



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #31

Draft Agenda

Date: September 28, 2022 (2022/23-03)

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

Location: Zoom Video Conference¹

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 #31
September 28, 2022
9:15 a.m. to 12:15 p.m.
DRAFT AGENDA

Sect/No.	Action		Item		Page	Responsible
0	Pre-Meeting Networking (8:30 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	J. Sokoloski
	1.03	Discussion	“High Five” – Process for identifying consensus		7	J. Sokoloski
2	Consent Agenda ¹					
	2.01	Approval	i.	a) Draft Minutes of July 27, 2022	8-15	J. Sokoloski
				b) In-camera Minutes of July 27, 2022 ²	16-17	
			ii.	Committee Reports	18-32	
			iii.	Information Items	33-62	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda		3	J. Sokoloski
	3.02	Discussion	Declarations of Conflict of Interest		63-64	J. Sokoloski
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair		65	J. Sokoloski
	4.02	Acceptance	Report on Regulatory Operations		66-70	A Parr
	4.03	Acceptance	Variance Report & Unaudited Financial Statements at Q1		71-80	A Kupny
5	Council Governance Policy Confirmation					
	5.01	Discussion	Review/Issues Arising		--	J. Sokoloski
			i.	Council-CEO Linkage Policies		
			ii.	Governance Process Policies		
			iii.	Ends Policies		
	5.02	Decision	Detailed Review Executive Limitations Policies (Part 2)		81-82	
	5.03	Decision	Proposed Amendments - Policies from GPRC		83-85	
			i.	GP06.08 – Committee Principles		
		ii.	EL08.04 – Asset Protection	86-90		
6	Regular Business					
	6.01	Approval	Strategic Planning		91-101	C. Everson
	6.02	Approval	Language Proficiency Policy Amendments		102-110	S. Burns
	6.03	Approval	Registration Policy Amendments		111-130	S. Burns
7	Council Education					
	7.01	Information	Program Briefing – Quality Assurance Program		131-134	J. Quesnelle
	7.02	Information	Program Briefing – Standards Program		134-137	J. Quesnelle
8	Other Business					
	8.01	TBD			--	J. Sokoloski
9	Evaluation and Next Meeting					
	9.01	Discussion	Meeting Evaluation		On-line	J. Sokoloski
	9.02	Discussion	Next Meeting – November 30, 2022		--	J. Sokoloski
10	Adjournment					
	10.01	Decision	Motion to Adjourn		--	J. Sokoloski

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

² In-camera minutes are redacted from the materials being released publicly for the Council meeting.



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

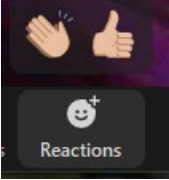
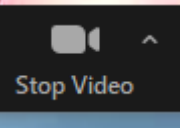
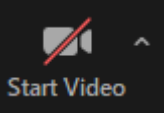
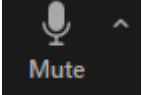
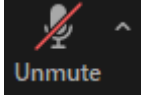
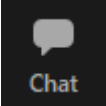
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer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

Additional Norms for Virtual Meetings

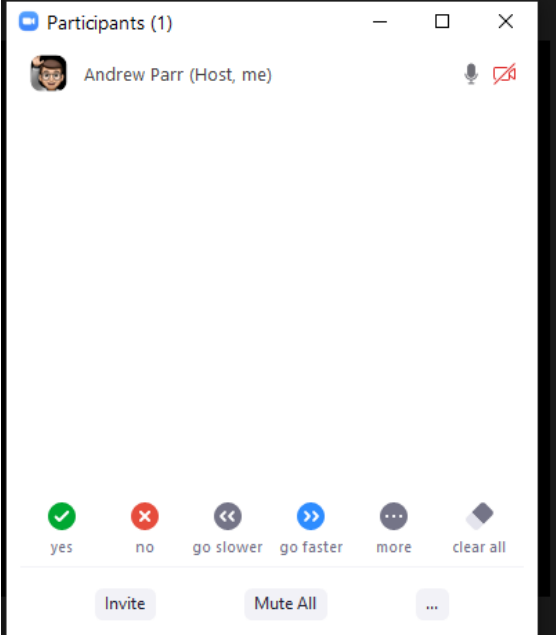
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

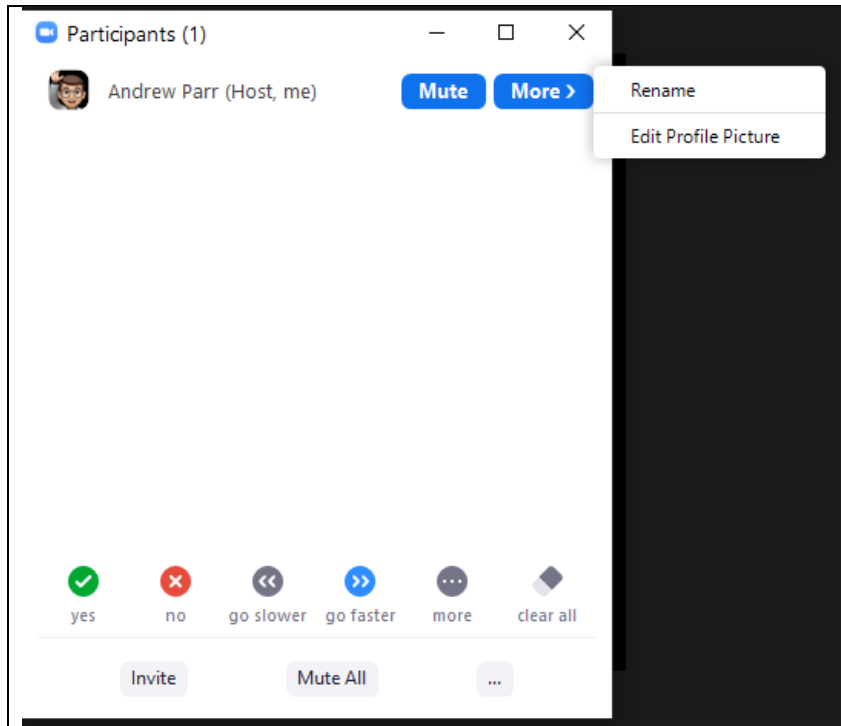
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

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

- 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 27, 2022**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (1:2)		Dr. Jonathan Beatty, ND (0:2)
Dr. Shelley Burns, ND (2:2)		Dr. Anna Graczyk, ND (1:2)
Mr. Dean Catherwood (2:2)		Ms. Tiffany Lloyd (1:2)
Mr. Brook Dyson (2:2)		Dr. George Tardik, 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 (2:2)		
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		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Thomas Kriens, Auditor		
Dr. Elena Rossi, ND, Chair, Audit Committee		
Dr. Danielle O'Connor, ND, Chair Registration Committee		

Ms. Sandi Verrecchia, Satori Consulting		
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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. There were none.

MOTION:	To approve the Consent Agenda as presented.
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:	Dean Catherwood
SECOND:	Lisa Fenton
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Jacob Scheer
SECOND:	Shelley Burns
CARRIED.	

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

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

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
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 1)

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 1). The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Jacob Scheer
SECOND:	Lisa Fenton
CARRIED.	

5.03 GP06 – Committee Terms of Reference – Amendments

Council members were asked if there were any members who wished to discuss proposed amendments to the Committee Terms of Reference. The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

In addition, the Chair brought forward that currently College volunteers have a nine-year term limit as to how long they may volunteer on a given Committee. Council was invited to provide feedback on whether they would like to remove the term limit, increase the term limit, or maintain the term limit. After a thorough discussion, the Council requested to have the Governance Policy Review Committee complete additional research on best practices and provide their recommendations to Council.

6. Business

6.01 Audit Committee Report on the 2021-2022 Audit

A copy of the Audit Committee Report on the audit for the fiscal year April 1, 2021, to March 31, 2022, was circulated in advance of the meeting. Dr. Elena Rossi, ND, Audit Committee Chair, reviewed the report with the Council members and responded to any questions that arose during the discussion.

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

6.02 Auditor's Report and Audited Statements – Fiscal Year 2021-2022

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

MOTION:	To accept the Auditor's Report and approve the Audited Financial Statements for the period April 1, 2021, to March 31, 2022, as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

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

6.03 Annual Statutory Committee Reports

The annual Committee Reports submitted by each statutory 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:	Dean Catherwood
SECOND:	Brook Dyson
CARRIED.	

6.04 Examinations Policy – Proposed Amendments

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

MOTION:	To approve the proposed changes to the Examination Policy as presented.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

6.05 Clinical Examinations Policy – Proposed Amendments

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

MOTION:	To approve the proposed changes to the Clinical Examination Policy as presented.
MOVED:	Paul Phillion
SECOND:	Lisa Fenton
CARRIED.	

6.06 Head Office Relocation

A Briefing Note highlighting the steps taken by College staff when in the process of looking for a new office location was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the process and responded to any questions that arose during the discussion.

7. Council Education

7.01 Council & Committee Evaluations – Update

Ms. Sandi Verrecchia of Satori Consulting Inc. provided 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.

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 11:52 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:	Dean Catherwood
SECOND:	Shelley Burns
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 the Council members that a link will be provided within the chat feature via Zoom for each member to copy and paste into a web browser to complete an evaluation form immediately following the end of the meeting.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for September 28, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:14 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Dean Catherwood
SECOND:	Brook Dyson

Recorded by: Monika Zingaro

Administration Coordinator
July 27, 2022



The College of Naturopaths of Ontario

Action Items List
Council Meeting of July 27, 2022
Meeting No. 30

Item #	Item	Description	Status
30.01	Executive Limitation Policies (Part 1)	Update the corresponding policies as presented and upload to Smartsheet and to the College's website.	Complete
30.02	Committee Terms of Reference	Update the corresponding Committee Terms of Reference as presented and upload to Smartsheet and to the College's website.	Complete
30.03	Auditor's Report and Audited Statements – Fiscal Year 2021-2022	Upload the accepted Auditor's Report and Audited Statements for Fiscal Year 2021-2022 to the College's website.	Complete
30.04	Annual Statutory Committee Reports	Upload the accepted Annual Reports for 2021-2022 to the College's website.	Complete
30.05	Examinations Policy	Update the Examinations Policy as presented and upload to the College's website.	Complete
30.06	Clinical Examinations Policy	Update the Clinical Examinations Policy as presented and upload to the College's website.	Complete
30.07	Committee Appointments	Inform College volunteers of their accepted or rescinded appointments and to various College Committees for the remainder of fiscal year 2022-2023.	Complete



The College of Naturopaths of Ontario

Minutes Redacted

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



The College of Naturopaths of Ontario

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 28, 2022

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT

July 1 – August 31, 2022

During the reporting period the Audit Committee convened on July 14, 2022, to review and accept the Auditor's Report and draft Financial Statements for fiscal year April 1, 2021, to March 31, 2022, from Kriens-LaRose LLP. These statements and Committee's findings were presented at the Council meeting on July 27, 2022.

