaid ordinary or air mail;
- (c) if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or
- (d) if provided in the form of an electronic document in accordance with Part 17 of the Act.

A notice so delivered shall be deemed to have been given when it is delivered personally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The secretary may change or cause to be changed the recorded address of any member, director, officer, public accountant or member of a committee of the board in accordance with any information believed by the secretary to be reliable. The declaration by the secretary that notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any director or officer of the Corporation to any notice or other document to be given by the Corporation may be written, stamped, type-written or printed or partly written, stamped, type-written or printed.

38. Invalidity of Provisions of this By-law

The invalidity or unenforceability of any provision of these By-laws shall not affect the validity or enforceability of the remaining provisions.

39. Omissions and Errors

The accidental omission to give any notice to any member, director, officer, member of a committee of the board or public accountant, or the non-receipt of any notice by any such person where the Corporation has provided notice in accordance with the by-laws or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting to which the notice pertained or otherwise founded on such notice.

40. Mediation and Arbitration

Disputes or controversies among members, directors, officers, committee members, or volunteers of the Corporation are as much as possible to be resolved in accordance with mediation and/or arbitration as provided in the section on dispute resolution mechanism of this by-law.

41. Dispute Resolution Mechanism

In the event that a dispute or controversy among members, directors, officers, committee members or volunteers of the Corporation arising out of or related to the articles or by-laws, or out of any aspect of the operations of the Corporation is not resolved in private meetings between the parties then without prejudice to or in any other way derogating from the rights of the members, directors, officers, committee members, employees or volunteers of the Corporation as set out in the articles, by-laws or the Act, and as an alternative to such person instituting a law suit or legal action, such dispute or controversy shall be settled by a process of dispute resolution as follows:

- The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the board of the Corporation) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution between the parties.
- The number of mediators may be reduced from three to one or two upon agreement of the parties.
- If the parties are not successful in resolving the dispute through mediation, then the parties agree that the dispute shall be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with the

provincial or territorial legislation governing domestic arbitrations in force in the province or territory where the registered office of the Corporation is situated or as otherwise agreed upon by the parties to the dispute. The parties agree that all proceedings relating to arbitration shall be kept confidential and there shall be no disclosure of any kind. The decision of the arbitrator shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.

All costs of the mediators appointed in accordance with this section shall be borne equally by the parties to the dispute or the controversy. All costs of the arbitrators appointed in accordance with this section shall be borne by such parties as may be determined by the arbitrators.

42. By-laws and Effective Date

Subject to the articles, the board of directors may, by resolution, make, amend or repeal any by-laws that regulate the activities or affairs of the Corporation. Any such by-law, amendment or repeal shall be effective from the date of the resolution of directors until the next meeting of members where it may be confirmed, rejected or amended by the members by ordinary resolution. If the by-law, amendment or repeal is confirmed or confirmed as amended by the members it remains effective in the form in which it was confirmed. The by-law, amendment or repeal ceases to have effect if it is not submitted to the members at the next meeting of members or if it is rejected by the members at the meeting.

This section does not apply to a by-law that requires a special resolution of the members according to subsection 197(1) (fundamental change) of the Act because such by-law amendments or repeals are only effective when confirmed by members.



Canada Not-for-profit Corporations Act (NFP Act)
FORM 4001
ARTICLES OF INCORPORATION

1 - Corporate Name

2 - The province or territory in Canada where the registered office is situated

3 - Minimum and maximum number of directors *(for a fixed number, indicate the same number in both boxes)*

Minimum number

Maximum number

4 - Statement of the purpose of the corporation

5 - Restrictions on the activities that the corporation may carry on, if any



Canada Not-for-profit Corporations Act (NFP Act)
FORM 4001
ARTICLES OF INCORPORATION

6 - The classes, or regional or other groups, of members that the corporation is authorized to establish

7 - Statement regarding the distribution of property remaining on liquidation

8 - Additional provisions, if any

9 - Declaration

I hereby certify that I am an incorporator of the corporation.

<i>Print name(s)</i>	<i>Signature(s)</i>

Note: A person who makes, or assists in making, a false or misleading statement is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000 or to imprisonment for a term of not more than six months or to both (subsection 262(2) of the NFP Act).



Canada Not-for-profit Corporations Act (NFP Act)
FORM 4002

INITIAL REGISTERED OFFICE ADDRESS AND FIRST BOARD OF DIRECTORS

(To be filed with articles of incorporation, continuance (transition), amalgamation, or continuance (import))

1 - Corporate name

--

2 - Complete address of the registered office *(cannot be a post office box)*

Number and street name

--

City

Province or Territory

Postal code

--

--

--

3 - Directors of the corporation *(if space available is insufficient, complete attached schedule)*

First and last name

Address *(cannot be a post office box)*

--

--

--

--

--

--

--

--

--

--

4 - Declaration

I hereby certify that I am an incorporator of the new corporation, or that I am a director or an authorized officer of the corporation continuing into or amalgamating under the NFP Act.

