



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #43

Draft Agenda

Date: September 25, 2024 (2024/25-03)

Time: 9:15 a.m. to 12:00 p.m.

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #43**September 25, 2024****9:15 a.m. to 12:00 p.m.****DRAFT AGENDA**

Sect/No.	Action		Item		Page	Responsible
0	Pre-Meeting Networking (8:00 am to 9:00 am)					
		Networking	Information networking for Council members (8:45-9:15am)			-- All
1	Call to Order and Welcome					
	1.01	Procedure	Call to Order			-- J. Sokoloski
	1.02	Discussion	Meeting Norms			4-6
	1.03	Discussion	“High Five” – Process for identifying consensus			7
2	Consent Agenda					
	2.01	Approval	i.	Draft Meeting Minutes of July 31, 2024	8-14	J. Sokoloski
			ii.	Draft In Camera Minutes of July 31, 2024 ¹	15-16	
			iii.	Committee Reports	17-29	
			iv.	Information Items	30-128	
3	Approval of Agenda and Conflicts of Interest					
	3.01	Approval	Review of Main Agenda			3 J. Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest			129-130
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair			131 J. Sokoloski
	4.02	Acceptance	Report on Regulatory Operations at August 31, 2024			132-143 A Parr
	4.03	Acceptance	Variance Report & Unaudited Financial Statements at Q1			144-153 A Kupny
5	Council Governance Policy Confirmation					
	5.01	Discussion	Policy Issues Arising from Monitoring Reports ²			-- B. Sullivan
	5.02	Discussion	Executive Limitations Policies Detailed Review (Part 2)			--
	5.03	Decision	GPRC Proposed Policy Amendments			154-172
6	Regular Business					
	6.01	Information	Organizational Structure of the College			173-180 A Parr
7	Council Education					
	7.01	Briefing	Program Briefing – Quality Assurance Program			181-184 J. Quesnelle
	7.02	Briefing	Communication Key Messages			185-195 A Parr
8	Other Business					
	8.01	TBD				--
9	Evaluation and Next Meeting					
	9.01	Discussion	Meeting Evaluation (Click here to complete the evaluation)			On-line J. Sokoloski
	9.02	Discussion	Next Meeting – November 27, 2024			--
10	Adjournment					
	10.01	Decision	Motion to Adjourn			-- J. Sokoloski

¹ In-camera minutes are redacted from the materials released publicly for the Council meeting.

² Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance policies (Ends, Governance Process, CEO-Council Linkage, Executive Limitations policies)



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

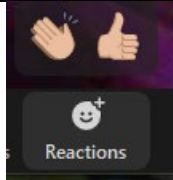
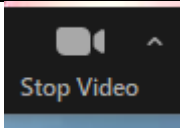
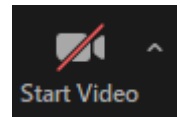
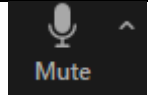
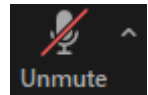
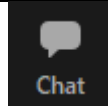
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

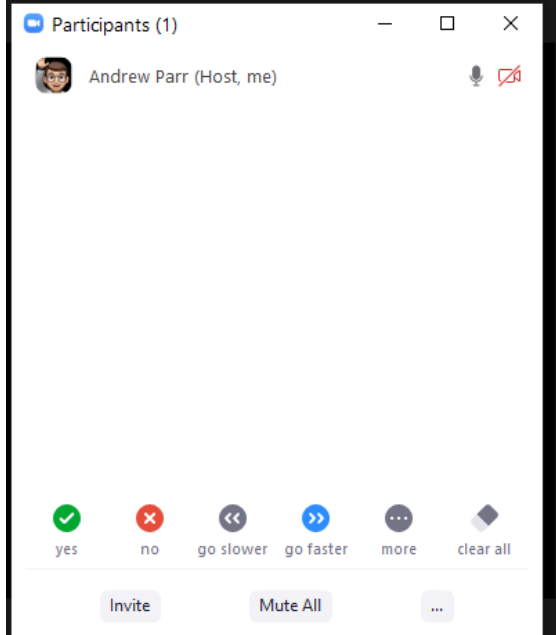
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

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

Andrew Parr (Host, me)

Mute

More >

Rename

Edit Profile Picture

yes

no

go slower

go faster

more

clear all

Invite

Mute All

...

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
July 31, 2024**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (2:2)		Mr. Dean Catherwood (1:2)
Dr. Amy Dobbie, ND (2:2)		Dr. Brenda Lessard-Rhead, ND (Inactive) (1:2)
Mr. Brook Dyson (2:2)		Dr. Erin Walsh (Psota), ND (1:2)
Ms. Lisa Fenton (2:2)		
Ms. Sarah Griffiths-Savolaine (2:2)		
Dr. Denis Marier, ND (2:2)		
Mr. Paul Phillion (2:2)		
Dr. Jacob Scheer, ND (1:2)		
Dr. Jordan Sokoloski, ND (2:2)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Human Resources and Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Thomas Kriens, Auditor		
Mr. Barry Sullivan, GPRC, Acting Chair		
Ms. Sandi Verrecchia, Satori Consulting		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:18 a.m. He welcomed everyone to the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The Chair asked if there were any items to move to the main agenda for discussion. Ms. Sarah Griffiths-Savolaine requested to have her contact number redacted on page 64 of the materials package. Mr. Andrew Parr, CEO, informed that a staff member will complete this task and reload the materials to the College website.

MOTION:	To approve the Consent Agenda as amended.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
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:	Amy Dobbie
SECOND:	Denis Marier
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
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MOVED:	Paul Phillion
SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)

The Report on Regulatory Operations for June 2024 from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations for June 2024 from the CEO.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Denis Marier
CARRIED.	

4.03 Report on Operations – Year End

The Report on Operations – Year End Report was included within the materials distributed in advance of the meeting. Mr. Parr provided a thorough review of the Report and explained the information contained within the Report, highlighting the key performance indicators and whether the strategic objectives were met. Mr. Parr focused on indicators that may not have started due to the timing of the initiative and indicators that have been started and are underway. He responded to questions that arose during the discussion that followed.

MOTION:	To approve the Report on Operations – Year End from the CEO.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
CARRIED.	

4.04 Annual Committee Reports 2023-2024

The annual Committee Reports submitted by each Committee Chair were distributed in advance of the meeting. The Chair presented the Reports and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To accept the annual Committee Reports as presented.
MOVED:	Lisa Fenton
SECOND:	Paul Phillion
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Ends Policies Policies

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

5.01(ii) Council-CEO Linkage Policies

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

5.01(iii) 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.

5.02 Detailed Review (as per GP08) – Executive Limitations Policies (Part 1)

Mr. Barry Sullivan, Governance Policy Review Committee, Acting Chair, provided the Council with a detailed presentation reviewing EL01 through EL08 and highlighted each policies directives and reviewed the results of the survey completed by Council in relation to the policies presented.

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 1), and Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

6. Business

6.01 Audit Committee Report on the 2023-2024 Audit

A copy of the Audit Committee Report on the audit for the fiscal year April 1, 2023, to March 31, 2024, was circulated in advance of the meeting. Mr. Brook Dyson, Audit Committee Chair, reviewed the report with the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Audit Committee Report as presented.
MOVED:	Brook Dyson
SECOND:	Paul Phillion
CARRIED.	

6.02 Auditor's Report and Draft Audited Statements – Fiscal Year 2023-2024

The Chair invited Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, to present the Auditor's Report and the Draft 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 Draft Audited Financial Statements for the period April 1, 2023, to March 31, 2024, as presented.
MOVED:	Brook Dyson

SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

The Chair thanked Mr. Kriens for presenting the reports to Council.

6.03 Appointment of the Auditor for 2024-25 Fiscal Year

Mr. Brook Dyson, Chair of the Audit Committee, advised Council that the College's current Auditor's term had ended at the conclusion of the audit for the fiscal year 2023-2024 and that an Auditor would need to be appointed for a new term. He sought the approval of Council to have the existing auditor of Kriens~LaRose, LLP be re-appointed as the Auditor for the fiscal year of 2024-2025.

MOTION:	To accept the re-appointment of the Auditor, Kriens~LaRose, LLP for the fiscal year of 2024-2025.
MOVED:	Brook Dyson
SECOND:	Paul Phillion
CARRIED.	

6.04 Volunteer Committee Appointment

Mr. Parr presented a memorandum provided by the Senior Management Team that was circulated in advance of the meeting regarding a new appointee to the Inquires, Complaints and Reports Committee. He welcomed and responded to any questions then sought the approval of the volunteer's new appointment.

MOTION:	To approve the appointment of a volunteer to the Inquires, Complaints and Reports Committee.
MOVED:	Amy Dobbie
SECOND:	Denis Marier
CARRIED.	

7. Council Education

7.01 Council & Committee Evaluations – Update

The Chair invited Ms. Sandi Verrecchia, of Satori Consulting Inc., to provide the Council with a detailed summary of the Council's evaluation and highlighted the changes from the previous year's results and responded to any questions that arose during the discussion.

MOTION:	To accept the evaluation report as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer

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

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:13 a.m.

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

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

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

10.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for September 25, 2024. In addition, the Chair noted the meeting may be held in-person at the Sheraton Toronto Airport Hotel and canvassed everyone's thoughts about this.

He advised Council that there will be more information provided in the coming days.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:44 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Denis Marier

Recorded by: Monika Zingaro
Administration Coordinator
July 31, 2024



The College of Naturopaths of Ontario

Page has been redacted pursuant to paragraphs (b) and (d) of section 7(2)(d) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991 as it pertains to personnel matters of the College.

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

(d) personnel matters or property acquisitions will be discussed.



The College of Naturopaths of Ontario

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(d) personnel matters or property acquisitions will be discussed.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 18, 2024

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit Committee
2. Discipline Committee
3. Equity, Diversity and Inclusion Committee
4. Examination Appeals Committee
5. Executive Committee
6. Governance Committee
7. Governance Policy Review Committee
8. Inquiries, Complaints and Reports Committee
9. Inspection Committee – (report not made available)
10. Patient Relations Committee
11. Quality Assurance Committee
12. Registration Committee
13. Standards Committee

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT
Period of July 1, 2024, to August 31, 2024

This serves as the chair report of the Audit Committee for the period July 1, 2024, to August 31, 2024. During the reporting period the Audit Committee convened on July 18, 2024, to review and accept the Auditor's Report and draft Financial Statements for fiscal year April 1, 2023, to March 31, 2024, from Kriens-LaRose LLP. The Auditor, Thomas Kriens, *CPA, CA, LPA*, BBM, Partner, attended this meeting to present the results of the audit. The Auditor's Report, Financial Statements and Audit Committee's recommendations were presented to Council on July 31, 2024.

Respectfully submitted,

Brook Dyson
Chair
September 10, 2024



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

Period of July 1, 2024 to August 31, 2024

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

This report is for the period from 1 July to 31 August 2024 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of August 31, 2024, there were two ongoing discipline matters before the Committee (DC22-04 and 22-05).

Discipline Hearings and Decision & Reasons

Continuation of one contested hearing, file DC22-04 involving Dr. Michael Prytula, ND, was held on July 29 and 30, 2024. The hearing is ongoing and will continue in September of 2024.

There were no Decisions & Reasons released during the reporting period.

New Referrals

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

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair
17 September 2024



The College of Naturopaths of Ontario

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE REPORT

Period of July 1, 2024 to August 31, 2024

For the reporting period of July 1 to August 31, 2024, the Equity, Diversity, Inclusion and Belonging Committee did not have any meetings scheduled. The Committee continues to encourage College Committees to utilize the EDIB Lens Tool during their meetings.

The Committee is next scheduled to meet on October 9, 2024.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
September 2024

Dr. Shelley Burns, ND
Co-Chair
September 2024



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT
July 1 - August 31, 2024

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 during this reporting period.

Respectfully,

Rick Olazabal, ND (Inactive)
Chair
September 12, 2024



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of July 1, 2024 to August 31, 2024

This serves as the Chair report of the Executive Committee for the period of July 1 to August 31, 2024.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 September 2024



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of July 1, 2024, to August 31, 2024

This serves as the chair report of the Governance Committee for the period July 1, 2024, to August 31, 2024. During the reporting period the Governance Committee did not meet, the Committee is scheduled to meet again on October 3, 2024.

Respectfully submitted,

Hanno Weinberger
Chair
September 10, 2024

10 King Street East, Suite 1001, Toronto, ON M5C 1C3
T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period July 1, 2024 to August 31, 2024

Meetings and Attendance

During this period, the Governance Policy Review Committee met on one occasion, via tele conference, on July 9, 2024. There was no concern regarding quorum.

Activities Undertaken

At this July meeting, the Committee first considered and decided upon its approach to facilitating the Councils' in- depth review of the Governance Policies- Executive Limitation Policies (Part One), at their upcoming meeting on July 31, 2024.

In addition, the Committee reviewed and discussed possible revisions to the Governance Process policies, GP20 to GP 26 (Part 4), pursuant to its ongoing Governance Policy Review schedule. Changes to policies GP21.02 and GP26.02 were proposed and it was agreed that amended versions of those policies would be returned to the next meeting for final review prior to submitting to Council for approval.

Next Meeting Date:

September 3, 2024

Respectfully submitted:

Barry Sullivan
Chair
September 11, 2024



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of July 1, 2024 to August 31, 2024

Between July 1 and August 31, 2024, the Inquiries, Complaints and Reports Committee held two regular online meetings – July 4 and August 1.

July 4, 2024: 9 matters were reviewed, ICRC members drafted 2 reports for an ongoing investigation and approved 3 Decisions and Reasons.

August 1, 2024: 4 matters were reviewed, ICRC members drafted 1 report for ongoing investigations, and approved 1 Decision and Reasons. Additionally, the ICRC delivered one oral caution to a registrant previously ordered by the Committee.

On August 1, the ICRC welcomed a new committee member, Mary-Claire Seitz. Meetings continue to be well-attended and productive in the online format.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
September 12th, 2024



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE CHAIR REPORT
Period of July 1, 2024 to August 31, 2024

During the reporting period the Patient Relations Committee was scheduled to meet once on August 14, 2024. The Committee cancelled the meeting due to being unable to meet the quorum requirement for the meeting.

The Committee's next scheduled meeting is November 20, 2024.

Respectfully submitted

Dr. Gudrun Welder, ND
Chair
September 2024



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period July 1, 2024 to August 31, 2024

Meetings and Attendance

Since the date of our last report to Council in July, the Quality Assurance Committee met on one occasion, via videoconference on August 20, 2024. There was no concern regarding quorum.

Activities Undertaken

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

In addition, after considering the results of the follow-up on a Registrant's response to the results of their Peer and Practice Assessment, the Committee decided to refer the matter to the CEO for the imposition of non- Clinical TCL on the Registrant's certificate of registration.

The Committee also reviewed and made a decision with respect to one Peer and Practice Assessment date extension request.

Finally, the Committee reviewed and provided comments to staff on a new proposed EDIB Self-Assessment questionnaire that will be updated and returned for further review at a future meeting.

Next Meeting Date

September 17, 2024.

Respectfully submitted by,

Barry Sullivan, Chair,
September 11, 2024.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT Period of July 1, 2024 to August 31, 2024

At the time of this report, the Registration Committee met twice on July 24, 2024 and August 21, 2024.

Applications For Registration

The Committee reviewed two applications for registration under subsections 5(2) and 5(4)(a) of the Registration Regulation to determine eligibility for registration with the College.

Exam Remediation – Ontario Prescribing & Therapeutics Examination

The Committee reviewed and set plans of exam remediation for two candidates who had made two unsuccessful attempts at the Ontario Prescribing & Therapeutics Examination, in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

Class Change Application Inactive to General (over two years)

The Committee reviewed a Registrant's request for an extension to the required remediation for a class change application from Inactive to General (over 2 years), under subsection 10(6)(i) of the Registration Regulation.

Currency Audit - Refresher Program

The Committee reviewed 34 proposed refresher program submissions under subsection 6(2)(a) of the Registration Regulation.

Declared Controlled Acts and Practise Information Discussion

The Committee reviewed data collected from the new fields that were added on the Information Return form regarding controlled acts performed, the nature of registrant practice, and patient data.

National Entry to Practice Competency Profile

The Committee approved adoption of the CANRA national Entry to Practice Competency Profile for Naturopathic Doctors as the Ontario Entry to Practise Competency Profile for Naturopathic Doctors.

Respectfully submitted,

Danielle O'Connor ND
Chair
Sept 8, 2024

10 King Street East, Suite 1001, Toronto, ON M5C 1C3
T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of July 1, 2024 to August 31, 2024

During the reporting period the Standards Committee had originally scheduled to meet on August 28th but previously agreed to cancel the meeting until the conclusion of the public consultation of the proposed amended Standards of Practice.

The Committee is next scheduled to meet on November 13, 2024 to review the consultation feedback.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
September 2024



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 18, 2024

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

As part of the Consent Agenda, the Council is provided several 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 can 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.	Grey Areas (No. 293 & 294)	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 2024, August 2024)	This is an update provide 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 regulations that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda Package.
3.	Council Meeting Evaluation	Tables summarizing the responses of Council member's feedback from the July 2024 Council meeting.

No.	Name	Description
4.	Regulatory Education Program	Summaries of the Evaluations from the July and August REP events are provided.
5.	Ministry of Health Priorities	Your Health – A Plan for Connected and Convenient Care is the Ministry of Health’s current priorities as established by the Ontario Government. It was first published in February 2023.
6.	Policy Amendments	The Council amended the Terms of Reference for the Statutory Committees delegating them the authority to oversee the administration of their relevant programs. As such, the Committees are now authorized to amend Program Policies, however, these must be disclosed to the Council. In this section, a copy of the National Entry-to-Practice Competency Profile established by the Canadian Alliance of Naturopathic Regulatory Authorities is enclosed. The Registration Committee decided at a recent meeting to adopt these on behalf of the College.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Whistleblowers and Regulators Part 2

by Anastasia-Maria Hountalas

August 2024 - No. 293

As discussed in the July edition of *Grey Areas*, whistleblowers are insiders within an organization who disclose apparent wrongdoing to outsiders because the organization is unable or unwilling to address the issue.

In the July article, we looked at the topic of whistleblowers who make disclosure to regulators about a regulated person or entity. In this article we discuss two other contexts in which regulators may deal with whistleblower reports:

1. Regulated entities who report whistleblowers to the regulator for improper whistleblowing activities.
2. Insiders within a regulator who blow the whistle about the actions of the regulator.

Using Regulators to Stifle Whistleblowers

Some organizations operate under the principle that the best defence is a good offence. Thus, where a whistleblower has made disclosure to the regulator, or to a third party, the organization may complain to the regulator about the conduct of the whistleblower.

Typically, the concern of the organization is about one of the following:

1. The whistleblower breached confidentiality.
2. The whistleblower was an active participant in the misconduct on which they reported.
3. The whistleblower's report was dishonest and/or made for a collateral, self-interested purpose.

Regulators must be cautious that their processes are not used to retaliate

against the whistleblower. Recently the [physician regulator in the UK commented](#) on this phenomenon in the context of the public inquiry into tainted blood:

Over the last few days we have also seen investigative media reports alleging that a number of NHS [National Health Service] managers have taken actions to silence whistleblowers, including threatening referral to the GMC [General Medical Council].

We are of course aware that referrals to us are sometimes used to intimidate. This is completely unacceptable, has significant consequences for doctors' wellbeing and puts the safety of patients at risk.

We've put a number of safeguards in place to help make sure that the referrals that come to us are fair, appropriate, and proportionate.

Concerns raised with the regulator are occasionally overblown. Confidentiality provisions often do not apply or are unenforceable when a whistleblower reports misconduct, particularly illegal misconduct or misconduct that affects the health and safety of individuals. It is not uncommon for whistleblowers to have had some involvement in the misconduct until they realize its significance or the moral injury to the whistleblower reaches the point where they can no longer tolerate the behaviour. Also, the motivation or accuracy of the whistleblower's report does not nullify the need for investigation and evaluation.

This is not to say that a complaint against a self-styled whistleblower is never valid.

For example, in [Mulligan v Ontario Civilian Police Commission](#), 2020 ONSC 2031, an OPP police Sergeant submitted a letter to the editor of the Sudbury Star criticizing the move of an OPP helicopter from Sudbury to Orillia saying it would jeopardize public safety. He was disciplined for breach of confidence and discreditable conduct. On judicial review the Divisional Court upheld the finding that the "whistleblower defence" was not available to Sergeant Mulligan because he had not first raised his concerns within his chain of command. The Court said:

There may be a situation where the issues raised are so pressing and urgent and the chain of command so obviously dysfunctional or corrupt that going public first is the only reasonable option. However, Sergeant Mulligan never argued that the urgency of the situation made it impractical for him to raise the matter internally first. Furthermore, the evidence he presented did not meet the threshold required to demonstrate the type of dysfunctionality or corruption that would be required for this type of exception to the usual rule.

Further, it is also not inconceivable that the major player in a scheme of misconduct might pre-emptively report against a less involved participant in order to wrap themselves in the mantle of a whistleblower.

Regulators need to be cautious about their processes being used to inappropriately intimidate or retaliate against legitimate whistleblowers. Regulators should consider the

possibility that organizations are using them to avoid or mitigate the actions of whistleblowers. For example, exercising the authority to take no action on frivolous and vexatious complaints might be suitable in some cases.

Whistleblowers About Regulators

Regulators themselves might be the subject of a whistleblower report by a staff, committee or Council member. Such an occurrence can be dismaying and disruptive.

For example, in the UK a whistleblower received extensive media coverage when alleging that the attempts of the Nursing and Midwifery Council to address its backlog of complaints have placed unwarranted pressures on staff and have resulted in hasty decisions that do not adequately protect the public interest. The oversight body for the regulator, the Professional Standards Authority, has become involved, publishing the following statement:

We are grateful to the whistleblower for raising concerns about the Nursing and Midwifery Council with us. It took courage to raise these concerns and we know the toll that whistleblowing can take on individuals.

We met with the whistleblower in October 2023 and discussed how we will take forward the information shared with us. Since then we have been copied in to further communications about the concerns raised. We have also responded directly to the whistleblower following their

communication to the PSA this week.

We agree that their concerns are serious and have the potential to impact public protection. As part of our role, we assess regulators, including the NMC, against our [Standards of Good Regulation](#). These Standards are designed to assess whether regulators are performing their role in a manner that protects the public, upholds professional standards and maintains confidence in the profession. We undertake our assessments on an annual basis, reviewing evidence throughout the year in order to form judgements at the end of each review period as to whether our Standards are met. The whistleblower's concerns form an important part of the evidence base for our current review of the NMC, which runs from July 2023 to June 2024.

We are aware that the NMC has commissioned independent external investigations into the matters raised by the whistleblower. The Charity Commission has also initiated an investigation. We have been engaging with both the NMC and the Charity Commission in relation to these and will be monitoring their progress carefully. The outcomes of these investigations and how the NMC responds to them will be important evidence for us, informing any additional work we may undertake. We retain the right to launch our own investigation, in addition and separate to our performance

review process, at any time. We are keeping the Department of Health and Social Care informed about the situation and our work relating to the issues raised.

Apart from good governance and good management, ensuring adequate resources for regulatory tasks, and a culture of openness to feedback, regulators can proactively address the risk of being the subject of a report by establishing a credible whistleblower program within the organization. Such a program could address concerns before they become bigger issues and enhance the regulator's effectiveness. These advantages need to be balanced against common disadvantages, including the

resources required for a good whistleblower program and the possibility that the program will be overused for less serious or inappropriate types of concerns.

Conclusion

Whistleblowers are a reality for regulators. With proper planning and good processes in place, whistleblowing can enhance the ability of regulators to achieve their mission. Inappropriate responses can create undesirable consequences for the public interest and the regulators themselves.

FOR MORE INFORMATION

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Transparency is Not Enough

by Julie Maciura

September 2024 - No. 294

A recent research paper concludes that even extensive transparency requirements are not enough to ensure that self-regulating professions effectively protect the public from serious safety concerns.

The paper, cited as: [Ece Kaynak, Hatim A. Rahman](#) (2024) "[It Takes More Than a Pill to Kill](#)": Bounded Accountability in Disciplining Professional Misconduct Despite Heightened Transparency. Organization Science 0(0), while quite narrow in scope, will likely interest a variety of regulators.

The researchers studied the sanctions imposed on physicians found to have overprescribed opioids during the height of the opioid epidemic between 2015 and 2019. They examined the records in a (deliberately unnamed) US state where sunshine laws required a high level of transparency. Indeed, in that state, the discussions by the tribunal during deliberations in the penalty phase of discipline process were recorded and made publicly available. In Canada, those discussions are strictly confidential under the principle of deliberative privilege, to facilitate candour during such debates. The research

team listened to and transcribed the recordings related to opioid discipline cases.

The article begins with a review of recent literature on the benefits of openness, stating that transparency "promotes desired behaviors when those subjected to transparency measures are motivated to align their behaviors with external audience expectations because of normative pressures, legitimacy concerns, and/or reputation management". Further:

Extending the transparency literature's insights suggests that when professional bodies' self-regulation processes are made transparent to the public, professionals put in charge of disciplining their peers' misconduct should be more diligent in doing so, especially in cases of clear and documented misconduct, because exercising effective self-regulation helps the profession protect its reputation as a trustworthy profession serving the public good....

The researchers concluded:

Yet contrary to predictions based on the literature on transparency, in our analysis, we found that the Board overwhelmingly refrained from levying strict disciplinary action on physicians found guilty of misconduct, and instead, it allowed guilty physicians to continue practicing medicine. This limited accountability that guilty physicians faced was not solely because of sympathy between peers or norms of collegiality, however, as the professions literature would predict. We found that mechanisms based on organizational- and field-level factors also played a significant role in the decision-making process, preventing the Board from holding guilty physicians strictly accountable for their misconduct.

The researchers were not the decision makers, so one could dispute whether the conclusion of “limited accountability” for guilty physician was objectively fair and reasonable, but after reading the full article one suspects that description is accurate. Given the consequences on patients of overprescribing opioids (a leading cause of death in the US), and the fact that the unnamed state was taking active measures to combat the epidemic, including scrutinizing the handling of opioid-related discipline cases, the examples and quotations cited from the deliberations of the regulatory Board in issue make a persuasive case for the researcher’s observation of “bounded accountability”.

Of the 112 cases reviewed, only six resulted in revocation of the physician’s licence despite the Board often discussing in their deliberations how revocation was an appropriate outcome. In fact, in many of the cases in which revocation was not ordered, the regulatory Board explicitly acknowledged

that revocation would “send a signal to external audiences”.

The researchers identify four mechanisms that contributed to this outcome.

1. **Bureaucratic Inefficiencies.**

Revocation would ordinarily require a full hearing. Hearings are expensive and time consuming. It appears that making an interim order was not available to this regulator. The Board met only six times a year meaning that any hearing would be held far in the future. The regulator also had significant budgetary constraints.

2. **Information Asymmetries.**

Physicians facing serious discipline often obtained registration in another jurisdiction before the discipline outcome was posted on the national database. The state in which the physician is newly registered is not automatically notified of the outcome. Not only did this scenario continue to place the public at risk elsewhere, it sometimes affected the discipline process in the original jurisdiction. For example, resolutions are sometimes considered where the physician agrees not to practice in that jurisdiction. Such a resolution might also minimize the depth of the concern by the regulator in the registrant’s new jurisdiction. This impact of such information gaps has been the subject of an [investigative journalism series published in the Toronto Star](#).

3. **Shared Professional Beliefs.** The researchers “found that a shared professional belief in rehabilitation, as opposed to a rigorous sanction, constituted the most prominent mechanism contributing to bounded accountability for guilty physicians in our data.” Not everyone will agree with the researcher’s critique of this “shared professional belief”. The bias towards rehabilitation is widely

accepted by regulators as a desirable form of [“right touch regulation”](#). Rehabilitation of registrants is a recognized [academic](#) and [legal](#) consideration, and forms a core value for most [quality assurance programs](#). The researchers appear to question the appropriateness of this belief in some contexts, such as overprescribing opioids. This questioning of the value of rehabilitation where arguably protection of the public should be the primary consideration is also consistent with some [case law](#) dealing with disciplinary sanctions. The researchers also have some data that rehabilitation for overprescribing opioids does not necessarily deter subsequent misconduct.

4. **Interpersonal Emotions.** “Guilty physicians sometimes made emotional appeals that resonated with Board members and caused them to develop feelings of sympathy and compassion toward guilty physicians. These emotions led Board members to refrain from stringent disciplinary measures.” However, the researchers found that this consideration appears to be less significant than other literature suggests and is less likely to affect the sanction decision than the other three mechanisms discussed above. They theorize that greater transparency in the process may have contributed to this consideration becoming less prominent.

Interestingly, the researchers found that the six revocation cases also had some common characteristics. “These data reveal that the Board revoked a physician’s license primarily when the physician refused to engage or comply with the Board’s authority or when a higher-order court found the physician guilty.”

The researchers concluded that expanded transparency requirements, while valuable, did not, on their own, produce strict disciplinary outcomes. The researchers proposed the following reforms, which they believe might contribute to more effective accountability:

1. Regulation at a national level, rather than a state level.
2. Ensuring regulators have adequate resources. This appears to be easier to achieve in Canada where regulators are often funded by registrant fees that the regulator sets (as opposed to having to apply to the government for funding from its general budget which is more common in the US).
3. Taking steps to ensure that regulators not be dominated by professional beliefs and assumptions. Even public members of Boards were observed to defer to the expertise of the professional members. The researchers indicated that having more public members on the Board (say 50%) could affect this dynamic.

We might add the following thoughts:

1. Even if regulation at the national level is not achievable in the short term, certainly a national register of practitioners could be pursued. [Some Canadian professions](#) are already doing this.
2. The authority of regulators to impose interim restrictions on registrants who pose a risk to the public, pending investigation and discipline, can mitigate bureaucratic pressure to accept less appropriate outcomes and achieve some protection to the public in the short term.
3. Using a competency-based selection process for Board and committee members might help address some of the concerns addressed by the

researchers about over-reliance on the expertise of professional members.

4. Penalty guidelines for high-risk misconduct, such as over-prescribing opioids, could prevent considerations, like expressions of remorse or willingness to undergo rehabilitation, from having a disproportionate effect on decision makers. By way of analogy, the [mandatory sanctions for sexual abuse](#) by health practitioners seem to

have been at least somewhat effective in reducing the imposition of inadequate outcomes. In another analogy, it has been suggested that [restorative justice](#) initiatives not be used for major safety concerns.

This research gives much food for thought for all regulators of professions who deal with serious safety concerns.

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Legislative Update – What Happened in July 2024?

From Julie Maciura

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Ontario Bills

(www.ola.org)

The Legislative Assembly is in recess.

Proclamations

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

There were no relevant proclamations.

Regulations

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

There were no relevant regulations posted.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Personal Health Information Protection Act, 2004 – The proposed regulations would establish the rules for the validation, verification, authentication of those seeking access to the proposed centralized electronic health records. Comments are due by September 4, 2024.

Bonus Features

These include some of the items that appear in our blog:

(www.sml-law.com/blog-regulation-pro/)

Time Off for Good Behaviour

When discipline proceedings are protracted, what weight should be given on sanction to the registrant behaving professionally while the proceedings are ongoing? That issue took prominence in [*Rak v. Ontario College of Pharmacists*](#), 2024 ONSC 3783 (CanLII).

The pharmacist admitted, in criminal proceedings, to luring a minor and criminal harassment of another minor. The pharmacist repeatedly breached his bail conditions during the criminal process. In 2014, the pharmacist was disciplined by his regulator for this behaviour. The discipline sanction included a restriction from providing professional services to a person under the age of 18 years. Afterwards, the pharmacist was disciplined again for repeatedly breaching that condition.

On appeal, the finding was reduced to the breach of the condition for one patient and the matter was returned to the discipline committee for a different sanction. The committee ordered a four-month suspension, a reprimand, and a more stringent condition than had been ordered previously (no services could be provided for minors). The pharmacist appealed, arguing that insufficient consideration had been given to his not having breached any conditions during the past ten years while the latest proceedings were ongoing.

The Court upheld the sanction. The discipline panel had, in fact, taken into account the pharmacist's compliance with strict conditions for an extended period of time. The panel viewed this conduct as indicating that the pharmacist was capable of remediation and was no longer ungovernable. However, a significant sanction was still warranted because the pharmacist's conduct was serious and there was a long history of non-compliance with criminal and regulatory restrictions. The conduct was also aggravated by his attempt to falsify documents and otherwise conceal his conduct.