Dr. Elena Rossi ND

Chair

September 2022

150 John St., 10th Floor, Toronto, ON M5V 3E3

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collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE
(July 1, 2022 – August 31, 2022)

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

Rick Olazabal, ND (Inactive)
Chair
Exam Appeals Committee
September 1, 2022



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
September 2022

This serves as the Chair report of the Executive Committee for the period July 1, 2022 to August 31, 2022.

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
19 September 2022



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

September 2022

During the reporting period of July 1, 2022 – August 31, 2022, the Governance Committee met once.

On July 13, 2022, the Committee convened to further discuss and plan for various educational sessions geared toward volunteer. The first two sessions will be held as follows:

1. Demystifying the Workings of a Committee – September 27, 2022;
2. Get the Most Out of Volunteering – October 13, 2022.

In addition, the Committee finalized plans for CONO's first Volunteer Virtual Open House (VVOH) which is being held on September 21, 2022 from 9:30 – 11:00. Three members of the Governance Committee will comprise a panel and share their volunteering history, experiences and goals with the attendees. The panel will be followed by a general Q & A session. We are looking forward to what will hopefully be an informative and interactive session between participants who span the full range of volunteer experience.

I would like to take the opportunity to thank the Committee for the time and effort they have put into these upcoming educational endeavours.

As of the writing of this report, the Committee is scheduled to meet again on September 14, 2022.

Respectfully submitted,

Hanno Weinberger, Chair
September 2022



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE CHAIR REPORT

January 2022

During the reporting period of July 1, 2022 – August 31, 2022, the Patient Relations Committee Did not meet.

There was an email update sent out in August indicating funding for therapy & counselling updated usage information.

The Committee expects to meet November 16, 2022.

Thank you,

Dr. Gudrun Welder, ND
Chair
September 2022



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT September 2022

Meetings and Attendance

Since the date of our last report to Council in July, the Quality Assurance Committee met on one occasion, via teleconference, on August 30th. There was no concern regarding quorum.

Activities Undertaken

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

Additionally, the Committee reviewed the submission by a Registrant as to how they have addressed deficiencies identified through their Peer and Practice Assessment and determined the response to be satisfactory.

The Committee also reviewed and made decisions with respect to four CE Reporting Extension requests, as well as seven Peer and Practice Extension requests.

The Committee also continued its review of the Quality Assurance Program and after considering information provided by staff and input from members, the Committee concluded that other than some possible changes to operational/ administrative process and procedures being considered by staff, there will be no changes to the content or requirements of the Continuing Education (CE) component at this time.

Finally, the Committee commenced a review and discussion of Self- Assessment scenarios that could potentially be introduced for the coming year.

Next Meeting Date

September 20, 2022.

Respectfully submitted by,

Barry Sullivan, Chair,
September 13, 2022



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
(Sept 2022)

At the time of this report, the Registration Committee met on August 24, 2022.

Committee Evaluation Review

Sandi Verrecchia with Satori Consulting Inc. presented a review of scores from the Registration Committee's self-evaluation.

Registration Proficiency Policy Review

The Committee reviewed and approved draft amendments to the Registration policy including requirements for electronic criminal record checks, removal of the guarantor requirement for public register photo submissions, and currency hour requirements.

Danielle O'Connor, ND
Chair
Registration Committee
Sept 12, 2022

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The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

July 1, 2022 – August 31, 2022

During the reporting period the SSRC did not meet as it was determined that the meeting would be rescheduled in order to facilitate the Committee being able to complete work in advance of meeting.

A doodle poll has been issued and it is anticipated that the Committee will meet in October

Respectfully submitted by

Dr. George Tardik, ND
Chair
September 2022



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

September 2022

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

This report is for the period from 1 July 2022 to 31 August 2022 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training sessions are also reported.

Overview

As of 31 August 2022, there were seven ongoing matters before the Committee.

Discipline Hearings

No hearings were held during the reporting period.

New Referrals

Three new referrals were made to the Discipline Committee from the ICRC on 11 August (DC22-03) and 23 August (DC22-04 and DC22-05, each combining two separate ICRC matters).

Committee Meetings and Training

On 18 July 2022 the Committee received a full-day training provided by the Rosen Sunshine LLP. The training was a mock hearing that allowed members to participate in a facilitated hearing. Attendance was good and the feedback received was positive.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

19 September 2022



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **August-September 2022**

Committee Update

Since the last update to Council, the Inspection Committee had one teleconference meeting on August 25, 2022.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record their observations during the inspections, and Inspector's Reports for 10 premises.

The outcomes were as follows:

- Part I
 - 1 pass with 2 recommendations
 - 2 passes with 2 conditions and 13 recommendations
- Part II
 - 2 passes with 9 recommendations
 - 2 passes with 4 conditions, and 15 recommendations
- Existing 5 Year Inspections
 - 1 pass with no recommendations, all inspection program requirements were fully met
 - 1 pass with 11 recommendations
 - 1 pass with 1 condition and 7 recommendations
- Fail
 - 0

Inspection outcomes in response to submissions received:

- There was 1 submission regarding a 5-year inspection, the final outcome was a pass.

Type 1 Occurrence Reports

There was 1 Type 1 occurrences reported for this period. The report was made due to a patient being referred to emergency services within 5 days of receiving IVIT. The Committee had concerns about the care provided by the Registrant, and the information was provided to the CEO for possible referral to the Inquiries, Complaints and Reports Committee.

Closing Remarks

I would like to thank my committee for its insight and for their punctuality – and the

laughs we often have that dilute the seriousness. We have meaningful conversations about not only the inspections at hand, but also how the regulatory process can evolve to optimize clarity and efficiency.

Our liaisons, Daniella and Mary-Ellen are always ready to go over and above expectations, and organize our meetings and a vast amount of detail every month. Thank you for your accuracy and help in steering our committee and our inspection team in the right direction. 😊

Best regards,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
September 19, 2022



The College of Naturopaths of Ontario

**Governance Policy Review Committee (GPRC)
Bi-Monthly Report
July 2022**

Meetings and Attendance

The Governance Policy Review Committee met on one occasion (July 9, 2022) between July 1 and August 31, 2022, via video conference. Attendance was good with no concerns regarding quorum experienced.

Activities Undertaken

At its **July** meeting, as part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed the Executive Limitations Policies, Part 1, specifically policies EL01 to EL09. No Council member feedback was received with respect to these policies; however, members of the GPRC submitted revision suggestions for several of the policies. As the CEO was unable to be present for the discussion of EL08, the GPRC decided to defer EL08 until its September meeting, to request input from the CEO.

The proposed amendments suggested by the Committee were submitted to Council for review and approval at their July Council meeting.

Next Meeting Date

September 8, 2022

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)

Chair

September 6, 2022



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

July 1, 2022 – August 31, 2022

During the reporting period the Standards Committee did not meet as it was unable to secure quorum.

The Committee is next scheduled to meet on October 19, 2022 where it anticipates continuing its review of the proposed amendments to the Standards of Practice.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
September 2022



The College of Naturopaths of Ontario

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT

July 1, 2022 – August 31, 2022

For the reporting period of July 1, 2022 to August 31, 2022 the Equity, Diversity and Inclusion Committee (EDIC) met one time, on July 11, 2022.

The Committee underwent training on the College's governance model and process and reviewed a draft EDI statement, draft governance policy, harassment executive limitations policy update and updated wording for the website recruitment statement.

The drafts will be submitted to the EDI Focus Group and their feedback will be reviewed at the Committees next meeting in September.

Dr. Jamuna Kai, ND
Co-Chair
September 2022

Dr. Shelley Burns, ND
Co-Chair
September 2022



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 28, 2022

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 270)	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 and August 2022)	This is an update provided by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulation that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda package.
3.	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following,

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

Applied Governance

by Natasha Danson
September 2022 - No. 270

While there is a lot of talk about governance principles and governance reform, there are precious few resources on how governance principles should be applied to a specific regulator. Last spring two experienced regulatory experts, Harry Cayton from the UK and Deanna Williams from Ontario, conducted a review of the governance approach taken at the Ontario College of Social Workers and Social Service Workers. The report includes the application of some recurring governance challenges to the current practices of that particular regulator.

Definition of “Governance”

For a word that is used frequently these days, there is no established definition of “governance”. The report offers the following definition of “good governance”:

In this report we consider that good governance is the effective, efficient, transparent and accountable delivery of an organization’s objectives thus creating confidence and trust in its members, clients and the public. Good governance is as much about behaviours and their outcomes as structures.

This definition has the advantage of identifying the goals of good governance. However, those with little prior experience with governance discussions may find that definition theoretical.

A more descriptive definition of “governance” that we have used is:

Governance is an organization’s choice as to how it will perform its functions including:

- Setting its missions, goals and strategies
- Selecting its Board, committee and staff members
- Ensuring compliance with fiduciary duties and
- Assigning and enforcing roles within the organization.

That definition, however, does not distinguish between good and bad governance choices.

Election of Professional Board Members

Not surprisingly in light of broader discussions in the regulatory space, the report questions the election of registrants to the Board. However, specific observations were made in addition to the usual arguments about ensuring that Board members have demonstrated the necessary competencies and skills. The report notes that the electoral system is also a major barrier to turnover of registrant Directors. Eleven of the 14 registrant Directors were in a second or later term of office and had served 101 years amongst them.

The report further argued that the election method of selection actually prevents diversity:

Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socio-economic group and from older members of a profession.

Perhaps even more blunt is the following comment:

Arguing that elections create diversity, while allowing individuals to be re-elected multiple times, is merely one way of maintaining the influence of those already in position.

FOR MORE INFORMATION

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

WANT TO REPRINT AN ARTICLE

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

The report says that the selection process should emphasize obtaining credible candidates rather than candidates that represent the profession.

The report also thought it remarkable that “not one of the current public appointees identified themselves as service users.”

Executive Committee

While noting that the use of an Executive Committee was required by the legislation, the report questions its utility. The report suggested that the role of the Executive Committee, beyond making urgent decisions between Board meetings, was unclear; according to the report, the Executive Committee tended to duplicate the work of other committees and of the Board. The report recommended limiting the Executive Committee’s role to addressing Board matters if they could not wait until the next Board meeting.

Governance Policies and Procedures

Many regulators are criticized for having inadequate policies and procedures. However, in this case, the report observed that this College had more than 270 pages of governance policies contained in 31 separate documents. Board members indicated that they were unfamiliar with them and that they had to rely on staff to identify them.

The report recommended that a unified policy would “provide a framework within which decisions can be made in line with its statutory responsibilities and in the interests of clients and the public.”

The report de-emphasized the significance of rules of order used by Boards, suggesting that a team approach to the conduct of Board meetings was more critical.

Risk Management

The report commended the corporate risk management approach of the College, including the existence of a risk register, and commended that risk management was a significant part of the work of a number of the regulator’s committees.

However, the report observed that risk of harm to the public, including clients of registrants, was not as prominent. A number of the recommendations and suggestions related to incorporating risk-based regulation as a major focus of the organization, including the Board.