Signature:

Print name:

Phone Number:

Note: A person who makes, or assists in making, a false or misleading statement is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000 or to imprisonment for a term of not more than six months or to both (subsection 262(2) of the NFP Act).



Schedule
(Item 3 of Form 4002)
Directors of the corporation
To be used if space on form is insufficient

1 - Corporate Name

--

3 - Directors of the corporation

First and last name	Address (<i>cannot be a post office box</i>)



Additional address Optional

Most corporations do not need to provide an additional address. An additional address is only useful if you want Corporations Canada to send annual return reminder notices to an address that is different than the corporation's registered office address (e.g., when another person files the annual returns on behalf of the corporation).

1 - Corporate Name

--

2 - Corporation number, if available

--	--

3 - Additional address

To the attention of

--

Number and street name

--

City

Province or Territory

Postal code

--	--	--

Organizing Resolutions of the Directors of **CANADIAN ALLIANCE OF NATUROPATHIC REGULATORY AUTHORITIES LTD.** (the “Corporation”) on {insert date}.

The undersigned, being all of the directors of the Corporation, hereby sign the following resolutions:

Adoption of By-laws

Resolved that the set of by-laws relating generally to the transaction of the affairs of **Canadian Alliance of Naturopathic Regulatory Authorities Ltd.** be passed.

Appointment of officers

Resolved that the following persons be and are hereby appointed officers of the Corporation to hold office for a term of 3 years or until a successor is appointed, whichever occurs last:

Chair of the board: {insert name}

President: {insert name}

Vice-president: {insert name}

Secretary: {insert name}

Treasurer: {insert name}

Issuance of memberships

Resolved that the following persons are admitted as members of the Corporation and memberships of the Corporation be issued to these persons Cherie Baruss, Phillipa Stanaway, Andrew Parr, and Ken Alecxe.

Banking resolution

Resolved that the banking resolution, in the form required by the Bank of Montreal, a copy of which is annexed hereto as Schedule A, is hereby approved.

Financial year end

Resolved that the financial year of the Corporation shall end on December 31 in each year.

General appointment of signing officers

Resolved that in accordance with the provisions of the by-laws of the Corporation, all contracts, documents and instruments in writing requiring a signature of the Corporation, as well as all cheques, drafts, or orders for the payment of money and all notes and acceptance and bills of exchange, may be signed by (insert either “any director or officer” or “any two directors or officers” as appropriate under the by-laws) until such time that such appointment is revoked. In addition, the directors may, from time to time, direct the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed.

Adoption of forms for corporate records and debt obligation certificates

Resolved that the form of registers, membership certificate and debt obligation certificate annexed hereto is approved and adopted as the form of certificate for the Corporation. (omit reference to debt obligation certificates if none is issued)

Corporate Seal

Resolved that a seal, an impression of which appears in the margin hereof is approved and adopted as the corporate seal of the Corporation. (There is no requirement for a corporation to have a corporate seal. If you decide not to have one, omit this resolution.)

Location of registered office and mailing address

Resolved that the location of the registered office of the Corporation be {insert address} and the mailing address for the Corporation be the same as the registered office address.

Location of books and records

Resolved that the Corporation maintain at its registered office the records and registers of the Corporation or as the board determines from time to time.

First members meeting

Resolved that a special meeting of the first members of the Corporation be held on {insert date} for the purpose of confirming the by-laws, electing directors, appointing a public accountant, and transacting such other business as may properly come before the meeting.

The undersigned, being all the directors of the Corporation, hereby consent, by their signatures, to the foregoing resolutions pursuant to the provisions of the Canada Not-for-profit Corporations Act.

The resolutions must be signed by all directors, either on one document or on a series of identical documents that will be deemed to constitute one document for the purposes of this Act.

Dated this {insert date}

Cherie Baruss, Director

Phillipa Stanaway, Director

Andrew Parr, Director

Ken Alecxe, Director

Organizing Resolutions of the Members of **CANADIAN ALLIANCE OF
NATUROPATHIC REGULATORY AUTHORITIES LTD.** (the
“Corporation”) on {insert date}

The undersigned, being all of the members of the Corporation, hereby sign the following resolutions:

Adoption of By-laws

Resolved that the set of by-laws relating generally to the transaction of the affairs of **Canadian Alliance of Naturopathic Regulatory Authorities Ltd.** be passed.

Election of Directors

Resolved that Cherie Baruss, Phillipa Stanaway, Andrew Parr, and Ken Alecxe are hereby elected directors of the Corporation to replace the first directors to hold office for a term of 3 years or until successors are elected, whichever occurs last.

Appointment of public accountant

Resolved that the appointment of a public accountant for the Corporation is hereby waived until the close of the next annual members meeting or until a public accountant is appointed.