The Court accepted the panel's description of the compliance as being the absence of a further aggravating factor rather than a truly mitigating factor. Compliance with restrictions is expected; it is not especially meritorious.

The Court also agreed that letters of reference as to work ethic and quality of service are of little relevance where, as here, the conduct in issue was not about competence.

The Court viewed the previous referral back to the committee to impose a new sanction as a requirement on the committee to "consider the issue of the appropriate penalty afresh." The committee was not bound by the previous sanction decision and could reasonably impose a more stringent condition than was ordered previously in order to better protect the public.

Good behaviour during a long regulatory process should be considered by a discipline panel when imposing a sanction as it indicates the possibility of remediation. However, it is only one of many relevant considerations and is more appropriately considered the absence of an aggravating factor as compared to a true mitigating factor.

Exceptional Circumstances

Courts are extremely hesitant to consider a judicial review application while an administrative process is ongoing. Such applications will generally be dismissed or stayed as premature to allow the existing proceedings to be completed. In addition to not delaying administrative justice, awaiting the outcome below enables the Court to have a full evidentiary record and to understand the thinking of the administrative body. In addition, the application will sometimes become moot as the original concern may no longer matter by the time the administrative process is complete.

However, Courts will hear a judicial review in “exceptional circumstances”. The criteria for what constitute exceptional circumstances are rarely defined. The decision of [Lamarche v British Columbia \(Securities Commission\)](#), 2024 BCSC 1137 (CanLII), provides some assistance. There an individual facing proceedings for unregistered trading brought a civil action for a declaration that a summons to a third party (Shaw communications) was unconstitutional and violated his privacy rights, in part because they might result in disclosure of solicitor and client communications.

The Court held that the civil action (just like an application for judicial review) could be premature as the underlying administrative proceedings were ongoing. The fact that constitutional issues were raised was not, by itself, exceptional. Otherwise, the prematurity principle could be circumvented simply by including a constitutional argument in pleadings. The Court discussed the criteria for whether exceptional circumstances are present.

1. **Statutory Context.** The more specialized the tribunal and the greater its scope to deal with legal issues within its own process, the more likely a challenge will be seen premature.
2. **Strength of the Case.** The Court noted that the applicant had a strong case in that the communications had already been obtained without protocols in place to protect privileged information. However, the communications had not yet been accessed by the regulator and the applicant could still raise the issue with the regulator.
3. **Fragmentation of Proceedings.** The Court accepted the regulator’s assertion that the action constitutes a pre-emptive collateral attack and would lead to a multiplicity of proceedings.
4. **Waste of Resources and Delay.** The Court said that: “The continuance of a separate process focused on the same or similar issues in this Court would constitute a waste of judicial resources.”
5. **Hardship or Prejudice.** The administrative body could deal effectively with the concern. The fact that it would not be able to issue a formal declaration of unconstitutionality of the underlying provision did not create significant prejudice to the individual.

The Court stayed the proceeding. This decision might assist regulators which raise prematurity arguments when registrants attempt to challenge administrative proceedings that have not yet been completed.

When Is a Rule Targeted?

Courts tend to give deference to regulators when they enact subordinate legislation such as regulations, by-laws, or rules. So long as the provision furthers the goals of the enabling legislation, courts loath to strike it down as being unreasonable or enacted for an improper purpose. A recent BC case discussed this deference where a registrant claimed that the rule targeted their business model.

In [FS Insurance Brokers, Inc. v Insurance Council of British Columbia](#), 2024 BCSC 1218 (CanLII), the regulator for insurers enacted a rule preventing insurers from providing products to strata buildings (e.g., condominiums) where the insurer had common ownership with the strata’s property management provider. The applicant’s business model was to provide support services for its affiliated property management company which might give its insurance business to a third-party insurer and that third-party insurer would then pay a commission to the applicant. The applicant sought an advance ruling as to whether this business model was contrary to the new rule. The regulator denied the request. The applicant sought a court order seeking to have the new rule declared invalid.

Without getting into the interpretation issue, the Court held that the new rule was valid. The regulator's briefing notes and public consultation documents demonstrated that the rule addressed conflict of interest concerns and those concerns were within the "purposes and objects of the parent legislation read as a whole." This was true even if the rule prevented the property management company from receiving an indirect benefit (through its common ownership structure with the direct recipient of the commission). This intent was reasonably related to the object and purpose of the legislative scheme. It was not the Court's role to assess the policy merits of the rule or whether it was the most efficacious way to protect the public interest.

The Court noted that the applicant may be justified in feeling it was being targeted by the rule since it is the only entity that may have to cease operations as a result of the rule (depending on the regulator's interpretation). However, the rule was one of general application and the evidence suggested the rule was not targeted at the applicant. The regulator's documents consistently addressed the broader policy issue. Also, the applicant's business model seemed to be gaining popularity and the regulator had previously raised this same concern with another potential registrant.

If the rule had been targeted at the applicant, there may have been some procedural fairness requirements but, given that the rule was not targeted, there were no procedural fairness expectations. In any event, the regulator had done extensive consultation, which included providing the applicant with an opportunity to make written submissions, and that satisfied any procedural requirements.

Despite the validity of the rule, the Court obtained commitment from the regulator to proceed with an analysis and provide an advance ruling to the applicant on the applicability of the rule to its model.

This decision will help regulators identify when their proposed rules may be deemed to target specific registrants. It also reinforces the value of well constructed briefing notes and consultation documents when enacting rules or even non-binding policies.

Don't Avoid the Hard Issues

It is human nature to avoid difficult issues. However, doing that when writing reasons for a regulatory decision can result in having to do it all over again.

In [*Gulliver v Law Society of Newfoundland and Labrador*](#), 2024 NLCA 23 (CanLII), a complaint was made against a lawyer alleging that she failed to follow instructions to oppose an application to set aside a protective order in a "high-conflict" family law matter. The lawyer said she had been instructed by the client to consent to the application to set aside the order brought by the client's former spouse so that they could deal with the issue in a different forum (i.e., in Supreme Court, Family Division rather than in Provincial Court). The complaint was dismissed by the regulator's screening committee because an email from the client's father suggested that instructions to consent to the application had indeed been given by the client and because the client did not attend in court for the application (the latter of which was seen to support the lawyer's version of events because in order to oppose the application to vacate the order, the client would have to attend in court to give testimony). However, the screening committee did not, in its reasons, address a subsequent contradictory email from the client's father or the client's continued assertion that the lawyer told her that she did not need to attend the application because her former spouse would not be attending.

The Court returned the matter to the screening committee for further consideration and a new decision, indicating that the outcome of the complaint was not a foregone conclusion. It might be that the decision might still be to dismiss the complaint despite more investigation (e.g., interviewing the client's father) or better reasons (e.g., explaining why the contrary evidence did not warrant regulatory action) but the key evidence in support of the complainant's version of events must be addressed. Failing to do so was unfair to both the lawyer and the complainant.

The Court recognized that the screening committee was not adjudicating the matter; it was screening the concerns to determine if informal or formal action was warranted.

However, at the investigation stage the Committee's inquiry is focused on the threshold question of whether there are "reasonable grounds to believe" the lawyer engaged in conduct deserving of sanction. The Committee does not decide the merits at this stage; nor does it make evidentiary rulings. Information may be considered by the Committee in assessing the threshold question on an allegation, that might not ultimately be admissible on a subsequent hearing, by an adjudication tribunal, to decide the merits of a complaint.

Regulatory decision makers must address the hard issues.

Another Addition to the Notice of Investigation?

A recent decision of Ontario's Court of Appeal has added another possible item to be included in a notice to registrants that may not be on many regulators' lists. The facts of [*Furtado v. Underwriter*](#), 2024 ONCA 579 (CanLII), are complex but, in essence, the Court held that an individual did not have insurance coverage through their officers and directors liability policy because they did not promptly notify their insurer of the investigation by a regulator.

Many regulators require registrants to carry various forms of liability insurance so that clients and other members of the public have recourse if the registrant is negligent or otherwise causes financial loss. To facilitate this protection of the public, regulators may wish to consider whether their registrant notifications that they are under investigation should include a suggestion that the registrant notify their insurers about the investigation to ensure there is no loss of coverage.

UK Interim Orders

Is the pendulum swinging towards interim orders involving significant terms rather than outright suspensions? A UK court upheld significant restrictions imposed on physician including mandating a clinical supervisor and locum placement. The physician argued that these restrictions were excessive and unnecessary because the other conditions related to treatment of his mental health disorder were sufficient. There were no concerns about the physician's clinical performance. The concern related to disturbing internet communications about sexually abusing children. The Court accepted that close clinical supervision could identify stressors that might precede a relapse. The Court said:

This is a case in which public confidence in the proper regulation of the medical profession is acutely at stake.... Dr Cook's mental health disorder plainly necessitates careful supervision of his return to treating members of the public, with early warning mechanisms built in. The clinical

supervision must be effective. The requirements of such supervision by a suitably qualified senior practitioner, in combination with a requirement of a minimum locum placement of 8 weeks to ensure continuity and effectiveness of supervision, are necessary and proportionate in all the circumstances of this case. They are entirely appropriate. They are not wrong.

See: [Cook v General Medical Council](#) [2024] EWHC 1663 (Admin) (02 July 2024).

The Purpose of Reprimands

The discipline tribunal for Ontario physicians recently described the purposes of reprimands as follows:

The cases have identified the following purposes of reprimands:

- deterring the registrant and other registrants from committing similar misconduct, including through publication on the public register ...
- there are benefits to a panel member speaking directly to the registrant ...
- a reprimand can influence future behaviour ...
- denouncing the misconduct and emphasizing its seriousness

A reprimand is not intended to scold, shame, or humiliate the registrant. Rather, to fulfil the above purposes, it must explain what the registrant did wrong, why it was wrong, its seriousness and its impact on others. It should also be forward looking, noting where appropriate the importance of rehabilitation and avoiding further findings of misconduct. While a reprimand is focused on the registrant, it also shows complainants, affected patients, other members of the profession and the public what the Tribunal's concerns were about the misconduct, particularly when delivered on the day of a hearing before the written reasons have been prepared.

See: [College of Physicians and Surgeons of Ontario v. Hadwen](#), 2024 ONPSDT 19 (CanLII).

From Julie Maciura

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Ontario Bills

(www.ola.org)

The Legislative Assembly is in recess.

Proclamations

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

There were no relevant proclamations.

Regulations

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

There were no relevant regulations posted.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Preferred Provider Networks. “The Ministry of Finance is consulting on the role of Preferred Provider Networks (PPNs) in Ontario's employer-sponsored drug insurance sector. In the context of pharmacy benefits, a PPN is an agreement between an insurer and one or more pharmacy operators to offer discounted premiums in exchange for preferential access for the pharmacies. PPNs are primarily associated with pharmacy benefits plans sponsored by employers for the coverage of specialty medicine.” No proposed legislation has been decided upon. Comments are due by October 22, 2024.

Bonus Features

These include some of the items that appear in our blog:
[\(www.sml-law.com/blog-regulation-pro/\)](http://www.sml-law.com/blog-regulation-pro/)

Administering a Drug

Administering drugs to individuals is an activity that is regulated under several statutes. Ontario's Court of Appeal has held that a person can be found to administer a drug even where the recipient personally consumes the drug (e.g., by swallowing it).

In [*Retirement Homes Regulatory Authority v. Moore*](#), 2024 ONCA 585 (CanLII), a key aspect of the issue of operating a retirement home without a licence was whether the facility supplied the care service of providing "the administration of a drug". Mr. Moore acknowledged that his facility assisted residents by: "receiving medication ... storing medication, reminding or prompting ('cuing') some occupants to take their medication, bringing (or giving out or handing out) medication to occupants, returning unused medication to the pharmacy, having some 'house medication' available... and keeping a record of when occupants had 'self-administered' their medication." However, he argued that the resident actually took the medication and thus the definition of administering a drug was not met.

The Court disagreed, saying:

With respect to the interpretation of the "administration of a drug", the application judge chose not to offer a comprehensive definition, but to determine whether the activities that Mr. Moore's business was found to have engaged in would be included in any correct definition of that term. We can see no error in his decision that the administration of a drug encompasses the services the appellants have admitted to providing. The application judge's conclusion that the "administration of a drug" occurs if an operator assumes "control over or responsibility for a person taking a drug, giving a drug to a person and directing them to ingest or apply it, and cueing a person to take a specific drug", respects the grammatical and contextual meaning of the phrase and is in keeping with the purpose the legislation of ensuring that residents, who are often vulnerable, can live safely.

The Court rejected the technical interpretative argument that the legislation and regulations distinguished between "administering" and "assisting". The term "assisting" was used for such activities as feeding, dressing and bathing. The Court refused to accept that this meant that the medication support services that had been provided amounted to assisting and not administering. The Court focussed on the purposes of the legislation when interpreting the phrase related to drugs.

Mr. Moore was prohibited from continuing to operate an unlicensed retirement home.

Similar approaches might also be taken under other statutes where restrictions on administering drugs are designed to protect the health and safety of individuals, but of course it will all depend on the context.

Delay in Investigating a Complaint

Further guidance has been given by Ontario's Divisional Court as to when an extensive delay in investigating a complaint amounts to an abuse of process. It is established that in some circumstances the delay can result in setting aside an investigatory (i.e., screening committee) decision: [*Young v. College of Nurses of Ontario*](#), 2022 ONSC 6996 (CanLII).

However, in [*RS v. Ontario \(Health Professions Appeal and Review Board\)*](#), 2024 ONSC 4137 (CanLII), a three-year delay was found to be acceptable, but just barely. The decision required a psychologist to undergo remediation regarding managing dual roles in family custody matters. The psychologist was both an expert witness in court on behalf of one of the parents and, through his clinic, had a role in the treatment of the child that included professional interactions with the other parent.

In distinguishing the *Young* decision, the Court in *RS* found there was no excessive delay because, among other things:

- The 150-day statutory timeline to complete complaints matters was a goal and not a strict requirement.
- The registrant did not exercise his opportunity to ask the independent Review Board to take over the investigation when it was not completed on time.
- The stakes for the registrant before the complaints screening committee were lower than at the discipline hearing, particularly here where a remedial order was ultimately made.
- There was no evidence (only a general assertion) of prejudice to the registrant caused by the delay.
- Throughout the process the registrant remained in the same position, professionally, so the remediation order was still relevant to his practice.
- The registrant was aware of the precise concerns under investigation.
- The concerns were complex and there were challenges in obtaining the necessary information, including from the registrant's clinic.

The Court did express concern about the length of the investigation and the complaints screening committee's failure to address the delay in its reasons for decision. However, this latter concern was ameliorated by the Review Board's discussion, in its own decision, of why the delay did not amount to an abuse of process.

Whether a lengthy delay amounts to an abuse of process depends on the circumstances. In addition to proceeding expeditiously, regulators are well advised to specifically address delays in their reasons for decision when disposing of a complaint.

Two Twists on a Theme

There is no consensus on two aspects of imposing a sanction in discipline matters. The first is whether the parties can be asked to make submissions about sanction before any findings of misconduct have been made. The second is whether an absence of remorse should ever be considered an aggravating factor. In

Llewellyn v College of Registered Nurses of PEI, 2024 PECA 15 (CanLII), interesting new perspectives are offered on both issues. The case involved allegations that a nurse inappropriately inserted herself in the care of her ill mother and interacted unprofessionally with caregivers.

Because of scheduling issues, the discipline panel asked the parties to make submissions about sanction before it provided its finding on the allegations. Courts have taken differing views on whether this is unfair to the registrant, especially where the registrant is facing multiple allegations. The argument is that it is difficult to make submissions about sanction when the nature and seriousness of the findings are unknown. Also, there is a concern about prejudgment where the request is made before the panel has deliberated on the allegations. However, other courts have accepted the efficiency of receiving all submissions at once. In *Llewellyn*, the Court said that proceeding with submissions on sanction before the findings had been made removes the opportunity for the registrant to acknowledge acceptance of the finding and express remorse and, is, thus, unfair.

This leads to the second issue. How should an absence of remorse be factored into the sanction decision by the panel? Some courts have said that considering an absence of remorse when it comes time to determine sanction undermines the right of the registrant to defend themselves, including on any appeal, without fear that doing so will result in a harsher outcome. Other courts have indicated that an absence of remorse is not an aggravating factor but amounts to the absence of a mitigating factor that might reduce a sanction that otherwise fits. Yet other courts have said that it may be appropriate to frame the issue as a lack of insight, or as increasing the risk of the conduct recurring, rather than as a lack of remorse. In *Llewellyn*, the Court said that while disputing the validity of the allegations during the merits phase of the hearing is irrelevant to sanction, once a finding has been made, the panel can appropriately consider whether remorse is subsequently expressed.

Llewellyn does not resolve either issue, but it does make the discussion more nuanced.

Another Protected Area for Registration Applications

As a general principle, it is prudent for regulators to ask on application forms broad questions related to an applicant's previous conduct. For example, rather than ask applicants to report any relevant criminal findings, regulators frequently ask for information about findings for any offence. In that way, it is the regulator, and not the applicant, who can assess whether a finding is relevant to their suitability to practice.

However, a few exceptions exist where there is a compelling societal value that outweighs the regulator's interest in evaluating all potentially relevant information. For example, many regulators have narrowed the scope of inquiries made about an applicant's mental health history because of the invasive and potentially discriminatory impact such questions pose.

The decision in *A.B. v. The Law Society of Ontario*, 2024 ONCJ 380 (CanLII), identifies another protected area related to youth offences. The applicant answered a question acknowledging that they had been found guilty of murder committed while they were a youth. The regulator sought and obtained access to the youth court records. The applicant later objected to how the records were being used and asked the Court to rescind the regulator's access to them.

The Court noted that under s. 82 of the *Youth Criminal Justice Act*, once the sentence is served, “The young person is deemed not to have been found guilty or convicted of the offence”, subject to certain exceptions that did not apply in this case. The Court concluded that “neither the conviction itself nor evidence of the crime to which the conviction relates can be used” by the regulator for assessing the character of the applicant for registration. In fact, the Court found that the question on the regulator’s application form resulting in the disclosure by the applicant was “misleading and unlawful”. The Court ordered that the youth court records be returned.

The Court noted:

It may appear that this decision seriously restricts the Law Society’s ability to vet candidates for membership and authorization to practice law and by so doing exposes the public to potential harm. But this danger should not be over-stated. As mentioned in a footnote above, other organizations, institutions and professions have had no window to access youth records at all much less to use them in their vetting of applicants. As far as I am aware there has been no reported harm or even outcry arising from this restriction.

It is noteworthy that the Court distinguished the provision in the *Youth Criminal Justice Act* from the adult pardon regime that does not contain such a deeming provision.

The Court acknowledged that the *Youth Criminal Justice Act* raised some difficult interpretation issues, particularly in respect to another provision that allowed limited access to the records for up to five years. It is not inconceivable that there will be further judicial rulings on this point in the future. However, in the meantime, regulators should be cautious about requiring applicants to provide information about findings made under the *Youth Criminal Justice Act*.

Publishing Notices

Many regulators routinely publish allegations in discipline and enforcement proceedings before their final determination. Doing so facilitates transparency and arguably permits members of the public to make informed choices. Further, publication enables the public to choose whether to observe the hearing.

Ontario’s Divisional Court commented on this practice in [*Harold the Mortgage Closer Inc. v. Ontario \(Financial Services Regulatory Authority, Chief Executive Officer\)*](#), 2024 ONSC 4464 (CanLII). The regulator published on its website a notice of proposal to revoke and refuse to renew the registrant’s licence. It did so under a transparency guideline that, with some exceptions, called for automatic publication. The registrant, who was requiring a hearing on the matter before an independent tribunal, challenged both the policy and the publication and, in the alternative, requested that the regulator be mandated to publish the registrant’s responding document. The regulator agreed to offer the responding document to anyone who requested it, but it refused to publish the document. The registrant asserted that the published notice of proposal was unfair and defamatory. The registrant also argued that true transparency would involve publishing the registrant’s responding document in the same manner as the notice of proposal.

The Court viewed the publication of the notice of proposal to be an administrative action by the regulator that did not involve a statutory power. Publication did not “affect the legal rights, interests, property, privileges, or liberty” of the registrant. As such, judicial review of the publication actions was not available to the registrant.

The Court also found that the decisions about publication were not unreasonable. They were “consistent with the practice of many other regulators which also publish their enforcement actions before an adjudication of the merits by a disciplinary tribunal.” The notice of proposal indicated that the document contained allegations that were still subject to proof. There was a statutory remedy, namely a hearing before an independent tribunal, in which the allegations could be disputed. It was not reasonable to publish the registrant’s responding document that could “contain inaccurate information or otherwise objectionable material.” The decisions did not affect the registrant’s right to procedural fairness in the hearing before the tribunal. The registrant also had a right of appeal from the tribunal’s decision to the Court.

This decision supports the current practice of regulators publishing notices of upcoming discipline or enforcement proceedings, including the allegations, even though they have not yet been proved.

Publishing Findings Pending Appeal

Dr. Tan, a veterinarian, was disciplined for a sixth time. He sought a stay of the sanction, which included a 60-day suspension, pending an internal appeal: [*Tan v Alberta Veterinary Medical Association*](#), 2024 ABKB 494 (CanLII).

The stay of the suspension was granted. The Court found that the lost business profits and general business disruption constituted irreparable harm. Since it had not imposed any interim orders and had not otherwise indicated that Dr. Tan posed an immediate risk of harm, the regulator was deemed to be content that the veterinarian “can offer a satisfactory level of care to his clients until (at minimum) his internal appeal is heard.”

However, the Court did not stay the regulator’s intent to publish the outcome of the first-level hearing in advance of the internal appeal on its website and in its magazine. The Court found that there was no irreparable harm in this respect, in part because of the previous five findings that had already been published. However, the Court was also influenced by the public’s right to make informed choices:

In any case, factoring in the balance of convenience on this aspect, the public interest requires non-stayed publication on a “with names” basis. While (as found earlier) I do not see material adequacy-of-care concerns (i.e. requiring immediate service of the suspension), in the circumstances here clients and potential clients should be able to see that Dr. Tan has been sanctioned for the current-proceeding practice shortfalls (even with the merits and sanctions under dispute, which will be noted) i.e. they should be able to factor that into their veterinary-services decision-making.

The Court directed that the regulator state in its publication that the veterinarian was disputing both the findings and the sanction through the internal appeal process.

The Court did not discuss the additional possible rationale for publication related to open hearings.

This decision again reinforces that publication of concerns by regulators should not await final findings.

Personal Views Affecting Public Confidence in the Profession – UK Version

Since the Supreme Court of Canada denied leave to appeal in the Jordan Peterson case, there has been vigorous debate as to how far regulators of professions should be able to encroach into the private views and actions of registrants. One perspective is that if the expressed views and actions undermine public confidence in the profession and is relevant to the core values of the profession, then regulators are entitled to act, so long as they balance the countervailing Charter right of freedom of expression. A contrary view is that regulators should not invade the private lives of registrants, including censoring their personal expressions of opinions and private actions, unless they are directly relevant to the actual practice of the profession. A recent UK police discipline decision seems to support the former approach. The BBC reports that:

“A former police officer accused of keeping racist, transphobic and ableist images and memes on his [personal] phone committed gross misconduct, a professional panel has concluded.... The panel concluded his actions had breached the standards of professional behaviour in relation to equality and diversity, authority, respect and courtesy and discreditable conduct.

See: [Former PC guilty of misconduct over racist images \(msn.com\)](https://www.msn.com/en-ca/news/uk-police-discipline-decision-seems-to-support-the-former-approach)

Options for Prosecuting Illegal Practice

When addressing illegal practice, some regulators have the choice between a provincial offences prosecution and a judicial restraining order. The restraining order option involves the civil burden of proof, mutual discovery obligations, usually a less technical analysis, and proceeds before a higher level of court. It can also result in an “injunction” which can have more impact than a small fine.

An example of the challenges of a provincial offences prosecution is found in a recent decision where the absence of the term “Ltd” on one document almost resulted in acquittal : [2024 ONCJ 401 \(CanLII\) | Ontario \(Electrical Safety Authority\) v. Turano's Home Improvement Limited | CanLII.](#)



The College of Naturopaths of Ontario

Council Meeting Evaluation

July 2024

5 Evaluations Received

Topic	Question	Scoring	Rating
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not at all essential to 5 - Very Essential.	2@5 3@4	4.4
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	5@5	5
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	3@5 2@4	4.6
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	5@5	5
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	4@5 1@4	4.8
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	1@5 3@4 1@3	4
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	1@5 2@4 2@3	3.8
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	5@5	5
What worked well?	From the following list, please select the elements of today's meeting that worked well.		
	Meeting agenda		5/5
	Council member attendance		4/5
	Council member participation		4/5

	Facilitation (removal of barriers)	5/5
	Ability to have meaningful discussions	5/5
	Deliberations reflect the public interest	5/5
	Decisions reflect the public interest	5/5
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.	
	Meeting agenda	0/5
	Council member attendance	1/5
	Council member participation	1/5
	Facilitation (removal of barriers)	0/5
	Ability to have meaningful discussions	0/5
	Deliberations reflect the public interest	0/5
	Decisions reflect the public interest	0/5
Things we should do	(None)	
Final Feedback	(None)	

Comparison of Evaluations by Meeting 2024-2025

	2023/24 Overall	2024-2025						
Topic		May 2024	July 2024	Sept 2024	Nov 2024	Jan 2025	Mar 2025	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	4.6	4.2	4.4					4.3
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.8	5	5					5
Time Management 1 - Not at all managed to 5 - Very well managed.	4.5	4.2	4.6					4.4
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.8	4.7	5					4.85
Right People 1 - None of the right people to 5 - All of the right people.	4.8	4.8	4.8					4.8
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.5	4.2	4					4.1
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.3	4.5	3.8					4.15

Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.7	4.5	5					4.75
Number of Evaluations	7.3	10	5					7.5



Evaluation Report
Mandatory Reporting
July 17, 2024

Attendance		
Registered	Participants	No. of Evaluations
321	206	23

Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 3@4 19@5	4.78
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 8@4 14@5	4.56
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	0@1 0@2 0@3 8@4 15@5	4.65
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	0@1 0@2 0@3 5@4 18@5	4.78
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	0@1 0@2 0@3 8@4 15@5	4.65
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	0@1 0@2 0@3 4@4 19@5	4.82

Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale: 1 - Not at all understandable or relatable 5 – Highly understandable and relatable.	0@1 0@2 1@3 4@4 18@5	4.74
Would you attend another REP event?	Yes No	23@yes 0@No	
What Worked Well?	case studies and polls help to stay engaged and actually learn/think about what we know/our knowledge thus far Sequence of material presented. Q&A It was really great to get the information broken down so clearly and in a step-by-step manner. The material was presented very well and the case scenarios helped to provide a lot of context. There were a lot of questions from the audience and it was great to have the presenters on hand to help explain and answer these questions. the poll system is a good way to keep people motivated and as well helps to correct misinformation This lecture was so well organized. The slides were clear, the speaker(s) was concise, on time and relevant. When an answer was not known, they differed to one another with clarity and honesty. That was much appreciated. The comprehensive knowledge of the 3 speakers in the session. Sequence of presenting the material. Polls were helpful for real-life context. Presenters were knowledgeable and addressed questions with clear answers. It was helpful to have Andrew and Erica give clarification on the more complex scenarios. Dr. Gratton ND is an excellent presenter		
Areas of Improvement	access to slides would be great Duration was short. The sexual stuff was a bit confusing - that slide wasn't super well done. Once Andrew clarified the meaning that was way more clear. It also would have been REALLY helpful to have a written list of how to report in each area. It can be a bit of a rabbit warren trying to find things on the CONO site, and we don't all have the knowledge of how to report to CAS, etc. It might be a good idea to include some sample reports to show how reporting might be done. Nothing, I felt this was one of the best webinars I have seen in a while. Over all was good. I think it was a great lecture.		
Future topics/speakers	Marketing and Advertising. A session on prescription and non-prescription medications and substances would be helpful for clinical practice.		

	How to report to CAS and what that looks like. How to report to Public Health and what that looks like. Navigating the CoNO website Incorporating other (non-regulated) modalities into your practice - eg. bowen, reiki, etc.
Other Feedback	nope, all good overall, great and straight to the point
	I really love that you guys are offering these for free to us both as a wonderful way to get Jurisprudence CE (which are really hard to find), but more importantly to help us understand and navigate things we weren't taught in school. Thank you so much!
	Really enjoyed attending the session and all of the presenters were excellent.
	Thank you for all the hard work that was put into this webinar and what you do for our profession on a daily basis. You help us help others. Thank you.
	Please continue these important educational sessions.

Comparison of REP Attendance & Evaluations 2024

KPI	March	April	May	June	July	Aug	Nov	Dec	Ave.
Registrations	212	252	302	236	321				255
Attendees	128	164	202	161	206				164
No. of Evaluations	24 (19%)	35 (21%)	31 (15%)	21 (13%)	23 (11%)				17%
Relevance of topics	4.95	4.77	4.74	4.33	4.78				4.71
Satisfaction?	4.95	4.74	4.58	4.10	4.56				4.59
Event Planning	4.95	4.74	4.55	4.42	4.65				4.66
Recommend to others	4.92	4.77	4.58	4.48	4.78				4.7
Event objectives	4.88	4.74	4.51	4.38	4.65				4.63
Time management	4.88	4.82	4.54	4.71	4.82				4.75
Speakers/Presenters	5.0	4.77	4.68	4.25	4.74				4.69
# would attend another	24/24	35/35	31/31	21/21	23/23				100%



Evaluation Report
Record Keeping
August 12, 2024

Attendance		
Registered	Participants	No. of Evaluations
309	195	26

Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 3@4 19@5	4.84
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 8@4 14@5	4.69
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	0@1 0@2 0@3 8@4 15@5	4.54
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	0@1 0@2 0@3 5@4 18@5	4.84
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	0@1 0@2 0@3 8@4 15@5	4.58
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	0@1 0@2 0@3 4@4 19@5	4.46

Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale: 1 - Not at all understandable or relatable 5 – Highly understandable and relatable.	0@1 0@2 1@3 4@4 18@5	4.73
Would you attend another REP event?	Yes No	26@yes 0@No	
What Worked Well?	Reminding things already known. The polls are a great idea. It covered a lot of details I needed to confirm The topic was relevant to daily practice and the presenter was very good. All Great presenters and easy to follow information. Great information! great topic, well organized, specific actionable guidance for improving my practice, things easy to immediately implement Great webinar informative webinar Information discussed and shared on slides, question and answer period, polls. "Well organized content, Logical sequence of material" Topics were presented clearly and they were relevant to day to day practice. enough key info without being overwhelming All was good "Well prepared . Lots of good information. Learned a lot and I can work on improvements." Good information, well-organized and clearly delivered. The information shared.		
Areas of Improvement	"I did not get answer for my question.HOW close my 32 years practice? Any rules,any directions no one give me any answer.You have rules for everything else...." It would have been nice to have a little bit more time for questions. presenter being more capable of answering the questions from participants. I'm a visual learner, so having things more clearly listed on the slides would be helpful. Nothing; it was great! I liked everything. I had more questions after the talk.		

	It was good.
	Too many areas covered, would have preferred to have specifics and elaborate on specific topics.
	Too much to cover in a 60 min session, everything was rushed
	There probably are more areas to cover or weave in to the topics already covered. One of these could be: Are there any special considerations for NDs who teach and supervise at a naturopathic college clinic.
	More cases scenarios.
	I felt like the presenter made a point of sharing often that she was achieving all the standards/recommendations for successful record keeping. I would have preferred hearing about more actionable steps or strategies or tips to help me make changes in my record keeping practices.
	A lot of information was disseminated during the talk, which was helpful. I would appreciate having the detailed notes in advance and for review after the session to maximize learning.
Future topics/speakers	AI scribe
	AI in NM
	Improving quality of SOAP notes.
Other Feedback	I would like to have access to the slides and videos (if the lectures were recorded). These are videos I would like to listen multiple times.
	"Many of young N.D.'s like to do the M.D.'s jobs, they forgotten the main principle of NATUROPATHIC Medicine. CONO has to check Web sites to see what some people write.They are specialist in everything's, treat every illness and call themselves the best Naturopaths in the country....."
	It was an important topic and well done
	Keep providing great content like this! Thank you
	Great presentation!
	I believe the information provided can lead to more topics we can discuss in detail.
	Please include ability to add these to google calendar with the invitation/confirmation email prior to the event.
	Thank you for providing these webinars. They are a good opportunity to obtain clear guidelines and updates on any changes to practice guidelines.
	All sessions are very well done. Understandable and ready to use in the practice.
	No. Thank you for creating these presentations. They are very helpful.
	Clear outlined lists of what a strong informed consent and chart looks like is appreciated to take the guesswork out of being compliant. The record

	keeping standard of practice should outline exactly what needs to be covered for best practices. Exact standardized wording that would protect the profession and public with examples are appreciated to proactively address concerns and complaints are appreciated.
	I felt that the information could have been explained better.