Roles

There are many descriptions of the roles of various entities within an organization, particularly that of the Board and staff. Perhaps one of the oldest metaphors is that the Board steers and staff row. The report has a helpful description: the Board provides strategy and oversight; staff offer delivery and management. The report indicates that this distinction is also essential for the Board Chair and CEO relationship to succeed. The report suggests that the title “Chair” was more descriptive of the office’s role than that of “President”.

The report was not supportive of anonymized feedback surveys. Rather, Board members:

should review their own practice annually in an identifiable and accountable survey and should discuss the results together and be prepared individually to be responsible for what they have said and for what improvements should be made. Anonymity is not transparency.

The report emphasized the need for the Chair to focus on facilitating Board meetings and providing

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

leadership to the Board. The Chair should not make decisions on their own.

In terms of the CEO, the report challenged the view of some Board members that the CEO was there to “do their bidding”. The report indicated that Board members should respect the CEO’s ability to decline to respond to inappropriate requests for information.

Code of Conduct

The report only briefly touched on the fiduciary duties of Board members. It commented that, while rules were necessary, personal values and behaviour are more important. Board members, particularly the Chair, need to “politely challenge colleagues who behave inappropriately”. The report described an incident of disrespect demonstrated during an observed Board meeting that ought to have been addressed immediately.

The report concluded with:

Our final recommendation is the simplest of all: treat each other with respect and courtesy and put common sense and the benefit of service users and the public at the centre of your decision-making.

The report can be found at:

<https://www.ocswssw.org/wp-content/uploads/OCSWSSW-governance-report.pdf>.

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

The Ontario Legislature is in recess.

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There were no relevant consultations this month.

Bonus Features

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

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

Regulators Breathe a Sigh of Relief

The Supreme Court of Canada has just released its most significant decision for professional regulators since *Green v. Law Society of Manitoba*, 2017 SCC 20 (CanLII), [2017] 1 SCR 360, <https://canlii.ca/t/h2wx1>.

The issue of when inordinate delay constitutes an abuse of process in the professional disciplinary context has been uncertain since some very restrictive rules were imposed in criminal proceedings. There was concern that the Supreme Court would impose fixed deadlines (e.g., 30 months) rather than continuing to apply the “consider all of the circumstances” approach adopted more than two decades ago in *Blencoe v. British Columbia (Human Rights Commission)*, 2000 SCC 44 (CanLII), [2000] 2 SCR 307, <https://canlii.ca/t/525t>.

However, in *Law Society of Saskatchewan v. Abrametz*, 2022 SCC 29 (CanLII), <https://canlii.ca/t/jqbs7>, the Supreme Court maintained the *Blencoe* approach with some minor modifications. In the *Abrametz* case, the lawyer had been the subject of an extensive, and hotly contested, investigation into his trust accounts. While there had been no misappropriation of funds, the lawyer was found to have disregarded the rules in a dishonest way, possibly to conceal income from the tax authorities. He also was found to have made loans to clients without full disclosure and charged excessive fees for the loans.

The primary issue was whether there was inordinate delay on the part of the regulator. The Saskatchewan Court of Appeal thought so, calculating the delay as follows: “... of the 53-month period in issue, only 18 months were inherent to the process, and only 2 ½ months were attributable to Mr. Abrametz. The remainder, totaling 32½ months, the Court of Appeal concluded, was undue delay.”

The majority of the Supreme Court disagreed with the Court of Appeal’s analysis. Abuse of process in discipline matters can occur in two ways: where the hearing becomes unfair (e.g., because a key witness is no longer available) or where the delay directly causes significant prejudice to one of the parties. On the second type of abuse of process, the majority held that the *Blencoe* test continued to apply:

Blencoe sets out a three-step test to determine whether delay that does not affect hearing fairness nonetheless amounts to an abuse of process. First, the delay must be inordinate. Second, the delay must have directly caused significant prejudice. When these two requirements are met, courts or tribunals will proceed to a final assessment of whether the delay amounts to an abuse of process. Delay will amount to an abuse of process if it is manifestly unfair to a party or in some other way brings the administration of justice into disrepute

In evaluating whether a delay is inordinate, one has to look at all of the circumstances including the nature and purpose of the proceedings, the length and causes of the delay, and the complexity of the facts and issues in the case.

The majority of the Court explicitly chose not to apply the criminal law principles. They stated that administrative law proceedings (especially professional disciplinary proceedings) are designed to protect the public and raised different considerations. “The purposes of disciplinary bodies are to protect the public, to regulate the profession and to preserve public confidence in the profession.... Disciplinary proceedings are neither civil nor criminal, but rather [are in a category of their own].”

In terms of significant prejudice, it had to result directly from the delay itself and not from the fact that the registrant was facing serious allegations. “Examples include significant psychological harm, stigma attached to the individual’s reputation, disruption to family life, loss of work or business opportunities, as well as extended and intrusive media attention....” The registrant has an obligation to raise the issue of delay within the process and seek an expedited process.

In terms of the final assessment of abuse of process, the majority of the Court said: “When these two requirements are met, the court or tribunal should conduct a final assessment as to whether abuse of process is established. This will be so when the delay is manifestly unfair to a party to the litigation or in some other way brings the administration of justice into disrepute.”

Perhaps the most significant development from *Blencoe* is the Court’s discussion of the remedy of a stay of proceedings for inordinate delay:

When faced with a proceeding that has resulted in abuse, the court or tribunal must ask itself: would going ahead with the proceeding result in more harm to the public interest than if the proceedings were permanently halted? If the answer is yes, then a stay of proceeding should be ordered. Otherwise, the application for a stay should be dismissed. In conducting this inquiry, the court or tribunal may have regard to whether other available remedies for abuse of process, short of a stay, would adequately protect the public’s interest in the proper administration of justice.

A stay will be more difficult to obtain where the charges are more serious.

The majority of the Court indicated that regulatory tribunals should actively consider remedies short of staying (or halting) the proceedings, such as a reduced sanction (to compensate for the harm caused by the delay) or a reduction in costs payable by the registrant to the regulator.

In applying the above principles to the facts of the *Abrametz* case, the majority of the Court found that the Court of Appeal had not shown sufficient deference to the tribunal’s findings of fact about the complexity of the investigation, in attributing portions of the delay to the registrant’s failure to cooperate with the investigation, in assessing the significance of the prejudice suffered by the registrant directly because of the delay itself, and in the impact of the restrictions on the registrant’s practice during the entire process.

The majority of the Court held that there was no abuse of process.

Regulators should not become complacent as a result of this decision. The Court said that: “... insufficient agency resources cannot excuse inordinate delay in any case Administrative tribunals have a duty to devote adequate resources to ensure the integrity of the process....”

There are a number of other noteworthy points in the decision that will keep regulatory lawyers busy for years. For example, the Court touched, in passing, on the argument that the absence of complaints by members of the public against the registrant was a mitigating factor for the registrant. The Court said:

The absence of a complainant is a neutral factor. The public at large expects a professional who is guilty of misconduct to be effectively regulated and properly sanctioned. A professional misconduct hearing involves more than the interests of those affected; rather one needs to consider “the effect of the individual’s misconduct on both the individual client and generally on the profession in question. This public dimension is of critical significance to the mandate of professional disciplinary bodies”

Lawyers for regulators will also be analyzing the comments of the Court on the standard of review for procedural unfairness when there is a statutory ground of appeal. The Court seemed to suggest that the palpable and overriding error test should apply to the factual findings while the correctness test should be applied to the issue of whether those facts demonstrated an abuse of process.

In any event, even though the argument was unsuccessful in this case, regulators should prepare for more frequent instances where registrants place the regulator on notice that they are concerned about delay (in order to preserve their rights later in the process). In addition, delay arguments will likely be frequently raised in the sanction and costs portions of discipline hearings where findings are made against the registrant.

Preliminary Screening Out of Complaints

One increasingly popular mechanism for regulators to allocate resources and avoid subjecting registrants to unnecessary stress is to decline to investigate complaints that are frivolous, an abuse of process, have no realistic chance of resulting in regulatory action, or do not serve the public interest. However, regulators need to avoid being overly dismissive of complaints that might contain some merit. One way to balancing these considerations is to have a review process for dismissed complaints.

Such a review process was the topic in *Fawcett v College of Physicians and Surgeons of Alberta*, 2022 ABQB 452 (CanLII), <https://canlii.ca/t/iq1nz>. That case dealt with two internal reviews where the internal appeal body directed there be a fuller investigation of the concerns before a decision was made to take no action. The first complaint was dismissed because there was a parallel complaints process within the health care system raising duplication concerns. The

internal review resulted in a requirement for further investigation because the parallel complaints system dealt with issues other than professional misconduct. It was determined that the regulator should consider the professionalism aspects of the concern.

The second complaint dealt with public comments that were not directly related to the practice of the profession. The internal review sought additional information as to whether the comments reflected upon the professionalism of the registrant even though they were made outside of the practice of the profession.

On judicial review, the Court upheld the internal review decisions to require further investigation. The judicial review applicants were premature as there were no special circumstances warranting interfering with the ongoing processes. In addition, the decision to require additional investigation was coherent, rational, and displayed no fatal flaws and were, thus, reasonable.

Is there a Role for Whistleblowers Who Disclose Highly Confidential Information?

Regulators safeguard highly confidential information in two respects. The first is within the administration of their own operations where there is typically a significant duty of confidentiality except when a carefully crafted public interest exception applies. The second is in ensuring that registrants strictly maintain the confidentiality of client information, again with rare and usually precise exceptions.

The US case involving Reality Winner is causing reflection on the proper balance between the duty of confidentiality and the public interest in whistleblowing. Reality Winner “was sentenced to 63 months in prison — the longest sentence ever imposed against a civilian for leaking information to the media.” <https://www.cbsnews.com/news/reality-winner-espionage-act-60-minutes-2022-07-24/> The sentence has been described as disproportional given that she was revealing information about Russian interference in the election process that the President, the apparent beneficiary of the interference, was minimizing. Ms. Winner stated that her motivating for doing so was patriotic.

While the information protected by regulators does not usually involve state secrets, some analogies can still be made. While most privacy breaches involve either carelessness or self-centred motivations, some registrants raise whistleblower defences for their breach of confidentiality: *Mulligan v Ontario Civilian Police Commission*, 2020 ONSC 2031, <http://canlii.ca/t/j6fm9>. In addition, confidentiality provisions are justified solely on the basis of a compelling public interest in keeping the information private, which public interest can be debated. There have also been concerns raised, especially during the pandemic, that confidentiality expectations have been used to “muzzle” registrants who are conscientiously trying to raise awareness about policies and processes affecting health and, even, the life and death of members of the public: <https://www.ctvnews.ca/w5/did-politics-muzzle-a-doctor-who-spoke-out-about-the-ontario-government-s-covid-19-response-1.5833284>.

Some of the exceptions to the duty of confidentiality involve disclosure where there is concern about significant harm to individuals. Some of these exceptions are statutory (e.g., reporting where a child is in need of protection) and some are created by case law (e.g., *Smith v. Jones*, 1999 CanLII 674 (SCC), [1999] 1 SCR 455, <https://canlii.ca/t/1fq9p9> - where a solicitor was concerned that their client in a criminal case posed a continuing threat to the public). However, there has been little discussion of whether there should be a broader whistleblower exception for regulators and registrants. These issues might arise in the cases currently being processed by regulators relating to public statements made by some registrants during the pandemic.