The undersigned, being all the members of the Corporation, hereby consent, by their signatures, to the foregoing resolutions pursuant to the provisions of the *Canada Not-for-profit Corporations Act*.

The resolutions must be signed by all members, either on one document or on a series of identical documents that will be deemed to constitute one document for the purposes of this Act.

Dated this {insert date}

Cherie Baruss, Member

Phillipa Stanaway, Member

Andrew Parr, Member

Ken Alecxe, Member



College of Naturopaths of Ontario

Report on the Governance Implementation Plan

Report #1: August 1 to September 30, 2020

Table of Contents

INTRODUCTION	3
Risk-based Regulation	3
Role of Council	4
Size of Council	4
Composition of Council and committees	5
Selection of Council members	6
Need for an Executive Committee	8
Role of the President/Chair	9
External Audit	10
Terminology	11
Standards Committee	12
Number of Colleges	13
Summary of Results	14

INTRODUCTION

The following is a report on the work underway to implement the Council's decisions set out in the *Governance Report: A Mandate for Change* and the recommendations adopted the Council in the *Governance Report Implementation Plan*, both of which were approved in July 2020.

Risk-based Regulation

The Council made two decisions regarding risk-based regulation. They are:

1. A more formal risk-based approach to regulation will be developed by the College through the development of a tool for use at the Committee level and which will be published on the College's website.
2. A mediation process will be considered allowing for a formal negotiated settlement to complaints that pose less risk to the public thereby allowing the College to focus its resources on matters posing a more serious risk.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
a.	That the College initiate the development of a risk-based regulatory approach and tool using available research to guide the work.	No work has been undertaken during this reporting period.	Not started.
b.	That the risk-based regulatory approach be developed in consultation with external stakeholders, including Members, the professional association and educational program.	No work has been undertaken during this reporting period.	Not started.
c.	That the risk-based regulatory approach include elements from an accountability framework.	No work has been undertaken during this reporting period.	Not started.
d.	That Council be kept abreast of the developments and presented with a final framework for approval	This report has been prepared to keep the Council informed.	Not started.
e.	That the CEO develop an Alternative Dispute Resolution (ADR) program for the College, including necessary policies and procedures and present the program, including financial costs, to the Council for approval.	The Deputy CEO and staff have begun the research necessary to support the development of an ADR program for the College.	In progress.

Role of Council

The Council made one decision regarding its role:

3. The role of Council should be more clearly defined in statute and be focused on governance of the organisation and strategic directions and priorities.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
f.	That the Council Chair correspond with the Minister of Health recommending that the role of the Council be properly enshrined in the Health Professions Procedural Code (HPPC).	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
g.	That the CEO undertake a review of the College by-laws to ensure consistency with the role of the Council as set out in the Report and make recommendations about changes or additions required.	The initial review of the By-laws has been completed and amendments developed in consultation with General Counsel to the College. Consultation on proposed changes will begin in early October.	In progress.
h.	That the Council undertake a review of its Governance Policies to ensure that the role of the Council set out is consistent with the role as articulated in the Report.	This item has been placed on the agenda for an upcoming meeting of the Governance Policy Review Committee.	In progress.

Size of Council

The Council made one decision surrounding the size of Council:

4. That the Council size should not be reduced from the current complement as set out in the legislation.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
N/A	No recommendations were made on this item.	Although no changes to the size of Council were recommended, the	N/A

		overall size will be reduced by one position to achieve parity between public and profession representation.	
--	--	--	--

Composition of Council and committees

Council made three recommendations regarding the composition of Council and its Committees:

5. composition of statutory committees should be reduced to one sitting Council/Board member on each committee, although the same need not apply to non-statutory committees;
6. the Discipline function should be removed entirely from the regulatory authorities; and
7. that the Council should have an equal representation from the profession and the public.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Status	Status
i.	That the Chair correspond with the Minister of Health recommending that the HPPC be amended to remove the requirement that public members on the panels of the various committees be public members appointed to Council, thereby allowing public members engaged as volunteers by the College to be used to meet public representation requirements.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
j.	That the Chair correspond with the Minister of Health recommending that the HPPC be amended to remove the discipline function from the health regulatory requirements and that these requirements be placed in a separate entity.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
k.	That the CEO review the By-laws and recommends to the Council changes to reduce the number of districts from eight to seven.	The initial review of the By-laws has been completed and amendments developed in consultation with General Counsel to the College. Consultation on proposed changes will begin in early October.	In progress.
l.	That the Chair correspond with the	Correspondence from the Council	Completed.