Comparison of REP Attendance & Evaluations 2024

KPI	March	April	May	June	July	Aug	Nov	Dec	Ave.
Registrations	212	252	302	236	321	309			255
Attendees	128	164	202	161	206	195			164
No. of Evaluations	24 (19%)	35 (21%)	31 (15%)	21 (13%)	23 (11%)	26 (13%)			17%
Relevance of topics	4.95	4.77	4.74	4.33	4.78	4.84			4.74
Satisfaction?	4.95	4.74	4.58	4.10	4.56	4.69			4.60
Event Planning	4.95	4.74	4.55	4.42	4.65	4.54			4.64
Recommend to others	4.92	4.77	4.58	4.48	4.78	4.85			4.73
Event objectives	4.88	4.74	4.51	4.38	4.65	4.58			4.62
Time management	4.88	4.82	4.54	4.71	4.82	4.46			4.70
Speakers/Presenters	5.0	4.77	4.68	4.25	4.74	4.73			4.70
# would attend another	24/24	35/35	31/31	21/21	23/23	23/23			100%

Your Health

A Plan for Connected and Convenient Care



Your Health: A Plan for Connected and Convenient Care

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A Message from the Minister

Since being appointed Ontario's Minister of Health, I have travelled across the province to the frontlines of our health care system.

I have seen the delivery of world-class cancer care in Toronto, lifesaving pediatric care in Ottawa, state-of-the-art mental health care in Penetanguishene, and I've had the opportunity to engage with dedicated health care workers across the province.

I have witnessed the brilliance of our health care workers and their dedication to providing care to their patients. I've met with nurses, doctors, personal support workers, pharmacists, hospital leaders and health professionals in long-term care homes and those who provide care directly in your homes. I've been grateful to hear from many of them that they are collaborating across the health sector in higher numbers than ever before.

But I have also seen that our health care system and our health care workers are under incredible pressure. For too many people, health care is too hard and slow to access.

The status quo is not working. Too many people are waiting too long to get an appointment or surgery, having to travel too far to get care, and spending too much time trying to navigate our health care system.

We can't accept this. We won't.

We need to be bold, innovative and creative. We need to build on the spirit of collaboration on display across the health care sector. We need to have the courage to look to other provinces and countries and borrow the best of what the world is already doing. And we need to be clear: Ontarians will always access the health care they need with their OHIP card, never their credit card.

Our goal is to make health care more convenient for Ontarians by connecting you to care closer to home.

We will do this by increasing access to services in health care settings near you – like in pharmacies by increasing the number of assessments and treatments that can be provided by your local pharmacist without a doctor's appointment. By expanding the number of community surgical and diagnostic centres. By cutting wait times for services like MRI and CT scans and cataract surgeries. And by expanding access to home and community care services so you can stay safely at home.

Over the last several years we have made progress. We have expanded Ontario's health workforce with more doctors, nurses and personal support workers. We're building new hospitals in every region of the province. We're adding nearly 60,000 new and upgraded long-term care beds and increasing the amount of care residents receive so seniors can live with dignity.

But we must do more – and we are doing more.

With *Your Health: A Plan for Connected and Convenient Care* we will continue to prioritize making it easier for you and your family to connect to the care you need, whether that's by expanding access to services in your home or community, giving you the choice to book or take an appointment virtually, or ensuring a hospital bed is there for you when you need it.

We are preparing for the future by putting aside the ideas of the past. We are focused on connecting you to the care you need, when and where you need it.



Sylvia Jones
Deputy Premier
and Minister of Health

A Vision for Patient-Centred Care

Our core promise to every person in Ontario is this: you will be connected to the health care you need when you need it.

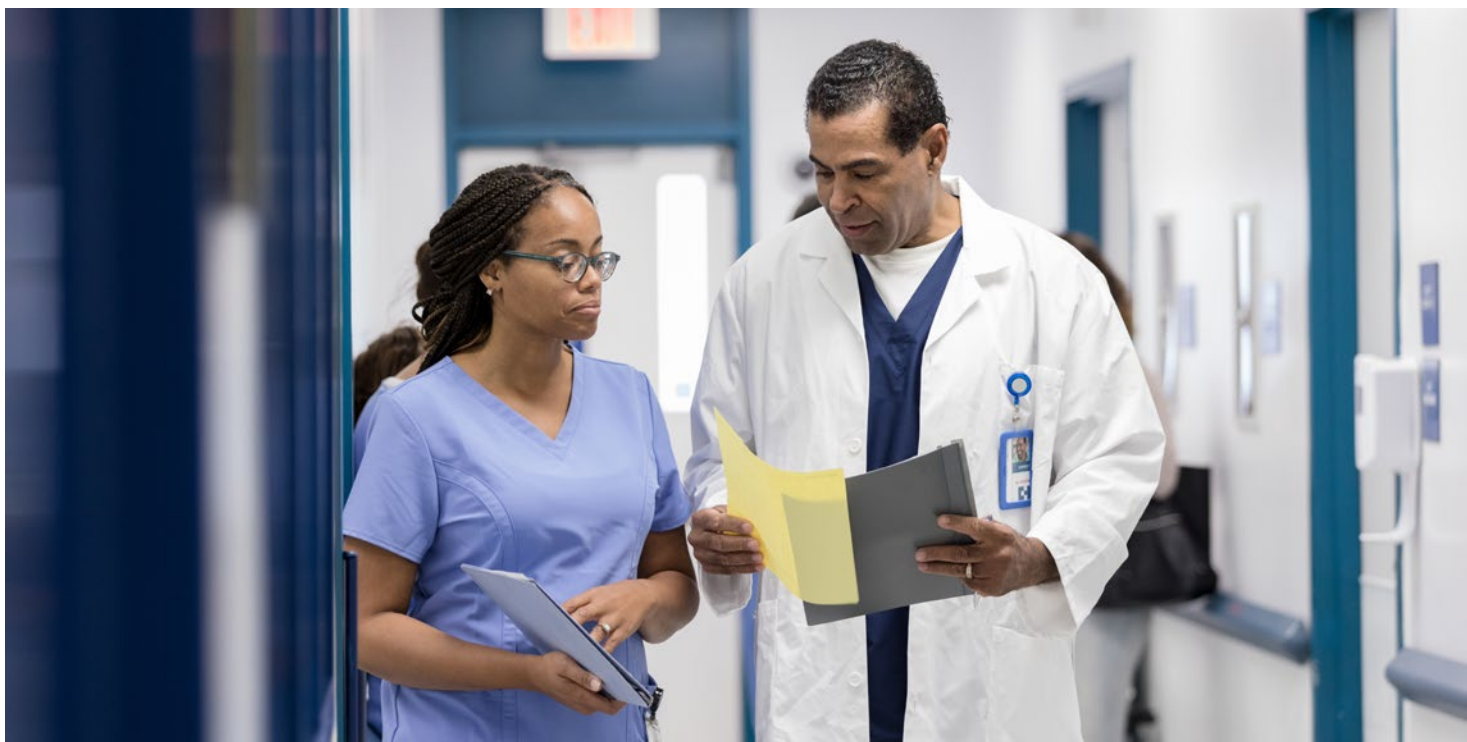
Whether it's an unplanned 3:00 a.m. trip to the emergency room with your child or a routine check-up with your family doctor.

Whether your aging mother needs more support to keep living in the family home she loves, or you need cataract surgery to fix a problem that's been bothering you for years.

Whether you live in a big city, small town or in a remote spot in the north.

Your Health: A Plan for Connected and Convenient Care puts people at its heart, by adding and expanding health care services closer to home.

We are taking action to strengthen all aspects of health care, particularly where you access it most frequently – in hospital emergency rooms, in community settings like pharmacies and doctors' offices, in long-term care homes and through care delivered right in your own homes.



We know we can't do it alone. That's why we're hiring and training more doctors, nurses and personal support workers to help us deliver on that promise.

This long-term plan is built on three pillars: The Right Care in the Right Place, Faster Access to Care, and Hiring More Health Care Workers. By focusing on improving the health care experiences of Ontarians and growing our health care workforce, we will improve the quality of health care delivery across the province for years to come.

Some of these changes will happen immediately as we take action to address pressing issues. Other changes will take time. They will be phased in over the months and years ahead as we educate and graduate new health care workers, build new hospitals, community surgical and diagnostic centres and long-term care homes, and deliver care in new and innovative ways. But over time, you will see and feel real improvements in the care you receive as we build a better health care system for the future.

You will have more information and better tools to make the right decisions about your health.

You will be able to book more appointments online or take an appointment virtually.

It will become faster and easier for you to connect to the health services you need in your community or at home, no matter where you live.

You will experience shorter wait times for key services – like surgeries, emergency care and supports for mental health and addictions.

Your health care workers will be set up to work together as a team for you, making it easier for you to navigate care at every stage of your life.

Following the best evidence available and successes of other jurisdictions, Ontario is taking action to connect you to care when and where you need it. It's about making health care more convenient. It's about connecting you to the care you need. It's about you and your health.



Building on a Strong System: Actions to Date

We are building a health care system that works for you and your family.

We heard from Ontarians that you wanted to be able to get care where and when you need it. This means more hospital and long-term care beds in your community, more diagnostic testing - like MRIs - closer to home, and more skilled health care workers available to care for you. We are on our way to providing this.

We have added more than 3,500 hospital beds across the province in the last three years to ensure you and your loved ones have access to hospital care when you need it. And this year we added 24 more pediatric critical care beds.

Through 50 new major hospital development projects, we will add another 3,000 new hospital beds over the next 10 years.

We funded the operations for 49 new MRI machines in hospitals across Ontario (including three for pediatric hospitals) so you can be diagnosed faster and, if needed, begin treatment and follow-up care even sooner.

We have increased the number of surgeries performed in the province and decreased wait times. We have also created new programs to get you out of hospital and back home with support safely and quickly.

Seniors and those needing long-term care are moving into thousands of new or upgraded long-term care beds as we improve seniors' care across Ontario. We are investing \$6.4 billion to build more than 30,000 new beds by 2028 and 28,000 upgraded long-term care beds across the province which will result in shorter waits for many of our seniors to get the 24/7 care they need. We're investing nearly \$5 billion over four years to hire more than 27,000 long-term care staff, including nurses and personal support workers, to provide long-term care home residents with an average of four hours of direct care per day.

We continue to make it easier and faster for individuals of all ages to connect to mental health and addictions support by building on our *Roadmap to Wellness* with additional investments and innovative new programs, including opening eight new Youth Wellness Hubs, launching the Ontario Structured Psychotherapy Program and adding more than 150 new addiction treatment beds across the province.

We have made it more convenient to book or take a health care appointment by launching virtual care options and adding more online appointment booking tools. Through the new Health811, you can chat online or call 811 to talk to a registered nurse day or night for free in multiple languages. You can also use the service to find services like community health centres, mental health support or a walk-in clinic close to where you live.

We have also invested in growing our health care workforce. Since 2018, over 60,000 new nurses and nearly 8,000 new physicians have registered to work in Ontario, with thousands more personal support workers now providing care in Ontario.

And we are better connecting health care organizations and providers in your communities through Ontario Health Teams.

Ontario Health Teams bring together health care providers from across health and community sectors, including primary care, hospitals, home and community care, mental health and addictions services, and long-term care, as one collaborative team to better coordinate care and share resources. Working together, they ensure that you can move between health care providers more easily with one patient record and one care plan that follows you wherever you go for help.

Ontario Health Teams are responsible for delivering care for their patients, understanding their health care history, easing their transition from one provider to another, directly connecting them to different types of care, and providing 24/7 help in navigating the health care system.

Ontario is making historic investments of more than \$75 billion annually in health and long-term care. But it's clear money on its own isn't enough. We need to innovate and continue to build on our successes to create tangible, lasting improvements in your health care.

Securing Sustainable Federal Health Funding

Ontario is making record investments to improve health care delivery and to connect you to care faster, more easily and closer to home.

But we will be able to make quicker progress with increased financial support from our primary funding partner – the federal government. Over several decades the portion of health care funding provided by the federal government has decreased from a cost sharing agreement of 50 per cent from the federal government down to 22 per cent today – leaving the Ontario government responsible for covering 78 per cent of health care costs within the province.

Provincial governments of all political stripes across Canada remain united in their call for sustainable and predictable funding that supports the work provinces are already doing to add more health care workers, build more hospitals and deliver better health care to Canadians.

We aren't asking the federal government to do anything that we aren't prepared to do ourselves. Our governments have shown that when we work together, we can deliver real results. As we increase our investment in Ontarians and their health and well-being, we are asking the federal government to do the same. We look forward to continuing this work to strengthen health care in Ontario.



A Plan for Connected and Convenient Care

Our plan to deliver connected and convenient care to you and your family is built on three pillars: The Right Care in the Right Place, Faster Access to Care, and Hiring More Health Care Workers.

These three pillars are designed to work together, and work for you. Delivering more care in the community frees up more space in hospitals and doctors' offices, while hiring more health care workers ensures you can get the care you need sooner, and in ways that are more convenient for you.

Connecting these pillars to each other and to patient care will mean a better experience for you and your family when you need care. Your local pharmacists will now be able to help you with more of your health care needs. Home care will be available to keep your loved ones safe at home. Your child will be able to access the mental health and addictions services and supports they need. There will be shorter wait times for common but vital surgeries such as cataracts and hip and knee replacements, and you can expect shorter wait times for diagnostic services such as MRI and CT scans.



As we put our plan into action, you will be better connected to care when you need it most and where it's most convenient – in your community, closer to home, no matter where you live. You will be able to get the care you need more quickly when it can have the greatest impact to your health. And we will make all parts of the health care system more flexible and responsive to your needs, making it easier for you to navigate at every stage of your life.



Pillar One: The Right Care in the Right Place

When people have health care available in their communities, and in ways that are convenient for them, they are more likely to seek and receive the treatment they need when they need it and stay healthier.

Delivering convenient care to people in their communities will help keep Ontario healthier by diagnosing illnesses earlier, starting treatment as soon as possible, and keeping emergency room wait times down when you and your family need urgent care.

Whether you need antibiotics to treat a bladder infection or medication for your child's pink eye, being able to get those prescriptions at your local pharmacy saves you a trip to the doctor's office or emergency room. Or whether your parent is aging, and you need support to keep them at home.

This care will be more convenient for you and take pressures off other areas of the health care system like doctors' offices, emergency rooms and long-term care homes.

We will bring the right care to the right places for you and your family wherever you call home. Through the innovations outlined below, we will expand our view of what is possible for health care in Ontario, by prioritizing the resources we need to deliver a new level of care and convenience to families across the province.

Here is how we will ensure you and your family have access to the right care in the right place.

Expanding care at your local pharmacy

Pharmacists in Ontario are highly trained, highly trusted, and regulated health professionals. They are often the closest, most convenient option for health care in communities across Ontario.

Throughout the last few years, pharmacists played a critical role in supporting patients across the province by supporting COVID-19 testing and vaccinations efforts and educating patients about medication and treatment options. Pharmacists continue to offer families the kind of convenient care close to home we know Ontarians are looking for.

We are expanding the role of pharmacists by increasing their scope of practice so that you and your family will be able to connect to care closer to home at your local pharmacy.

As of January 1, 2023, pharmacists are able to prescribe medications for 13 common ailments to patients across Ontario. These medications treat everyday health concerns like rashes, pink eye, insect bites and urinary tract infections. Visiting your pharmacist to assess and treat these common medical conditions can save you a trip to the doctor, and give family doctors more time for appointments with patients who need more specialized care for more serious concerns.

As with visiting a family physician or walk-in clinic, there is no extra cost to Ontarians for receiving a prescription from a pharmacist for common ailments when showing an Ontario health card.

We've also made it more convenient for you to renew prescriptions for certain medications without having to first make arrangements with your family doctor. Pharmacists are able to renew prescriptions for chronic medications that no longer have refills to help you avoid interrupting drug therapy.

These initiatives are part of our ongoing work with frontline pharmacists, nurses and other regulated health workers to expand their scope of practice in ways that make it more convenient and faster for you to get care in your community.

Nurse Practitioner-Led Clinics Deliver Timely Care

Thousands of patients in communities across the province are connecting to health care quickly and closer to home through new clinics led by nurse practitioners.

Twenty-five of these clinics are now supporting nearly 80,000 people who have previously had challenges getting the family health care they need. In many cases, people are able to book same-day or next day appointments.

The Ontario government invests nearly \$46 million annually to fund these clinics. All nurse-practitioner-led clinics are funded for a lead nurse practitioner, a collaborating physician and a team of interdisciplinary providers such as nurse practitioners, registered nurses, social workers, registered dietitians, pharmacists, and health educators.

Ontario is the first jurisdiction that has adopted this model to make primary care more accessible and is exploring ways to bring this innovative way of delivering care to more people.

Improving access to care at home

The only thing better than having care close to home is having care in your home.

We have heard loud and clear that you and your family want better and faster access to home care services.

Last year, we dedicated over \$1 billion to expand access to home care services over the next three years. This funding will benefit nearly 700,000 families who rely on home care annually by expanding home care services while recruiting and training more home care workers. It will help prevent unnecessary hospital and long-term care admissions and shorten hospital stays. Most importantly, it will provide you and your family with the choice to stay in your home longer.

We are also working with Ontario Health Teams and home and community care providers to establish new home and community care programs. Your home care plan should and will start as soon as you step foot in the hospital or other health care settings. Connecting home and community care through these teams will expand the reach of health care professionals all the way to your front door and will ensure you start to receive these important services sooner.



These investments and initiatives are only part of the solution. We know we need to do more to expand and improve home care services across the province, particularly in rural and remote areas. We will continue to make investments to ensure you and your family are able to connect to home care more quickly and easily, when you need support.

Ontario's expanded community paramedicine program is also helping people with chronic health conditions live independently at home, where they want to be.

The program enables paramedics to use their training and expertise beyond their traditional emergency response role. In part, they provide home visits to seniors for a range of services, including making sure they are taking their medications as prescribed, educating patients on managing chronic conditions and increasing assessments and referrals to local community services, such as home care. Through this program, which works alongside home care, primary care and home and community care, 55 communities are already benefiting from 24/7 non-emergency support.

Ontario's Community Paramedicine for Long-Term Care Program has supported more than 30,000 people.

Improving access to mental health and addictions services

We cannot talk about improving the health care experiences of people across the province without acknowledging the need to improve mental health and addictions services as well.



Every year, more than one million people in Ontario experience a mental health or addictions challenge, which can have a serious impact on their quality of life, including the ability to go to school or make a living.

The system to support individuals with these challenges has been broken and fragmented for many years. People who badly needed support were waiting far too long to connect to care or having difficulty figuring out how to even begin navigating a complicated, disjointed system to get help. Too often they were left to struggle on their own.

We are determined to fix long-standing issues in the mental health and addictions care sector once and for all. Doing so will take time.

Three years ago, we launched our comprehensive strategy – *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* – to improve mental health services for communities across Ontario, and support patients and families living with mental health and addictions challenges.

The plan is built on four central pillars – improving quality, expanding existing services, implementing innovative solutions and improving access – that are designed to work together to support the delivery of the services people need, where and when they need them.

We launched the Mental Health and Addictions Centre of Excellence within Ontario Health to guide our work. To ensure the plan's success, we are investing \$3.8 billion over 10 years to develop and implement a comprehensive and connected mental health and addictions system for Ontarians.

Since launching the plan, we have already invested more than \$500 million annually to help mental health and addictions services expand access to care and reduce wait times.

We have also launched innovative new programs including the Ontario Structured Psychotherapy Program to provide more Ontarians support for anxiety and depression with Cognitive Behaviour Therapy, new eating disorders prevention and early intervention programming.

To make it faster and easier for young people to connect to mental health and substance use support, primary care, social services, and more, we are significantly expanding the number of Youth Wellness Hubs.



These hubs help fill the gap in youth addictions services and also provide children and youth aged 12 to 25 a range of other services, such as vocational support, education services, housing and recreation and wellness.

We are adding eight new youth wellness hubs to the 14 that are already operating in communities across the province. Five of the new hubs are already providing services to youth while in development. These sites are supporting youth in Kingston, London, Sarnia, Sault Ste. Marie and Toronto. The three remaining new hubs – in Sagamok First Nation, Sudbury and Thorncliffe Park (Toronto) – are in development.

We have also invested \$4.75 million to support a new virtual walk-in counselling service for children, youth, and families. The service – One Stop Talk/Parlons maintenant – provides access to mental health care with a clinician by phone, video, text or chat. The counselling program began in November 2022 with six participating mental health organizations and has already served nearly 1,000 people. The service is now being expanded to additional agencies and their waitlisted patients and will be available to all children, youth and families across the province once the program is fully implemented. We know that reaching out for mental health or substance use support is not easy – it takes courage – and that is why we want to ensure help is there when people do reach out. We will continue to invest in mental health and addictions care as part of the ongoing rollout of the *Roadmap to Wellness*.

Connecting you to health information 24/7

Health Connect Ontario has a new name: Health811.

Last Spring, we launched the service for people to call or chat online with a registered nurse and find the health care services and information all through one, easy-to-use website. We wanted a name that better reflects the service and how to use it.

With Health811, you can get support for health care questions or to find a service like community health centres, mental health support or walk-in clinics 24 hours a day, seven days a week.

Through calling 811 or heading to the Health811 website, you can also use a symptom assessment tool to better understand your health, get an initial health assessment and health advice from a nurse, and get help finding a primary care provider, local health services or general guidance on your health care journey.

We are continuing to invest in Health811 to ensure that when you reach out for help, someone is there to support you right there, when you need it most.

Future improvements planned for Health811 will allow you to create a confidential profile, schedule video visits with clinical advisors and manage your health more easily through integrated records that can be shared with Ontario Health Teams, mental health and addictions supports, and other health providers.

We're *Finally* Axing the Fax

Anyone under the age of 18 might be wondering: what's a fax? We don't blame them.

As we use technology to improve health care, it may come as a surprise to some that the old-school fax machine continues to occupy a place in hospitals, doctors' offices and other health organizations.

Well, not for much longer. It's time we *finally* axe the fax.

The Ontario government is replacing antiquated fax machines with digital communication alternatives at all Ontario health care providers within the next five years.

Eliminating faxing in health care settings will reduce the risk of delays in diagnosis and treatment, promote safer patient care and improve patient privacy. It also makes it easier and faster for health data to follow the patient wherever they access care.



Expanding Ontario Health Teams to deliver care in your communities

We know that to ensure you have faster and easier access to the care you need, we need to better connect you to care within your own community.

Our work to better connect and coordinate care for you is underway with the expansion of Ontario Health Teams across the province. Throughout the pandemic, Ontario Health Teams demonstrated the importance of health providers working together to care for patients. With their leadership, communities across the province were able to establish community COVID-19 testing sites, vaccination programs and other vital services.

Across the province, 54 Ontario Health Teams are working to improve transitions between health care providers and are ensuring a patient's medical record follows them wherever they go for care. They are also focused on embedding home care and primary care services so that you and your family can get care in your home or in your community.

Applications for four additional Ontario Health Teams are being reviewed. Once approved, these remaining teams will result in the province achieving its goal of full provincial coverage, ensuring everyone has the support of an Ontario Health Team.

With an investment of more than \$106 million, Ontario Health Teams are also investing in digital and virtual care options so you can easily connect with a health care worker when you need to from the comfort of your home.

Beginning with a focus on helping people that suffer from chronic illnesses like congestive heart failure, chronic obstructive pulmonary disease, stroke and diabetes, Ontario Health Teams are developing stronger care pathways for patients.

Through Ontario Health Teams, patients who need support for a chronic illness will receive greater care throughout the lifecycle of their treatment, from screening and prevention to community support and recovery at home. A big focus of this will be better support at home or in the community – outside of hospitals. Prioritizing chronic disease management as a community or home care service will reduce hospital wait times and free up hospital beds for more patients in need.

Ontario Health Teams

Ontario Health Teams are already transforming the way you access care. Here's how:

Ontario Health Team partners worked together to respond quickly to the COVID-19 pandemic to set up testing centres and vaccine clinics in your communities.

- **East Toronto Health Partners Ontario Health Team** put in place mobile teams and pop-up sites for high-risk populations, as well as establishing a mass vaccination site and speciality clinics to reach everyone in the community.
- **Hills of Headwaters Ontario Health Team** brought together primary care, home and community care, municipalities, and community services to create a one-stop COVID-19 Response Site for physical assessment, testing and vaccination across the region.

By implementing virtual and digital solutions, Ontario Health Teams are giving you faster access to care.

- **Durham Ontario Health Team** launched a virtual urgent care clinic, the first community and acute-care virtual urgent care clinic in the province.
- **Ottawa Ontario Health Team** opened free, bilingual (English and French) phone and video mental health counseling for residents with specialized counseling for children and youth, First Nations, Indigenous and Métis individuals, Black communities, substance abuse and gambling addiction, and LGBT2SQ+.

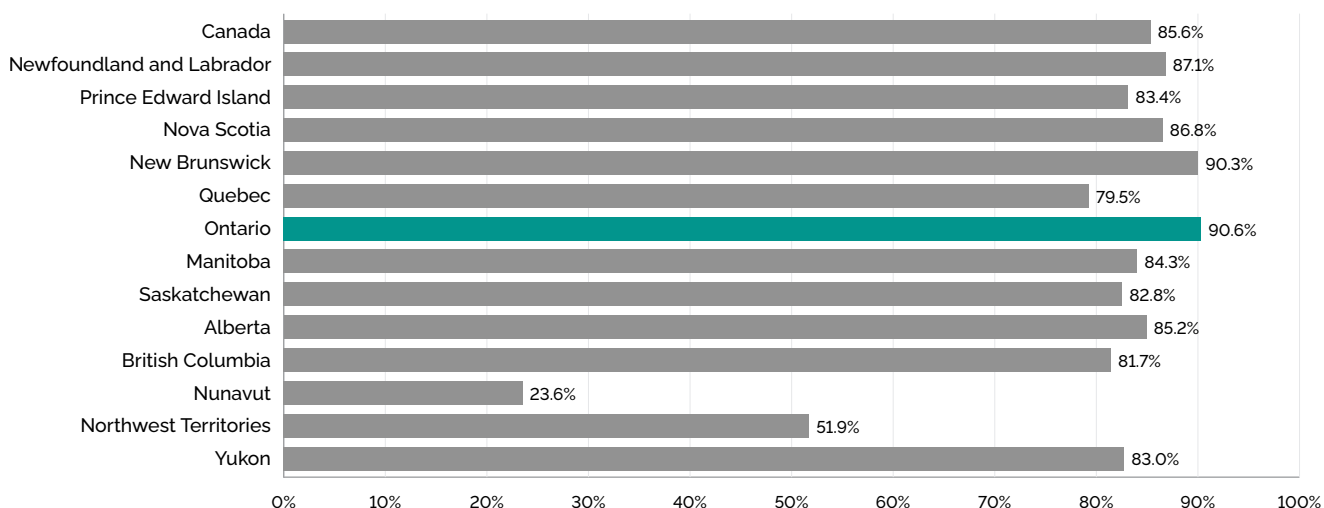
Ontario Health Teams are putting in place clear steps to take when someone is diagnosed with a chronic disease to create seamless care pathways and make transitions between health care providers smoother.

- **North Western Toronto Ontario Health Team** implemented a care pathway for Chronic Obstructive Pulmonary Disease patients to streamline transitions from the hospital to home.
- **Barrie and Area Ontario Health Team** developed the Oncology Symptom Management Clinic to connect patients with palliative care specialists and ensure they receive follow up close to home.

Bringing together primary care

Ontario leads the country in how many people benefit from a long-term, stable relationship with a family doctor or primary care provider. But we can do more. We are doing more.

Has a Regular Health Care Provider



Source: Canadian Institute for Health Information

As our population grows and ages, we need more primary care providers in our province. Currently, primary care providers, including family doctors and nurse practitioners, are being asked to do more and more every day and we cannot expect them to keep up without reinforcements. We are supporting primary care by building collaborative networks and expanding access to team models of care that we know represent how family doctors and nurse practitioners want to work.

Primary care and family physicians are the foundation of our health care system in Ontario. To create a connected health care system for you through Ontario Health Teams, we are supporting collaboration and engagement with our primary care providers across the province through the creation of primary care networks. Every Ontario Health Team will include a group of primary care providers organized in a network to be part of decision-making and to improve access to care for patients.

Some local primary care partners have already created networks of primary care providers across the province and are working together for improved care delivery. These are open to all primary care providers and will be central to Ontario Health Teams as they develop.

We are also providing additional funding to create more interprofessional primary care teams, which include team members from two or more professions such as nurses, doctors, social workers and others.

Our investment of \$30 million will create up to 18 new teams and help bridge the gap in accessing interprofessional primary care for vulnerable, marginalized and unattached patients to ensure they are able to connect to care where and when they need it. In addition, this expansion will support primary care integration within Ontario Health Teams and sustain direct service delivery in existing interprofessional primary care teams that are experiencing increased operating costs.

Expanding Team Models of Primary Care in Ontario

When family physicians work in a team model alongside other family physicians, nurses, dietitians, social workers, pharmacists, and other health care professionals to deliver programs and services, you get better continuity of care and more access to after-hours care.

We are increasing the number of spots for physicians to join a team model of care through the expansion of existing family health organizations and allowing new ones to form.

This will add up to 1,200 physicians in this model over the next two years starting with an additional 720 spots for physicians interested in joining the family health organization model in 2022-23 and 480 spots in 2023-24. These family health organizations will be required to provide comprehensive primary care services, extend evening and weekend hours of practice and provide more weekend coverage so you can access a family physician when you need it.

Team models of primary care have demonstrated how bringing health care providers together as one team can improve the patient experience and how you access care. We are building on this through the development of Ontario Health Teams. Teams of primary care providers, regardless of model, will be central to all Ontario Health Teams across the province.



Pillar Two: Faster Access to Care

The sooner you have access to the care you need, the better the outcomes. Long wait times take a toll on people's physical and mental health, creating more anxiety and stress.

We have all seen loved ones struggle because the wait for their knee or cataract surgery is many months too long. Or maybe you've spent a stressful night in a busy emergency room waiting for your sick or injured child's name to be called. Delays and complications in care only add to the toll of dealing with health issues.

For health care to help, it needs to happen in a timely manner. This is how you and your family will receive faster access to care in Ontario:

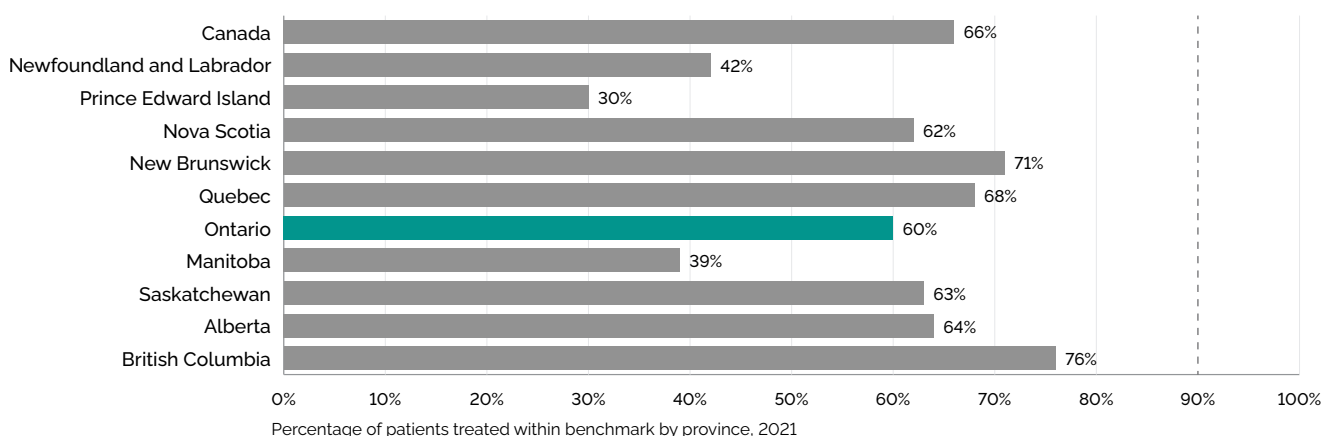
Reducing wait times for surgeries and procedures

We know that lengthy wait times for surgeries are one of the biggest challenges you and your family are facing in Ontario. While Ontario leads the country in the number of people who receive the surgery they need for hip and knee replacements, we still aren't meeting the right benchmarks. We need to do more. We're doing more.