It will be difficult to develop a principled and consistent approach to the issue. There is legitimate concern about allowing individual regulatory staff or registrants to make personal judgments as to what otherwise confidential and sensitive information should be made public. However, the potentially arbitrary application of confidentiality obligations can also cause harm to society. In the interim, regulators might consider developing internal whistleblower procedures so that there is a mechanism to review potentially over-restrictive interpretations of confidentiality provisions. Regulators can also encourage similar mechanisms in their registrants' work environments. It is also likely that such countervailing public interest considerations are already being taken into account when screening complaints and imposing sanctions at discipline.

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

Bill 6, Foreign Credentials Advisory Committee Act, 2022 – (Private Members’ Bill – First Reading) Bill 6 would establish “the Foreign Credentials Advisory Committee to review the legislation and other rules that govern the recognition of foreign credentials in Ontario, make recommendations on how to improve the recognition of foreign credentials in Ontario....”

Bill 7, More Beds, Better Care Act, 2022 – (Government Bill – Passed Third Reading and has received Royal Assent) Bill 7 would amend “the *Fixing Long-Term Care Act, 2021* to add a new provision for patients who occupy a bed in a public hospital and are designated by an attending clinician as requiring an alternate level of care. This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement co-ordinator determine the patient’s eligibility for a long-term care home, select a home and authorize their admission to the home. They also include having certain persons conduct assessments for the purpose of determining a patient’s eligibility, requiring the licensee to admit the patient to the home when certain conditions have been met and allowing persons to collect, use and disclose personal health information, if it is necessary to carry out the actions.... A consequential amendment is made to section 47 of the *Health Care Consent Act, 1996* to clarify the relationship between crisis admissions under that section and admissions under the new provision of the *Fixing Long-Term Care Act, 2021*.”

Bill 11, Speaking Out About, and Reporting On, Workplace Violence and Harassment Act, 2022 – (Private Members’ Bill – First Reading) Bill 11 would protect workers who speak out about workplace violence and workplace harassment. Public hospitals and long-term care homes would have to report monthly on their websites how many incidences occurred in the previous month. Genesis of the Bill may relate to some recent armed incidents in emergency rooms in Southwestern Ontario: <https://lfpres.com/news/local-news/what-more-can-be-done-to-protect-health-care-workers-from-violent-attacks?s=09/>.

Proclamations

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

There were no relevant proclamations this month.



Legislative Update – What Happened in August 2022?

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There were no relevant consultations this month.

Bonus Features

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

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

Ought to Have Known

A common legal phrase is that an individual “knew or ought to have known” of certain events. In discipline matters, intentional misconduct generally attracts a much more serious sanction than a failure to have noticed some circumstances. However, failure to notice can still result in serious sanction.

In *Bijanzadeh v. Ontario College of Pharmacists*, 2022 ONSC 3578 (CanLII), <https://canlii.ca/t/jr45t>, a pharmacist was found to have been duped to issue over five thousand prescriptions for hundreds of thousands of units of dangerous drugs (oxycodone tablets, oxycocet tablets, and fentanyl patches) over a period of more than three years. The drugs were issued to a small number of fake patients through forged prescriptions. More details can be found at: *Ontario (College of Pharmacists) v. Bijanzadeh*, 2021 ONCPDC 24 (CanLII), <https://canlii.ca/t/jgrhw>.

Despite the fact that the registrant satisfied both the police and the regulator that they had no knowledge of the trafficking scheme, the discipline panel concluded, and the Court supported, that the success of the scheme “was the result of her failure to take basic professional steps to discharge her obligations as a licensed pharmacist.”

The Court upheld the imposition of a 14-month suspension and significant remedial terms. The sanction was well within the range of reasonable and was not clearly unfit. In terms of the impact on the registrant, the Court said:

I see no merit to the argument that the College failed to take account of the appellant's personal circumstances. The nature of her business was apparent to the College in the context of the liability decision: the appellant owned and operated a pharmacy. She will not be able to continue with that business given her 14-month suspension and subsequent five years of conditions on her license. It is obvious that the overall penalty will have a profound effect on her career, and she will be unable to continue with her current business. On the other hand, the penalty will permit the appellant eventually to return to work in her chosen field, and to resurrect her career, if she applies herself diligently.

Significant sanctions do not require knowing participation in the misconduct.

More Ambiguity on the Impact of Bankruptcy on Disciplinary Sanctions

In *Alberta Securities Commission v Hennig*, 2021 ABCA 411 (CanLII), <https://canlii.ca/t/jl93g>, Alberta's highest court took a narrow view as to when disciplinary sanctions of a financial nature can be enforced after a registrant becomes bankrupt. British Columbia's highest court has recently waded into the fray.

In *Poonian v. British Columbia (Securities Commission)*, 2022 BCCA 274 (CanLII), <https://canlii.ca/t/jr8k8>, two individuals had been required to pay the regulator hefty disgorgement amounts and administrative penalties which the regulator filed with the court for enforcement purposes. While reaching the conclusion by a different route than the Court in *Hennig*, the BC Court concluded that generally the insolvency legislation "cannot be read so broadly as to include fines imposed by tribunals that are registered in a court." Such orders are not "imposed" by a court as required.

However, the BC Court found that another provision applied in this case so as to allow the regulator to enforce the orders. Insolvency legislation does not extinguish "any debt or liability arising from obtaining property or services by false pretenses or fraudulent misrepresentation". Taking a more liberal interpretation on this point than the Court in *Hennig*, the Court said:

The evidence supported the conclusion that the judgment against the Poonians was founded upon the fact they had engaged in fraudulent misrepresentation and had obtained property as a result. The judge considered the allegations upon which the Commission based its decision. There was a direct relationship between the fraudulent conduct and the fines and disgorgement order. Finally, in my view, the fact that the

misrepresentation was not made to the Commission does not preclude it from relying on the exemption.

Assuming this approach might be followed by other courts, regulators imposing fines or other financial sanctions should be explicit in stating when they relate to registrants obtaining a financial benefit through dishonesty. Examples might include false billing and taking client property. If those circumstances do not exist, the financial aspects of their orders might be extinguished through the bankruptcy process. As such, it may be prudent to include non-financial elements as part of the sanction, perhaps even as an alternative to fulfillment of the financial sanctions.

Sexual Harassment and Assault in Health Care

The Professional Standards Authority (PSA), the oversight body for health and social care regulators in the UK, has recently published a reflective blog on its research, work and insights on the issue of sexual harassment and assault in health care:

<https://www.professionalstandards.org.uk/news-and-blog/blog/detail/blog/2022/08/09/sexual-harassment-and-assault-in-health-and-care-getting-the-regulatory-response-right>.

While discussing the sexual abuse of patients, the focus of the blog is on sexist and sexual impropriety of colleagues. The PSA noted studies demonstrating the prevalence of the concerns, including one “which found that 91% of female respondents had experienced sexism at work within the past two years, 70% of women felt that their clinical ability had been doubted or undervalued because of their gender, and overall 84% of all respondents said there was an issue of sexism in the medical profession.” Similar concerns were noted in studies of sexual harassment, sexual assault and rape.

The PSA noted that the problem was broader than what regulators could address on their own and noted that some regulators had already taken some significant action. However, the PSA said:

We know from [research we commissioned](#) from the academic Dr Simon Christmas that where behaviour isn’t challenged, it can create a culture where boundary crossing becomes accepted and normalised. [Research by Professor Rosaline Searle](#) adds to this evidence base. Her analysis of fitness to practise decisions found that those with a proclivity for sexual misconduct were more likely to cross boundaries where they witnessed others doing so, and that some perpetrators were in effect ‘corrupted’ by the falling standards of their workplace. This shows the vital importance of inappropriate behaviour (including ‘low-level’ behaviour) being challenged before it is allowed to develop into more serious violations and create a toxic workplace culture where perpetrators act with impunity.

In terms of action for which regulators are directly responsible, we're aware of concerns that some fitness to practise panels haven't taken sexual harassment as seriously as they should have done, particularly where this was at the lower end of the scale and involved a colleague rather than a patient. Much of the problem here is likely to be a result of a lack of training, as highlighted in the article by Rebecca Vanstone featured in this [Professional Discipline & Regulatory Team Bulletin](#).

These are observations that other regulators may find useful, even in the non-health context. See for example the shocking article about lawyers in Australia, which can be accessed at: <https://lsj.com.au/articles/the-scourge-of-inappropriate-behaviour-in-our-profession/>.

Single Act, Double Fault

A basic principle is that a person should not be punished twice for the same fault. However, that principle tends to be applied quite narrowly in the disciplinary context. In *McLeod v. Law Society of British Columbia*, 2022 BCCA 280 (CanLII), <https://canlii.ca/t/jrdx3>, a lawyer was disciplined for a number of matters related to behaviour during litigation, including bringing proceedings without a basis to find counsel on the other side in the litigation in contempt of court and to remove them from acting on the matter because of an alleged conflict of interest. The discipline tribunal made only one finding to avoid a result where there would be two findings for the same fault (a circumstance that is contrary to the so-called *Kienapple* principle). On appeal, the Court found that two findings were permissible. Even though the findings were made for the same action (bringing the proceedings) and were founded on the same definition of misconduct, there were two different aspects to the findings. The first aspect was misusing the court process. The second aspect was inappropriate conduct towards a colleague.

Where an act of misconduct has two aspects to it, two findings can be made.

The Court also dealt with the issue of whether a court file should be sealed as it contained disclosure of client communications with their lawyers and identified the parties in a family breakup matter where there was an allegation of sexual abuse of a family member. Despite the fact that the identities of the participants could be discovered by searching other public records, the Court directed the sealing of portions of the court file. However, the order was tailored so as to permit the public to follow the essence of the proceedings. In particular, the regulator was required to refile the Appeal Book redacting the identities of the family members and most of the legal advice provided to clients.

Quashing an Investigation

In what circumstances can a regulator be required to stop an investigation? That issue came up in *Morabito v. British Columbia (Securities Commission)*, 2022 BCCA 279 (CanLII), <https://canlii.ca/t/jrdx2>. An individual and their spouse were the subject of an investigation for insider trading by the securities regulator. The investigation had been ongoing for some time. The subjects of the investigation, and those associated with them, had been required to expend significant resources providing information to the regulator. As part of the investigation, the regulator had attended, with police, at the individual's home when it was likely the individual would not be there, but their spouse would be. The individual requested that the regulator quash the investigation as it was not serving the public interest and constituted an abuse of process. The regulator provided minimal evidence in response to the request. The request was denied primarily on the basis that the onus was on the individual to establish that there was no public interest in continuing the investigation. The individual argued in court that the onus should not be on the individual since it was the regulator who possessed the information necessary to justify the investigation.

The Court held that the onus was on the individual, not the regulator, to establish that continuation of the investigation was unwarranted, not in the public interest, or was an abuse of process. The procedural obligations upon the regulator were minimal at the investigation stage. Also, requiring the regulator to justify its investigation at this stage in the process created significant public interest concerns.