	Minister of Health setting out the College's intent in (k) and ask the Minister to appoint a full complement of public members (seven in total) to establish parity between public and professional Council members.	Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	
--	--	---	--

Selection of Council members

In its Report, the Council decided:

8. that elections of professional members cease and
9. that the Council be constituted through a competency-based appointment process for both professional and public members.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
m.	That the Chair correspond with the Minister of Health recommending that the <i>Naturopathy Act, 2007</i> be amended to remove reference to the election of professional members of Council.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
n.	That the Chair correspond with the Minister of Health recommending that section 94(1) the HPPC be amended to remove the By-law making authority for Councils governing the elections of professional members and adding By-law making authority for Councils governing the appointment of professional members;.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
o.	That the Chair correspond with the Ministry of Health noting that the Council will be moving to a competency-based process and that she consider the competencies developed by the Council in her future appointment of public	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.

	members to the Council.		
p.	That the CEO review the competencies developed for Council and Committee appointments and present them to the Council for approval and adoption.	The competencies have been refined and will be reviewed by the Nominations and Elections Committee in October. The CEO is liaising with other regulatory authorities and HPRO.	In progress.
q.	That the CEO continue the development of a comprehensive Volunteer Program and that necessary policies be presented to Council for approval (or acceptance as the case may be) no later than the April 2021 Council meeting.	The Program overview has been created and will be reviewed by the Nominations and Elections Committee in October. Subsequently, details of each component of the Program will be set out.	In progress.
r.	That the CEO review the Terms of Reference for the Nominations and Elections Committee (NEC) and make recommendations to the Council for changes, in name and substance of this Committee, such that it will assume responsibility for nomination, selection and appointment process for the Council and Committees.	Initial work has begun on the NEC Terms of Reference which will be reviewed by the Nominations and Elections Committee in October. These will then go to the Governance Policy Review Committee for review. Reference to the NEC has been addressed in proposed By-law changes which will be released in October of consultation.	In progress.
s.	That the CEO, in association with Legal Counsel and other relevant partners, develop an induction (boot camp) program as set out in paragraph (xvi) of section 10.05 of the College's By-laws for implementation.	An initial outline of the program has been developed and will be discussed with HPRO and other Colleges in October.	In progress.
t.	That competency-based assessments and the induction program be implemented as soon as practicable, but not later than necessary for use in the next cycle of Council elections and Committee appointments.	No work has been completed in this reporting period.	Not started.

Need for an Executive Committee

The Council made one decision regarding the need for an Executive Committee:

10. that the Executive Committee be eliminated.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
u.	That the Chair correspond with the Minister of Health recommending that the HPPC be amended to repeal paragraph 1 of section 10(1) and to repeal section 12.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
v.	That the Chair correspond with the Minister of Health recommending she remove the By-law making authority for Councils governing the elections of the Chair.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
w.	Struck.	N/A	N/A
x.	That, as an interim step, the CEO reviews the Terms of Reference of the Executive Committee and makes recommendations to the Council on amendments to limit the Executive Committee's authority to urgent matters at the discretion of the Chair.	No work has been done during this reporting period.	Not started.
y.	That, also as in interim step, the CEO revises the Council meeting schedule as soon as possible such that the Council meets approximately every 60 days to facilitate timely decision making in the absence of the Executive Committees authority.	A revised schedule has been set and will be presented to the Council at the October meeting.	Completed.

Role of the President/Chair

The Council made the following decisions with respect to the President and Vice-President positions:

11. that the Council of the College move away from the President terminology and adopt the term Council Chair and
12. that the position of Vice-President be eliminated.

The following is an update of the status of the relevant recommendations that were included in the Implementation Plan.

No.	Recommendation	Update	Status
z.	That the Chair correspond with the Minister of Health recommending that the <i>Naturopathy Act, 2007</i> be amended to remove the position of Vice-President and amend the title of President to Chair in section 7.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
aa.	That the CEO prepare a By-law amendment for the approval of Council adding a definition of Council Chair and Council Vice-Chair as being equivalent as the terms President and Vice President respectively in the <i>Naturopathy Act, 2007</i> and the HPPC. Said By-law changes will also amend all references to these two titles in all cases to become Chair and Vice-Chair.	The initial review of the By-laws has been completed and amendments developed in consultation with General Counsel to the College. Consultation on proposed changes will begin in early October.	In progress.
bb.	That effective immediately, all communications of the College shall refer to the Council Chair and Vice-Chair as opposed to the President and Vice-President respectively	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.



External Audit

The Council made three recommendations regarding an external performance audit, including:

13. that the Council adopt a formal annual evaluation process that includes a Council/committee performance evaluation, an individual self-assessment for Council and committee members, and an assessment of each Council and committee member by their peers;
14. that an external third party will be retained to receive, consolidate and present the findings to each member of Council and Committees; and
15. that a summary report of the evaluation will be released publicly by the College.

The following is an update of the status of the relevant recommendations that were included in the Implementation Plan.

No.	Recommendation	Update	Status
cc.	That the CEO issue a Request for Proposals to interested third parties who can assist the Council in the development and delivery (over the first three years) of this new performance evaluation process.	A Request for Proposals was released on September 30, 2020 to eight potential vendors.	In progress
dd.	That the CEO work with the successful vendor in the development of the evaluation policies, procedures and tools for presentation to the Council for approval.	No work was conducted during this reporting period.	Not started.
ee.	That the new evaluation process be ready for implementation for the Council whose term ends in April 2021.	No work was conducted during this reporting period.	Not started.