We are making it easier and faster for you to get the publicly funded surgeries and procedures you need. We are further leveraging the support of community surgical and diagnostic centres to eliminate surgical backlogs and reduce wait times.

As a first step, we are tackling the existing backlog for cataract surgeries, which has one of the longest waits for procedures. We issued four new licences to health centres in Windsor, Kitchener-Waterloo and Ottawa to support an additional 14,000 publicly funded cataract surgeries annually. These additional volumes make up to 25 per cent of the province's current cataract wait list, which will help significantly reduce surgical backlog.

Cataract Surgery



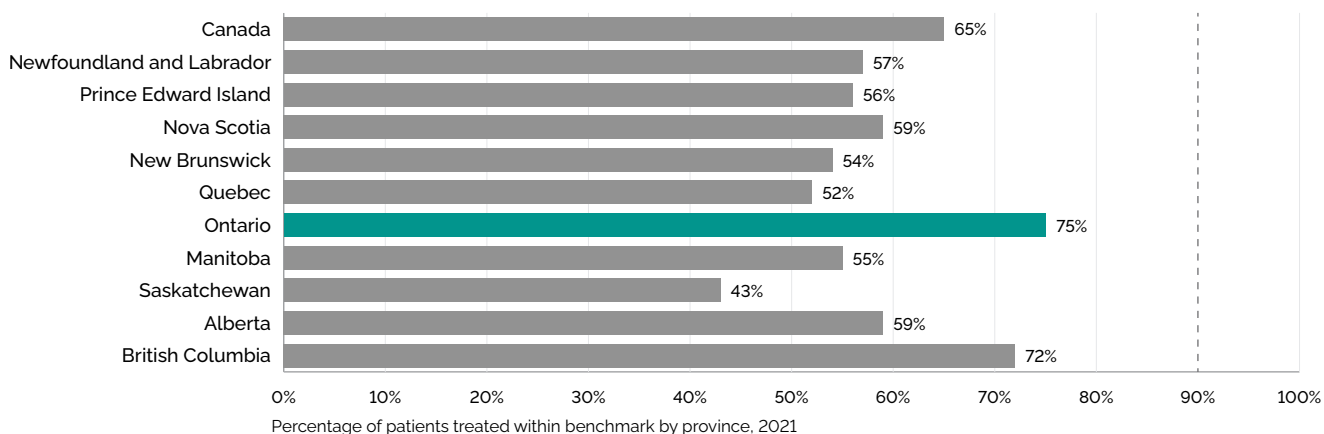
Source: Canadian Institute for Health Information

We are also investing more than \$18 million in existing centres to cover care for thousands of patients, including more than 49,000 hours of MRI and CT scans, 4,800 cataract surgeries, 900 other ophthalmic surgeries, 1,000 minimally invasive gynecological surgeries and 2,845 plastic surgeries. Surgical wait lists are anticipated to return to pre-pandemic levels by March 2023.

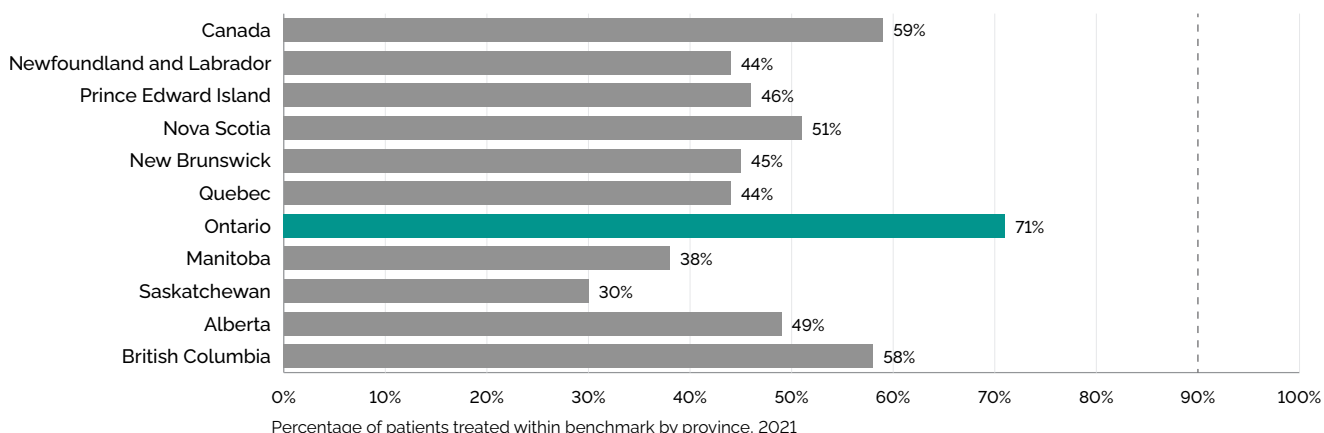
In addition to shortening wait times, providing these publicly funded services through community surgical and diagnostic centres will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries.

In the coming months, we will make it even easier for you to get more minimally invasive surgical procedures such as regular colonoscopies and endoscopies, hip and knee surgeries, as well as MRI and CT scans.

Hip Replacement



Knee Replacement



Source: Canadian Institute for Health Information

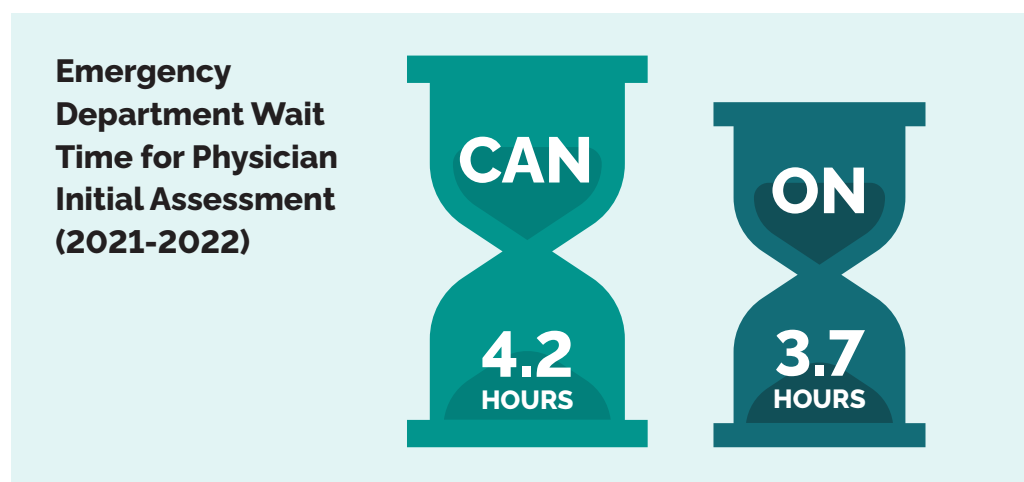
Early detection and diagnosis of a health issue is more than just a matter of convenience – it has an immense benefit on your quality of life, prognosis and treatment path. As a next step, the government will introduce legislation this February that will, if passed, allow existing community diagnostic centres to conduct more MRI and CT scans so that you can access publicly funded diagnostic services faster and closer to home. Starting in 2024, this next step will also expand surgeries for hip and knee replacements.

The care you receive in community surgical and diagnostic centres is covered through your Ontario health card, not out of your wallet.

As the government significantly expands the number of surgeries being done through community surgical and diagnostic centres, it will do so with measures in place to protect the stability of staffing at public hospitals, including requiring new facilities to provide detailed staffing plans as part of their application and requiring a number of physicians at these centres to have active privileges at their local hospital. Further, Ontario Health will ensure that these centres are included in regional health system planning. Funding agreements with new community surgical and diagnostic centres will require these facilities to work with local public hospitals to ensure health system integration and linkages, including connection and reporting into the province's wait times information system and participation in regional central intakes, where available. Community surgical and diagnostic centres will also coordinate with local public hospitals to accept patients that are being referred, ensuring people get the surgery they need as quickly as possible.

Faster access to emergency care

When you or your loved ones experience a medical emergency, it's important that you get the attention you need quickly.



Source: Canadian Institute for Health Information

While wait times in Ontario emergency departments are below national averages, we continue to find innovative ways to reduce wait times and make it faster and easier for you to access timely care. Part of the solution is to divert individuals from emergency rooms when it's safe to do so and provide them care and treatment in the community.

In more than 40 communities across the province, we have expanded successful 9-1-1 models of care that provide paramedics more flexibility to treat certain patients who call 911 at home or on-scene in the community rather than in emergency rooms.

Patients diverted from emergency rooms through these initiatives received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency room in the days following treatment.

Based on the proven success of the program, we're now working with key partners to expand these models to different patient groups, such as people with diabetes and epilepsy, and implement a new treat-and-release model with recommendations to patients for appropriate follow-up care.

These initiatives are helping to divert patients from emergency rooms and reducing repeat hospital visits, which helps reduce patient wait times and ensures these hospital beds are available for those that need them most.

In addition, we are working on a number of strategies to increase the availability of paramedics and ambulances by reducing delays they can encounter dropping off patients at hospital. A lack of available beds in a hospital's emergency room can prevent paramedics from quickly transferring a patient in an ambulance to hospital staff, typically referred to as an offload delay. We are reducing offload times at hospitals, including investing \$23.1 million to support dedicated offload nurses and other health care workers to allow paramedics to drop off patients more quickly and be available to get to their next call faster.

Together, these actions will help reduce the strain on hospitals and ensure you and your family get care sooner, with fewer complications and in state-of-the-art facilities.



Freeing Up More Hospital Beds

Action we took last fall to clear hospital backlogs and free up patient beds is already having a significant impact, creating more space for patients who need hospital care.

Last fall, we passed legislation, the *More Beds, Better Care Act*, to support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home. This new policy provides individuals with the care they need and a better quality of life in a more appropriate setting.

Since September 2022, the number of patients in hospitals waiting for long-term care has fallen by more than 25 per cent. Those beds are now available for people needing a surgery, or someone who arrives in the emergency department and needs to be admitted to the hospital.

Here's how else the policy change is helping:

- Since implementation, 4,845 patients in hospitals have accepted placements in long-term care homes.
- A total of 3,907 hospital patients waiting for long-term care placements have voluntarily added more long-term care homes to their list of preferred options.
- By freeing up more hospital beds, we continue to work towards clearing our surgical backlog:
 - Between August and December 2022, there were 25,000 fewer people waiting for scheduled surgery.
 - As of December 5, there were nearly 10,000 fewer people identified as “long waiters” for surgery (those waiting longer than the clinically recommended time for their specific surgery), compared to August.
 - As of December 5, there were 97,533 people identified as “long waiters” for surgery (those waiting longer than the clinically recommended time for their specific surgery), compared to 107,245 in August

Building new hospitals and adding more beds

Since 2018, we have added 3,500 more hospital beds – but we aren't stopping there. We are moving quickly to expand and modernize Ontario's hospitals to ensure you are able to connect to quality care when and where you need it.

Our investments over the next 10 years will lead to \$40 billion in health infrastructure across the province. These investments will increase the number of people hospitals can care for, build new health care facilities and renew existing hospitals and community health centres.

As of the end of 2022, we have already approved 50 hospital development projects that will create more than 3,000 new hospital beds in communities across the province by 2032. We are also investing \$182 million this year to support vital repairs, maintenance, and upgrades to Ontario hospitals.

New and redeveloped hospitals with more space to care for patients will ultimately lead to shorter wait times and less hallway health care.



Relieving pediatric pressures on hospitals

We are working closely with hospitals to provide them with additional tools to care for more children and youth, while reducing pressures created by surging pediatric demand.

Responding to an increase in seasonal respiratory illnesses over the late fall and early winter, we have been in regular communication with pediatric hospital leadership to come up with creative solutions to ensure patients get the care and treatment they need. We continue to work with pediatric hospitals to ramp up capacity, when possible.

This includes making a permanent investment of \$8.5 million at Children's Hospital of Eastern Ontario (CHEO) in Ottawa to double the number of critical care beds to 12 from six. These beds are also for kids fighting severe infections such as meningitis, those with illnesses resulting in single organ dysfunction and those who may need non-invasive ventilation to support their breathing.

The funding will also enable CHEO to add six more beds for children with the most critical illnesses including sepsis, those requiring advanced ventilation to support their breathing, trauma victims and those on heart-lung bypass, among other conditions.

We are also investing \$547,500 to permanently increase the number of critical care beds at McMaster Children's Hospital, \$545,700 for the Hospital for Sick Children and \$3.3 million at the London Health Sciences Centre Children's Hospital.

At the same time, we have directed all hospitals to use beds traditionally designated for adults to create capacity to admit more pediatric patients, should it be necessary.



Hospital capital projects in progress

Southern Ontario



Northern Ontario



Projects in planning:

- Brant Community Healthcare System
- Grand River Hospital and St. Mary's General Hospital
Joint Redevelopment Project
- Lake of the Woods District Hospital (Kenora)
Redevelopment Project
- Royal Victoria Regional Health Centre
- Southlake Regional Health Centre
Critical Care Tower
- Sunnybrook Health Sciences Centre

Improving long-term care, reducing wait lists

Seniors and those who can no longer live independently deserve to live with dignity in a safe, compassionate environment in long-term care homes – close to their loved ones and the communities they have helped build. These connections are key to their wellbeing and quality of life.

Through a total investment of \$6.4 billion, we are on track to build more than 30,000 new long-term care beds in Ontario by 2028 and upgrade more than 28,000 older beds to modern design standards.

These projects will increase the number of available beds to help address wait lists for long-term care and ensure seniors are being cared for in the right place, where they can connect to more supports, activities and social activities that may not be available if they are being cared for in a hospital while waiting to move into a long-term care home.

We have also already begun increasing how much direct care residents in long-term care homes receive on a daily basis. In 2021, we initiated the first phase of a \$4.9 billion investment over four years that will ensure residents receive an average of four hours of hands-on care by nurses and personal support workers each day by March 31, 2025. Ontario is the first province in Canada to begin delivery on this best-in-class standard of care. The funding is helping long-term care providers retain and expand their staff teams and hire additional registered nurses, registered practical nurses, personal support workers and allied health professionals.

In addition, we are making a new investment of over \$40 million this year to help long-term care homes provide specialized services and supports to residents with more complex needs. This support helps long-term care residents get the care they need without having to go to emergency rooms or be admitted to hospitals.

A portion of this expanded funding is also supporting the transfer of patients in hospitals who no longer require acute care to long-term care homes.



Expanding Long-Term Care for More Ontarians

As Ontario's population of seniors grows, we are making historic investments to create new and upgraded long-term care homes where you and your loved ones can live safely and with dignity.

- As of December 2022, 364 projects are in the development pipeline. This includes 31,705 new beds as well as 28,648 older beds being upgraded to modern standards.
- Since July 2018 to December 2022, 19 long-term care projects have been completed and opened, representing 2,382 long-term care beds, of which 1,228 are net new beds, and 1,154 are older beds being upgraded to modern standards.
- 25 long-term care projects are under construction, representing 4,755 long-term care beds, of which 1,802 are new beds, and 2,953 are older beds being upgraded to modern standards.

Enhancing diagnostic services for long-term care residents

Connecting seniors to faster, more convenient care means providing improved access to health services to residents of long-term care homes, improving their quality of life and sparing them avoidable visits to emergency departments or hospital stays.

Initially, we are partnering on pilot projects with Humber River Regional Hospital in Toronto and Royal Victoria Regional Health Centre in Barrie to enhance access to more diagnostic services for long-term care residents. The projects will support residents through various stages of their care, including assessment, diagnostic testing and timely interpretation of results.

We will work with our partners, such as hospitals and community labs, on a provincial plan that will look at all stages of care typically accessed by long-term care residents and identify solutions to close service gaps, increase timeliness and convenience and improve their overall experience.

Supporting end-of-life care

When you or your family are at the end of your life, you deserve to know that you can die with dignity and support.

Ensuring Ontarians have a choice about where they spend their final days is an important part of ensuring access to health care throughout your entire life.

We are working to expand palliative care services in local communities and adding 23 new hospice beds to the 500 beds already available so that Ontarians are provided comfort and dignity near their communities and loved ones at the end of their lives.

Expanding access to mental health and addiction treatment in your communities

When someone reaches out for help with their addiction, they shouldn't have to wait. By adding more addiction treatment beds in communities across the province, we are making it possible for you to get more timely, convenient care.

In February 2022, the government announced a one-time investment of \$90 million over three years through the Addictions Recovery Fund to meet the anticipated surge in demand for substance use services. This funding will open new addictions beds and other substance use services across the province.

In addition, we are opening new beds to care for children and youth with complex mental health needs. We are investing \$10.5 million to address gaps in care and improve access while decreasing existing wait lists and extensive wait times. Through this investment, we are expanding the child and youth mental health Secure Treatment Program and adding up to 24 new beds to serve vulnerable children and youth. This program provides intensive care for children and youth experiencing acute and complex mental health challenges that may put them at risk of self-harm or harm to others.

An investment of \$3.5 million for two new step-up, step-down live-in treatment programs will connect more youth to care in communities in western and northern regions of the province. We will add up to 16 new beds to meet the needs of youth who don't require the highly intensive care provided at a hospital or secure treatment setting but need more support than a community-based live-in treatment program is designed to offer. Expanding this program will connect more youth to less-intensive services in their communities and eventually help them return to their homes.





Pillar Three: Hiring More Health Care Workers

Ontario has one of the most dedicated and highly trained health work forces in the world. They step up, day in and day out, to keep you and communities across the province safe and healthy.

We've made significant progress recently to increase the number of health workers available to provide you care and support. Together, we've come so far. Over 60,000 new nurses and nearly 8,000 new doctors have registered to work in Ontario. In fact, last year was a record-breaking year for new nurses in Ontario with over 12,000 new nurses registered and ready to work and another 30,000 nursing students studying at a college or university – providing a pipeline of talent and reinforcements.

But we know we need to do far more – and we are doing more.

Hiring more health care professionals is the most effective step to ensure you and your family are able to see a health care provider where and when you need to. Well-trained and well-supported doctors, nurses, personal support workers and more, are the people you rely on when you need care.

Training More Health Professionals in Ontario Every Year

- 455 new spots for physicians in training
- 52 new physician assistant training spots
- 150 new nurse practitioner spots
- 1,500 additional nursing spots
- 24,000 personal support workers in training by the end of 2023

Here is how we will Hire More Health Care Workers to provide you care:

Expanding the Ontario Learn and Stay Grant

We know that there are unique health care challenges in small, rural and remote communities, and that recruiting and retaining health care workers in these regions requires a dedicated approach.

Last spring, we launched the Ontario Learn and Stay Grant to help these communities build their own health workforces. This program covers the costs of tuition, books and other direct educational costs for postsecondary students who enroll in high-priority programs in more than a dozen growing and underserved communities and commit to work in those communities when they graduate.

This year we are expanding the program beginning in Spring 2023, targeting approximately 2,500 eligible postsecondary students who enroll in high-priority programs, such as select nursing, paramedic and medical laboratory technology/medical laboratory science at the diploma, advanced diploma, undergraduate, masters and post-graduate levels.

This program focuses on building a stronger health care workforce in priority communities that have been challenged by staffing shortages. It will help ensure every community in our province is stronger and has access to the care they need, when and where they need it.

Helping those who want to work in Ontario

There are many health care workers from across the country and across the world who want to work in Ontario. We are making innovative changes to make it easier and faster for them to begin working and providing care to people in Ontario.

We are significantly reducing unnecessary bureaucratic delays and bringing reinforcements to the frontlines of our health care system¹.

With new "As of Right" rules, Ontario will become the first province in Canada to allow health care workers registered in other provinces and territories to immediately start caring for you, without having to first register with one of Ontario's health regulatory colleges. This change will help health care workers overcome excessive red tape that makes it difficult for them to practice in Ontario.

We will also help hospitals and other health organizations temporarily increase staffing when they need to fill vacancies or manage periods of high patient volume, such as during a flu surge. This will allow nurses, paramedics, respiratory therapists, and other health care professionals to work outside of their regular responsibilities or settings, as long as they have the knowledge, skill, and judgement to do so, providing hospitals and other settings with more flexibility to ensure health care professionals are filling the most in-demand roles at the right time.

Together, these new initiatives will strengthen our workforce during the busy months ahead and ensure care is there when and where you need it most.

¹ These changes are subject to the passing of legislation that the government intends to introduce in February 2023.

At the same time, we are continuing our work to make it easier for internationally trained health care professionals to use their expertise here in Ontario. We are working closely with regulatory colleges, including the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario, to make it easier and faster for qualified health care professionals to work in Ontario. We are working with these regulatory colleges to ensure health care professionals are properly trained and qualified without facing unnecessary barriers and costs, including requiring colleges to comply with time limits to make registration decisions.

Portable Benefits Eyed as Tool to Retain Health Workers

Our government is developing a new portable benefits program that will include a package of workplace health benefits that move with workers as they change jobs.

A portable benefits program would provide innovative benefits that are attached to a worker, rather than an employer. This would allow part-time, temporary and contract workers to seamlessly access benefits, even if they move from job to job.

Not only would the program improve workers' health and financial security, it would support labour mobility and help organizations attract and retain talent.

Portable benefits would be particularly helpful in the health sector, where many temporary and part-time workers don't have health, dental or vision benefits through their employment.

An advisory panel struck by the Ministry of Labour, Immigration, Training and Skills Development is expected to issue recommendations on portable benefits this year.

Reducing fees for nurses

We are expanding our work with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally educated nurses from receiving accreditation so that they can resume or begin practicing in Ontario.

We are investing an additional \$15 million to temporarily cover the costs of examination, application and registration fees for internationally trained and retired nurses, saving them up to \$1,500 each. This will help up to 5,000 internationally educated nurses and up to 3,000 retired nurses begin working sooner to strengthen our frontlines.

Part of the investment will also be used to develop a centralized site for all internationally educated health professionals to streamline their access to supports such as education, registration and employment in their profession or an alternative career. This initiative will make it easier for internationally trained health professionals to navigate the system and get the support they need on their path to getting licensed to practice in Ontario.

Investing in educating and training our health workforce

Work is already underway to train the next generation of doctors, nurses, personal support workers and other health professionals in this province.

We are actively investing in the educating and training of health care workers to help grow our health care workforce. This includes investing in postsecondary education and removing financial barriers to education and training wherever possible.

As part of this work, we are bolstering our supply of medical lab technologists to strengthen our testing and analytic capacity. We need to ensure we have the appropriate resources available to identify diseases and support physicians in diagnosing and treating patients.



We will develop a strategy to guide this initiative and work with our education partners to establish bridging programs and create additional education seats for more students to become medical lab technologists.

Last year, we promised to expand medical school education by adding 160 undergraduate seats and 295 postgraduate positions in the province over the next five years. Of the 295 new postgraduate positions, 60 per cent will be dedicated to family medicine and 40 per cent will be dedicated to specialty programs. This expansion, the largest of its kind in more than a decade, includes supporting all six medical schools across Ontario and allotting seats to the new Toronto Metropolitan University's School of Medicine, which recently found its new home in Brampton. In 2023, we will launch the physician practice ready assessment program, which will help internationally educated physicians, with previous medical practice experience abroad, undergo screening and assessment to determine if they are ready to enter practice in Ontario immediately without having to complete lengthy re-education programs. This will allow us to add at least 50 new physicians by 2024.

We will also permanently increase training spots for physician assistants by adding 52 new educational seats. Physician assistants are highly trained professionals who work under the supervision of a physician to take patient histories, conduct physical examinations, order and interpret tests, diagnose and treat illnesses, and counsel on preventive health care. They will support physicians in a range of health care settings and work alongside physicians, nurses and other members of interprofessional health care teams to provide patient care. With their help, we will reduce wait times and improve patient access in high-need areas including emergency medicine and primary care to improve the integration of physician assistants in our health care system, the College of Physicians and Surgeons of Ontario will be delivering its framework for regulating physician assistants as a class of members in late 2023 and physician assistants will be regulated in 2024.

Since 2018, more than 60,000 new nurses have registered to join Ontario's workforce, but we know there is more we can do to increase our nursing numbers even further.



We are expanding access to training for our nurses over the next two years by adding up to 500 registered practical nurse and 1,000 registered nurse training spots to help create faster access to primary care. We are investing up to \$100 million to add an additional 2,000 nurses to the long-term care sector by 2024-25.

In a partnership between the Ministry of Long-Term Care, Ministry of Health and the Registered Practical Nurses Association of Ontario, we are providing tuition support to current personal support workers to further their education to become registered practical nurses, and for current registered practical nurses to advance their education to become registered nurses. Applicants will be expected to commit to working in the long-term care sector for the same period of time as they receive these funding supports for their education.

We are also growing the supply of nurse practitioners to facilitate faster access to primary care, long-term care and to add capacity in northern and rural areas. We're adding 150 more education seats for nurse practitioners starting in 2023-2024. This expansion will bring the total number of seats to 350 annually.

We will be working with our partners to ensure that we're getting the nurses we need, when we need them. We will continue to look at innovative ways to provide education to strengthen our workforce, such as streamlining our education programs and running double cohorts of students.

To continue to support our health system, we will scale up the Enhanced Extern Program and Supervised Practice Experience Partnership Program for an additional year. Since January 2022, more than 2,000 internationally educated nurses have been enrolled through the Supervised Practice Experience Partnership Program and over 1,300 of them are already fully registered.

We are providing additional funding to hire over 3,100 internationally educated nurses to work under the supervision of regulated health professionals in order to give them an opportunity to meet the experience requirements and language proficiency requirements they need to become fully licensed to work in Ontario. New funding will be extended to the home and community care sector to extend the reach of the program this year. This investment also expands the Enhanced Extern Program for an additional year. Last year, the program helped hire up to 5,000 qualified nursing, medical, respiratory therapy, paramedic, physiotherapy, occupational therapy students and internationally educated nurses to work in hospitals across the province. Increased funding for both the Supervised Practice Experience Partnership and Enhanced Extern Program will also allow hospitals to continue to hire more preceptors, mentors and coordinators to work with students and internationally educated nurses.

And we are fulfilling our commitment to funding the training of 24,000 personal support workers by the end of 2023. Between Winter 2020 and January 2023, over 23,600 are in training or have completed their training.

In addition to expanding these programs, we will engage our education and health sector partners to look for other innovative ways to accelerate health provider training, so students move into practice and providing care to people sooner.

We are also providing the new Health and Supportive Care Providers Oversight Authority with the funding and support they need this year so they can become fully operational by December 2023. This authority will begin by ensuring quality care, consistency of education and training of personal support workers and will eventually expand to other health care provider groups.

Maximizing expertise of health care workers

As we expand education and training opportunities for those interested in working in health care, we are making it easier for regulated health care professionals, such as nurse practitioners, to work to the full extent of their training and expertise by expanding their scope of practice. For example, we have been working with the College of Nurses of Ontario on proposed regulation changes to allow registered practical nurses increased responsibilities that would help patients access care for certain procedures more quickly. This may include starting an IV when an individual requires medical attention and delaying it is likely to be harmful to the individual, or initiating additional wound care procedures.

We know that nurse practitioners' and registered nurses' scopes of practice can be optimized to better serve Ontarians and so we continue to explore and consult with our partners on how best to do this.

We have also been working with the Ontario College of Pharmacists to explore options to continue to expand the pharmacy scopes of practice in ways that make it more convenient and faster for you to get care in your community.

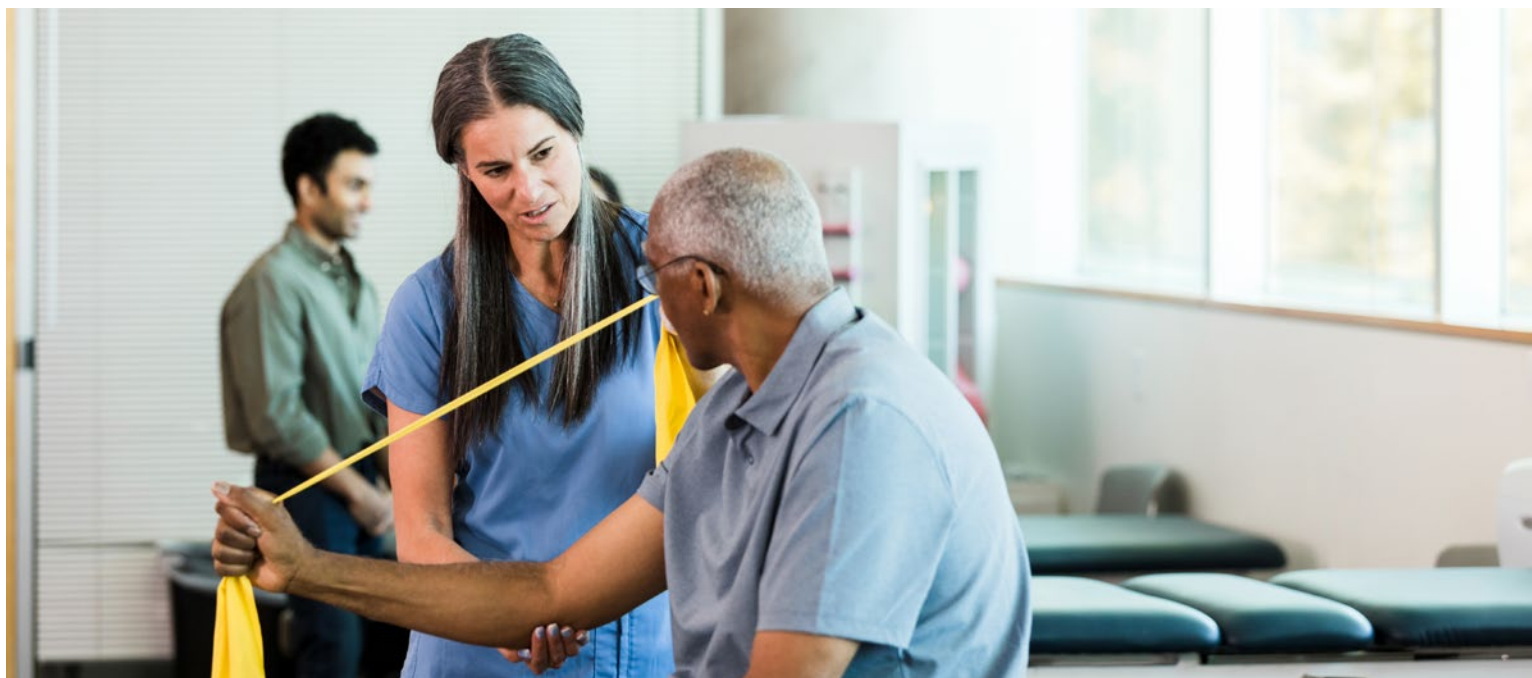
In addition, we recognize that health care requires an integrated approach that includes the knowledge, skill and expertise of many dedicated regulated health care professionals. We continue to explore and consult with midwives, respiratory therapists, naturopaths and other partners regarding possible changes to scopes of practice.

Investing in Other Innovative Models that Maximize the Skills of Health Care Professionals

Building on the success of 9-1-1 models of care that are providing you better access to services, we will be creating a Models of Care Innovation Fund for individual hospitals, long-term care homes, home care providers and Ontario Health Teams that want to find innovative ways of maximizing the skills and expertise of their current health care workers.

Some examples of these projects could include:

- Allowing health care providers to work to the full scope of their abilities.
- Interprofessional Staff Pooling, such as a Registered Nurse whose time is shared in both a hospital and a long-term care home.
- Using health care providers in innovative and unconventional ways, such as 9-1-1 models of care.
- Virtual care delivery in rural areas, such as virtual peer support for Emergency Department physicians.
- Including family caregivers as part of the care team.



Long-Term Support: The Capacity Plan

Ontario's population is projected to increase by almost 15 per cent over the next 10 years. The population of seniors aged 75 and older is expected to increase by 49.3 per cent, from 1.2 million to 1.8 million over the same period. We need to continue to grow our health care workforce to meet the needs of our growing population.