In my view there are also practical considerations that militate in favour of the conclusion that the subject of an investigation is not entitled to require the Commission to justify that order before the investigation has been completed and a hearing ordered under s. 161. Placing the onus on the director would normally require him or her to disclose what the investigation has shown so far and what he or she expects it will show as it progresses. In my opinion, such disclosure would open the door to the subjects of such orders to take evasive actions to forestall the discovery of possible contraventions of the [Act](#). Many investigations would grind to a halt or bog down into 'pre-hearings' that would delay and distract the Commission from completing the investigation. Moreover, the [Act](#) currently places no limit on the number of times an application for revocation may be brought; nothing would stop the subject from applying repeatedly in respect of the same matter.

The Court also found that the delay did not constitute an abuse of process. However, the Court indicated that there could be some rare circumstances in which evidence of a presumptive abuse of process raised by the subject of an investigation could require the regulator to justify its conduct.

Limits to the Duty of Confidentiality by Registrants to Clients

To obtain the best possible services, clients need to be forthcoming and candid with their service providers. For that reason, there is a strong duty of confidentiality imposed on registrants (i.e., the service providers). However, there are exceptions to that duty of confidentiality; child abuse is one of them. The case of *Chatillon c. R.*, 2022 QCCA 1072 (CanLII), <https://canlii.ca/t/jr9jv>, explores the tension between these competing principles.

An individual with addiction issues sought treatment. The individual believed that, in order to obtain effective treatment, they needed to be honest with their treating professionals. The individual also believed that their confession of sexual abuse of a child was confidential. The treating professionals ensured that disclosure of the information was made to the child protective authorities who, in turn informed the police. The ensuing criminal charges and finding was based entirely on the confession of the individual to their treating professionals.

The majority of the Court found that the communications were protected by privilege and could not be used in the criminal proceedings, at least. The Court even questioned, in passing, whether disclosure to the child protective authorities was required under provincial law because there was, on the facts of the case, no ongoing threat to the child. In ruling that the confession could not be used, the majority of the Court was concerned about the ability of the individual to receive effective treatment if their confession was used in this way.

The majority of the Court was particularly troubled that the treating professionals did not have a clear protocol on disclosing to the individual the limits of their duty of confidentiality before obtaining the confession. Those comments may be of special relevance to regulators in establishing standards of practice and educating registrants about the need to warn clients as to the limits of confidentiality of the information provided by clients.

Abuse of Process can be Applied to Regulated Individuals Too

Regulated individuals often argue that a regulator's conduct (or inaction) amounts to an abuse of process. However, the doctrine applies equally to regulated individuals. In *Lower v. Investment Industry Regulatory Organization of Canada*, 2022 BCCA 285 (CanLII), <https://canlii.ca/t/jrkxq>, an investment professional was disciplined for failing to cooperate with an investigation and was permanently barred from related activities. The individual did not seek to review the decision at the time. Nearly a decade later, the individual brought an application to court for a declaration that the discipline proceedings were procedurally unfair. The Court dismissed the proceedings as an abuse of process. The Court said:

Judges have an inherent and residual discretion to prevent an abuse of the court's process.... Abuse of process is a flexible doctrine. As noted by the judge, it may be

invoked to prevent misuse of the court's procedure in circumstances where it would be manifestly unfair to a party to the litigation before it or would in some way bring the administration of justice into disrepute.... The doctrine focuses less on the interests of the parties and more on the integrity of the administration of justice.... Excessive delay and promoting the public interest in finality may be factors to be considered in applying the abuse of process doctrine....

Regulated individuals must, too, use the Court's processes fairly.

Cumulative Impact of Sanctions

Discipline sanctions must not be clearly unfit (at least in contested cases; a different test applies where there is a joint submission on penalty). In determining sanction, the panel should conduct an assessment of the facts of the particular case and the sanctions imposed in other cases involving similar infractions and circumstances.

In *Llewellyn v. College of Registered Nurses of P.E.I.*, 2022 PESC 36 (CanLII), <https://canlii.ca/t/jrmsx>, the registrant (a nurse) was found to have engaged in professional misconduct by the nature of their interactions with other staff at a hospital treating the registrant's seriously ill mother. The sanction imposed included a two-month suspension, remediation at the nurse's own expense, a fine of \$5,000, and costs of \$10,000. The hearing panel did not conduct a detailed analysis of the circumstances of the conduct nor did the panel review precedent cases. The Court said:

Unfortunately, in the absence of reasons which reference case precedents, I am unable to find that the penalty is fit or unfit by comparison to a range of other penalties. This is problematic and something which tribunals should be mindful of in future cases.

The Court was concerned that the discipline panel may have given insufficient consideration to the personal distress the registrant was undergoing and the cumulative financial impact of the order. The Court reduced the sanction by removing the fine and halving the costs order.

In addition to analyzing the sanction in similar cases, panels should consider the cumulative impact of their orders.



The College of Naturopaths of Ontario

Understanding the Public Interest

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

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

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

Serving the public interest means ensuring the following.

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

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

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

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

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

Considerations/Questions to ask oneself during deliberations include:

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

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

What the public interest is NOT!

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

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

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

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

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

Risk Treatment or Mitigation Techniques

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

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

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

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

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

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

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



The College of Naturopaths of Ontario

Council Meeting Evaluation
July 27, 2022
7 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	0 @ 1 0 @ 2 0 @ 3 1 @ 4 6 @ 5	4.9
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 7 @ 5	5.0
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	0 @ 1 0 @ 2 1 @ 3 0 @ 4 6 @ 5	4.7
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 7 @ 5	5.0
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 7 @ 5	5.0
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	0 @ 1 1 @ 2 0 @ 3 0 @ 4 6 @ 5	4.6
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale:	0 @ 1 0 @ 2 0 @ 3 1 @ 4	4.9

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	1 - Not at all adequately prepared to 5 - More than adequately prepared.	6 @ 5			
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 7 @ 5	5.0		
What Worked Well	From the following list, please select the elements of today's meeting that worked well.				
	• Meeting agenda		7/7		
	• Council member attendance		7/7		
	• Council member participation		7/7		
	• Facilitation (removal of barriers)		7/7		
	• Ability to have meaningful discussions		7/7		
	• Deliberations reflect the public interest		7/7		
	• Decisions reflect the public interest		7/7		
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.				
	• Meeting agenda		0/7		
	• Council member attendance		0/7		
	• Council member participation		0/7		
	• Facilitation (removal of barriers)		0/7		
	• Ability to have meaningful discussions		0/7		
	• Deliberations reflect the public interest		0/7		
	• Decisions reflect the public interest		0/7		
Things we should do	Are there things that you feel that the Council should be doing at its meetings that it is not presently doing?	None			
Final Feedback	Well prepared, well managed, well attended, excellent member participation and interaction.				
	The meeting felt very productive, respectful, and necessary.				
	I have to say that this meeting was very enjoyable! The discussion was great and good consensus. I look forward to more meetings like this.				

Comparison of Evaluations by Meeting 2022-2023

	2021/22 Overall	2022-2023						
Topic		May 2022	July 2022	Sept 2022	Nov 2022	Jan 2023	Mar 2023	Ave
Were issues discussed essential? 1 - Not at all essential to 5 - Very Essential.	4.5	4.5	4.9					4.7
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.8	4.5	5					4.8
Time Management 1 - Not at all managed to 5 - Very well managed.	4.7	4.6	4.7					4.7
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.8	4.8	5					4.9
Right People 1 - None of the right people to 5 - All of the right people.	4.7	4.1	5					4.6
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.6	4.4	4.6					4.5
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.5	4.4	4.9					4.7
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.6	4.6	5					4.8
Number of Evaluations	10.7	9	7					8



The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2022-2023

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

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

16.01 Definition

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

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

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

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

Elected or Appointed Positions

Council Member	Interest	Explanation
None		

Interests or Entities Owned

Council Member	Interest	Explanation
None		

Interests from which they receive Financial Compensation

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

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

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

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

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

Updated: September 6, 2022

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



The College of Naturopaths of Ontario

Report from the Council Chair

September 2022

This is the second Chair's Report of six for the current Council cycle and provides information for the period from July 1, 2022 to August 31, 2022.

Over the summer, I had my first meetings with some of our stakeholders. In July, I spoke with the OAND Board Chair Dr. Angela Hanlon, ND and in August, Andrew and I met CCNM's new President and CEO Dr. Rahim Karim as well as CCNM Board Chair Dr. Colleen McQuarrie, ND. Both meetings were mostly introductory in nature, but they set the stage for a strong continued working relationship between our organizations.

I have also started to meet individually with Council members and these meetings will continue into October. The conversations thus far have been interesting and productive and I have enjoyed the opportunity to chat with each of you. These conversations will help to inform some of the upcoming discussions we will have at our strategic planning sessions. I am looking forward to meeting with the rest of Council in the coming weeks.

As always, I encourage Council members not to hesitate to contact me should they have any questions, concerns, or should they wish to discuss any issue that may be before us.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
19 September 2022



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1779
General Class							1588
In Good Standing	1561	1574					1674
Suspended	16	14					14
Inactive Class							170
In Good Standing	162	162					162
Suspended	8	8					8
Life Members	22	22					22
Changes in Registration Status							
Suspensions	10	0					10
Resignations	4	0					4
Revocations	3	0					3
Reinstatements	3	3					6
Class Changes							
GC to IN	0	1					1
IN to GC (< 2 years)	0	1					1
IN to GC (> 2 years)	0	0					0
Life Membership Applications							
Approved	0	0					0
Not Approved	0	0					0
Professional Corporations (Total)							
New applications approved	0	3					3
Renewed	14	15					29
Revoked	0	0					0
Resigned/Dissolved	0	1					1
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	10	3					13
On-going applications	20	11					16
Certificates issued	11	9					20
Referred to RC	1	0					1
Approved	1	0					1
Approved – TCLs	0	0					0
Approved – Exams required	0	0					0
Approved – Education required	0	0					0
Denied	0	0					0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued								
	PLAR Applications							0
	New	0	0					0
	On-going	1	1					1
1.3 Regulatory Activity: Examinations								
	CSE							
	Scheduled	0	1					1
	Held	0	1					1
	Candidates	N/A	98					98
	BME							
	Scheduled	0	0					0
	Held	0	0					0
	Candidates	N/A	N/A					0
	Clinical Practical Exam							
	Scheduled	0	1					1
	Held	0	1					1
	Candidates	N/A	46					46
	Therapeutic Prescribing							
	Scheduled	0	0					0
	Held	0	0					0
	Candidates	N/A	N/A					0
	IVIT							
	Scheduled	1	0					1
	Held	1	0					1
	Candidates	19	N/A					19
	Exam Appeals							
	CSE							
	*** Granted	0	0					0
	*** Denied	0	0					0
	BME							
	*** Granted	0	0					0
	*** Denied	0	0					0
	Clinical Practical							
	*** Granted	0	0					0
	*** Denied	0	0					0
	Therapeutic prescribing							
	*** Granted	0	0					0
	*** Denied	0	0					0
	IVIT							
	*** Granted	0	0					0
	*** Denied	0	0					0
	Exam Question Development							
	*** CSE questions developed	0	0					0
	*** BME questions developed	0	83					0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.4 Regulatory Activity: Patient Relations								
	Funding applications							
	New applications	0	0					0
	Funding application approved	0	0					0
	Funding application declined	0	0					0
	Number of Active Files	5	5					5
	Funding Provided	\$1,320	\$325					\$1,645
1.5 Regulatory Activity: Quality Assurance								
	Peer & Practice Assessments							
	Scheduled	0	0					0
	Completed	0	0					0
	CE Reporting							
	Number in group	0	0					0
	Number received	0	0					0
	P&P Assessment required	0	0					0
	QAC Reviews							
	Accepted	0	0					0
	Work Required	0	0					0
	QAC Referrals to ICRC	0	0					0
1.6 Regulatory Activity: Inspection Program								
	New premises registered	3	7					10
	New Premise Inspection							
	Part I Scheduled	0	3					3
	Part I Completed	0	3					3
	Part II Scheduled	5	1					6
	Part II Completed	5	1					6
	New premises-outcomes							
	Passed	6	1					7
	Pass with conditions	0	2					2
	Failed	0	0					0
	Secondary Inspections							
	Scheduled	6	2					8
	Completed	6	2					8
	Second inspections							
	Passed	9	2					11
	Pass with conditions	3	0					3
	Failed	0	0					0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	4	1					5
	Patient died	1	0					1
	Emergency drug administered	0	0					0