Terminology

The Council made several decisions regarding terminology used by the College:

16. that the name of the regulatory authorities should be changed away from “College”;
17. that the name of the governing body of the regulatory authority should be referred to as a “Council” as opposed to a Board;
18. that the senior staff official appointed by the Council should be referred to as the “Chief Executive Officer (CEO)” as opposed to “Registrar”, “Registrar & CEO” or “Executive Director”;
19. that the individuals that the regulatory authority regulates should be referred to a “Registrants” as opposed to “Members”; and
20. that the individuals that the regulatory authority regulates should be referred to “registered to practice” as opposed to “licensed”.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
ff.	That the Chair correspond with the Minister of Health asking that the <i>Naturopathy Act, 2007</i> and the HPPC be amended to cease referring to the “College” of Naturopaths of Ontario.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College’s website.	Completed.
gg.	That as interim step to legislative change, the College highlight in its communications that the College of Naturopaths of Ontario is the regulatory authority for naturopathic doctors in Ontario.	The College has begun adding an explanatory note to all announcements and news items noting the role of the College as a regulatory authority.	Completed.
hh.	That the title of the Chief Staff Officer be immediately altered from Registrar & CEO to Chief Executive Officer (CEO). All legal communication will note that the Chief Executive Office has been appointed by the Council as the registrar pursuant to section 9(2) of the HPPC. This change will be made throughout all Council and College documents.	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.
ii.	That the Chair correspond with the Minister of Health recommending that the reference to Members in the Code be amended to refer to	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the	Completed.

	Registrants.	College's website.	
jj.	That the College, effective immediately, ceases to refer to its Members, but rather to its Registrants in all communications and that all policies and by-laws of the College be updated to reflect this change.	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.

Standards Committee

The Council made one decision relating to the Standards Committee:

21. that standard setting (development and approval) should be mandated to a statutory committee in the legislation, either the Quality Assurance Committee or a separate authorised Standards Committee.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
kk.	That the Chair correspond with the Minister of Health asking that the role of setting standards of practice be assigned to a new or existing statutory committee in the HPPC.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020 and posted to the College's website.	Completed.
ll.	That, as an interim step, the CEO review the Terms of Reference of the Quality Assurance Committee and make recommendations to Council for changes that would provide the authority for the QAC to set and approve the standards of practice.	Upon review of the Code by the Deputy CEO, Legal Counsel and the CEO, it was noted that the role of a Statutory Committee cannot be expanded by a Council. As a result, this will be accomplished by the creation of a Standards Committee, the role of which has been drafted in the proposed By-laws changes.	In progress.
mm.	That the CEO, working with the QAC, determine the necessary competencies of Committee members to enable informed decision-making surrounding the standards of practice.	No work was conducted during this reporting period.	Not started.
nn.	That no professional member on	No work was conducted during this	Not

	the QAC be appointed to a panel of the Discipline Committee (DC) of the College unless and except a) the standards of practice are not at issue ¹ in the matter being brought before the panel, or) the appointment is absolutely necessary, in the discretion of the DC Chair, to the timely disposition of the matter.	reporting period.	started.
--	---	-------------------	----------

Number of Colleges

The Council made one decision relating to the overall number of Colleges:

22. that the College Council begin proactively contemplating this question as part of its planning processes.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
oo.	That the CEO undertake research as to the various potential models for amalgamation of health regulatory authorities in Ontario and present those models to the Council, along with the advantages, disadvantages and consequences of each model for the consideration and planning discussions of the Council.	No work was conducted during this reporting period.	Not started.

¹ A Standard of Practice is not at issue in a hearing before the panel if a) the matter is uncontested by the Registrant or b) the allegations set out in the Notice of Hearing do not allege violation of any standards.

Summary of Results

The following is a summary of the status of the 40 recommendations set out in the *Implementation Plan*.

Status	Number	Percentage
Not stated.	11	27.5%
In progress.	11	27.5%
Completed.	18	45%

Although these results are very good, in particular since the report is limited to a two-month period (August and September) it must be acknowledged that the initial focus has been to prepare the correspondence to the Minister of Health thereby allowing the reports to be made public following by those items that will allow for some quick successes. Finally, those items that require consultation stakeholders have been developed to allow the initiation of consultation in the next reporting period.

Respectfully Submitted,

Andrew Parr, CAE
Chief Executive Officer



The College of Naturopaths of Ontario

COUNCIL MEETING DATES 2021-2023

Introduction

As part of the governance review process, the Council decided to eliminate the Executive Committee. While this will require a legislative change, an interim implementation step that was approved by the Council was to limit the authority of the Committee to urgent matters and increase the frequency of meetings of the Council to every two months.