Last fall we began our work to develop an *Integrated Capacity and Health Human Resources Plan for Ontario*. We are analyzing current gaps in our system, anticipating needs over the next 10 years and determining solutions to address growing health care demands. The plan will focus on how to meet this demand through investments, health human resources and innovative solutions.

This year we are building on this work and shifting our focus to working directly with leaders in our health care system on a workforce plan that includes: where to prioritize current and future resources, addressing and minimizing system gaps and building a strong health system for the long term.

We will also look at specific strategies for increasing the number of health care professionals starting with physician assistants, nurse practitioners, registered nurses, registered practical nurses and medical laboratory technologists and will also look at the retention of our health workforce through incentives, leveraging programs like the Learn and Stay program.

We will ensure we have a greater understanding of each community and their needs and that we have a plan to recruit and retain the health care workers needed, including family doctors, nurses, specialists and other health providers. We will prioritize areas most in need, like rural and remote communities, where gaps already exist.

This plan will incorporate our lessons learned from COVID-19 and ensure we are prepared and equipped to meet the health care needs of Ontarians for years to come.

Measuring and Reporting Progress

As the saying goes, you can't manage what you don't measure. Better data is crucial to better understand how our health care system is working.

If we don't measure our performance, we can't fully see how gaps in service are affecting patient care and come up with solutions to fix them quickly.

That's why Ontario is in full support of the federal government's call for national health care data reporting as part of its funding partnership with provinces and territories. Sharing information can only help us learn from each other and grow stronger. We will continue to work with our provincial and territorial partners to gain their support to create a national health care data system that will benefit all of us.

To ensure we are building a system that works for you, Ontario will continuously measure our progress, including tracking your ability to access services like primary care and mental health care, wait times for MRI and CT scans, and time spent waiting in the emergency room.

We will also track how we are expanding our health care workforce to ensure it grows as our population in Ontario grows and ages.

Over the next several years, as we continue to roll out this plan, we will remain focused on one thing: connecting you to the health care you need when you need it most.





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May 15, 2024

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, ON M5C 1C3

ATTN: Jeremy Quesnelle, Deputy Chief Executive Officer

Dear Mr. Quesnelle,

On behalf of the Board and the members of the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) I am pleased to provide you with CANRA's final and approved National Entry-to-Practice Competencies for Naturopathic Doctors.

These competencies represent the culmination of over 10 months of hard work of several hundreds of dedicated individuals ranging from practicing Naturopathic Doctors, individuals working in the regulatory field, and experts in the realm of competency development. CANRA's goal is to develop a single, entry-to-practice, clinical practical examination accepted by each regulated jurisdiction. This examination would set the benchmark for testing individuals seeking to enter into practice to ensure that they have the knowledge, skill, and judgment to practise safely, competently, and ethically.

At this time, CANRA would like to formally request these Entry-to-Practice Competencies be considered by your governing leaders for approval and adoption in your jurisdiction. Upon formal approval and adoption, we would request that confirmation be provided to CANRA by way of official correspondence for our records.

If you have any questions or concerns, please do not hesitate to contact the undersigned directly by telephone at 1-877-334-6668 or by email at christy@canra.info.

Thank you for your continued support of CANRA.

Sincerely,

Christy Duban, CAE
Executive Director

Attachment (1)



National Entry-to-Practice Competency Profile for Naturopathic Doctors

Overview

The practice of naturopathic medicine is regulated in Alberta, British Columbia, Manitoba, Ontario, Saskatchewan and Northwest Territories. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement. To harmonize practices and standards, the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) was formed. Its stated mission is to, “protect the integrity of naturopathic regulation by educating and unifying jurisdictions toward the collective goal of public health and safety.”

In 2023, CANRA embarked on developing a national entry-to-practice Competency Profile. This Competency Profile describes the minimum expectations (i.e., professional competencies) of an individual applying for a naturopathic doctor (ND) license¹ in one of Canada’s regulated jurisdictions.

These expectations are defined as “A competency is an observable ability of an individual at the point of qualification for a naturopathic doctor license integrating the necessary knowledge, skills, and judgment to ensure safe, competent, and ethical practice.” The Competency Profile may be used for many purposes, including but not limited to:

- Approval of educational programs
- Providing advice/guidance to members
- Developing standards and policies
- Informing matters related to professional conduct
- Assessing applicants for entry and/or re-entry into the profession
- Constructing entry-to-practice exams and related requirements
- Determining continuing/competency education requirements

Competency Profile Development

A robust methodology based on industry best practices was used to develop the Competency Profile. A team of nine subject matter experts (practicing naturopathic doctors, educators and regulators) drawn from across the country worked to generate the

¹ Note that the College of Naturopaths of Ontario use the term Certificate of Registration. The College of Naturopathic Doctors of Alberta use the term the Practice Permit. Reference to “license” in this document is intended to encompass all registration titles used by CANRA member regulators.

associated content. Input gathered from a series of interviews with key stakeholders and relevant literature, regulations and legislation were also incorporated. The draft set of competencies was then validated via an online survey of NDs currently registered in participating jurisdictions. A Steering Committee comprised of CANRA members were responsible for overall project guidance and oversight.

Acknowledgements

The development of the competency profile could not have been realized without the contributions of a number of individuals. Great thanks are due to the Steering Committee and the team of subject matter experts for their content generation, oversight and support. The quality of this new document is due in great part to their collective efforts and generosity of time. Recognition and great appreciation are given to the 15 key informants from across Canada who participated in the focus groups. The feedback provided was extremely instructive and greatly informed the entire update process. And finally, the consultants would also like to acknowledge the contributions of the nearly 400 practising NDs who completed the online survey; your input helped to ensure that the final product is grounded in the realities of day-to-day naturopathic medicine.

Document Structure

Two types of competencies are included in the Competency Profile, key competencies and enabling competencies. High-level “Key Competencies” are defined as “the essential knowledge, skills and/or judgement required of a naturopathic doctor at entry-to-practice”. In contrast, Enabling Competencies “outline the relevant knowledge and skills that contribute to the achievement of the Key Competency”. Individuals must be able to demonstrate all key and enabling competencies listed herein to qualify for an ND licence.

The competency profile consists of 22 key competencies and 62 enabling competencies grouped thematically under five domains:

1. Professionalism
2. Communication
3. Assessment and Diagnosis
4. Therapeutic Management
5. Records Management

1. Professionalism

Professional standards are created to ensure a safe and therapeutic relationship between doctors, patients and other professionals. Naturopathic doctors have a responsibility to act in a professional and ethical manner which uphold regulatory standards and high-quality patient care.

Key Competencies	Enabling Competencies
1.1 Demonstrates ethical conduct and integrity in professional practice.	1.1.1 Provides care with respect and sensitivity for social and cultural identity. 1.1.2 Demonstrates cultural safety and humility practices in patient encounters. 1.1.3 Recognizes and addresses personal and professional conflicts of interest . 1.1.4 Identifies the effect of own values, beliefs and experiences in carrying out clinical activities; recognizes potential conflicts and takes action to prevent or resolve. 1.1.5 Establishes and maintains appropriate therapeutic relationships and professional boundaries with patients.
1.2 Adheres to regulatory requirements and legislation which govern the practice of Naturopathic Medicine.	1.2.1 Complies with legislation applicable to practice and adheres to professional regulations, bylaws, standards of practice, scope of practice, codes of conduct, obligations of a registrant, guidelines, and policies. 1.2.2 Understands the role of the regulatory body and the relationship of the regulatory body to one's own practice. 1.2.3 Maintains patient privacy, confidentiality, and security by complying with privacy legislation, practice standards, ethics, and policies within a clinic.
1.3 Recognizes personal and professional limitations and acts to resolve them.	1.3.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice and individual/professional competencies.
1.4 Engages in professional self-reflection and a commitment to lifelong learning.	1.4.1 Recognizes areas for professional growth and development. 1.4.2 Remains current with changing knowledge, developments, and treatments in healthcare.

2. Communication

Naturopathic Doctors are expected to develop professional relationships with their patients and other healthcare providers. Effective communication facilitates the gathering and sharing of information for both a therapeutic and competent healthcare delivery and interprofessional collaboration.

Key Competencies	Enabling Competencies
2.1 Uses oral, written and non-verbal communication effectively.	2.1.1 Demonstrates written and verbal communication skills that are clear to the recipient and appropriate to the professional context. 2.1.2 Demonstrates professional judgment in utilizing information and communication technologies in social media and advertising.
2.2 Establishes a therapeutic naturopathic doctor-patient relationship.	2.2.1 Engages in active listening to understand patient experience, preferences, and health goals. 2.2.2 Communicates and facilitates discussions with patients in a way that is respectful, non-judgemental, and culturally sensitive. 2.2.3 Supports the patient in their decision-making.
2.3 Develops collaborative, interprofessional relationships that optimize patient care outcomes.	2.3.1 Communicates with patients or their authorized representatives, colleagues, other health professionals, the community, the regulator, and other authorities. 2.3.2 Consults with and/or refers to other health care professionals when care is outside of scope of practice or personal competence. 2.3.3 Recognizes, respects and values the roles and responsibilities of other professionals within the health care system.
2.4 Demonstrates appropriate use of technology.	2.4.1 Maintains digital literacy to support the delivery of safe care.

3. Assessment and Diagnosis

Naturopathic doctors apply naturopathic knowledge, critical inquire, and clinical skills to analyze and synthesize information to inform assessment and diagnosis. Naturopathic doctors utilize an evidence-informed approach to provide high-quality and safe patient-centred care.

Key Competencies	Enabling Competencies
3.1 Obtains informed consent .	3.1.1 Clearly and accurately communicates the necessary information to obtain and document informed consent for all patient interactions. 3.1.2 Ensures ongoing informed consent is received throughout the term of care.
3.2 Completes a health history to aid in patient assessment.	3.2.1 Conducts a patient-centered interview to establish reason for the encounter and chief concern. 3.2.2 Collects, elicits and synthesizes clinically relevant information. 3.2.3 Identifies non-urgent health related conditions that may benefit from a referral and advises the patient accordingly. 3.2.4 Identifies urgent, emergent, and life-threatening situations, and refers the patient accordingly.
3.3 Performs a physical examination.	3.3.1 Selects relevant assessment equipment and techniques to examine the patient. 3.3.2 Determines and performs relevant physical examinations based on patient presentation and context.
3.4 Uses diagnostic testing to aid in patient assessment.	3.4.1 Requests, orders or performs screening and diagnostic investigations. 3.4.2 Applies knowledge of naturopathic medicine to ensure accuracy of diagnostic or screening procedure(s). 3.4.3 Prepares and/or refers the patient to undergo testing. 3.4.4 Assumes responsibility for follow-up of test results.
3.5 Formulates differential diagnoses .	3.5.1 Integrates the patient's health history, physical examination, diagnostic results, critical thinking and clinical reasoning to formulate possible differentials . 3.5.2 Continues to monitor patient progression and makes refinements to the differential diagnoses.
3.6 Interprets the results of screening and diagnostic investigations using evidence-informed clinical-reasoning .	3.6.1 Determines if additional diagnostic procedures are required based upon the patient's diagnosis, prognosis, or response to treatment. 3.6.2 Makes appropriate referral(s) if diagnostic testing returns a critical value.
3.7 Formulates working diagnosis .	3.7.1 Applies critical thinking and clinical reasoning to determine a diagnosis. 3.7.2 Integrates the patient's health history, physical examination and diagnostic testing to formulate a diagnosis. 3.7.3 Determines pathogenesis and probable etiology of the diagnosis.

Key Competencies	Enabling Competencies
	3.7.4 Evaluates and amends the diagnosis, prognosis and treatment based on patient outcomes. 3.7.5 Identifies the need for additional consultation and/or referral. 3.7.6 Communicates assessment findings and diagnosis with the patient including implications for short- and long-term outcomes.

4. Therapeutic Management

Therapeutic management encompasses the scope of treatments employed by naturopathic doctors, as well as the relative risks, benefits and considerations regarding treatment options and outcomes. These include factors relating to informed consent, naturopathic principles, monitoring and reassessment. It also outlines the recognition of red flags and emergency management, as well as the protocols necessary for safe practice.

Key Competencies	Enabling Competencies
4.1 Evaluates the risk, benefit, efficacy and quality of evidence of planned procedures, interventions and treatments.	4.1.1 Identifies interactions between pharmaceutical medications and chosen therapeutic agents. 4.1.2 Demonstrates an understanding of indications and contraindications when formulating a therapeutic plan .
4.2 Creates, implements, and monitors a therapeutic plan .	4.2.1 Formulates a therapeutic plan based on patient's diagnosis, determinants of health , evidence-informed practice, patient preferences and naturopathic principles . 4.2.2 Implements the therapeutic plan using naturopathic modalities . 4.2.3 Schedules appropriate follow-up to monitor progress, review responses to therapeutic interventions, assess for adverse effects, and revise the therapeutic plan if necessary. 4.2.4 Reports adverse reactions to therapeutic substances to appropriate agencies as required by legislation.
4.3 Recognizes and manages emergency situations in the clinical setting.	4.3.1 Initiates appropriate intervention(s) for patients in an acute, emergent, or life-threatening situation. 4.3.2 Understands responsibilities and limitations in scope-of-practice when administering emergency procedures. 4.3.3 Activates emergency medical services for patients in emergent or life-threatening situations. 4.3.4 Communicates reportable diseases to the appropriate health authorities.
4.4 Ensures safety of procedures.	4.4.1 Informs the patient about planned procedure(s), including rationale, potential risks and benefits, potential adverse effects, and anticipated aftercare and follow-up. 4.4.2 Performs procedures per provincial guidelines. 4.4.3 Understands and applies safe techniques for procedures. 4.4.4 Maintains universal precautions and routine practices in infection prevention.
4.5 Practices evidence-informed patient care.	4.5.1 Critically appraises and applies evidence to improve patient care. 4.5.2 Demonstrates the ability to use research in clinical decision-making.

5. Records Management

Naturopathic Doctors are required to maintain and retain health records in an accurate, safe and secure manner to satisfy legal, professional and ethical obligations and to allow timely access to requested medical records.

Key Competencies	Enabling Competencies
5.1 Maintains patient records in accordance with legislation and regulatory guidelines .	5.1.1 Demonstrates knowledge of security, confidentiality, and access requirements for records in accordance with relevant legislation, policies, and standards. 5.1.2 Adheres to file maintenance and file transfer requirements in accordance with the standards of practice, policies, legislation and guidelines as set by the regulator.
5.2 Ensures patient records and clinical information are accurate and legible.	5.2.1 Maintains accurate and comprehensive files, data and charts. 5.2.2 Provides a reasonable means for patients to access and receive a copy of their medical records upon request.

Glossary

Cultural Safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system and provide an environment free of racism and discrimination, where people feel safe when receiving health care. (source: <https://www.canada.ca/en/health-canada/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-common-definitions-cultural-safety.html>)

Conflict of Interest: Where a reasonable person would conclude that a Member's/Registrant's personal, professional interest or financial interest may affect their judgment or the discharge of their duties to the patient and the patient's best interests. A conflict of interest may be real or perceived, actual, or potential, and direct or indirect.

Personal Limitations: The point at which your own knowledge, skill and judgement is no longer sufficient to provide safe, ethical competent care.

Professional Limitations: The point at which the knowledge, skill, and judgement of the profession, based on the education and training provided is no longer sufficient to provide safe, ethical, competent care.

Active Listening: The act of being fully engaged and immersed in what the other person is communicating and being an active participant in the communication process through direct on-going feedback using visual or verbal cues that the communication is being heard and understood.

Informed Consent: Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention.

Patient-Centered: Puts the needs, values and expressed desires of each individual patient first and above all other interests.

Differential Diagnosis/Differential(s): The process of differentiating between two or more conditions which share similar signs or symptoms (oxford dictionary) OR a systematic process used to identify the proper diagnosis from a set of possible competing diagnoses (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6994315/>).

Working Diagnosis: The considered condition, from the list of differentials, determined to be the most probable based on current observations.

Critical Thinking: The objective analysis and evaluation of an issue in order to form a judgment. (Oxford Dictionary).

Critical Reasoning: Note: Critical reasoning seems synonymous with critical thinking, suggest changing the competency wording to “clinical reasoning”: a context-dependent way of thinking and decision making in professional practice to guide practice actions.

Therapeutic Plan: A documented plan that describes the patient's condition and procedure(s) that will be needed, detailing the treatment to be provided and expected outcome, and expected duration of the treatment prescribed by the healthcare provider. (<https://medical-dictionary.thefreedictionary.com/treatment+plan>)

Determinants of Health: A range of factors that influence the health status of an individual.

Naturopathic Principles: The six guiding principles which define naturopathy/naturopathic medicine.

Core Naturopathic Modalities: Central treatment therapies within the scope of practice of the naturopathic profession, as defined by the governing legislation of each jurisdiction that regulates naturopathy/naturopathic medicine.

Evidence-Informed: A process for making informed clinical decisions by integrating research evidence with clinical experience, patient values, preferences and circumstances. ([Source](#))

Universal Precautions: The standards of practice that should be followed for the care of all patients, at all times, based on the premise that all persons are potentially infectious, even when asymptomatic.



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2024-2025**

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, 2024 to March 31, 2025.

Elected or Appointed Positions

Council Member	Interest	Explanation
Dr. Amy Dobbie, ND	City Councilor (Family Member)	Father is an elected city councilor for the City of Quinte West. Does not believe it is a conflict – made a note of it in case.

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (inactive)	Partner of BRB CE Group	I am a partner of the business BRB CE Group, which provides continuing education courses for Naturopathic Doctors, through live conferences as well as online recorded webinars and audio recordings.

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
	None	

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2024-25 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 29, 2024	July 9, 2024	None
Dean Catherwood	May 29, 2024	July 8, 2024	None
Dr. Amy Dobbie, ND	May 29, 2024	July 5, 2024	Yes
Brook Dyson	May 29, 2024	July 8, 2024	None
Lisa Fenton	May 29, 2024	July 5, 2024	None
Sarah Griffiths-Savolaine	May 29, 2024		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 29, 2024	July 5, 2024	Yes
Dr. Denis Marier	May 29, 2024	July 5, 2024	None
Paul Phillion	May 29, 2024	July 5, 2024	None
Dr. Jacob Scheer, ND	May 29, 2024	July 5, 2024	None
Dr. Jordan Sokoloski, ND	May 29, 2024	July 8, 2024	None
Dr. Erin Walsh (Psota), ND	May 29, 2024	July 5, 2024	None

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

Updated: July 9, 2024

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



The College of Naturopaths of Ontario

**Report from the Council Chair
Period of July 1, 2024 to August 31, 2024**

This is the second Chair's Report of six for the current Council cycle and provides information for the period from July 1, 2024 to August 31, 2024.

While the summer is typically a little bit quieter for me, Andrew and I have continued to meet monthly. In August, I also met with the Chair of the OAND Dr. Audrey Sasson, ND, and we will continue to meet regularly over the next year. The senior leadership of the OAND and the College will meet again later in September.

I have also reached out to our newest Council members about how their transition to working on Council has been and have had a chance to meet virtually with some of them as well. As always, I am happy to discuss any matter related to our work with Council and encourage members not to hesitate to reach out about anything.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 September 2024



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

The Regulatory Operations Report provides data for the period of April 1, 2024, to August 31, 2024, inclusive, with an emphasis on data changes that occurred since the last reporting period (i.e., July and August 2024). Please note that not every section of the full report is discussed below but only those areas which are believed to be of importance to highlight for the Council.

1.1 Registration

Registrants

As of August 31, 2024, the College had 1,844 registrants (individuals in good standing in any of the four classes of registration). There were 23 individuals who are currently suspended from practicing the profession in any class of registration. These numbers have been adjusted following an audit of the numbers at the start of the fiscal year.

1.2 Entry-to-Practice

Entry-to-Practice activities are reporting lower numbers than the first part of the year, with three new applications having been received in July and August and three certificates issued. There remain four applications in process.

1.3 Examinations

The Examinations Team has delivered two exams in July and August, the Clinical Sciences Examination, which 87 candidates sat, and the Clinical (Practical) Examinations which 69 candidates sat.

No exam appeals were received during the period.

1.6 Inspection Program

Premises

Three new premises were registered in July and August, and one was de-registered. The total number of registered premises where IVIT procedures are performed is 163.

Inspections

Four inspections were conducted in the period, two part I inspections for new premises and one 5-year anniversary inspection.

Occurrence Reports

A total of two new Type 1 Occurrence reports were received in the period, none of which the Inspection Committee determined required further action.

1.7 Complaints and Reports

Complaint and Reports Data

In July and August, four new complaints were received and two reports initiated. Coincidentally, four on-going matters from earlier periods were closed. Although there were only four matters closed, we are reporting seven outcomes. That is due to the nature of the decisions such that ICRC applied by an undertaking, caution and letter of counsel for one file and an undertaking, and caution for another. These combinations had not yet been seen previously although there is no reason for concern.

There were no referrals to either the Discipline or Fitness to Practice Committees and there are presently 29 ongoing matters before the ICRC.

Interim Orders

The ICRC did not impose any interim orders in July and August 2024; however, two such orders remain in place from the prior years.

1.9 Hearings

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year.

1.10 Regulatory Guidance and Education

Regulatory Guidance

In July and August, regulatory guidance inquiries were slightly lower than most months due to the summer period. The top three inquiries related to scope of practice, Telepractice and fees and billing.

Regulatory Education

One Regulatory Education Program session was held in each of July and August. The July session topic was Mandatory Reporting Requirements with a total of 206 attendees. The August session topic was Record Keeping with 195 attendees. This year, 928 individuals have attended the REP live sessions.

With respect to the recorded sessions, we have seen a dramatic increase in registrations in July and August. Where we initially were getting about 14-16 registrations each month, we jumped to 150 and 146 in each of July and August, nearly a tenfold increase. 367 registrations were received from registrants wishing to access the recorded REP sessions.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
July 2024



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.1 Regulatory Activity: Registration														
Registrants (Total)														1883
General Class (Total)														1680
	In Good Standing	8	15	0	-7	0								1668
	Suspended	-1	-2	0	0	0								12
Inactive Class (Total)														175
	In Good Standing	-1	-7	1	6	1								164
	Suspended	1	2	0	0	0								11
Emergency Class (Total)														0
	In Good Standing	0	0	0	0	0								0
	Suspended	0	0	0	0	0								0
Life Registrants														28
	In Good Standing	0	0	0	0	0								28
	Suspended	0	0	0	0	0								0
Changes in Registration Status Processed (Total)														70
	Suspensions	21	7	1	1	0								30
	Resignations	1	0	1	2	0								4
	Revocations	0	6	0	0	0								6
	Reinstatements	19	1	1	1	0								22
Class Changes (Total)														8
	General Class to Inactive Class	0	0	1	6	1								8
	Inactive Class to General Class	0	0	0	0	0								0
	Any Class to Life Registrant Status	0	0	0	0	0								0
	Emergency Class to General Class	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Professional Corporations (Total)														132
	New applications approved	1	1	2	2	0								6
	Resigned/Desolved	0	0	0	1	0								1
	Revoked	0	0	0	0	0								0
	PC Renewals in 2024-25													
	Not Yet Renewed in this period													81
	Renewed	7	8	11	9	8								43
	Revoked	0	0	0	0	0								0
	Resigned/Dissolved	0	1	0	1	0								2

1.2 Regulatory Activity: Entry-to-Practise														
Total ETP Applications On-Going														4
	New applications received	15	1	3	1	2								22
	Certificates issued	8	16	2	1	2								29
Applications Currently before the Registration Committee														0
	New referrals	0	0	1	1	0								2
	Decisions Issued	0	0	1	1	0								2
Registration Committee Outcomes														2
	Approved	0	0	1	1	0								2
	Approved – TCLs	0	0	0	0	0								0
	Approved – Exams required	0	0	0	0	0								0
	Approved – Education required	0	0	0	0	0								0
	Denied	0	0	0	0	0								0
Prior Learning and Recognition Program Activities in Process														1
	New applications received	0	0	0										0
	Decisions rendered on applications	0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
	Exam sittings scheduled	0	0	0	0	1								1
	Exam sittings held	0	0	0	0	1								1
	Number of candidates sitting exam	0	0	0	0	87								87
Ontario Biomedical Examination														
	Exam sittings scheduled	0	0	0	0	0								0
	Exam sittings held	0	0	0	0	0								0
	Number of candidates sitting exam	0	0	0	0	0								0
Ontario Clinical Practical Examination														
	Exam sittings scheduled	0	0	0	1	0								1
	Exam sittings held	0	0	0	1	0								1
	Number of candidates sitting exam	0	0	0	69	0								69
Ontario Therapeutic Prescribing Examination														
	Exam sittings scheduled	1	0	0	0	0								1
	Exam sittings held	1	0	0	0	0								1
	Number of candidates sitting exam	47	0	0	0	0								47
Ontario Intravenous Infusion Examination														
	Exam sittings scheduled	0	1	0	0	0								1
	Exam sittings held	0	1	0	0	0								1
	Number of candidates sitting exam	0	19	0	0	0								19
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)														0
	Appeals Filed	0	0	0	0	0								0
	Appeals Granted	0	0	0	0	0								0
	Appeals Denied	0	0	0	0	0								0
Ontario Biomedical Examination Appeals (Total)														1
	Appeals Filed	1	0	0	0	0								1
	Appeals Granted	0	0	1	0	0								1
	Appeals Denied	0	0	0	0	0								0
Ontario Clinical Practical Examination Appeals (Total)														0
	Appeals Filed	0	0	0	0	0								0
	Appeals Granted	0	0	0	0	0								0
	Appeals Denied	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Ontario Therapeutic Prescribing Examination														0
	Appeals Filed	0	0	0	0	0								0
	Appeals Granted	0	0	0	0	0								0
	Appeals Denied	0	0	0	0	0								0
Ontario Intravenous Infusion Examination Appeals (Total)														0
	Appeals Filed	0	0	0	0	0								0
	Appeals Granted	0	0	0	0	0								0
	Appeals Denied	0	0	0	0	0								0

Exam Questions Developed (Total)														178
CSE questions developed		0	104	0	0	0								104
BME questions developed		0	0	0	74	0								74

1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received														0
	Funding application approved	0	0	0	0	0								0
	Funding application declined	0	0	0	0	0								0
Number of Active Files														
Funding Provided		\$0	\$1560	400	\$710	\$181								\$2,851

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)														138
	Pool selected by QAC													150
	Deferred, moved to inactive or retired (removed from	0	-3	-4	0	-1								-8
	Assessments ordered by QAC, i.e. outside of random pool	1	0	0	7	6								14
Total Number of Assessment for the Year.														156
	Completed (Y-T-D)	1	0	0	1	16								18

Quality Assurance Committee Reviews														
Assessments reviewed by Committee		0	0	0	0	1								4
	Satisfactory Outcome	1	0	0	0	0								1
	Ordered Outcome (SCERP, TCL, etc.)	2	0	0	0	1								3

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
CE Reporting														
	Number in group	0	0	0	0	0								0
	Number received	0	0	0	0	0								0
	Number of CE Reports with deficiencies	0	0	0	0	0								

QAC Referrals to ICRC	0	0	1	0	0									1
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1.6 Regulatory Activity: Inspection Program

Registered Premises (Total Current)														163
	Total Registered from prior year (as of May 1)													158
	Newly registered	5	0	2	0	3								10
	De-registered	3	1	0	0	1								5

Inspections of Premises														
	New Premises													
	Part I Completed	4	1	2	2	1								10
	Part II Completed	1	2	2	0	0								5
	5-year Anniversary Inspections													
	Premises requiring 5-year inspection													17
	Completed	0	0	1	0	1								2

Inspection Outcomes														
	New premises-outcomes (Parts I & II)													
	Passed	3	4	3	0	4								14
	Pass with conditions	4	1	3	0	2								10
	Failed	0	0	0	0	0								0
	5-year Anniversary Inspection Outcomes													
	Passed	2	0	0	0	0								2
	Pass with conditions	1	1	0	0	2								4
	Failed	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Type 1 Occurrence Reports (Total Reported)														6
	Patient referred to emergency	0	1	1	1	1								4
	Patient died	0	0	0	0	0								0
	Emergency drug administered	0	1	1	0	0								2
Type 2 Occurrence Reports (Outstanding)														0
	Total Reports Required to be filed.	0												168
	Reports Received	149	19	0	0	0								168
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)														29
	Complaints carried forward from prior period(s)													13
	Reports carried forward from prior period(s)													5
	New Complaints	2	4	0	3	1								10
	New Reports	0	2	0	1	1								4
	Matters returned by HPARB	0	0	0	0	0								0
	Complaints completed	3	1	0	2	1								7
	Reports completed	1	0	1	1	0								3
Files in Alternate Dispute Resolution (In process)														0
	ADR Files from Prior Period													1
	New files referred to ADR	0	0	0	0	0								0
	Files resolved at ADR	1	0	0	0	0								1
ICRC Outcomes (files may have multiple outcomes)														
	Take no further action	0	0	0	0	1								1
	Letter of Counsel	0	1	0	1	0								2
	Oral Caution	0	0	0	3	0								3
	Specified Continuing Education and Remediation	3	0	0	0	0								3
	Letter of Counsel & SCERP	0	0	0	0	0								0
	Oral Caution & SCERP	0	0	1	0	0								1
	Acknowledgement & Undertaking	0	0	0	2	0								2
	Referral to Fitness to Practise Committee	0	0	0	0	0								0
	Referral to Discipline Committee	0	0	0	0	0								0
	Frivolous & Vexatious	0	0	0	0	0								0
	Resolved through ADR	1	0	0	0	0								1
	Withdrawn by Complainant	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Interim Orders (Currently In Place)														2
	Orders issued in prior period													2
	New Interim Orders - TCLs Applied	0	0	0	0	0								0
	New Interim Orders - Suspended	0	0	0	0	0								0
	Interim Orders Removed	0	0	0	0	0								0
Summary of concerns (files may have multiple concerns)														
	Advertising/Social Media	0	1	0	1	1								3
	Billing and Fees	1	0	0	0	0								1
	Communication	0	0	0	1	0								1
	Competence/Patient Care	2	2	0	3	1								8
	Fraud	0	0	0	0	0								0
	Professional Conduct & behaviour	0	1	0	1	0								2
	Record Keeping	0	0	0	0	0								0
	Sexual Abuse/Harassment/Professional Boundaries	0	0	0	1	0								1
	Delegation	0	0	0	0	0								0
	Unauthorized Practice/Scope of Practice	0	3	0	0	1								4
	Failure to comply with an Order	0	0	0	0	0								0
	Inappropriate/ineffective treatment	0	0	0	0	0								0
	Conflict of Interest	0	0	0	0	0								0
	Lab Testing	0	0	0	0	0								0
	QA Program Compliance	0	0	0	0	1								1
	Cease & Desist Compliance	0	0	0	0	0								0
	Failure to Cooperate	0	0	0	0	0								0
	Practising while Suspended	0	0	0	0	0								0
	Unprofessional/Unbecoming Conduct	0	0	0	0	0								0
	Other	0	0	0	0	0								0
1.8 Regulatory Activity: Unauthorized Practitioners														
Cease and Desist Letters (Unsigned/Outstanding)														6
	Letters Outstanding from Prior Period													3
	Letters Issued	2	2	1	0	1								6
	Letters signed back by practitioner	1	1	1	0	0								3

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Injunctions from Court														
	Injunctions in place from prior year													2
	Applications Outstanding from prior year	-1												0
	New Applications Filed	0	0	0	0	0								0
	Applications approved by the Court	1	0	0	0	0								1
	Applications denied by the Court	0	0	0	0	0								0
1.9 Regulatory Activity: Hearings														
Matters Referred by ICRC														
	Referrals to the Discipline Committee (Total)													2
	Referrals from prior period													2
	New referrals	0	0	0	0	0								0
	Matters concluded	0	0	0	0	0								0
	Referrals to the Fitness to Practise Committee (Total)													0
	Referrals from prior period													0
	New referrals	0	0	0	0	0								0
	Matters concluded	0	0	0	0	0								0
Disciplinary Matters														
Pre-hearing conferences														
	Outstanding from prior year													0
	Scheduled	0	0	0	0	0								0
	Completed	0	0	0	0	0								0
Discipline hearings														
	Ongoing from Prior Year													2
	Contested hearing completed	0	0	0	0	0								0
	Uncontested hearings completed	0	0	0	0	0								0
Outcomes of Contested Matters														
	Findings made	0	0	0	0	0								0
	No findings made	0	0	0	0	0								0
FTP Hearings														
	Finding of incapacitated	0	0	0	0	0								0
	No finding made	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)														283
E-mail		33	39	26	38	24								160
Telephone		16	41	31	21	14								123
Most Common Topics of Inquiries														
Telepractice		3	11	4	5	4								27
Record Keeping		1	7	5	6	3								22
Scope of Practice		4	11	8	5	3								31
Injections		1	3	3	2	2								11
Patient Visits		0	1	0	4	1								6
Delegations and Referrals		5	6	4	4	2								21
Laboratory Testing		4	3	1	3	3								14
Consent and Privacy		5	3	1	2	1								12
Conflict of Interest		1	1	2	2	1								7
Prescribing		1	0	2	5	2								10
Fees and Billing		1	4	9	5	6								25
Inspection Program		4	2	3	1	0								10
Endorsements		0	1	0	1	0								2
Graduates working for NDs		3	3	0	0	0								6
Continuing Education		1	2	0	0	3								6
Advertising		1	6	7	0	0								14
Notifying Patients when Moving		3	1	0	1	0								5
Completing Forms and Letters for Patients		1	1	0	2	1								5
Registration and CPR		0	4	0	1	1								6

Regulatory Education Program														
Live Sessions														
Session Delivered		1	1	1	1	1								5
Registrations		252	302	236	321	309								1420
Attendees		164	202	161	206	195								928
Recorded Sessions														
Registrations		16	14	41	150	146								367

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.11 Regulatory Activity: HPARB Appeals														
Registration Committee Decisions before HPARB														0
	Appeals carried forward from prior period													0
	New appeals filed with HPARB	0	0	0	0	0								0
	Files where HPARB rendered decision	0	0	0	0	0								0
	HPARB Decisions on RC Matters													
	Upheld	0	0	0	0	0								0
	Returned	0	0	0	0	0								0
	Overturned	0	0	0	0	0								0
ICRC Decisions before HPARB (Total current)														5
	Appeals carried forward from prior period													3
	New appeals filed with HPARB	2	0	0	0	0								2
	Files where HPARB rendered decision	0	0	0	0	0								0
	HPARB Decisions on ICRC Matters													
	Upheld	0	0	0	0	0								0
	Returned	0	0	0	0	0								0
	Overturned	0	0	0	0	0								0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.12 Regulatory Activity: HRT0 Matters														
Matters filed against the College														
	Matters in progress from prior period(s)													1
	New matters	0	0	0	0	0								0
	Matters where HRT0 rendered a decision	0	0	0	0	0								0
	HRT0 Decisions on Matters													
	In favour of applicant	0	0	0	0	0								0
	In favour of College	0	0	0	0	0								0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 18, 2024

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director, Operations

RE: Variance Report – Q1 Unaudited Financial Statements

I am pleased to provide this Variance Report and the Unaudited Financial Statements of the College of Naturopaths of Ontario as of June 30, 2024, which represents the first quarter (Q1) of our new fiscal year 2024-2025.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, as of June 30, 2024.