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

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.10 Regulatory Activity: Regulatory Guidance								
	Inquiries							
	E-mail	56	47					103
	Telephone	54	35					89
	Top inquiries							
	COVID-19	7	0					7
	Scope of practice	9	6					15
	Conflict of interest	6	0					6
	Tele-practice	4	8					12
	Inspection program	10	6					16
	Patient visits	9	6					15
	Advertising	0	2					2
	Lab testing	4	6					10
	Notifying patients when moving	0	0					0
	Fees & billing	10	7					17
	Record keeping	0	0					0
	Consent and Privacy	4	4					8
	Grads Practising with Registrant	0	3					3
	Injections	0	6					6
	Delegation and Referrals	6	0					6
1.11 Regulatory Activity: HPARB Appeals								
	RC Appeals							
	Filed	0	0					0
	Upheld	0	0					0
	Returned	0	0					0
	Pending	0	0					0
	ICRC Appeals							
	Filed	0	0					0
	Upheld	0	0					0
	Returned	0	0					0
	Overturned	0	0					0
	Pending	0	0					0
1.12 Regulatory Activity: HRT0 Matters								
	In progress		1					1
	Decided							
	In favour of applicant							0
	In favour of College							0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 15, 2022

TO: Council members
College of Naturopaths of Ontario

FROM: Agnes Kupny
Director of 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, 2022, which represents the first quarter (Q1) of our fiscal year 2022-2023.

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, 2022.

The College is in a good financial position at the end of Q1. Please note that this report continues to include COVID-19 pandemic impacts in reference to the number of candidates the College is able to host for exams.

The College's accounts receivables includes 557 Registrant's on our pre-authorized payment plan that starts with its first monthly deduction on April 1 and ends on January 1, for a total of 10 payments. This year I am happy to report that in April we had a 100% success rate of all payments being processed. In May and June there was one transaction each month that we were unable to resolve out of 556 Registrants.

The pre-paid account has a balance of \$101,076.47 which is a slightly higher than normal. This amount includes \$30,000 in deposits for our new office location and \$26,000 for our last months rent at our existing premise.

The allowance for doubtful accounts represents fees that are owed to the College but that we do not anticipating actually collecting, this accounts for 3% against receivables. The allowance is made primarily for registration fees and Discipline Committee Ordered Costs.

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

Total equity has increased from the decline in the last fiscal year. This loss was a result of the discount that was provided on registration fees and depressed examination fees in 2020-21.

Statement of Operations

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

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

Revenue

Total Year-to-Date actual revenue was \$2,948,804. This compares to the Year-to-Date budget of \$2,953,818 resulting in a small unfavourable balance of (\$8,712). However, even with this unfavourable variance the College met its Q1 revenue targets at 100%. It is typical that the bulk of the College's revenue is collected in this quarter.

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

Line Item	Current 2022-2023 Fiscal Year				Prior 2021-2022 Fiscal Year		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q1- Actual Revenue	Q1- Variance in \$	Q1- Variance in %
Registration Fees	\$2,824,996	\$2,814,168	\$10,828	100% within budget	\$2,806,916	157,251	106% over budget
Examination Fees	\$90,342	\$32,000	\$58,342	282% Over budget	\$169,950	132,950	459% over budget
Incorporation Fees	\$5,750	\$11,950	(\$6,200)	48% Under budget	\$9,304	1,246	88% under budget
Ordered Costs Recovered	\$4,600	\$49,000	(\$44,400)	9% Under budget	\$3,850	150	96% under budget
Inspection Fees	\$20,900	\$42,500	(\$21,600)	49% Under budget	\$7,500	(5,000)	40% under budget
Interest	\$776	\$600	\$176	129% Over budget	\$396	(604)	60% under budget

Investment Income	\$1,372	\$3,600	(\$2,228)	38% under budget	(\$486)	(\$6486)	108% under budget
Misc. Income	\$70	\$3,700	(\$3,630)	98% under budget	\$14,197	(\$7,803)	35% under budget

Registration Fees (3% short of YTD Budget)– The number of active Registrants increased by 30 over the previous year and by five for the Inactive Class. Registration fees this year were also increased by Consumer Price Index (CPI). It is anticipated that this line item will meet its budgeted targets, as we are also experiencing increased volumes in our Entry to Practice applications.

Examination Fees (69% short of YTD Budget) – Approximately 30% of the revenue for examinations is deferred revenue from the previous fiscal year. These are fees that were paid by exam candidates for exams that were cancelled due to COVID-19, and whom will be taking the exam this year. We also had a higher enrollment for the Clinical Sciences Exam and Biomedical Exam due to some candidates reaching deadlines for when they must take the exam by. This quarter 19 Jurisprudence exams were taken along with 84 Clinical Sciences exam candidates and 38 Clinical Practical exam candidates.

Inspection Fees (88% short of YTD Budget)- There were a total of 10 five-year inspections completed in addition to one new premise inspection. Inspection numbers are anticipated to increase in volume.

Interest (68% short of YTD Budget)- The College's chequing accounts bears little to no interest due to the number transactions and service fees. The College's savings account has a low interest percentage due to current rates of return amongst financial institutions, however due to our PAD plan there are fewer transactions in the savings account which in turn have generated a slightly higher rate of return.

Investment Income- (81% short of YTD Budget)- The College's investment portfolio has been renewed and we are anticipating a slightly higher rate of return on the GIC, which gets renewed annually and in turn one interest payment is incurred. The mutual fund that experienced a loss at this time has had a positive rate of return.

Misc. Income (98% short of YTD Budget)- There was a small allocation of \$3,700 in Q1 for any additional extensions offered by the Government for CEWS Subsidy. There was no supplementary funding offered and the College is not anticipating meeting budgeted revenues for this line item.

Expenses

Total Year-to-Date expenses were \$751,654 versus the Year-to-Date budget of \$988,120. The favorable variance of \$236,466 is within 19% of the budget. The primary items that contributed to lowered expenses are as follows:

Line Item	2022-2023				2021-2022		
	Year to Date Expense	Year to Date Budget	Variance in \$	% within the Budget	Q1- Actual Expense	Q1- Variance in \$	Q1- Variance in %
Salaries and Benefits	\$436,242	\$452,322	(\$16,081)	4% Under budget	\$395,421	\$6,538	98% Under budget
Office and General	\$27,824	\$37,530	(\$9,706)	26% Under budget	\$57,630	\$20,986	27% Under budget
Consulting Fees- Complaints	\$25,430	\$35,250	(\$9,820)	28% Under budget	\$9,426	\$35,074	79% Under budget
Consulting Fees- Assessors	\$7,378	\$8,400	(\$1,022)	12% Under budget	\$4,660	\$8,540	65% Under budget
Exam Fees and Expenses	\$19,036	\$70,163	(\$51,127)	73% Under budget	\$44,172	\$21,076	32% Under budget
Legal Fees- General	\$2,614	\$11,358	(\$8,744)	77% Under budget	\$3,675	\$8,285	68% Under budget
Legal Fees- Complaints	\$18,382	\$23,625	(\$5,243)	22% Under budget	\$20,778	\$1,007	95% Under budget
Legal Fees- Discipline	\$40,614	\$92,000	(\$51,386)	56% Under budget	\$16,840	\$97,160	85% Under budget
Council Fees and Expenses	\$19,784	\$58,750	(\$38,966)	66% Under budget	\$49,521	\$13,044	79% Under budget
Hearings	\$3,309	\$15,000	(\$11,691)	78% Under budget	\$2,363	\$13,055	85% Under budget
Insurance	\$32,682	\$27,000	\$5,682	112% Over budget	\$24,840	\$6,160	20% Under budget
Public Education	\$22,547	\$26,044	(\$3,497)	13% Under budget	\$45,050	(\$6,354)	116% Over budget

Salaries and Benefits (24% of YTD Budget)- In the first quarter the College experienced minor cost savings due to one senior staff working modified hours and two staff on leaves of absence that needed to be filled. One position was filled at the end of June and the other contract position is under recruitment.

Office and General (15% of YTD Budget)- With staff currently going to the office on an as needed basis the costs of office supplies, copies, janitorial services is minimal.

Consulting Fees Complaints (19% of YTD Budget)- A total of five complaints and four Registrar Investigation's were opened and nine complaints and five Registrar Investigations were closed. In comparison to previous years, this year we are seeing increased budgeted utilization due to the ongoing complexity of various investigations.

Consulting Fees Assessors (12% of YTD Budget)- A total of 10 five-year inspections were completed and one new premise inspection. The volume of inspections completed in the first quarter is just under 50% of what was budgeted. It is anticipated that the volume of inspections will increase over Q2 and Q3.

Exam Fees and Expenses (7% of YTD Budget) – The exam program is run on a cost recovery basis. Approximately \$40,000 is due to late billing by our Yardstick for the delivery of the Clinical Sciences exam and maintenance of the Biomedical exam, along with room rental fees.

Legal Fees General (6% of YTD Budget) - Patient Relations, Quality Assurance Program, Inspections, Professional Corporations, Drug, and Standards Program did not incur any legal costs. The Drug, Substances and Lab Program deferred all of its activity to Q2 and Q4.

Legal Fees Complaints (18% of YTD Budget) – A total of five complaints and four Registrant Investigations were opened and nine complaints and five Registrar Investigations were closed. As of June, legal fees were significantly increased from previous months with ongoing investigations, which require legal opinions and prosecutorial viability opinions.