In January 2021, the Council will be presented with changes to the by-laws as well as changes to several Council policies and Terms of Reference of Committees. In order to align these items, it is necessary to establish the new Council meeting cycle. Once set, the Governance policies can be amended to align Council activities with the new cycle.

Proposed Meeting Dates

In order to not delay changes until the new fiscal year, the new cycle proposed would begin in January 2021 with meetings set for every two months thereafter. Meeting would be anchored on the final Wednesday, every two months, which has the advantage of making the predictable to Council, staff and observers.

The new cycle would be as follows.

Meeting Date	Program Year	Meeting Number
January 27, 2021	2020-2021	#4
March 31, 2021	2021-2022	#1
May 26, 2021	2021-2022	#2
July 28, 2021	2021-2022	#3
September 29, 2021	2021-2022	#4
November 24, 2021	2021-2022	#5
January 26, 2022	2021-2022	#6
March 30, 2022	2022-2023	#1
May 25, 2022	2022-2023	#2
July 27, 2022	2022-2023	#3
September 28, 2022	2022-2023	#4
November 30, 2022	2022-2023	#5
January 25, 2023	2022-2023	#6

Andrew Parr, CAE
Chief Executive Officer
October 2020



The College of Naturopaths of Ontario

The following message is being sent on behalf of the Governance Policy Review Committee.

One might say that our Ends Statements (Ends Policy E01.03 and Ends Priorities E02.02) reflect the direction the Council has established for the College by setting longer term strategic goals and priorities that are intended to guide the governance and operations of the College over a 3 to 5-year period. They were developed by Council during a special one and a half day facilitated session in January 2017.

The Ends Statements section of the Governance policies are scheduled for a 'detailed' review at the upcoming Council meeting on October 28, 2020. Earlier, Council members were asked to review these policies and submit any comments or recommended revisions to the Committee. None were received.

Per the mandate set out in the Terms of Reference, the recently formalized Governance Policy Review Committee has reviewed these policies and has suggested several minor revisions as indicated in the attached documents. These will be reviewed at the upcoming meeting. In preparation for this review, Council members are asked to consider these proposed changes as well as to consider the following questions:

- Are the various Ends and Priorities policy statements still relevant and reflective of the direction the College should be heading?
- Have they been or are they currently being achieved or realized?

The results of our discussion should provide an indication as to if and when another a facilitated planning session would be in order.

Both Dr. Jordan Sokoloski, ND and I look forward to seeing all of you on the 28th.

Barry Sullivan
Council Vice-Chair
Chair, Governance Policy Review Committee

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	ENDS	
	Title	Policy No. E01.04 Page No. 1

STATEMENTS

The College of Naturopaths of Ontario is a governing body that protects the public and earns public trust and confidence by regulating Naturopathic Doctors to ensure safe, ethical, and competent naturopathic care for the people of Ontario. The College is a leader and innovator in risk-based health regulation and modern governance approaches.

1 The College is a leader in accountability for naturopathy in Ontario. As such it has a comprehensive accountability framework that applies to all sectors of the naturopathic profession in Ontario.

1.1 The Council of the College of Naturopaths of Ontario demonstrates that it makes efficient use of its resources and is accountable for its decisions and processes;

1.2 The CEO of the College of Naturopaths of Ontario demonstrates that he/she makes efficient use of resources, fulfills his/her mandate within the regulatory framework and is accountable for his/her decisions.

1.3 Through cooperation and the accountability framework, the College works with professional associations and helps to ensure that their actions are in support of the regulatory framework and role of the College.

1.4 Through cooperation and the accountability framework, the College works with educators and educational institutions and helps to ensure that training of the profession is done in a manner that supports the regulatory framework and the role of the College.

2. Stakeholders understand the role of the College, have confidence and trust in its ability to perform its role, and cooperate with the College to ensure effective regulation of the profession.

2.1 The general public and patients understand the role of the College and trust it to hold the profession accountable.

2.2 Registrants understand and support the role of the College through active participation in its programming; adherence to regulation, standards and policies; and by relying on the College as a valuable resource.

2.2.1 Registrants serve as ambassadors for the College and a conduit for engagement with the public/patients.

2.3 Naturopathic stakeholders respect and cooperate with the College.

3. The College is a leader in being open, transparent and collaborative.

3.1 Registrants are engaged in regulatory decision-making.

3.2 The public is engaged in regulatory decision-making.

3.3 Naturopathic stakeholders are engaged in regulatory decision-making.

3.4 Health regulatory Colleges and the Government of Ontario are engaged in regulatory decision-making.

3.5 Meetings of the College are open to the public, and the College makes the following information available to the public:

3.5.1 Council and Committee decisions;

3.5.2 Summary information about complaints and CEO Investigations;

3.5.3 Status of the Registrants' participation in the Quality Assurance Program;

3.5.4 Summary of applications for registration.

4. The College regulates the profession efficiently and effectively relying on a risk-based approach to regulation as opposed to a solely traditional approach.