At the end of the quarter there is an increased balance to the College's Operating Funds bank account, which is equivalent to a chequing account from the monthly payments of registration fees. Monies from the Operating Funds account are transferred into the Bank Savings account, as this account bears interest. In the Operating Funds account, we need to carry a balance of approximately \$250,000 per month to cover expenses.

Accounts Receivable has a balance of \$1,061,855.41 attributed to our pre-authorized payment plan. By the end of June, three out of ten deductions for registration fees have occurred. This year the number of registrants enrolled in the pre-authorized payment 707 is comparable to the previous year 672. On a monthly basis the College is in receipt of a report from our bank regarding any payments that were not successfully transmitted. Any returned items from the bank are resolved within 3 business days.

The balance of \$98,728.04 for DC ordered costs represents costs ordered by the Discipline Committee in prior years but which have not yet been received by the College.

Under Other Current Assets, the Prepaid Expenses total \$98,525.92. This balance is comprised of \$41,261 in security deposits for both office locations. The reimbursement for our previous office was delayed due to the processing of their fiscal year end. We have received confirmation from our previous landlord that we can anticipate receipt of our security deposit and credit for unused utilities at the beginning of July 2024. The remaining expenses are made up of membership fees including CANRA, insurance, exam maintenance contracts and software subscriptions including Adobe. With the exception of one-time security deposits, all other fees are billed annually and then are pro-rated monthly.

Fixed Assets is noted at \$48,089.21. This is the value of all the physical assets the College owns after the equipment is depreciated over a three-year period.

Under Liabilities and Equity, the Accounts Payable account has a balance of \$10,613.72. Payments that have not yet been cleared include legal, investigation and exam costs.

For Accrued Liabilities, under Other Current Liabilities, the total of \$35,581.60 is employee vacation accruals, with employees being permitted to roll-over a total of five vacation days from one year to the next. The majority of employee vacation accruals are used up in the first two quarters.

Deferred Income in the amount of \$140,180.00 is comprised of collected fees for three different examinations that will occur in Q2 and one 5-year inspection that will also occur in Q2.

The HST Payable in the amount of \$130,375.06 is monies owing that will be remitted over the ten months in which the pre-authorized payment plan is in place. This balance is determined by the total in accounts receivable.

All the reserve funds under Equity were increased at the end of last fiscal year in accordance with EL17 – Reserve Funds as the College ended the year in a surplus. Retained earnings at the end of our audit was adjusted from (\$332,160.76) to (\$254,459.97), a total of \$77,700.79.

Statement of Operations

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

- **Blue**- notes actual budget, actual expenditures and variances for Q1 only.
- **Orange**- notes actual budget, actual expenditures and variances for Q1 only from the previous year.
- **Green**- comparison of current actual year vs. previous actual year to illustrate variances.
- **Pink**- notes the actual annual budget and the percentage of the budget received or spent to date.

Revenue

Total Year-to-Date actual revenue was \$3,525,488. This compares to the Year-to-Date budget of \$3,495,949 resulting in a favourable balance of \$29,539. At the end of the quarter the College is 13% away from meeting its annual budgeted revenue targets.

Revenue items that are either under or over 10% materiality against Q1 budget are noted below.

Line Item	Current 2024-2025 Fiscal Year				Deviation Comparisons	
	Year to Date Actual Revenue at Q1	Year to Date Budget at Q1	Q1 actual vs Budget at Q1 in \$	% Q1 actual vs Budget at Q1	Q1 actual vs. Q1 actual prior fiscal year in \$	Q1 actual vs. Q1 actual prior fiscal year in %
Examination Fees	\$37,220	\$42,675	\$(5,455)	87%	\$56,250	47%
Assessment Fees	\$0	\$500	(\$500)	0%	\$0	100%

Ordered Costs Recovered	\$0	\$165,000	(\$165,000)	0%	\$0	100%
Inspection Fees	\$12,100	\$20,500	(\$8,400)	59%	(\$24,800)	-64%
Interest	\$1,139	\$5,400	(\$4,261)	21%	(\$3,157)	-73%
Investment Income	\$18,725	\$15,000	\$3,725	125%	\$2,317	14%
Miscellaneous Income	\$0	\$100	(\$100)	0%	\$0	100%

Examination Fees (87% of YTD Budget)– This quarter there were 30 registrations for the Jurisprudence examination. The remaining balance of \$35,200 is deferred exam revenue from the end of the last fiscal year, which constitutes exam registration fees collected for examinations that occurred in Q1 (i.e., the Therapeutic Prescribing Exam held in April 2024 and the IVIT Exam in May 2024).

Assessment Fees (0% of YTD Budget)– This is a revenue line under the Quality Assurance Program which has been re-instated for ordered Peer and Practice Assessments. It has a small budget allocation for ordered assessments to be completed as directed by the Quality Assurance Committee. This quarter one assessment was conducted with fees having been collected, and reported, at the end of the last fiscal year.

DC Ordered Costs (0% of YTD Budget)- No hearings concluded in this quarter and therefore no costs ordered by the panels of the Committee.

Inspection Fees (59% of YTD Budget)- This quarter the College completed four initial inspections for new premises and one 5-year premises inspection.

Interest (21% of YTD Budget)- While the College has two bank accounts, only the savings account is interest generating. At the end of Q1 interest earned is lower than budgeted due to the account balance being lower than prior periods and lower interest rates being generated.

Investment Income (125% of YTD Budget)- The College's investment portfolio includes a GIC and Mutual funds. As in the prior period immediate to this quarter, the Bank of Canada interest rates remained relatively unchanged from September 2023; however, our budgeted projections assumed rates would decline, which was not the case. As a result, the revenues are higher than budgeted for this period.

Miscellaneous Income (0% of YTD Budget)- This quarter the College did not receive any miscellaneous revenue.

Expenses

Total Year-to-Date expenses were \$734,350 versus the Q1 budget of \$1,095,048 which is 33% of budgeted expenses. This has resulted in a favorable variance of \$360,698 at the end of Q1.

This quarter all expense line items that did not meet annual budgeted targets and line items that are either under or over 10% materiality are noted below.

Line Item	Current 2024-2025 Fiscal Year				Deviation Comparisons	
	Year to Date Actual Expenses at Q1	Year to Date Budget at Q1	Q1 actual vs Budget at Q1 in \$	% Q1 actual vs Budget at Q1	Q1 actual vs. Q1 actual prior fiscal year in \$	Q1 actual vs. Q1 actual prior fiscal year in %
Salaries and Benefits	\$438,563	\$612,865	\$174,302	72%	\$31,497	8%
Office and General	\$40,347	\$96,358	\$56,011	42%	\$8,434	26%
Consulting Fees- General	\$5,665	\$7,200	\$1,535	79%	(\$11,663)	67%
Consulting Fees- Complaints and Inquiries	\$18,261	\$35,250	\$16,989	52%	\$6,859	60%
Consulting Fees- Assessors/ Inspectors	\$3,794	\$14,700	\$10,906	26%	(\$1,972)	34%
Legal Fees- General	\$3,343	\$5,318	\$1,975	63%	\$1,033	45%
Legal Fees- Complaints	\$5,124	\$24,375	\$19,251	21%	(\$14,339)	74%
Legal Fees- Discipline	\$33,765	\$65,000	\$31,235	52%	\$6,067	22%
Hearings	\$8,362	\$15,610	\$7,248	54%	(\$445)	5%
Insurance	\$7,680	\$4,500	(\$3,180)	(71%)	\$(2,729)	-26%
Public Education	\$12,107	\$57,935	\$45,828	21%	(\$36,007)	75%

Salaries and Benefits (72% of YTD Budget)- At the end of Q1, this line item is 38% below the budgeted amount. This is accounted for due to there being one staff vacancy and two leaves of absence that were not backfilled. There were also a several employees whose pay for performance reviews and retroactive payments were underway but not completed in this quarter.

Office and General (42% of YTD Budget)- This line item is comprised of various office expenses including office supplies, staff recognition, translation, credit card fees and photocopying costs. As we continue to work a hybrid working model, we have cost savings on the purchase of office supplies, copying, printing and janitorial services. Staff recognition activities are arranged around the anniversary date, however this fiscal year we have a total of five employees that will all be recognized in Q3. There were no translations completed this quarter, but there are already a few in cue for Q2 for job position vacancies.

Consulting Fees- General (79% of YTD Budget)- This line item represents consulting fees for all program areas except ICRC consultants (investigators) and Inspectors/Assessors under the Professional Practice program. The cost savings experienced in this area this quarter was due to database work, related to the Quality Assurance program, being deferred to Q3 and Q4.

Consulting Fees- Inquiries and Complaints (52% of YTD Budget)- This line represents the costs of external investigators retained by the College on behalf of the ICRC. This quarter the College received six new complaints and initiated two Registrar (CEO) investigation reports.

Consulting Fees- Assessors and Inspectors (26% of YTD Budget)- This quarter there were four new premises, and two 5-year inspections conducted. Expenses claimed by assessors and inspectors, including accommodations, meals and travel, were lower than anticipated in the budget.

Legal Fees-General (63% of YTD Budget)- This account provides for legal advice for all College activities except complaints and discipline, each of which are accounted for separately. Expenses are below budget as program areas have not required legal advice at the rate anticipated for this quarter.

Legal Fees- Complaints (21% of YTD Budget)- This quarter the College opened six new complaints and closed six complaints. There were two new Registrar (CEO) Investigations initiated this reporting period. The College has budgeted for 14 new complaints and six Registrar (CEO) Investigations this year. This quarter the number of complaints and reports on which legal advice was required was lower than anticipated.

Legal Fees-Discipline (52% of YTD Budget)- This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. Although two contested hearings remain ongoing, the scheduling of these did not occur as anticipated in the budget.

Hearings (54% of YTD Budget)- This account reflects all costs associated with hearings of the Discipline Committee except legal costs. This includes Panel per diems, fees for a court reporter and translation costs. As noted above, the actual hearing schedule varied from that anticipated in the budget.

Insurance (-71% of YTD Budget) – All of the College's insurance policies have been renewed to take effect on July 1, 2024. In Q1, the final pro-rated installment for insurance policies (i.e., April-June 2024) is noted. The remaining balance of this pre-paid expense was realized in this fiscal quarter. The line item exceeded the budget, as the budget was under stated vs. the actual increase received from the Insurer.

Public Education (21% of YTD Budget) – This quarter lower fees for design and translations were incurred; however, we anticipate that this will balance out over the remainder of the year, as we work on our Annual Report and various website enhancements. Our annual CANRA membership is pro-rated month over month.

Capital Expenditures

This quarter there were no capital expenditures. IT equipment purchases are anticipated to be made between Q2-Q3. Our IT budget is being used to replace end-of-life equipment and new equipment in accordance with the Human Resources plan.

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

Respectfully submitted.



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION*As of June 30, 2024 (Q1)**25% of Fiscal Year***ASSETS**

Chequing / Savings		
Bank - Operating Funds	\$	1,243,897.23
Bank - Savings	\$	210,952.39
Petty Cash	\$	500.00
<i>Total Chequing / Savings</i>		<u>\$ 1,455,349.62</u>
Accounts Receivable		
Accounts Receivable	\$	1,061,855.41
Allowance for Doubtful Accounts	\$	(48,361.66)
Ordered DC Costs	\$	98,728.04
<i>Total Accounts Receivable</i>		<u>\$ 1,112,221.79</u>
Other Current Assets		
Prepaid Expenses	\$	98,525.92
Investment in Mutual funds	\$	1,687,775.53
Accrued Interest	\$	14,687.06
Investment in GIC	\$	536,131.38
<i>Total Other Current Assets</i>		<u>\$ 2,337,119.89</u>
Fixed Assets		
Construction	\$	-
Computer Equipment	\$	101,245.75
Furniture and Fixtures	\$	157,256.73
Accumulated Amortn - Computers	\$	(133,328.33)
Accumulated Amortn - Furniture	\$	(77,084.94)
<i>Total Fixed Assets</i>		<u>\$ 48,089.21</u>

TOTAL ASSETS\$ 4,952,780.51**LIABILITIES AND EQUITY**

Accounts Payable		
Accounts Payable	\$	10,613.72
Credit cards	\$	(3,537.20)
<i>Total Account Payable</i>		<u>\$ 7,076.52</u>
Other Current Liabilities		
Accrued Liabilities	\$	35,581.60
Accrued Liabilities-Discipline	\$	-
Deferred Income	\$	140,180.00
HST Payable	\$	130,375.06
<i>Total Current Liabilities</i>		<u>\$ 306,136.66</u>
Equity		
Retained Earnings	\$	(254,459.97)
Patient Relations Fund	\$	90,385.13
Business Continuity Fund	\$	1,093,584.00
Investigations and Hearing Fund	\$	1,009,100.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	2,650,958.17
<i>Total Equity</i>		<u>\$ 4,639,567.33</u>

TOTAL LIABILITIES AND EQUITY\$ 4,952,780.51



The College of Naturopaths of Ontario

Statement of Operations

	2024-2025			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-June'24 Budget
REVENUES				
Registration and member renewal fees	\$ 3,351,649	\$ 3,304,835	99%	\$ 3,234,912
Examination fees	\$ 298,535	\$ 37,220	12%	\$ 42,675
Deferred capital funding	\$ -	\$ -	0%	\$ -
Assessment fees	\$ 1,000	\$ -	0%	\$ 500
Incorporation fees	\$ 44,316	\$ 11,289	25%	\$ 11,862
Ordered costs recovered	\$ 180,000	\$ -	0%	\$ 165,000
Inspection fees	\$ 82,000	\$ 12,100	15%	\$ 20,500
Interest	\$ 21,600	\$ 1,139	5%	\$ 5,400
Investment Income	\$ 60,000	\$ 18,725	31%	\$ 15,000
Miscellaneous	\$ 200	\$ -	0%	\$ 100
TOTAL REVENUES	\$ 4,039,300	\$ 3,385,308		\$ 3,495,949
EXPENSES				
Salaries and benefits	\$ 2,437,970	\$ 438,563	18%	\$ 612,865
Rent and utilities	\$ 196,260	\$ 51,155	26%	\$ 49,065
Office and general	\$ 271,635	\$ 40,347	15%	\$ 96,358
Consulting fees				
Consultants - general	\$ 47,800	\$ 5,665	12%	\$ 7,200
Consultants - complaints and inquiries	\$ 134,000	\$ 18,261	14%	\$ 35,250
Consultants - assessors/inspectors	\$ 72,300	\$ 3,794	5%	\$ 14,700
Exam fees and expenses	\$ 261,578	\$ 69,544	27%	\$ 63,081
Legal fees				
Legal fees - general	\$ 23,450	\$ 3,343	14%	\$ 5,318
Legal fees - complaints	\$ 105,350	\$ 5,124	5%	\$ 24,375
Legal fees - discipline	\$ 95,000	\$ 33,765	36%	\$ 65,000
Council fees and expenses	\$ 113,818	\$ 23,442	21%	\$ 23,288
Hearings (Discipline, Fitness to Practise)	\$ 19,595	\$ 8,362	43%	\$ 15,610
Amortization/Depreciation	\$ 11,759	\$ -	0%	\$ -
Insurance	\$ 39,500	\$ 7,680	19%	\$ 4,500
Equipment maintenance	\$ 56,760	\$ 13,039	23%	\$ 14,140
Audit fees	\$ 19,000	\$ -	0%	\$ -
Public education	\$ 106,265	\$ 12,107	11%	\$ 57,935
Education and training	\$ 7,300	\$ 150	2%	\$ 6,000
Postage & Courier	\$ 1,442	\$ 10	1%	\$ 364
TOTAL EXPENSES	\$ 4,020,781	\$ 734,350		\$ 1,095,048
EXCESS OF REVENUES OVER EXPENSES	\$ 18,519	\$ 2,650,958		\$ 2,400,901



The College of Naturopaths of Ontario

Analysis of the Q1 Statement of Operations Compared to the Previous Year
April 1, 2024 to June 30, 2024

	Q1										ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	APR-JUN'24 BUDGET	APR-JUN'24 ACTUAL	BUDGET FAV (UNFAV) VARIANCE		APR-JUN'23 BUDGET	APR-JUN'23 ACTUAL	BUDGET FAV (UNFAV) VARIANCE		VARIANCE FROM PREVIOUS YEAR	VARIANCE FROM PREVIOUS YEAR		
	\$'s	\$'s	\$	%	\$'s	\$'s	\$	%	\$	%	\$	%
Revenue												
Registration and Member Renewals	3,234,912	3,304,835	69,923	102%	2,972,868	3,073,470	100,602	103%	231,365	8%	3,351,849	99%
Examination Fees	42,675	37,220	(5,455)	87%	62,725	119,150	56,425	190%	(81,930)	-69%	298,535	12%
Assessment Fees	500	0	(500)	0%	0	0	-	0%	-	100%	1,000	0%
Incorporation Fees	11,862	11,289	(573)	95%	7,400	6,550	(850)	89%	4,739	72%	44,316	25%
Ordered Costs Recovered	165,000	-	(165,000)	0%	45,000	0	(45,000)	0%	-	100%	180,000	0%
Inspection Fees	20,500	12,100	(8,400)	59%	42,500	38,900	(3,600)	92%	(26,800)	-69%	82,000	15%
Interest	5,400	1,139	(4,261)	21%	600	4,296	3,696	716%	(3,157)	-73%	21,800	5%
Investment Income	15,000	18,725	3,725	125%	7,700	16,408	8,708	213%	2,317	14%	60,000	31%
Miscellaneous Income	100	-	(100)	0%	200	-	(200)	0%	-	100%	200	0%
Total Revenue	3,495,949	3,385,308	(110,641)	97%	3,138,993	3,258,774	119,781	104%	126,534	4%	4,039,300	84%
Expenses												
Salaries and Benefits	612,865	438,563	174,302	28%	571,518	407,066	164,452	29%	31,497	8%	2,437,970	18%
Rent and Utilities	49,065	51,155	(2,090)	-4%	36,500	46,784	(10,284)	-28%	4,371	9%	196,260	26%
Office and General	96,358	40,347	56,011	58%	68,622	31,913	36,709	53%	8,434	26%	271,635	15%
Consulting Fees-General	7,200	5,665	1,535	21%	8,700	17,328	(8,628)	-99%	(11,663)	-67%	47,800	12%
Consulting Fees-Complaints and Inquiries	35,250	18,261	16,989	48%	35,250	11,402	23,848	68%	6,859	60%	134,000	14%
Consulting Fees-Assessors/Inspectors	14,700	3,794	10,906	74%	7,500	5,766	1,734	23%	(1,972)	-34%	72,300	5%
Exam Fees and Expenses	63,081	69,544	(6,463)	-10%	81,415	58,642	22,773	28%	10,902	19%	261,578	27%
Legal Fees-General	5,318	3,343	1,975	37%	7,200	2,310	4,890	68%	1,033	45%	23,450	14%
Legal Fees-Complaints	24,375	5,124	19,251	79%	24,000	19,463	4,537	19%	(14,339)	-74%	105,350	5%
Legal Fees-Discipline	65,000	33,765	31,235	48%	90,000	27,698	62,302	69%	6,067	22%	95,000	36%
Council Fees and Expenses	23,288	23,442	(154)	-1%	39,839	45,621	(5,782)	-15%	(22,179)	-49%	113,818	21%
Hearings (Discipline, Fitness to Practice)	15,610	8,362	7,248	46%	11,915	8,807	3,108	26%	(445)	-5%	19,595	43%
Amortization/Depreciation	-	-	-	0%	-	-	-	0%	-	0%	11,759	0%
Insurance	4,500	7,680	(3,180)	-71%	36,000	10,409	25,591	71%	(2,729)	-28%	39,500	19%
Equipment Maintenance	14,140	13,039	1,101	8%	12,890	9,795	3,095	24%	3,244	33%	56,780	23%
Audit Fees	-	-	-	0%	-	-	-	0%	-	0%	19,000	0%
Public Education	57,935	12,107	45,828	79%	70,795	48,114	22,681	32%	(36,007)	-75%	106,265	11%
Education and Training	6,000	150	5,850	98%	10,000	2,700	7,300	73%	(2,550)	-94%	7,300	2%
Postage and Courier	364	10	354	97%	342	428	(86)	-25%	(418)	-98%	1,442	1%
Total Expenses	1,095,048	734,350	360,698	33%	1,112,486	754,247	358,239	32%	(19,897)	-3%	4,020,781	18%
Total Revenue over Expenses	2,400,901	2,650,958	(471,339)	-20%	2,026,507	2,504,527	(238,458)	-12%	146,431	6%	18,519	



The College of Naturopaths of Ontario

2024-25 Capital Statement at Q1

Line Item	Total Budget (April 2024-March 2025)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$10,000.00													\$0.00	\$10,000.00
Furniture & Fixtures	\$6,000.00													\$0.00	\$6,000.00
Leasehold Improvement	\$0.00													\$0.00	\$0.00
Total	\$16,000.00													\$0.00	\$16,000.00



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 18, 2024

TO: Council members

FROM: Barry Sullivan
Acting Chair, GPRC

RE: Recommended Policy Amendments

The Governance Policy Review Committee met on September 10, 2024 to review a number of policies in accordance with its regular cycle of work in support of the Council's governance policies. At this meeting, the Committee reviewed GP27 through GP33 as well as two earlier policies on which work had been undertaken. The Committee also received two requests from the Chief Executive Officer to consider amendments to GP08 and EL17.

This memorandum will outline recommendations from the GPRC to the Council to amend certain policies based on our discussions. For ease of reference, I will address these in numerical order.

GP08 – Annual Planning Cycle

This policy was reviewed by the Committee at the request of the CEO, in consultation with the Council Chair. It was noted that the Council has decided that one Council meeting annually will be held in person and the other five would be held via videoconference. It was also noted that the planning horizon for Council members is longer than the normal operational planning window. In light of this, it was suggested that the Planning Cycle standardize when in the cycle the in person meeting would be held and to correspond Council training with the in-person meeting.

The Committee received and approved proposed amendments set out in the policy which is attached.

GP21 – Council Debates, Motions and Votes

The Committee worked on this policy over two meetings with the support of the CEO. The issue that had been identified was the potential for an unequal understanding among Council members as to what many of the terms in the policy mean. To address this, the Committee determined that a definitions section should be added and, working with the CEO, the necessary definitions were created using the 11th Edition of Roberts Rules of Order, Da Capo Press, 2013.

The proposed amendments are set out in the policy which is attached.

GP26 – Hiring the Permanent CEO

The Committee worked on this policy over two meetings with the support of the CEO. Committee members expressed concern that the policy as written mandated the initiation of a search to replace the CEO without pausing to consider whether there might be any suitable candidates internal to the College.

To accommodate this potential, the Committee has drafted a new paragraph 2 in the policy and renumbered the remaining paragraphs accordingly. A copy of the proposed amendment to the policy is attached.

GP27 – Addressing or Presenting to Council

The Committee reviewed this policy as part of its regular planning cycle. Committee members noted that minor changes might enhance transparency and align the policy with the reality of Council's meetings being primarily on-line. The Committee is recommending that paragraph 8 be amended to note that the restricted timeframe for presentations is "for the purpose of time" and that paragraph 10 be amended to reflect that handouts should be sent to the CEO electronically given that is how the Council receives its materials.

The proposed amendments are set out in the policy which is attached.

GP28 – Registering Gifts, Benefits & Remuneration

The Committee reviewed this policy as part of its regular planning cycle. Committee members noted that the definition of remuneration in GP28 was slightly different than the definition used in GP29. It agreed that the two definitions ought to be the same and that the version in GP29 was superior.

The proposed amendments are set out in the policy which is attached.

GP30 – Council and Committee Training

The Committee reviewed this policy as part of its regular planning cycle. Committee members identified that a definition of AODA should be added to ensure consistency within the policy. They also agreed that the definition of Training Program should be amended to include the requirement for training in equity, diversity and inclusion but not that it necessarily need be on-line or from a named organization.

The proposed amendments are set out in the policy which is attached.

GP31 – Council and Committee Qualifying Program

The Committee reviewed this policy as part of its regular planning cycle. Committee members inquired about the reference to registrants in the policy in some areas and volunteers in the other. It was noted that volunteers come from a number of sectors and not solely registrants. It was agreed to replace registrants with volunteers in the definition of Qualifying Program. It was also agreed that Qualifying Program should be capitalized in paragraphs 1 & 3 of the policy.

The proposed amendments are set out in the policy which is attached.

EL17 – Reserve Funds

This policy was reviewed by the Committee at the request of the CEO. The CEO noted that the current wording of the policy allows for funds to be transferred out of the Patient Relations Fund to cover any amount for counselling that is paid above that which is set out in the annual budget and that this would occur regardless of whether there is a surplus in any given fiscal year. However, funds can only be added back into the patient relations fund if there is a surplus and

then only for the amount used in that the fiscal year when that surplus occurred. This means that if in Year A, funds are transferred out of the fund to cover overspending and if there is no surplus, those funds can never be added back to the Patient Relations Fund without a special motion of the Council. The CEO was of the view that this ran contrary to the intent of the policy.

To address this, the CEO suggested and the Committee agreed to amend paragraph 4(a) of the policy to read "Patient Relations Fund – Up to the maximum amount set for the fund in paragraph 3(b)." This change allows the fund to be topped up as soon as a surplus is generated by College operations regardless of when the fund was debited.

The proposed amendments are set out in the policy which is attached.

Recommendation

The Governance Policy Review Committee is recommending that the Council approve the proposed amendments to the policy as set out in the attached materials.

Respectfully submitted,

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03
	Title	Policy No. GP08.054
	Annual Planning Cycle	Page No. 1

The Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and fulfilling its regulatory function.

Accordingly,

- 1 The Council meets a minimum of six (6) times per year, on the last Wednesday of January, March, May, July, September and November. With the exception of the May meeting, which will be held either in person, all other meetings will be held by videoconference or by other electronic means.
- 2 A meeting, for the purposes of receiving the annual report of all committees and operational activities and for the purpose of approving the Auditor's Report and Audited Financial Statements, will be held within six months of the end of the fiscal year.
- 3 At each meeting, the Council will:
 - a) Review the CEO's Report on Regulatory Operations, including the most recent quarterly financial report if it is available.
 - b) Review reports from all Committees.
 - c) Review any new or proposed changes to existing regulations, or program policies (i.e. Patient Relations, ICRC, Quality Assurance, Registration, Examination) policies.
 - d) Review any committee appointments brought forward by the CEO on behalf of the Governance Committee.
 - e) Review any new or proposed changes to existing governance policies (Ends, Governance Process, Linkage, Executive Limitations) of the Council as brought forward by the Governance Policy Review Committee or the CEO.
 - f) Review, in depth, one set of governance policies in accordance with the schedule identified in this policy.
- 4 The Council will perform additional functions, in accordance with the following schedule:
 - Meeting #1 (May)
 - A two-day in-person meeting.
 - Annual election of Officers and Executive Committee.
 - Committee appointments.
 - Review of Q4 Unaudited Financial Statements.
 - Briefing on the ICRC/Discipline processes.
 - Training/review of the duties, responsibilities and role of the Council.
 - Briefing on the Policy Governance Framework of the Council by the Chair of the Governance Policy Review Committee.
 - In-depth review of the Governance Process policies (Part 3 – Committee Terms of Reference).
 - Meeting #2 (July)
 - Annual Committee Reports for the prior year.
 - CEO's Performance Review Report for the prior year.
 - Council and Committee evaluation reports.
 - Annual Operational Report for the prior full-year.
 - Receive the Auditor's Report and Audited Financial Statements.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 30, 2022

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP08.054
	Annual Planning Cycle	Page No. 2

- In depth review of the Executive Limitations policies (Part 1).
- Meeting #3 (September)
 - Briefing on the Quality Assurance Program.
 - ~~Briefing on the Policy Governance Framework of the Council by the Chair of the Governance Policy Review Committee.~~
 - Review of Q1 Unaudited Financial Statements.
 - In depth review of the Executive Limitations policies (Part 2).
- Meeting #4 (November)
 - Review of Q2 Unaudited Financial Statements.
 - Semi-annual Operational Report for the first six months of the year.
 - Appointment of CEO Performance Review Panel.
 - Briefing on the Inspection Program.
 - In-depth review of the Ends policies and Council-CEO Linkage policies.
- Meeting #5 (January)
 - CEO's Performance Review – Goals and Development Plan for the next fiscal year.
 - Briefing on the Registration Program.
 - In-depth review of the Governance Process policies (Part 1).
 - CEO's annual inflationary salary adjustment
- Meeting #6 (March)
 - Review of the Q3 Unaudited Financial Statements.
 - Annual Operational Plan.
 - Annual Capital and Operating Budgets.
 - Briefing on the Examinations program.
 - In-depth review of the Governance Process policies (Part 2).

DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 30, 2022

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP21.032
	Council Debates, Motions and Votes	Page No. 1

Council debates, motions and voting are governed by the Rules of Order of the Council, which is Schedule 2 of the By-laws of the College and Robert's Rules of Order. Debates, motions and voting will be conducted in a manner that is consistent with these rules and this policy, and that reflect an environment of respect for all members and staff. In the case of any inconsistency, the by-laws prevail over Robert's Rules of Order and this policy, and this policy prevails over Robert's Rules of Order.