Legal Fees Discipline/Hearings (16% of YTD Budget)- Two uncontested hearings held at one full day each. The contested hearing that was scheduled for Q1 has subsequently been rescheduled for three full days between Q2-Q3. As of the date of this memorandum, there are seven matters that have been referred to the Discipline Committee all of which are at various stages in the process. This volume entails detailed legal work including issuing notices of hearing, disclosure requirements, case reviews, negotiations with defense counsel, pre-hearing conferences and development of documents for potential settlements.

Council Fees (8% of YTD Budget)- There were a few committees in which no activity took place including Executive Committee, Discipline Committee and Risk Management Committee which is currently under development. Per diems have a shortfall due to under reporting and late submissions post meetings. Monies were also budgeted for an in-person Council meeting in Q1, which due to ongoing COVID-19 travel restrictions did not take place.

Hearings (8% of YTD Budget)- Two uncontested hearings held at one full day each. The contested hearing that has been budgeted in Q1 for seven days, has subsequently be deferred to Q2 and Q3 and has thus far been scheduled over a period of three days.

Insurance (121% of YTD Budget)- Insurance fees were increased by CPI for budgeting purposes, however, actual costs were increased by 18% by the insurer.

Public Education (20% of YTD Budget)- The majority of fees for this program have been deferred to Q2 for the preparation, design and translation of our Annual Report.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q1 are at 83% of budget, well ahead based on Q1 but consistent with the revenue cycle of the College which sees most revenues received at the start of the fiscal year. Overall expenses are at 19% of budget which is consistent for the end of the quarter using the benchmark of 25%.

Capital Expenditures

In Q1 the focus of our capital expenditures was to replace a total of three laptops. Of the \$13,100 budgeted for IT equipment, a total of \$8,073.78 has been incurred. The remaining balance of \$5,026.22 is slated to be used at the end of the year for a new VOIP switch board for the College's new office. To date 61% of the IT budget has been utilized.

The budget for furniture and fixtures is anticipated to be used between Q3-Q4 once space planning has been finalized for the new office space.

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, 2022 (Q1)
25% of Fiscal Year

ASSETS

Chequing / Savings		
Bank - Operating Funds	\$	69,325.65
Bank - Savings	\$	1,274,369.43
Petty Cash	\$	500.00
Refund Clearing	\$	(1,454.54)
<i>Total Chequing / Savings</i>		<u>\$ 1,342,740.54</u>

Accounts Receivable		
Accounts Receivable	\$	695,974.06
Allowance for Doubtful Accounts	\$	(32,374.50)
Ordered DC Costs	\$	8,133.73
<i>Total Accounts Receivable</i>		<u>\$ 671,733.29</u>

Other Current Assets		
Prepaid Expenses	\$	101,076.47
Investment in Mutual funds	\$	1,567,416.57
Accrued Interest	\$	447.50
Investment in GIC	\$	515,576.92
<i>Total Other Current Assets</i>		<u>\$ 2,184,517.46</u>

Fixed Assets		
Computer Equipment	\$	84,708.12
Furniture and Fixtures	\$	159,390.70
Accumulated Amortn - Computers	\$	(185,597.10)
Accumulated Amortn - Furniture	\$	(17,418.05)
<i>Total Fixed Assets</i>		<u>\$ 41,083.67</u>

TOTAL ASSETS \$ 4,240,074.96

LIABILITIES AND EQUITY

Accounts Payable		
Accounts Payable	\$	96,700.62
Credit cards	\$	(114.04)
<i>Total Account Payable</i>		<u>\$ 96,586.58</u>

Other Current Liabilities		
Accrued Liabilities	\$	29,972.09
Accrued Liabilities-Discipline	\$	6,133.73
Deferred Income	\$	-
HST Payable	\$	4,830.04
<i>Total Current Liabilities</i>		<u>\$ 40,935.86</u>

Equity		
Retained Earnings	\$	(332,720.37)
Patient Relations Fund	\$	100,000.00
Business Continuity Fund	\$	1,083,877.00
Investigations and Hearing Fund	\$	1,004,246.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	2,197,149.89
<i>Total Equity</i>		<u>\$ 4,102,552.52</u>

TOTAL LIABILITIES AND EQUITY \$ 4,240,074.96



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q1 commencing April 1, 2022 to June 30, 2022

	Q1						12 MONTH ENDING MARCH 31, 2023				ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Apr-Jun'22 Budget	Apr-Jun'22 Actual	BUDGET FAV (UNFAV) VARIANCE		Apr-Jun'21 Actual	Apr-Jun'21 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE			
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%		
Revenue												
Registration and Member Renewals	2,814,168	2,824,996	10,828	100%	2,806,916	157,251	2,814,168	2,824,996	10,828	100%	2,908,828	97%
Examination Fees	32,000	90,342	58,342	282%	169,950	132,950	32,000	90,342	58,342	282%	287,000	31%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	11,950	5,750	(6,200)	48%	9,304	(1,246)	11,950	5,750	(6,200)	48%	26,550	22%
Ordered Costs Recovered	49,000	4,600	(44,400)	9%	3,850	(150)	49,000	4,600	(44,400)	9%	143,000	3%
Inspection Fees	42,500	20,900	(21,600)	49%	7,500	(5,000)	42,500	20,900	(21,600)	49%	170,000	12%
Interest	600	776	176	129%	396	(604)	600	776	176	129%	2,400	32%
Investment Income	3,600	1,372	(2,228)	38%	(486)	(6,486)	3,600	1,372	(2,228)	38%	7,200	19%
Miscellaneous Income (CEWS Subsidy)	3,700	70	(3,630)	2%	14,197	(7,803)	3,700	70	(3,630)	2%	3,700	2%
Total Revenue	2,957,518	2,948,806	(8,712)	100%	3,011,627	268,912	2,957,518	2,948,806	(8,712)	100%	3,548,678	83%
Expenses												
Salaries and Benefits	452,322	436,241	16,081	4%	395,421	6,538	452,322	436,241	16,081	4%	1,837,942	24%
Rent and Utilities	85,753	75,221	10,532	12%	84,383	(8,870)	85,753	75,221	10,532	12%	337,215	22%
Office and General	37,530	27,824	9,706	26%	57,630	20,986	37,530	27,824	9,706	26%	182,768	15%
Consulting Fees-General	17,200	2,741	14,459	84%	9,426	35,074	17,200	2,741	14,459	84%	102,400	3%
Consulting Fees-Complaints and Inquires	35,250	25,430	9,820	28%	29,978	7,272	35,250	25,430	9,820	28%	132,000	19%
Consulting Fees-Assessors/Inspectors	8,400	7,378	1,022	12%	4,660	8,540	8,400	7,378	1,022	12%	63,600	12%
Exam Fees and Expenses	70,163	19,036	51,127	73%	44,172	21,076	70,163	19,036	51,127	73%	282,867	7%
Legal Fees-General	11,358	2,614	8,744	77%	3,875	8,285	11,358	2,614	8,744	77%	45,432	6%
Legal Fees-Complaints	23,625	18,382	5,243	22%	20,778	1,007	23,625	18,382	5,243	22%	100,725	18%
Legal Fees-Discipline	92,000	40,614	51,386	56%	16,840	97,160	92,000	40,614	51,386	56%	259,000	16%
Council Fees and Expenses	58,750	19,784	38,966	66%	49,521	13,044	58,750	19,784	38,966	66%	244,620	8%
Hearings (Discipline, Fitness to Practice)	15,000	3,309	11,691	78%	2,363	13,055	15,000	3,309	11,691	78%	40,950	8%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	24,709	0%
Insurance	27,000	32,682	(5,682)	-21%	24,840	6,160	27,000	32,682	(5,682)	-21%	27,000	121%
Equipment Maintenance	12,902	12,652	250	2%	12,630	(385)	12,902	12,652	250	2%	51,008	25%
Audit Fees	-	-	-	0%	-	-	-	-	-	#DIV/0!	16,500	0%
Public Education	26,044	22,547	3,497	13%	45,050	(6,354)	26,044	22,547	3,497	13%	111,584	20%
Education and Training	14,355	4,840	9,515	66%	3,737	17,895	14,355	4,840	9,515	66%	17,055	28%
Printing and Postage	469	360	109	23%	17	446	469	360	109	23%	1,655	22%
Total Expenses	988,120	751,655	236,465	24%	805,321	240,929	988,120	751,655	236,465	24%	3,879,029	19%
Total Revenue over Expenses	1,969,398	2,197,151	(245,177)	-12%	2,206,306	27,983	1,969,398	2,197,151	(245,177)	-12%	(330,351)	



The College of Naturopaths of Ontario

Statement of Operations

2022-2023				
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-June'22 Budget
REVENUES				
Registration and member renewal fees	\$ 2,908,828	\$ 2,824,996	97%	\$ 2,814,168
Examination fees	\$ 287,000	\$ 90,342	31%	\$ 32,000
Deffered capital funding	\$ -	\$ -	#DIV/0!	\$ -
Incorporation fees	\$ 26,550	\$ 5,750	22%	\$ 11,950
Ordered costs recovered	\$ 143,000	\$ 4,600	3%	\$ 49,000
Inspection fees	\$ 170,000	\$ 20,900	12%	\$ 42,500
Interest	\$ 2,400	\$ 776	32%	\$ 600
Investment Income	\$ 7,200	\$ 1,372	19%	\$ 3,600
Miscellenous	\$ 3,700	\$ 70	2%	\$ -
TOTAL REVENUES	\$ 3,548,678	\$ 2,948,804		\$ 2,953,818
EXPENSES				
Salaries and benefits	\$ 1,837,942	\$ 436,241	24%	\$ 452,322
Rent and utilities	\$ 337,215	\$ 75,221	22%	\$ 85,753
Office and general	\$ 182,768	\$ 27,824	15%	\$ 37,530
Consulting fees				
Consultants - general	\$ 102,400	\$ 2,741	3%	\$ 17,200
Consultants - complaints and inquiries	\$ 132,000	\$ 25,430	19%	\$ 35,250
Consultants - assessors/inspectors	\$ 63,600	\$ 7,378	12%	\$ 8,400
Exam fees and expenses	\$ 282,867	\$ 19,036	7%	\$ 70,163
Legal fees				
Legal fees - general	\$ 45,432	\$ 2,614	6%	\$ 11,358
Legal fees - complaints	\$ 100,725	\$ 18,382	18%	\$ 23,625
Legal fees - discipline	\$ 259,000	\$ 40,614	16%	\$ 92,000
Council fees and expenses	\$ 244,620	\$ 19,784	8%	\$ 58,750
Hearings (Discipline, Fitness to Practise)	\$ 40,950	\$ 3,309	8%	\$ 15,000
Amortization/Depreciation	\$ 24,709	\$ -	0%	\$ -
Insurance	\$ 27,000	\$ 32,682	121%	\$ 27,000
Equipment maintenance	\$ 51,008	\$ 12,652	25%	\$ 12,902
Audit fees	\$ 16,500	\$ -	0%	\$ -
Public education	\$ 111,584	\$ 22,547	20%	\$ 26,044
Education and training	\$ 17,055	\$ 4,840	28%	\$ 14,355
Postage & Courier	\$ 1,655	\$ 360	22%	\$ 469
TOTAL EXPENSES	\$ 3,879,029	\$ 751,654		\$ 988,120
EXCESS OF REVENUES OVER EXPENSES	\$ (330,351)	\$ 2,197,150		\$ 1,965,698



The College of Naturopaths of Ontario

2022-23 Capital Statement

Line Item	Total Budget (April 2022-March 2023)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$13,100.00		\$5,495.74	\$2,578.04										\$8,073.78	\$5,026.22
Furniture & Fixtures	\$30,000.00													\$0.00	\$30,000.00
Total	\$43,100.00													\$8,073.78	\$35,026.22



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 28, 2022

TO: Council members

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

RE: Review of the Executive Limitations Policies (Part 2)

The Governance Policy Review Committee (GPRC) met on September 7, 2022, to review the Executive Limitations Policies EL10-EL17 (Part 2) policy suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Executive Limitations Policies.