4.1 Naturopathic doctors are aware of the risks associated with each treatment and professional activity and provide safe, competent, and ethical naturopathic care that is

Deleted: 3

Deleted: ENDS POLICY

Deleted: ,

Deleted: Registrar

Deleted: fulfill their mandate to serve the profession and their actions are in support of the regulatory

Deleted: fulfill their mandate of providing

Deleted: /

Deleted: in

Deleted: Members

Deleted: Members

Deleted: and

Deleted: Members

Deleted: Registrar

Deleted: Members'

DATE APPROVED	DATE LAST REVISED
January 25, 2017	



Policy Type	COUNCIL POLICIES	
ENDS	Policy No.	E01.04
<u>STATEMENTS</u>	Page No.	2

Deleted: 3

Deleted: ENDS POLICY

- 4.2 patient-centred and works to eliminate or minimize these risks.
Registrants, and individuals seeking to become Naturopathic Doctors in Ontario, are evaluated based on their competence and evaluations are relevant, fair, objective, and impartial.
- 4.3 Registrants are aware of the rules by which they are governed and are properly supported by the College.
- 4.4 Government, stakeholders and the public have access to the information that they need to support effective and efficient decision-making.
5. The College is governed efficiently and effectively.
 - 5.1 The College's governing Council is appropriately structured and makes evidence-informed, risk-based decisions.
 - 5.2 Operations are cost-effective and sustainable.
 - 5.3 In addition to other potential revenue sources, reasonable fees are paid to provide the College with sufficient resources.
 - 5.4 Financial resources are prudently managed.

Deleted: Members

Deleted: Members

Deleted:

DATE APPROVED	DATE LAST REVISED
January 25, 2017	

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	ENDS	Policy No.	E02.04
	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 and that:

- The College supports competent and professional ND practice;
- Registrant's practice is consistent with and supported by defined professional standards and competencies;
- ND standards exist 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 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 ensuring that:

- 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; and
- 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 ensuring that:

- 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.

Deleted: 3

Deleted: ENDS

Deleted: to

Deleted: Members'

Deleted: Members

Deleted: practice

Deleted: members

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 25, 2017



The College of Naturopaths of Ontario

**Council Meeting
October 28, 2020**

**Teleconference
APPROVED MINUTES**

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

Guests	Observers
Ms. Rebecca Durcan, Legal Counsel	Mr. John Wellner, OAND

1. Call to Order and Welcome

Dr. Kim Bretz, ND, Council Chair, called the meeting to order at 9:06 a.m. She welcomed everyone to the meeting.

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dianne Delany
SECOND:	Shelley Burns
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.

The Chair advised the Council members on the following amendments:

- Item 4.01 will be re-named to read as Report of the Council Chair,
- Item 4.02 will be re-named to read as Report on Operations from the CEO, and
- Under section 6, Regular Business, there was no Item 6.05, therefore Items 6.06 and 6.07 will be renumbered to read as 6.05 and 6.06.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Barry Sullivan
SECOND:	Danielle O'Connor
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair informed the Council members of the updated Declarations of Conflict of Interest process that will be used going forward. 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 being launched by the Ministry of Health.

The Chair asked if any Council members had any conflicts to declare based on the approved agenda and there were none.

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jordan Sokoloski
CARRIED.	

4.02 Report on Operations from the CEO

The Report on Operations from the CEO was circulated in advance of the meeting. Andrew Parr, Chief Executive Officer, highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operations from the CEO as presented.
MOVED:	Dianne Delany
SECOND:	Tara Gignac
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – Governance Process Policies

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

5.01(ii) Council-Registrar Linkage Policies

Council members were asked if they had any questions or matters to note with respect to the Council-Registrar Linkage 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

Mr. Barry Sullivan and Dr. Jordan Sokoloski, ND, members of the Governance Policy Review Committee, reminded the Council that a detailed review of the Ends policies was scheduled for this meeting. They noted that when asked several weeks ago whether Council members had any proposed changes, none had been received.

It was noted that the first questions to be addressed were whether the Council members, many of whom were not involved in the development of these policies continued to believe that they were relevant and had not yet been achieved. The consensus of the Council was that both policies were relevant and had not yet been accomplished. It was generally agreed that a more extensive review, using an external consultant, would be considered within the next two years as an urgent update was not required.

The Governance Policy Review Committee asked Council to consider proposed changes to these two policies to add some clarity to them. These changes were circulated in advance of the meeting but separately from the main meeting materials package. The Council discussed the proposed amendments.

MOTION:	To accept the amendments to policy E01.04 – Ends Statements as presented.
MOVED:	Danielle O'Connor
SECOND:	Barry Sullivan
CARRIED.	