<u>Definitions</u>	<u>Abstain</u>	<u>Means to not vote at all on a matter for which a motion has been tabled.</u>
	<u>Amending Motion</u>	<u>Means a motion that is made to amend an earlier motion that has been moved and seconded and is presently before the Council for debate.</u>
	<u>Call the Question</u>	<u>Means a motion to close debate on a motion that has been moved and seconded and is presently before the Council for debate that would result in an immediate vote on the motion if the motion to call the question has been approved.</u>
	<u>Counted Vote</u>	<u>Means a vote that is taken whereby the secretary to the meeting counts the number of votes in favour, opposed and any abstentions.</u>
	<u>Lay on the table</u>	<u>Means to interrupt the pending business so as to permit doing something else immediately.</u>
	<u>Limit or extend limits of debate</u>	<u>Means placing specific parameters set by the Council on the manner of the debate on a motion before the Council.</u>
	<u>Main motion</u>	<u>Means a whose introduction brings business before the Council and that enables the Council to debate the matter.</u>
	<u>Point of Order</u>	<u>Means the raising of a question of order or procedure on which the Chair is required to rule and to enforce the regular rules of order.</u>
	<u>Postpone</u>	<u>Means to defer a motion that is before the Council and is qualified either as "postpone indefinitely" where the motion is brought back at the pleasure of the Council, "postpone definitely" where the matter is never brought back or "postpone to a certain date" where the motion is brought back on the date specified by the Council.</u>
	<u>Previous question</u>	<u>Means immediately to close debate and the making of subsidiary motions (except the motion to Lay on the Table) so as to return debate on the previous motion made to the Council.</u>
	<u>Recorded Vote</u>	<u>Means a vote which is taken and whereby the number of votes in favour, opposed and abstentions is recorded in the record.</u>
	<u>Refer to a</u>	<u>Means a motion on a matter is referred by the Council to one or more</u>

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DATE APPROVED	DATE LAST REVISED
October 17, 2013	May 26, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP21.032
	Council Debates, Motions and Votes	Page No. 2

Committee of the Council committees for consideration, include advice and recommendations where warranted.

Request for Information Means a Council member who wishes to obtain information or have something done that requires the permission of the whole Council.

Robert's Rules of Order Means the Robert's Rules of Order Newly Revised, 11th edition, Da Capo Press.

Roll Call Vote Means taking a vote by roll call which has the effect of placing on the record how each Council member voted.

Show of Hands Vote Means a vote that is taken by Council members raising their hands in response to the call of the Chair and the subsequent ruling by the Chair as to whether the motion was passed.

Subsidiary motion Means a motion that is moved to assist the Council in disposing of the main motion and may include any of the following: Postpone indefinitely, Postpone to a certain time, Postpone definitely, Amend, Refer to a Committee, Limit or extend limits of debate, Previous question, or Lay on the table.

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- Accordingly,
- 1 Council members will usually receive information about a matter to be discussed in the form of a briefing note or written report circulated in advance of the meeting. It is expected that Council members will have reviewed the materials and noted any questions they may have.
 - 2 To begin a discussion, the Council member or the staff of the College responsible for the item will present the item providing a brief synopsis or providing any new or additional information to be considered.
 - 3 Council members will be permitted to pose any questions or seek clarification about the information presented without initiating debate, discussion or stating any personal or professional positions. The Council Chair may rule any question or clarification that they believes do not comply with this requirement as out of order.
 - 4 At the conclusion of the question/clarification period, a motion, which may be referred to as a "main motion", must be introduced by a Council member and seconded by another Council member. The motion may then be discussed and debated.
 - 5 As part of the debate of a motion, a Council member may comment on a previous point made during the debate or may introduce a new point for consideration of the Council.
 - 6 Each Council member who wishes to address the motion will be invited to speak to the motion before individuals who wish to speak a second time. If the debate

DATE APPROVED	DATE LAST REVISED
October 17, 2013	May 26, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP21.032
	Council Debates, Motions and Votes	Page No. 3

appears to be concluded, the Council Chair may ask if there is any further debate. If there is no further debate, or if Council has passed a motion to vote on the motion, or if the time allotted to the debate on the matter has concluded, the Chair will put the motion to a vote.

- 7 Procedural issues that may arise will be addressed during the debate but separate from the main discussion. A Council member who believes a procedural rule has been violated can raise a Point of Order.
- 8 Clarification issues that may arise will also be addressed during the debate but separate from the main discussion. A Council member raises clarification issues as a Request for Information.
- 9 Once a "main" motion has been introduced, it should not be interrupted by another agenda item. However, one of the following "subsidiary" motions may be introduced:
 1. A motion to amend the motion, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 2. A motion to defer the matter, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 3. A motion to refer the matter to committee, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 4. A motion to limit or extend the limits of debate, which must be moved and seconded and requires approval of 2/3rds of Members present.
 5. A motion to call the question, which must be moved and seconded and requires approval of 2/3rds of Members present.
- 10 Votes of the Council will usually be carried out by a show of hands and will be recorded as carried or not carried based on the number of votes in favour or opposed and abstentions. Only when a Council member who has abstained or opposed a vote requests it will their name be recorded in the minutes. The CEO as Secretary to the meeting will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.
- 11 The Chair or a majority (50% plus 1) of Council members can require that a vote be counted. In this case, the CEO, as secretary to the meeting, will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated. In the case of a counted vote, the number of votes in favour and opposed will be recorded in the minutes. Only when a Council member who has abstained from or opposed a vote requests it, will their name be recorded in the minutes, unless their name must be noted to reflect that quorum was present.
- 12 Any Council member can require that a vote be conducted by a roll call vote. In such a circumstance, the Chair will ask each Council member how they vote and the vote of each Council member as being in favour, opposed or abstaining will be recorded in the minutes. The CEO, as Secretary to the meeting, will report to the

DATE APPROVED	DATE LAST REVISED
October 17, 2013	May 26, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP21.032
	Council Debates, Motions and Votes	Page No.	4

Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.

- 13 A request for a counted or roll call vote may be made by any Council member at any time following the time the Chair states the question on the motion, but must be made before any debate or business has intervened.
- 14 A Council member who doubts the result of a vote can require a vote to be retaken by a show of hands, by requiring those in favour or opposed to stand (or in the case of an electronic meeting, raise their electronic hand), or as a roll call vote. Such a request must be made immediately after the result has been announced, and before any debate or business has intervened. The Council Chair or a majority (50% plus 1) of Council members can require that the vote be counted.

DATE APPROVED	DATE LAST REVISED
October 17, 2013	May 26, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP26.032
	Hiring a Permanent CEO Replacement	Page No. 1

It is the responsibility of the Council to seek out an individual to perform the role of the Chief Executive Officer (CEO) in the event that the position becomes vacant.

Accordingly,

1. The Council shall appoint a minimum of three Council members to form a Search Committee who shall be authorized to interview, evaluate, negotiate and recommend to the Council the appointment of an individual as the Chief Executive Officer.
2. Prior to instituting the remaining provisions of this policy, the Search Committee will first determine whether there may be suitable, qualified individuals within the College who are interested in being considered as a candidate for the position and shall make a recommendation to the Council on their candidacy.
32. The Search Committee, with the assistance of senior staff of the College, will issue a Request for Proposals from firms qualified to conduct an executive search on behalf of the Council and make a recommendation to the Executive Committee to contract with the successful bidding individual or firm.
43. The Council Chair and Interim CEO will complete the procurement process and sign a contract with the winning bidder who will then, on behalf of the Search Committee, oversee the process of advertising for and conducting initial screening of candidates for the position. Suitable candidates will be presented to the Search Committee for consideration.
54. The Search Committee will conduct interviews with the suitable candidates presented by the Executive Search firms, obtain reference checks for the candidate(s) it deems qualified and best suited to fill the position and select one individual to present to the Council as its proposed CEO.
65. The Search Committee shall present to the Council for approval, the name of the candidate for the position, their qualifications (Résumé or Curriculum Vitae), a draft negotiated employment agreement including compensation levels, benefits and start date.

DATE APPROVED	DATE LAST REVISED
July 31, 2019	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.03</i>
	Title	Policy No. GP27.019
	Addressing or Presenting to the Council	Page No. 1

The Council of the College supports the principles of transparency, accountability and openness in its deliberations surrounding the regulatory framework for naturopaths and the Council's management of the College. As such, it invites member of the public, Registrants of the College and stakeholders to address the Council on issues relevant to its role of regulating the profession in the public interest. Accordingly,

- 1 A portion of each regularly scheduled bi-monthly Council meeting will be designated as a period where the Council will hear from any individual who wishes to address the Council, subject to the conditions set out in this policy.
- 2 The Council, at a prior meeting, may identify matters on which it wishes to have presentations at future meetings. Matters to be heard at a meeting may not be related to an agenda item scheduled for a decision of the Council at the meeting.
- 3 Persons wishing to address the Council meeting must provide a written request to the Chief Executive Officer (CEO) no later than 14 days prior to the date of the meeting. Requests shall include a brief description of the specific matter to be addressed.
- 4 Presentations with respect to complaints or reports, disciplinary matters or specific Registrants will not be permitted.
- 5 Requests to address the Council on a specific item will be granted (generally in the order of the receipt of the requests), if approved by the Council Chair. The Council Chair shall give priority in the selection process to matters previously identified by the Council to be addressed. Persons not permitted to address the Council shall be so notified.
- 6 The Council Chair is not obligated to grant a request to address the Council, and the Council is not obligated to take any action on any presentation it receives.
- 7 The Council may limit the number of presentations heard at any one meeting.
- 8 For the purpose of time, Ppersons addressing the Council will be required to limit their remarks to ten minutes.
- 9 If a group wishes to make a submission, a single spokesperson for the group shall be identified.
- 10 Handout materials, such as copies of slides, may be distributed at the meeting by providing 16 copies to the CEO. Lengthier and more detailed written submissions on the topic may be submitted up to seven (7) days following the meeting, unless the topic of the presentation is a formal consultation being undertaken by the College for which the timeframes set out in the consultation shall apply an electronic copy to the CEO on a timeframe established by the CEO.
- 11 Questions, outside of the timeframe for the presentation, shall not be permitted and only questions by the Council members may be posed. For clarity, this means that persons addressing the Council must make a presentation to the Council and may not merely

DATE APPROVED	DATE LAST REVISED
July 31, 2019	January 27, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS	Item 5.03	
	Title	Policy No.	GP27.019
	Addressing or Presenting to the Council	Page No.	2

spend their allocated time to pose questions to the Council on matters previously deliberated and decided upon.

DATE APPROVED	DATE LAST REVISED
July 31, 2019	January 27, 2021

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.03</i>
	Title Registering Gifts, Benefits & Remuneration	Policy No. GP28.01
		Page No. 1

The Council of the College of Naturopaths of Ontario supports the principles of transparency, accountability and openness in its deliberations surrounding the regulatory framework for naturopaths and the Council's management of the College. All decisions must be made in an environment that is free from influence or the perception of influence of individuals or other organizations.

Definitions	Benefit	Means a service that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Council member	Means a person appointed to the Council by the Lieutenant Governance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Gift	Means a product that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Remuneration	Means the provision of unrequested money, or the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity. <u>Means the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.</u>

Accordingly,

- 1 Each Council and Committee member must register any gift, benefit or remuneration that they receive from any individual or organization while engaged in regulation or based on their knowledge of regulatory activities with the College.
- 2 Notwithstanding paragraph 1, the following would not need to be declared.
 - a) Any gift or benefit they receive as a corollary when on official College business, e.g., lunch is provided when at a meeting on behalf of the College.
 - b) Any gift or benefit they receive from the College for the performance of their duties, including but not necessarily limited to volunteer recognition gifts, per diems or expenses in accordance with GP18, a meal when at a meeting with the College.
- 3 Declarations of gifts, benefits or remuneration received must be made within seven days of receipt of the gift and on a form prescribed by the Chief Executive Officer (CEO).
- 4 A summary of all declarations received by the CEO shall be disclosed to the Council and publicly as part of the Consent Agenda of the College Council for the period covering the time since the prior Council meeting.
- 5 A full summary of all declarations shall be released by the Council via the College's website annually.
- 6 Any Council or Committee member who is found to have failed to declare a gift of any value may be subject to removal pursuant to section 15.02 of the by-laws.

DATE APPROVED	DATE LAST REVISED
May 26, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.03</i>	
	Title Council and Committee Training Program	Policy No.	GP30.024
		Page No.	1

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members are provided with the training necessary for them to fulfill their duties and responsibilities to the broader benefit of the greater good.

Accordingly,

Definitions	<u>AODA</u>	<u>Means the Access for Ontarians with Disabilities Act.</u>
	CCDI	Means the Canadian Centre for Diversity and Inclusion or a successor organization.
	Education review	Means a multiple-choice questionnaire that reviews information and education provided in a training session.
	Training Program	Means multifaceted training that includes all the following components: • A presentation and discussion conducted by the CEO on key concepts including but not necessarily limited to the public interest, fiduciary duties and responsibilities, critical decision-making considerations, the legislative framework, right touch regulation and practical approaches to their roles. • An education review conducted following the presentation and discussion session delivered by the CEO. • On-line training delivered by the OHRC relating to human rights, discrimination and accessibility for Ontarians with disabilities. • On-line training delivered by the CCDI, or a similar organization at the discretion of the CEO, relating to unconscious bias, <u>equity</u>, diversity, and inclusion <u>and belonging</u>.
	Successful completion	Means receipt by the College and the Council or Committee member of each of the following: • A certificate of attendance for attending the presentation and discussion conducted by the CEO. • Correctly responding to 70% of the questions posed on the education review. • A certificate of completion of the OHRC training in each of human rights and discrimination and AODA. • A certificate of completion of the CCDI training.
	OHRC	Means the Ontario Human Rights Commission as established by the Government of Ontario.
1	All new Council and Committees members are required to successfully complete the training program as defined herein and as developed and delivered by the CEO and external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. While Council members assume their duties according to the election	

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS	Item 5.03	
	Title	Policy No.	GP30.024
	Council and Committee Training Program	Page No.	2

schedule or date of appointment by the Minister, successful completion of the training will be required prior to Committee members formally assuming their duties.

- 2 Notwithstanding paragraph 1, Committee members may attend a committee meeting prior to successful completion of the training program for the purposes of auditing or observing the procedures.
- 3 All sitting Council and Committee members will be required to complete an on-line refresher training program as developed and delivered by the CEO and approved external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. Such training will be required a minimum of every two years following their initial training, although annual training is recommended.
- 4 Failure of Council and Committee members to complete the necessary training programs may result in referral of the matter by the CEO to the Governance Committee of the Council for a review of the circumstances and determination of what remedial action may be warranted and necessary, including but not necessarily limited to:
 - a) An extension of time necessary to complete the training program.
 - b) A requirement by the Governance Committee that the Council or Committee member complete such other remedial training, at the College's cost, as they may deem necessary.
 - c) The filing of a written complaint by the Governance committee pursuant to section 15.02 of the College's by-laws.
- 5 All Council and Committee members who attend the presentation and discussion by the CEO shall be entitled to a per diem in accordance with GP 18 – Per diems and Expenses.

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03
	Title	Policy No. GP31.024
	Council and Committee Qualifying Program	Page No. 1

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members meet necessary competencies and are appropriately oriented to their duties and roles prior to their seeking election to Council or appointment to a committee.

Accordingly,

Definitions	Competency assessment	Means a multiple-choice questionnaire that reviews competencies needed to be able to fulfill the responsibilities of a Council or Committee member.
	Qualifying Program	Means multifaceted orientation and review that includes the following components: • A presentation and discussion conducted by the CEO on key concepts including but not necessarily limited to the qualifications to seek election or appointment, mandate of the College, role of Council and staff, duties and responsibilities for Council and committee members, time commitments, compensation provided, training and evaluation requirements, on-going support from Council, Committees and staff and the processes for election/appointment. • A competency assessment. • Vetting by the Governance Committee of <u>the Registrantspotential volunteers</u>, including but not necessarily limited to reviewing attendance at the orientation session, competency assessment results, education and experience.
	Successful completion	Means receipt by the College and the Council or Committee member of each of the following: • A certificate of attendance for attending the presentation and discussion conducted by the CEO. • Correctly responding to 60% of the questions posed on the competency assessment. • Approval of the Governance Committee of their candidacy for election or appointment to a Committee at the discretion of the Council.
1	All Registrants who are seeking nomination for election to the Council and volunteers seeking appointment to a Committee are required to successfully complete the <u>Qualifying pP</u> rogram as defined herein and as developed and delivered by the CEO, on behalf of the Council and overseen by the Governance Committee of the Council.	
2	Notwithstanding paragraph 1, Council members seeking re-election and volunteers already appointed to Council or College Committees are exempt from this requirement.	

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03	
	Title Council and Committee Qualifying Program	Policy No. GP31.024	
		Page No. 2	

3 The competency framework established to support the Qualifying Program is:

- An understanding of or willingness to learn about **Governance responsibilities**, including:
 - The role of the board and committees.
 - The role of the Chair of the board and management.
 - The role of individual Board and committee members.
 - The legal and ethical responsibilities when holding a position of trust.
 - The importance of being independent in thought.
- An understanding of and ability to provide **leadership**, including:
 - the importance of dialogue and the ability to interact with others to draw out thought and information.
 - the importance of working in collaboration with management.
 - the importance of Board and committee evaluation processes.
 - the importance of competency-based selection processes.
 - the importance of succession planning.
- An understanding of or willingness to learn about **financial and organizational oversight**, including:
 - The concept of risk management and risk mitigation.
 - The process for managing people, including recruiting and retaining people.
 - Assessing financial information and can read, interpret and question financial statements.
- An understanding of or willingness to learn about **governing effectively**, including:
 - The meaning and importance of conflict of interest
 - The importance of ethical decision-making.
 - How unconscious bias can negatively impact decision-making and ways to identify these biases.
 - how these issues can impact the reputation of the organization.
- An understanding of the **public sector and health systems**, including:
 - A broad commitment to the public and people of Ontario.
 - Knowledge of the public interest and can place the public's interest above the profession's interests.
 - Knowledge of the health care system broadly.
 - Knowledge of health regulation.

4 In addition to the competencies set out in paragraph 3, Committees may establish such additional competencies, skills or attributes needed in order for an individual to be appointed to their committees. Such additional requirements will be provided to the Governance Committee who will oversee the delivery of the Qualifying Program.

5 Failure of Registrants or members of the public wishing to volunteer on Committees to complete the qualifying programs will result in their ineligibility to run for election or to be appointed to a Council or College committee.

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
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- 6 No per diem as set out in GP 18 – Per diems and Expenses will be paid for individuals completing the qualifying program.

DATE APPROVED	DATE LAST REVISED
September 29, 2021	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES <i>Item 5.03</i>
	Title	Policy No. EL17.024
	Restricted Reserve Funds	Page No. 1

The Chief Executive Officer (CEO) 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 fail to perform the following duties and responsibilities.

- 1 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 Limit transfer of funds to and from the reserve funds to those that are set out in this policy, except and unless such other transfers have been approved by the Council upon recommendation of the Audit Committee or the Chief Executive Officer.
- 3 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 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 maximum amount set for the fund in paragraph 3(b) 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 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 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 Transfer funds to or from the reserve funds as directed by Council.

DATE APPROVED	DATE LAST REVISED
October 28, 2020	January 27, 2021



The College of Naturopaths of Ontario

BRIEFING NOTE College Organizational Structure

PURPOSE: To present to the Council the updated organizational structure of the College

OUTCOME Information

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

PROCESS:

Activity:	The CEO will provide the highlights of the changes to the organizational structure and related matters.		
Results:	Council is asked to receive the information.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Review of changes.	9 minutes
	2.	Q & A from Council members	5 minutes
	3.	Motion and vote	1 minutes

BACKGROUND:

An updated Human Resources Plan was presented to the Council in March 2024 as part of the Operational Plan. Additionally, a change to the organizational structure was incorporated as one of the CEO's Priorities for the 2024-25 planning year and accepted by the Council.

This briefing is an update on the changes to the organizational structure of the College and the on-going work in this regard. Some of this information was included in an email update sent to the Council by the CEO in August 2024.

DISCUSSION POINTS:

Rationale for Change

The change in organizational structure is intended to achieve several important goals for the College, including:

- Delineating clear lines of authority and responsibility.
- Reducing the minutia that most senior levels of the organization address on a day-to-day basis thereby allowing them to focus on more strategic and policy related matters.
- Creating new opportunities within the College for existing staff.
- Establishing a clear nomenclature in terms of how we refer to various areas of the College.

Introduction of Divisions

The first distinct change coming from the organizational re-structure is the creation of two divisions within the College into which each program and function performed by the College are aligned. The two divisions are:

- Regulation Division,
- Registrant and Corporate Services Division.

Each division will be led by a Deputy Chief Executive Officer with Mr. Jeremy Quesnelle continuing to serve as the Deputy CEO, Regulation Division and the immediate second in command of the College. Ms. Erica Laugalys has accepted and assumed the position of Deputy CEO, Registrant and Corporate Services Division.

Regulation Division

The Regulation Division will include:

- Professional Conduct (investigations and hearings)
- Quality Assurance & Inspection (QA, inspection program)
- A new section called Regulatory Programs which will oversee
 - Patient Relations
 - Regulatory guidance
 - Regulatory education
 - EDIB
 - Consultations
 - Risk-based regulation

The Division will be supported by a new Director, Regulatory Affairs, a position that has been accepted by Natalia Vasilyeva. Ms. Vasilyeva will be supported by a Manager, Professional Conduct, which will be filled shortly. The division will also be supported by Dr. Mary-Ellen McKenna, ND (Retired) who will continue to lead the Quality Assurance and Inspection area, and by a new Manager, Regulatory Programs, a position for which recruitment will begin shortly.

This division therefore includes the following positions and individuals.

Jeremy Quesnelle Deputy CEO Regulation Division		
Natalia Vasilyeva Director Regulatory Affairs Branch		
Professional Conduct Section - Manager (vacant) - Rebecca McBride, Coordinator - Shailja Desai, Administrative Assistant	Quality Assurance & Inspection Section - Mary-Ellen McKenna, Manager - Daniella Daley, Coordinator	Regulatory Programs Section - Manager (vacant) - Joseph Quao, Coordinator - Admin Assistant (vacant)

Registrant & Corporate Services Division

The Registrant & Corporate Services Division will include:

- Registration
- Examinations
- Finance & Risk Management
- Human Resources
- Communications.

In her new role as Deputy CEO, Registrant & Corporate Services Division, Erica Laugalys will be supported by two Directors. Agnes Kupny will continue to serve as the Director of Operations; however, her portfolio will expand to include the Communications Section as well as the Human Resources and Finance & Risk Management Sections.

The Division will be supported by the Director, Registration & Examinations which Maryam Katozian has accepted and assumed the position of. Ms. Katozian will be supported by a Manager, Registration, a position currently under recruitment and a Manager, Examinations which is currently vacant but is anticipated to be filled by an internal candidate.

This division therefore includes the following positions and individuals.

Erica Laugalys Deputy CEO Registrant & Corporate Services Division				
Maryam Katozian Director Registration & Examinations Branch		Agnes Kupny Director Operations Branch		
Registration Section - Manager (vacant) - Marita Dias, Coordinator - Sajjad Junaid, Coordinator - Enka Scardino, Coordinator	Examinations Section - Tuyen Le, Senior Coordinator - Carrie Ha, Coordinator - Anum Jamal, Coordinator	Human Resources Section - Mike Boyko, Manager - Monika Zingaro, Coordinator	Finance & Risk Management Section - Manager (vacant) - Thusha Pirabakaran, Coordinator - Risk Coordinator (vacant)	Communications Section - Ian D'Costa, Senior Coordinator - Yun Zhang John, Marketing Communications Coordinator - Admin Assistant (vacant)

An updated Organizational Chart is attached for the information of the Council.

New Human Resource Programs

In conjunction with the new organizational structure, the College has also launched two new human resources programs.

Step Rate Compensation

This program applies to all permanent salaried positions within the College, except the CEO. Under this program, each position is identified within the College's HR structure with salary ranges and increases in salary being based on the individual's length of service with the College.

The program is premised on the principle that within 10-12 years, an incumbent should reach the top of the salary range for that position, unless they transition to a new position. In support of this, each salary range of the College is now divided into steps and an employee's progression is based on their anniversary date with the College. The only reason an employee might not move to the next step is if they are in the midst of a Performance Improvement Plan (PIP).

This program is intended to remove any real or unconscious bias when considering an employee's annual salary increases by making the step up in salary automatic, pre-defined and based solely on length of service. It ensures overall parity between positions of the same level and aids in staff retention. It also introduces fairness as performance is not a factor in determining salary increases. Managers who have concerns about an employee's performance

are encouraged to ensure appropriate plans and corrective measures are in place to address issues.

It may take up to two years for all the adjustments to individual staff salaries to be made in consideration of the budget of the College.

Pay for Performance

In light of the removal of performance considerations for annual salary increases, the College has introduced a new Pay for Performance Program. Council members will be familiar with the program as it duplicates throughout the College the Council's performance review process for the CEO.

Under this program, each position will be required to establish priorities for the coming year, including performance indicators. At the end of the fiscal year, an employee's performance will be measured in part against those priorities and indicators and the employee will be eligible for a pay for performance incentive of between 2% and 7% of their base salary depending on their position.

This Program has been implemented with each employee having established their priorities for 2024-25. Eligible employees will receive incentive payments after the completion of the annual performance review in the first quarter of the next fiscal year. This allows for the program to be properly budgeted in the 2025-26 budget.

Finally, to support this Program, adjustments to the Performance Review process have been made and new performance review documents have been created.

Announcement

The College has released an announcement of the organizational changes noted in this briefing to all registrants and system partners. A copy of the announcement is attached for information purposes.

ANALYSIS

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

- Hazard risk: The loss of key people has been identified as a risk to the College based on a lack of opportunity for staff to increase their responsibilities, experience and income. These organizational changes are intended to mitigate those risks by providing new opportunities within the College from the Deputy level to the Manager levels.
- Operational risk: Once again, people are an identified risk in terms of the ability of the College to recruit individuals with the right education and experience and being able to compensate them at a fair market value. The Pay for Performance program does mitigate some of the risks surrounding compensation levels and a concerted effort to recruit knowledgeable and skilled individuals is critical.
- Financial risk: As noted above, the financial risk embodied with the changes includes the current employment market which is not seen presently as favouring employers. In fact, the number of positions available in the market exceeds the number of unemployed individuals, which will place upward pressure on salary dollars.
- Strategic risk: Whenever organizational and human resource changes are implemented, there is a risk to reputation of the organization. Some system partners will indicate that the College is expanding in size too much resulting in economic pressures on the profession which financially supports the College. On the other hand, an inability of the College to

deliver its regulatory programs and meet the strategic objectives of the Council carries a risk of damage to the College's reputation.

Privacy Considerations – There are no privacy considerations.

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

- Information to foster trust.
- Improved patient choice and accountability
- Relevant, credible, and accurate information
- Timely, accessible and contextual
- Confidentiality when it leads to better outcomes
- Balance
- Greater risk, greater transparency
- Consistent approaches

Financial Impact – There will be a financial impact on the College as the organizational changes take effect. Projections will be provided to the Council as part of the financial reporting process and as part of the budget process for 2025-26.

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

- The organizational changes are based on the ability of the College to meet its regulatory activities as well as the strategic objectives set by the Council. They all relate to good governance as well as good management practices. These align with the public interest mandate of the College.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered in the creation of the two new human resource programs specifically designed to ensure objectivity in compensation decisions and remove the potential for bias or discrimination.

RECOMMENDATIONS

This briefing is provided primarily for the information of the Council and as part of the College's commitment to transparency. The Council is not required to approve these materials; however, it is recommended that the Council consider a motion "to receive the organizational changes and human resource program materials from the CEO".

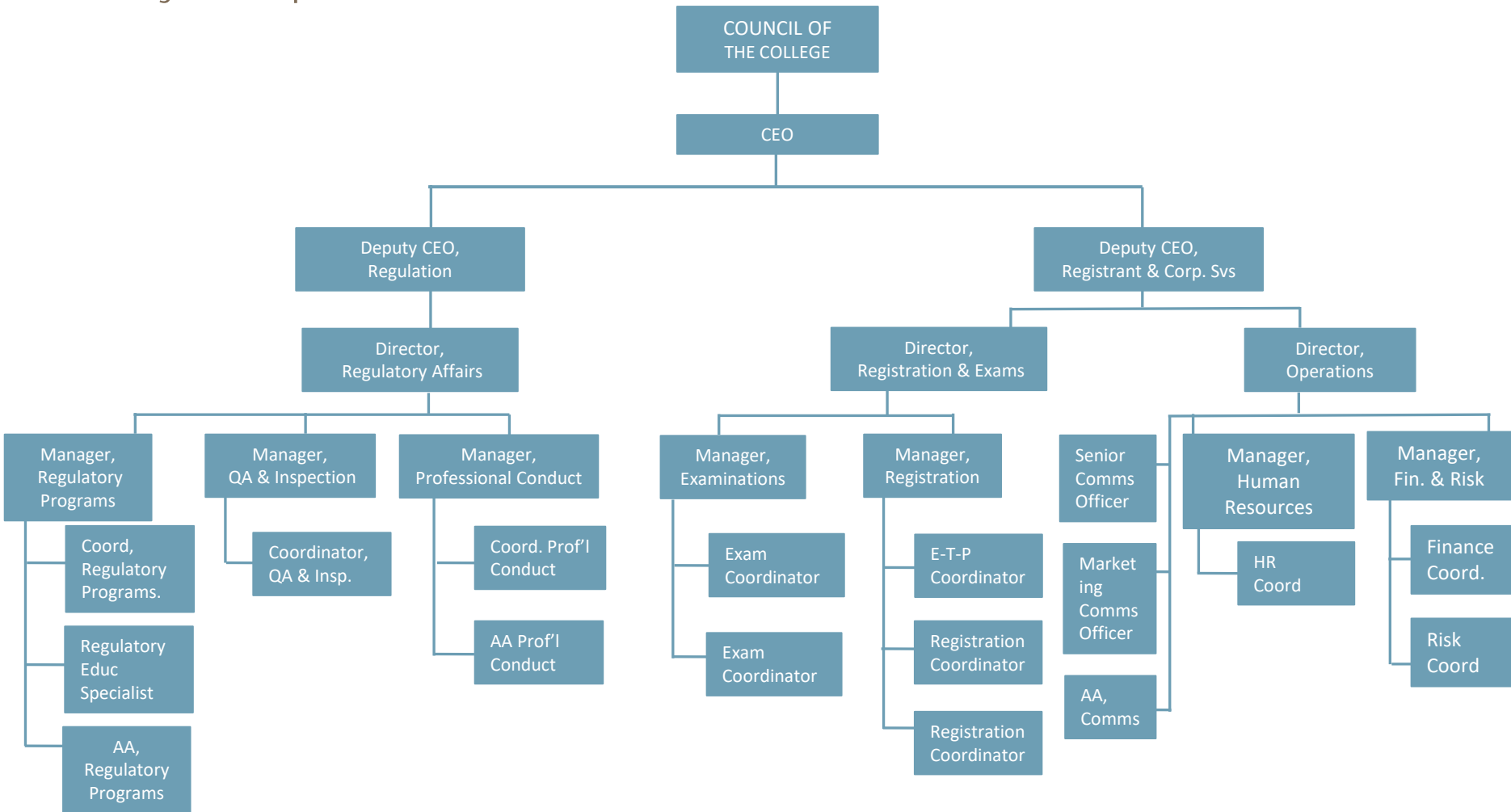
Andrew Parr, CAE
Chief Executive Officer
September 2024



The College of Naturopaths of Ontario

Organizational Chart

Item 6.01



Organizational Changes to the College Structure

The College of Naturopaths of Ontario is announcing today changes to its organizational structure to assist us in meeting the strategic objectives and priorities set by the Council of the College.

To ensure appropriate leadership across all areas of the College, two divisions have been formally established: the Regulation Division and the Registrant & Corporate Services Division, each led by a Deputy Chief Executive Officer.

Regulation Division

The Regulation Division will oversee the professional conduct, quality assurance, inspections and regulatory programs areas of the College. The latter encompasses patient relations, regulatory guidance and education, risk-based regulation, standards, and equity, diversity, inclusion and belonging.

The division is being led by Jeremy Quesnelle, Deputy Chief Executive Officer, Regulation, who will also continue to serve as second-in-command to the CEO. He will be supported by a new Director, Regulatory Affairs position, an announcement about that position will be forthcoming shortly. This position will be supported by Dr. Mary-Ellen McKenna, ND (Retired) in the position of Manager, Quality Assurance and Inspection, and by the Manager, Regulatory Affairs, a position which will be recruited shortly.