MOTION:	To accept the amendments to policy E02.04 – Ends Priorities as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

6. Business

6.01 Election of Officer-at-Large (Public Member)

Mr. Parr informed the Council that the need for a supplemental election of an Officer-at-Large (Public Member) came about due to the expiration of the Order in Council of Mr. Samuel Laldin. A Call for Nominations had been issued in September and, at the close of the nomination period, one nomination had been received for Ms. Dianne Delany. Therefore, with no other nominations, he noted that Ms. Delany had been acclaimed to the Officer-at-Large (Public Member) position on the Executive Committee. The Council congratulated Ms. Delany.

6.02 Committee Appointments

The Chair advised the Council members that again with Mr. Laldin's term on Council having expired earlier in October 2020, the Council had an opportunity to appoint him to various committees as a Public Representative. She noted that Mr. Laldin had expressed his willingness to remain on the Committees he was previously appointed too.

MOTION:	To appoint Mr. Samuel Laldin as a Public Representative to the Patient Relations Committee, as Chair, and to the Discipline and Inspection Committees as a Committee member.
MOVED:	Brenda Lessard-Rhead

SECOND:	Barry Sullivan
CARRIED.	

6.03 Prescribing Exam Retake Extension

Dr. Danielle O'Connor, ND, Chair of the Registration Committee, explained the circumstances for requesting a temporary 12-month extension to be granted to those Registrants who need to complete one component of the Ontario Prescribing and Therapeutics exam. For instance, the May and June 2020 exams were cancelled due to COVID-19 and current exam registration capacity has been lowered to follow COVID-19 guidelines. She responded to any questions that arose during the discussion.

MOTION:	That for Registrants who were unsuccessful in completing one component of the Ontario Prescribing & Therapeutics exam within the years 2018 and 2019, a temporary, 12-month extension to the timeframe noted in the Prescribing and Therapeutics Program and Examinations Policy for retaking a singular component be granted.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer
CARRIED.	

6.04 Policy EL17 – Reserve Funds

Mr. Parr provided a detailed overview to the members of Council of the newly drafted policy and highlighted Council's responsibility components throughout the policy. He responded to several questions that arose during the discussion.

MOTION:	To approve the newly drafted EL17 – Reserve Funds Policy as presented.
MOVED:	Tara Gignac
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	To approve the re-allocation of the funds currently in the Strategic Initiatives Fund to the Business Continuity Fund.
MOVED:	Tara Gignac
SECOND:	Barry Sullivan
CARRIED.	

6.05 Recording and Broadcasting Council Meetings

Mr. Parr noted the benefits of broadcasting the Council's Zoom meetings live streaming to the College's verified YouTube account and recording them for additional access. For example,

increases the College's transparency and accountability, and provides more accessibility to the public and Registrants. Also, he informed the Council that meetings cannot be downloaded or edited, in-camera sessions would not be broadcasted or recorded, and costs would be minimal. He responded to any questions that arose during the discussion.

The Chair asked whether there was a general consensus to proceed with this initiative and it was agreed that there was. As a result, the staff will move forward with this initiative.

6.06 CANRA Incorporation

Mr. Parr provided a brief overview about CANRA and its history and responded to any questions that arose during the discussion about the formalization of CANRA. He noted the intended goals as a result of CANRA becoming incorporated, for instance, having collective examinations provided within each regulatory jurisdiction provided by a third party.

MOTION:	That the Council approves the incorporation of CANRA and the College of Naturopaths of Ontario as one of the founding members.
MOVED:	Tara Gignac
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

7. Business Arising from the Governance Review

7.01 Report on the Governance Implementation Plan - #1

Mr. Parr informed the members of Council that out of the 40 recommendations created through the Governance Review and indicated within the Implementation Plan, 45% have been completed and 28% are on-going to-date. Furthermore, he highlighted major accomplishments thus far, for example, sending the letter to the Minister, having the by-laws currently out for consultation, and the identification of possible risk-based regulation matters. He responded to any questions that arose during the discussion and advised everyone that updated reports will be provided for each Council meeting.

MOTION:	To accept the Report on the Governance Implementation Plan as presented.
MOVED:	Barry Sullivan
SECOND:	Shelley Burns
CARRIED.	

7.02 Council Meeting Dates

The Council was reminded that beginning in 2021 Council meetings will take place every 60 days. He briefly outlined some changes to the timing of various processes, noting that financial statements will now come to the Council rather than the Executive Committee and that the election of the Executive Committee and orientation of Council would be held during the May meetings instead of April going forward.

Meeting invites for the meetings scheduled in 2021 will be sent to each Council member to be included within their individual calendars.

8. Other Business

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

9. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for January 27, 2021. In addition, an in-person Council Orientation has been tentatively set for May 2021.

10. Adjournment

10.01 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:	Tara Gignac
SECOND:	Jacob Scheer

Recorded by: Monika Zingaro
Administrative Assistant, Operations
October 28, 2020

Approved: January 27, 2021