Registrant & Corporate Services Division

The newly established Registrant & Corporate Services Division will oversee all registrant services, including registration, examinations and entry-to-practise, as well as all corporate services, including human resources, information technology, finance, risk management and communications.

The division is being led by Erica Laugalys, Deputy Chief Executive Officer, Registrant and Corporate Services. Erica is a long-serving employee of the College and formerly the Director, Registration and Examinations. She will be supported by the Director, Registration and Examinations and the Director, Operations.

Agnes Kupny will continue in the role of Director, Operations overseeing human resources, finance, IT, and risk management, and will concurrently assume responsibility for College communications. The Director, Registration and Examinations will continue to oversee the registration, entry-to-practise and examinations programs of the College. This position has been filled by Maryam Katozian, another long-serving employee and formerly the Acting Manager, Registration who has recently been appointed.

I am confident that with these, and additional changes to follow, the College will be better able to respond to the strategic objectives and priorities set by the Council and continue to effectively and efficiently fulfill its regulatory obligations set out in statute.

I would also like to take this opportunity to congratulate Erica Laugalys and Maryam Katozian on their new promotions within the College and thank the Senior Management Team for their hard work and diligence in moving this process ahead.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Quality Assurance Program

BACKGROUND

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

The College achieves its mandate by performing four key functions.

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

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

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

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

The focus of this briefing is on the Quality Assurance program and processes of the College.

Quality Assurance Program

Under the *Regulated Health Professions Act, 1991* (RHPA), all health regulatory colleges are legally required to develop and maintain a Quality Assurance (QA) program. But this is more than a just legal requirement, the QA program is a vital part of protecting patients and the primary method by which the College is proactive. It allows for the College to help Registrants identify areas for improvement and take proactive steps to remedy the deficiencies.

The Quality Assurance program promotes ongoing improvement through:

- self-assessment,
- continuing competency and professional development, and
- peer and practice assessment.

The Quality Assurance Committee takes a very transparent approach to the administration of the QA program. All materials related to the QA program, including the tools and checklists used during peer assessments, are available and accessible on the College website. The program is not intended to surprise Registrants about the requirements, but rather to be proactive in identifying areas of improvement within practice.

Self-Assessment

All Registrants holding a General Class certificate of Registration with the College are required to annually complete the College's self-assessment. The self-assessment is an opportunity for Registrants to assess their own practice against the current standards and guidelines of the College.

When the Quality Assurance program was originally created and implemented in 2015, the self-assessment component required Registrants to complete a Core Competency Practice Reflection, a Standard of Practice Self-Assessment Questionnaire (for each standard) and a Learning Plan. The Quality Assurance Committee, as a part of its regular review of the program components, replaced the original process with an online self-assessments based on Standards of Practice and Guidelines and uses questions and scenarios to help registrants assess and update their practice where necessary. Following completion of the online self-assessments, Registrants are sent a letter of completion to be retained as a part of their professional portfolio.

Continuing Education

Continuing education and ongoing learning is an important part of the College's QA program. Registrants are required to complete 70 continuing education credits for every 3-year period and submit a summary log every 3 years. These 70 credits are broken into two categories as follows:

- Category A – 30 credits – These are pre-approved, structured activities focused on the clinical competencies of the profession.
- Category B – 40 credits – These are professional development activities related to the practice of naturopathy that are selected by the Registrant and do not require pre-approval.

At the end of their 3-year cycle, based on the initial date of registration with the College (and previously with the BDDT-N), Registrants submit a summary of their continuing education activities using the [Continuing Education and Professional Development Logs](#) available on the College's website. Once we have confirmed their reported continuing education activities, Registrants are issued a certificate of completion.

Peer and Practice Assessment

Peer and practice assessments are objective reviews of the knowledge, skill and judgment of Registrants and their compliance with the standards of practice of the profession. Assessments are intended to help Registrants improve their practice by providing an opportunity to review professional and practice-based issues with a peer through a supportive, transparent and educational process.

Each year, the Quality Assurance Committee (QAC) determines how many Registrants will undergo a peer and practice assessment. This determination is made taking into account the College's proposed budget, staff and volunteer resources. The QAC may randomly select up to 20% of Registrants who hold a General Class certificate of registration with the College. This random selection is done using a Microsoft Excel randomized generator to select the individuals who will undergo that year's assessment.

Once the group is identified, the College notifies the Registrants by email and provides an online pre-assessment questionnaire to be completed and returned. This questionnaire collects information relating to the type and size of practice and any potential conflicts of interests and allows the College to assign a trained assessor who best matches the Registrant and their type of practice. Registrants also receive a comprehensive peer and practice assessment package that includes the worksheets that the Registrant will need to complete before the assessment. Once an assessor is assigned, the Registrant and assessor will schedule a mutually convenient time to conduct the assessment which includes to:

- A premises review,
- Patient Chart review,
- Review of professional portfolio,
- Standards and Guidelines discussion, and
- An in-depth patient case discussion.

Following the assessment, the peer assessor submits a report to the Quality Assurance Committee. The report is also provided to the Registrant along with a letter outlining the areas for improvement as noted by the assessor. Where there are more significant areas needing improvement the Registrant is invited to provide information outlining the actions they have taken to address the issues and improve their practice.

Powers of the Committee

The *Regulated Health Professions Act, 1991*, and the *Quality Assurance Regulation*, made under the *Naturopathy Act, 2007*, outline the powers of the Quality Assurance Committee where a Registrant's knowledge, skill and judgement are deemed to be unsatisfactory or where a Registrant fails to comply with the program. These include such actions as:

- Require a Registrant to undergo an ordered peer and practice assessment, at their own cost, when they fail to comply with the self-assessment or continuing education components of the program.

- Require a Registrant, after undergoing a peer and practice assessment, whose knowledge, skill and judgment are deemed to be unsatisfactory to participate in a SCERP (Specified Continuing Education and Remediation Program).
- Direct the Registrar to impose or remove terms, conditions or limitations on a certificate of registration.
- Disclose the name of the Registrant and allegations to the Inquiries, Complaints and Reports Committee if a Registrant has failed to participate in the QA Program or if the Registrant may have committed acts of professional misconduct, may be incompetent or incapacitated.

Importance of this Program

The College's Quality Assurance program is one of the primary methods by which College can be proactive (rather than reactive as in the complaints and discipline processes) and address potential issues before they become a future complaint or investigation. As the program takes a supportive and proactive approach staff involvement to encourage and assist Registrants in meeting their obligations can be onerous and time consuming.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO - Regulation

Key Messages for Council Members

This document is intended to provide Council members of the College of Naturopaths of Ontario (the College) with key messages to be used when engaging or responding to registrants and members of the public. They are designed to provide Council members with the information they need to be responsive yet maintain the structure set out in the Governance Process policies of the Council.

For context, paragraph 8 of GP03 – Code of Conduct for Council and Committee members sets out that Council members “cannot communicate with the public, press or other entities about College business without authorization by Council, unless it is about an approved statement/position of the College.

The key messages set out in this document are approved statements or positions of the College. However, in all interactions, Council members are always encouraged to refer registrants and members of the public to contact staff of the College directly.

The messages set out in this document are not intended to be scripts and should be used to guide what you may say in your own words. For ease of use, they have been divided into sections.

I. THE COLLEGE AND THE COUNCIL

About the College

The College of Naturopaths of Ontario (the College) is a health regulatory authority established under the *Naturopathy Act, 2007*, the *Regulated Health Professions Act, 1991* (RHPA), the Health Professions Procedural Code, which is Schedule 2 of the RHPA, and the regulations made under each of those statutes.

Role and Mandate of the College

The College regulates naturopaths in Ontario in the public interest. Our mandate is to support patients’ rights to receive safe, competent, and ethical naturopathic care.

The College performs four key regulatory functions.

1. **Registering Safe, Competent, and Ethical Individuals** - We establish requirements to enter the profession, set and maintain examinations to test individuals against these requirements, and register qualified individuals, i.e., individuals who have demonstrated that they can practise naturopathy safely, competently and ethically.
2. **Setting Standards** - We set and maintain standards of practice to guide naturopaths in providing safe, competent and ethical patient care and inform the public about what to expect from their naturopath.
3. **Ensuring Continuing Competence** - We create and manage a variety of continuing education and professional development programs to ensure naturopaths maintain their

competency as a means of assuring the public that they will receive safe, competent and ethical naturopathic care.

4. **Providing Accountability through Complaints and Discipline** - We hold naturopaths accountable for their conduct and practise by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Role of the Council (Board)

The College is governed by a board of directors referred to as a Council. The Council includes seven registrants of the College (i.e., registered naturopaths) elected throughout Ontario and seven public members appointed by the Government of Ontario.

The Council performs three functions:

1. It ensures that the College fulfils its mandate set out in legislation.
2. It sets the strategic directions of the College and monitors the College's performance.
3. It appoints the Chief Executive Officer and monitors their performance against agreed upon priorities.

Strategic Framework

A new Strategic Framework, established by the Council in January 2023, sets out the College's vision, mission, desired outcomes and key priorities over the next five years. It lays the framework for the direction of the organization and provides a shared understanding of our purpose and our goals. The Strategic Plan may be found on the College's [website](#).

II. COLLEGE PROGRAMMING

Complaints/Reports

The College receives and investigates complaints and reports about the practice and conduct of naturopaths. The Inquiries, Complaints, and Reports Committee (ICRC) reviews all complaints, and at the CEO's request, may approve and conduct investigations if there are reasonable grounds to believe a naturopath has engaged in professional misconduct or is incompetent. Following an investigation, the ICRC may, among other things, decide to take no action, mandate educational or remedial activities, or refer the case to the Discipline Committee or the Fitness to Practise Committee for a hearing.

The ICRC's important role with the College ensures accountability and maintains high standards within the naturopathic profession. By thoroughly investigating complaints and reports, the College protects the public from potential harm caused by professional misconduct or incompetence. The ICRC plays a crucial role in safeguarding patient safety and trust in naturopathic care by addressing concerns and taking appropriate actions. This process not only promotes ethical and competent

practice but also reinforces the College's commitment to upholding the integrity and reputation of the profession.

Consultation Program

The College's consultation program was redeveloped in 2023-24. While prior consultations were primarily limited to proposed changes to regulation and the College's by-laws, the new consultation program seeks to elicit feedback and educate stakeholders and the public on proposed changes to other key documents such as policies, professional standards and guidelines. Copies of consultation materials for all consultations conducted as part of this program, both past and present, are available on the College [website](#).

Entry-to-Practice Program

The entry-to-practise program is the primary vehicle through which the College registers safe, competent, and ethical individuals to practise naturopathy in Ontario. Through this program, the College also administers its Prior Learning Assessment and Recognition (PLAR) process which assesses individuals who did not graduate from a program in naturopathy accredited by the Council on Naturopathic Medical Education (CNME), but who have a combination of education and experience which may be 'substantially equivalent' to that of a CNME-accredited program graduate.

Entry-to-Practise Examinations

The College administers four entry-to-practise Ontario-based exams. Together, these four exams are used to determine whether an individual has the knowledge, skill and judgement to practise safely, competently and ethically as a naturopath in Ontario.

The **Ontario Clinical Sciences Examination** is a mix of case-based and stand-alone questions, which test clinical readiness and emphasize a candidate's ability to apply their knowledge and critical thinking.

The **Ontario Biomedical Examination** is a series of stand-alone questions which tests foundational knowledge of body systems and their interactions, body functions, dysfunctions and disease states.

The **Ontario Clinical (Practical) Examinations** are demonstration-based exams that assesses a candidate's entry-level competencies in naturopathic manipulation, acupuncture, and physical examination/instrumentation.

The **Jurisprudence Exam** is an online, open-book, learning-oriented module that focuses on the legislation, regulations and standards of practice for the profession in Ontario.

Fitness to Practice

When the College receives information suggesting that a naturopath may be incapacitated, the CEO investigates and reports to a Health Inquiry Panel of the ICRC. The Panel may conduct inquiries, including independent medical examinations, and may refer the matter to the Fitness to Practise Committee if appropriate. The ICRC may also refer formal complaints to a separate Health Inquiry Panel.

Incapacity, as defined in the RHPA, refers to a physical or mental condition or disorder that warrants imposing terms, conditions, or limitations on a registrant's practice or revoking their ability to practise in the public's interest.

Hearings

Hearings of the College of Naturopaths of Ontario may be held under the auspices of one of two independent Committees: the Discipline Committee and the Fitness to Practice Committee.

The Discipline Committee holds hearings to determine whether a registrant of the College has committed an act of professional misconduct or was incompetent.

The Fitness to Practice Committee holds hearings to determine whether a registrant of the College is incapacitated, that is, suffers from physical or mental condition or disorder that would make it desirable in the public interest that the registrant should no longer practice or should practice under certain terms, conditions and limitations placed on them by the panel of the Committee.

In Conversation With

The In Conversation With program allows the College to engage in dialogue with registrants and members of the public, in support of the College's consultation program, through a focused question and answer townhall-style or fireside chat. Attendees submit questions in advance and the College organizes those questions into themes and holds a webinar to answer those questions and live follow up questions posed by attendees.

Inspection Program

The College's Inspection Program ensures the safety and quality of Intravenous Infusion Therapy (IVIT) provided by naturopaths in Ontario. Due to the inherent risks of IVIT procedures—such as administering substances via IVIT or preparing customized therapeutic products—strict standards are enforced.

According to the General Regulation under the *Naturopathy Act, 2007*, all new IVIT premises must pass an inspection before offering IVIT procedures. Existing premises were required to be inspected by March 1, 2019, when the Regulation came into effect. The Inspection Program has fulfilled this

requirement, with subsequent inspections scheduled every five years from the initial inspection date.

Patient Relations Program

Under the legislation governing the College, the mandated Patient Relations Program focuses on preventing and addressing patient sexual abuse. It achieves this by:

- Setting educational standards for registrants,
- Establishing conduct guidelines for patient interactions,
- Training College staff, and
- Disseminating information to the public.

The program, overseen by the Patient Relations Committee, also includes funding for therapy and counselling to support patients who may have experienced sexual abuse by a naturopathic doctor.

Prior Learning Assessment and Recognition (PLAR) Program

This multi-stage assessment process of an individual's knowledge and skills for 'substantial equivalency' to that of a CNME-accredited program graduate is comprised of five assessment stages which are a mix of paper-based, knowledge-based and demonstration-based components. To be accepted for assessment in the PLAR program, individuals must have sufficient language proficiency and have a minimum of a Canadian Bachelor's degree or equivalent in a healthcare discipline reasonably related to naturopathy.

Professional Corporations

Naturopaths may incorporate under the Business Corporations Act to practise a health profession. To do so, Registrants must apply for, and receive, a Certificate of Authorization from the College. As this process includes both an application and evaluation process as well as an annual renewal of the Certificates, it is overseen by the Registration and Examinations area of the College.

Quality Assurance Program

The College's Quality Assurance (QA) Program, overseen by the Quality Assurance Committee (QAC), ensures that naturopaths stay current to provide quality care for Ontarians. The program also supports naturopaths in improving their practice through remedial activities when needed. All General Class naturopaths must participate in the program, demonstrating a commitment to ongoing learning and improvement.

Quality Assurance (QA) Program Components:

1. Self-Assessment: This component helps naturopaths reflect on their skills in relation to the core competencies and standards of practice.
2. Continuing Competency and Professional Development: General Class naturopaths must participate in 70 hours of Continuing Education (CE) every three years, through a mix of

Category A (i.e., structured learning activities that address the core clinical competencies approved by the College) and Category B courses (i.e., self-directed learning activities of any type and in any area the registrant chooses). Those providing IVIT must complete an additional six credits of clinical learning. Registrants can also undertake additional credits to further their professional development.

3. Peer and Practice Assessment: Each year, a group of General Class registrants is randomly selected for an objective review of their knowledge and performance by trained assessors, who are also practicing naturopaths. Peer and practice assessments may also be conducted based on recommendations from the QAC, particularly for registrants who have not met Continuing Education (CE) requirements.

Registration Program

Through the Registration Program, the College ensures naturopaths maintain their certificate of registration in accordance with applicable sections of the College's by-laws, the Registration Regulation and registration policies. This includes administering the annual collection of information and fee (registration renewal) and auditing reported practice hours and activities as part of ensuring ongoing currency of knowledge and skill.

Regulatory Education Program

The Regulatory Education Program provides naturopaths as well as members of the public access to free virtual educational programming that is focused directly on key regulatory concepts and rules. It is intended to allow registrants and the public to learn more about the regulatory framework which governs NDs in Ontario and to help NDs not only comply, but to avoid potential issues that present a risk of harm to the public.

Regulatory Guidance

The College's Regulatory Guidance program addresses inquiries from naturopaths, the public, insurance companies, other regulators, and professional associations. It offers clarity on regulations, standards of practice, guidelines, and policies related to the regulation of naturopathy in Ontario.

Risk-based Regulation Program

The Council of the College identified Risk-based Regulation as one of its strategic priorities. A traditional approach to regulation of a profession relies on individuals, such as registrants or the public, to provide information to the regulator to which the regulator reacts. The most typical example is a complaint filed by a member of the public against a registrant. Risk-based Regulation is intended to be more proactive in its approach, using the information that is available from its own regulatory processes and other sources, to assess the information and identify any potential risk of harm to patients. Once risks are identified, the regulator, in partnership with its system partners,

can identify ways to reduce the risk through remedial programming such as information sharing, educational programs, and awareness campaigns.

Standards Program

The College is mandated under the RHPA to develop, establish and maintain standards of practice for naturopathic doctors, to ensure the quality of the practice of the profession. These standards describe the expected level of performance for specific elements of practice, to which all naturopaths are required to adhere, to ensure quality and safety in the provision of these professional services to the public. The public should feel confident their ND is held to a high standard when they seek naturopathic care.

The standards of practice guide the professional knowledge, skills and judgement needed to practise naturopathy safely and set the minimum expectations that must be met by any naturopath in any setting. The College has established and currently maintains 28 standards of practice and 11 practice guidelines. These documents are consistently updated to incorporate current legislative and health care system requirements.

The Standards of Practice and related guidelines are overseen by the Standards Committee of the College. Established by the Council, the Standards Committee has a high degree of independence from the Council to review and update standards and develop new standards as needed.

Volunteer Program

While many naturopaths may believe that the staff of the College make regulatory decisions, the reality is that for all decisions relating to individual registrants of the College, regulatory decisions are made by the many members of the College's Volunteer Program, who represent a mix of the profession and members of the public. Roles performed by volunteers include examiners, assessors, inspectors, and committee members making important decisions about who becomes registered, how a complaint should be addressed, whether a registrant was incompetent in their practice or committed acts of professional misconduct.

III. INTERACTING WITH REGISTRANTS AND THE PUBLIC

Communication Tips

The following are from Harvard University's [Professional & Executive Development](#) program. Effective Communication Strategies:

1. Be clear and concise. Communication is about word choice and when it comes to word choice, less is more. Avoid unnecessary words and overly flowery language and try not to repeat messages or ideas unless needed.

2. Prepare ahead of time. Review your materials before engaging in discussions with registrants and the public. Think about what you believe to be the most important issues that may be raised and plan your answers in your mind.
3. Be mindful of non-verbal communication. Non-verbal cues convey as much or more than what you may say. Try to remain a look of being comfortable, and open to discussion. Don't cross your arms, look away or look down.
4. Watch your tone. Tone includes volume, projection, intonation and word choice. If someone else's tone seems harsh, lower your voice, be calm and convey an openness and willingness to hear them.
5. Practice Active Listening. Give your full attention to the person, don't interrupt, ask clarifying questions when they pause, repeat back what you heard from them, even if you don't agree with them. Questions you pose should be open-ended so as they can speak as it usually provides more information and allows them to calm down.
6. Build your emotional intelligence. You cannot communicate effectively with others until you can assess and understand your own feelings. How you feel about an issue will effect how you communicate on the issue. Empathize with others to make it easier to speak.

Tips on what to avoid

Registrants, members of the public and individuals representing system partners will often approach Council members seeking information or wanting to impress upon Council members the importance of concerns and approaches to issues. As a person with knowledge of the College and a director of the corporation, you will have the opportunity to engage in discussions. There are, however, several things you will want to avoid.

1. Promising a resolution to any person's individual issue or concern. The Council as a body does not engage in direct regulatory activities and is not a decision-maker in this regard. This role rests with the various Committees and the CEO as set out in the code. Individual registrants and members of the public must be redirected to the College program area involved.
2. Committing the College or the Council to an approach or decision where such a decision has not been rendered by the Council. Individual Council members cannot speak for the Council or the College and such commitments cannot be guaranteed.
3. Discussing a personal perspective, view or position on a matter discussed by the Council or on a matter where the Council has made a decision. Council adheres to the principles of one voice and while individual perspectives are invited during a debate, once a decision is made, the full Council must publicly support that decision.
4. Discussing confidential information you may have received as part of your committee duties. Most regulatory decisions are made by Committees or panels of committees. You will receive a great deal of confidential information on these matters as part of the decision-making process. This information is required in accordance with the RHPA to be always held confidential.

Examining a few hot button issues:

I don't trust the College.

This is very common among regulated health professionals. Although the College is not a police force, we carry some of the same connotations in people's minds because we enforce rules. What do you say?

- I can understand and appreciate that.
- I hear you, and in fact, many health professionals feel that way.
- In many cases, the fear comes from not having had the opportunity to experience real life situations.
- The more you engage with the College, the more you will feel comfortable and develop that trust.

I am fearful that the College will take away my ability to practise.

This is also very common among regulated health professionals, as they have a notion that the College wants to put them out of practice. Of course, nothing is further from the truth and removing someone's ability to practice is the absolute last resort when all other options are exhausted. What do you say?

- I think many NDs and other health professionals feel this way.
- What I can share with you is that it is very rare for a regulatory college to take away someone's ability to practice and is used when no other opportunities for remediation are available.
- The Colleges are more interested in working with registrants to ensure public safety and protection.
- In most complaint and even discipline situations, the Colleges would much prefer to see registrants learn and grow from situations and work toward quality improvement.
- Whenever a regulatory College removes the ability of a registrant to practise, it is because the College believes that the individual has demonstrated that they cannot be governed by the regulatory framework.

Why is it that the College seems to be restricting the practice of NDs in Ontario?

This comes from individuals who may not fully understand that although the profession is "self-regulating" the College does not make the rules alone or in a vacuum. The regulatory framework is one that must be developed and agreed upon by the Ministry and Minister of Health and must be aware of the impact one regulatory body can have on others. What can you say?

- Tell me more about why you feel that this is true?
- Although we all understand the regulatory model to be one of "self-regulation" this is not to say that the College is alone in establishing the framework that regulates the profession. We have to work closely with the Government as the framework requires regulations approved by them. We also have to work closely with other regulatory bodies to understand how our approaches may augment or conflict with the approach of others.
- From my own experience, the College is most interested in ensuring safe, ethical, naturopathic practice is available to Ontarians.

- This means ensuring that NDs have the necessary knowledge, skill and judgement to provide patient care.
- The restrictions in place are designed to ensure safety of patients through competence of NDs.
- That said, the College is always seeking information about the impact of regulation as it would very much like to ensure that while patient safety is secured, negative impact on the profession is minimized as much as possible.

Why is it taking so long to expand the scope of practice for NDs? NDs in other provinces, especially BC, have access to doing a lot more than we do in Ontario.

This question comes up regularly with both the OAND and the College. The profession believes that the implementation of the *Naturopathy Act, 2007* set the profession back and they are anxious to see the profession make gains.

- This is a really good question and one that we hear a lot from our registrants.
- The scope of practice of any regulated health profession is set by the Ontario Ministry of Health as it has control over the legislation and regulations that govern the professions.
- This is not to say that the College and the Association don't have a voice, we do; however, the issue is always going to be about expanding scope in a way that the Government agrees with and in accordance with government priorities.
- Lately we have seen some rather big changes to the scope of practice for nurse practitioners and pharmacists. We understand that this is a priority of the government about improving access to care and relieving strain on the medical community and institutions.
- One of the challenges for this profession is its size and where it is primarily located. There are not a large number of NDs in Ontario, just under 1700. That is small when compared to the size of the pool of nurse practitioners or pharmacists. Additionally, both professions tend to be more diversely located across Ontario than NDs as most NDs tend to practise in larger urban locations.
- It is important that registrants continue to share their views with government, the association and the College and seek out ways to fit within government priorities, now and in the future.
- While it is much easier to say than to do, we need to be patient.

Does the College or the OAND consult with practicing ND's before a decision is made about an increase in registration fees or new regulatory requirements? How can ND's be more involved in these decisions?

We have seen this come up in an In Conversation With about the role of the Association and the role of the College. Although the College Council and staff know how often we undertake consultations, not every registrant will read all the materials we send out.

- The College is required to undertake consultation on any activity that directly impacts the members of the profession, including changes in fees. Feedback received during a consultation is reviewed and taken into consideration by those charged with making a decision on the matter.

- One exception to that rule is the annual consumer price index increase in fees which are written into the by-laws and was the subject of a consultation some time ago.
- The College releases any consultation materials through the website and includes information about the consultation in the monthly iNformed newsletter.

Why are we required to report speeding and/or parking tickets to the College? What are the consequences once reported to the college?

This question comes up because the mandatory reporting requirements set out in the Code require all regulated health professions to report to their College any charges and guilty findings of offences, including Provincial Offences and Criminal Code Offences. Some Colleges take a more lenient approach allowing minor offences to not be reported; however, the statute is clear that all offences must be reported.

- The statutory requirements are such that all regulated health professionals must report all charges and findings of guilt of any offence to their College.
- When you pay a fine set out in a parking or speeding ticket, you are pleading guilty to the offence meaning it must be reported.
- While some Colleges do not seek this information from their members, CoNO requires that they be reported as this is what the law requires.
- For the most part, such reports are reviewed and filed and not given any weight unless or until there is a pattern of such offences that may be indicative of other issues of potential concern.

Can you help me with an issue I am having with the XYZ program of the College?

Individuals will approach Council members seeking assistance in their interactions with the College. This could be any number of program-related matters, including but not limited to a complaint, an examination outcome, a registration decision, a peer & practice assessment outcome. In any such situation, what can you say?

- I appreciate your bringing this to my attention. I can understand the importance of this matter to you.
- Program-related decisions are made by the appropriate Council Committee, or the individuals charged with this responsibility within the staff of the College.
- As a Council member, I'm unable to intervene on behalf of individuals in these situations as I'm not privy to all of the relevant information.
- I encourage you to contact the program area and speak with the program manager or Director responsible. I am quite confident that they will assist you and ensure you have a full understanding of the circumstances surrounding a decision.



The College of Naturopaths of Ontario

**Council Meeting
September 25, 2024**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (3:3)		Dr. Brenda Lessard-Rhead, ND (Inactive) (1:3)
Dr. Amy Dobbie, ND (3:3)		Dr. Jacob Scheer, ND (1:3)
Mr. Dean Catherwood (2:3)		
Mr. Brook Dyson (3:3)*		
Ms. Lisa Fenton (3:3)		
Ms. Sarah Griffiths-Savolaine (3:3)		
Dr. Denis Marier, ND (3:3)		
Mr. Paul Phillion (3:3)		
Dr. Jordan Sokoloski, ND (3:3)		
Dr. Erin Walsh (Psota), ND (2:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director, Operations		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Barry Sullivan, GPRC Acting Chair		

*Joined at 9:50 a.m.

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:16 a.m. He welcomed everyone to the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	Denis Marier
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Lisa Fenton

SECOND:	Erin Walsh (Psota)
CARRIED.	

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at August 31, 2024 from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations at August 31, 2024 from the CEO.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

4.03 Unaudited Financial Statements at Q1

A copy of the Unaudited Financial statements ending June 30, 2024 (Q1) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director, Operations, provided a detailed review of the Statements and highlighted changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and the Unaudited Financial Statements for the first quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Amy Dobbie
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Council-CEO Linkage Policies

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

5.01(ii) Governance Process Policies

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

5.01(iii) Ends Policies

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

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

Mr. Barry Sullivan, Governance Policy Review Committee (GPRC), Acting Chair, provided the Council with a detailed presentation reviewing EL09 through EL17 and highlighted each policies

directives and reviewed the results of the survey completed by Council in relation to the grouping of policies.

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 2), and Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

5.03 Proposed Policy Amendments

Mr. Sullivan, GPRC Acting Chair, highlighted proposed amendments to various Governance Process (GP) Policies, GP 08, GP 21, GP 26, GP 27, GP 28, GP 30 and GP 31, and Executive Limitations (EL) Policy EL17.

Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee to amended GP 08, GP 21, GP 26, GP 27, GP 28, GP 30, GP 31, and EL17 as presented.
MOVED:	Paul Phillion
SECOND:	Amy Dobbie
CARRIED.	

6. Business

6.01 Organizational Structure of the College

A Briefing Note explaining the updated organizational structure of the College was circulated to the Council in advance of the meeting. Mr. Parr provided the Council members with a thorough explanation of the changes to the organizational structure found within the Human Resources Plan previously accepted by Council at their March 2024 meeting, which was developed to assist in the achievement of several important goals for the College through the Council's Strategic Plan.

In addition, he provided an overview of two new Human Resources Programs that will be implemented in the next fiscal year for all staff. Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To receive the Organizational Structure changes and the Human Resources Program materials from the CEO.
MOVED:	Paul Phillion
SECOND:	Denis Marier
CARRIED.	

7. Council Education

7.01 Program Briefing – Quality Assurance Program

A Briefing Note highlighting the Quality Assurance Program was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, Regulation, provided a presentation explaining

the three main components of the program with detailed examples and responded to any questions posed by Council.

7.02 Communication Key Messages

A memorandum developed to provide Council members with key messages to be used when engaging or responding to registrants and members of the public was circulated in advance of the meeting.

Mr. Parr informed the Council that these messages were distributed to provide Council members with information and guidelines to respond to inquiries while maintaining the structure set out in the Governance Process policies of the Council.

In addition, Mr. Parr provided some scenarios in which the messaging presented can be used and responded to any questions that arose during the discussion.

8. Other Business

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

9. Meeting Evaluation and Next Meeting

9.01 Meeting Evaluation

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

9.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for November 27, 2024. This meeting will be held virtually via video conference.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:38 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Erin Walsh (Psota)

Recorded by: Monika Zingaro
Human Resources Coordinator
September 25, 2024

Approved: November 27, 2024

Council Highlights
September 25, 2024 (Meeting #43¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, September 25, 2024, from 9:16 a.m. to 11:38 a.m. Present at the meeting were five of the seven elected professional members and five of the five appointed by the Lieutenant Governor in Council. Also in attendance was General Legal Counsel Ms. Rebecca Durcan of the law firm Steinecke Maciura LeBlanc and Mr. Barry Sullivan, Governance Policy Review Committee Acting Chair. The agenda and supporting materials for the meeting were released via the College's website on September 19, 2024, and continue to be available on the [College's website](#).

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

Unaudited Financial Statement for Q1 – The Council reviewed and accepted the Unaudited Financial Statement ending June 30, 2024 (Q1).

Council Governance Policy Review- The Council conducted a detailed review of a section of the Executive Limitations Policies under the guidance of Mr. Barry Sullivan. This was followed by Mr. Sullivan sharing recommendations made by the Governance Policy Review Committee for amendments. The Council reviewed and approved the proposed amendments.

Organizational Structure of the College – The Council received the Organizational Structure changes and Human Resources Program materials that were developed to align with the Human Resources Plan accepted by Council at their March 2024 meeting to support the Council's Strategic Plan initiatives.

Council Education – As a part of the College and its Council's commitment to good governance, the Council received an educational briefing and presentation by Mr. Jeremy Quesnelle, Deputy CEO, Regulation, about the Quality Assurance Program. Program briefings are provided for informational purposes to ensure the Council is aware of the complex programs operated by the regulatory body.

In addition, the Council received a supplementary educational presentation by Mr. Andrew Parr, CEO, which highlighted key communicational messages and guidelines that have been developed to provide Council members with the necessary information they need to respond to inquiries or when engaging with fellow registrants or members of the public that align with the Governance Process policies of the Council.

Readers who have questions are invited to contact the College by e-mail at general@collegeofnaturopaths.on.ca.

Andrew Parr, CAE
Chief Executive Officer
September 30, 2024

¹ This is the 43th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.