In keeping with the revised Council Annual Cycle, the September meeting of the Council includes a detailed review of the Executive Limitations Policies EL10-EL17 (Part 2):

- EL10.03 – Harassment
- EL11.02 – Administration of Statutory Committees
- EL12.04 – Operation of the Register
- EL13.01 – Treatment of Registrants
- EL14.01 – Support to Council
- EL15.01 – Program Administration
- EL16.01 – Treatment of the Public
- EL17.02 – Reserve Funds

The staff circulated information to Council members in advance of the Committee meeting. Grammatical feedback was provided by Council members with respect to any of the Executive Limitations Policies EL10-EL17 (Part 2); in addition, the Committee has reviewed the policies in detail and has several recommendations for consideration of Council.

GP06.08 - Committee Principles

The Committee reviewed a memorandum from Mr. Andrew Parr, CEO, highlighting the proposed changes to add bullet points 5 through 7.

Recommendation – To include bullet points 5 through 7 as presented within the attached policy.

EL08.05 – Asset Protection

The Committee deferred presenting their recommendations for proposed changes to their September meeting to research additional information in relation to bullet point number 12. In addition, made grammatical changes to bullet points 3 and 5.

Recommendation – That the word “plant” be changed to “space” within bullet point 3, reword the opening sentence for bullet point 5 to read as the following “under the following circumstances” and to rewrite bullet point 12 to “enter into a new agreement to borrow money on behalf of the College without Council’s prior approval”.

EL12.05 – Operation of the Register

The Committee reviewed this policy and made a grammatical amendment to the opening sentence.

Recommendation – That the word “Registrar” be changed to CEO within the opening sentence of the paragraph.

EL16.02 – Treatment of the Public

The Committee reviewed this policy and made a grammatical amendment to the sentence of the fifth bullet point.

Recommendation – That the words “Professional and Profession” be rewritten with lowercase letter ‘p’.

Respectfully submitted,

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

September 2022

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATION	COUNCIL POLICIES Item 5.02
	Title Operation of the Public Register and Information Registries	Policy No. EL12.045
		Page No. 1

The Chief Executive Officer (CEO) is solely responsible for the on-going operation of the public register (the “Register”) and other data published on the College’s website (Information Registries).

Accordingly, the ~~Registrar~~ CEO shall not fail to perform the following duties and responsibilities.

1. Ensure that the Register is up-to-date and accurate in accordance with the *Regulated Health Professions Act, 1991* and the by-laws of the College.
2. Ensure that an in-depth audit of the Register and Information Registries is conducted bi-annually and reported to Council.
3. Publish an Information Registry that includes the following.
 - i. Information regarding cease & desist letters issued by the College, that includes the following details.
 - a. The name of the individual addressed in the letter.
 - b. The clinic name, if the individual was the only individual operating out of that location.
 - c. The address, if the address is already in the public domain.
 - d. The alleged infraction, that is, misuse of title, holding oneself out as a ND and/or performing a controlled act.
 - e. The date the letter was sent.
 - f. The date the letter was signed back by the individual, if applicable.
 - g. The last date of monitoring by the College.
 - ii. A list of the names and addresses of individuals against whom the College has initiated legal proceedings to prosecute an individual for a provincial offence (contravention of the *Regulated Health Professions Act, 1991* and/or the *Naturopathy Act, 2007*) or to seek an injunction to cease and desist (a) holding themselves out as people who are qualified to practise in Ontario as a naturopath, (b) using the title “naturopath”, and (c) performing the authorized controlled acts as set out in the *Naturopathy Act*.
 - iii. A list of the names and addresses of individuals against whom the courts have granted an injunction to the College or whom the courts have found guilty of a provincial offence for issues as set out in paragraph 4(ii).
4. Establish and maintain an operating policy on the publication of findings of guilt of Registrants on the Register that is acceptable to the Council.
5. Publish, as part of the Register, a list of premises registered with the College as premises where compounding for and IV Infusion Therapy are performed, including the following details.
 - i. The name and address of the premises.
 - ii. The date and purpose of the inspection, if one has been performed.
 - iii. The status of the inspection, including but not necessarily limited to whether it is pending, has been conducted and a report is pending, the report has been received by the College and is under review by the Inspection Committee.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	September 29, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATION	Item 5.02
	Title	Policy No. EL12.045
	Operation of the Public Register and Information Registries	Page No. 2

- iv. The names of the Registrants performing procedures with the premises and their qualifications.
 - v. The results of the inspection.
 - vi. A summary of the reasons for the results of an inspection where a premises either failed or passed with conditions.
 - vii. A summary of any deficiencies identified by the inspectors.
 - viii. Any conditions that apply to the premises.
 - ix. Whether a subsequent inspection is necessary and, if so, the estimated date that inspection will be conducted.
6. Establish and maintain an operating policy with respect to the publication of charges against Registrants on the Register that is acceptable to the Council.
 7. Publish on the Register charges laid against Registrant and findings of guilt against Registrants in accordance with the accepted operating policy set out in paragraph 6.
 8. Publish, as a part of the Register, a list of Naturopathy Professional Corporations, including the following details.
 - i. The name and address of the corporation.
 - ii. The names of the shareholders of the corporation.
 - iii. The status of the corporation.
 9. Remove from the website the information published pursuant to subsection (i) of paragraph 3, in either of the following circumstances.
 - i. Upon the individual named having been issued a Certificate of Registration by the College.
 - ii. On the second anniversary of the individual signing back the cease & desist letter when no further action has been required by the College.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	September 29, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATIONS	Item 5.02
	Title	Policy No.
	Treatment of the Public	EL16.042
		Page No.
		1

The Chief Executive Officer (CEO) shall not fail to treat the public in accordance with the provisions of the Regulated Health Professions Act, 1991 (RHPA) and other relevant legislation.

Accordingly the CEO shall not fail to perform the following duties and responsibilities.

- 1 Comply with the Access for Ontarians with Disabilities Act and its regulations.
- 2 Provide for a reasonable level of privacy for the public to conduct their business with the College of Naturopaths of Ontario.
- 3 Provide appropriate support to the public through the complaints and discipline process.
- 4 Ensure that the process to deal with complaints relating to sexual abuse is sensitive to the complainant's emotional needs.
- 5 Ensure the College takes reasonable measures to inform the public about the services and P-professional responsibilities of the P-profession and the duties of the College and the public's rights under the RHPA.
- 6 Develop, establish and maintain programs, which enact the policies of the College so individuals can exercise their rights under the RHPA.

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

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title	Policy No.	GP06.07
	Committee Principles	Page No.	1

Committees established under the Regulated Health Professions Act, 1991 shall perform the function that is assigned to them under the authority of the Act. Committees established by the Council will be assigned to reinforce the wholeness of the Council's job and never ~~to~~ interfere with the delegation from the Council to the CEO.

Definitions	Statutory Committee	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario in accordance with the <i>Regulated Health Professions Act, 1991</i> .
	Standing Committee of Council	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with an on-going function determined by the Council and that makes recommendations to the Council. Such c C committees are non-statutory committees.
	Ad hoc Committee or Working Group	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with a specified and time limited task or function on which they shall report and make recommendations to the Council. Such a -committees may be referred to by any number of names, including but not limited to an ad hoc committee, working group or task force. <u>Such committees are non-statutory committees.</u>
	Operational Committee	Means a group of individuals appointed by the CEO to perform management or operational functions or to provide advice to the CEO.

- Accordingly, 1 Statutory Committees (SC)
- (a) Shall be appointed by the Council in accordance with the *Regulated Health Professions Act, 1991* (RHPA) and the *Naturopathy Act, 2007* (the Act) and its regulations and by-laws, and shall perform the functions assigned to it by the RHPA and as further clarified in Terms of Reference approved by Council.
 - (b) Shall establish panels, as appointed by the Chair of the Committee, and must conform to the requirements of the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*, the regulations and by-laws.
 - (c) In as much as the Committee panels are acting as tribunals, they are responsible for the content of their decisions, which may be reviewed only by the Health Professions Appeal and Review Board or a Court of Law.
 - (d) May direct the CEO to take action or implement its decisions in accordance with the individual legislative authority of the Statutory Committee.
 - (e) The following committees are designated as Statutory Committees of the Council of the College of Naturopaths of Ontario.
 - i. Discipline Committee (SC01).
 - ii. Executive Committee (SC02).
 - iii. Fitness to Practise Committee (SC03).
 - iv. Inquiries, Complaints and Reports Committee (SC04).
 - v. Quality Assurance Committee (SC05).
 - vi. Patient Relations Committee (SC06).

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

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title	Policy No.	GP06.07
	Committee Principles	Page No.	2

vii. Registration Committee (SC07).

- 2 Standing Committees of Council (CC) and Ad Hoc Committees (AHC)
 - (a) Will assist the Council by preparing policy alternatives and implications for Council deliberation; however, in keeping with the Council's broader focus, Council committees will not have dealings with operations.
 - (b) May not speak or act for the Council except when formally given such authority for specific and time limited purposes.
 - (c) Will have written terms of reference wherein the expectations and authority of the Committee will be carefully stated in order not to conflict with authority delegated to the CEO or another Committee.
 - (d) Cannot exercise authority over staff. Because the CEO works for the full Council, they will not be required to obtain approval of a Council Committee before taking an executive action.
 - (e) Chairs of Council Committees may work directly with the staff when so authorized by the CEO.
 - (f) The following committees are designated as Standing Committees of Council.
 - i. Audit Committee (CC01).
 - ii. Scheduled Substances Review Committee (CC02).
 - iii. Examinations Appeals Committee (CC03).
 - iv. Governance Committee (CC04).
 - v. Inspection Committee (CC05).
 - vi. Governance Policy Review Committee (CC06).
 - vii. Standards Committee (CC07).
 - viii. Equity, Diversity and Inclusion Committee (CC08).
 - ix. Risk Committee (CC09).
- 3 Operational Committees shall be appointed at the discretion of the CEO. Terms of Reference for all Operational Committees shall be developed for each Committee and are subject to acceptance by the Council.
- 4 This policy applies to any group that is formed by Council action, whether or not it is called a Committee and regardless of whether the group includes Council members. It does not apply to committees formed under the authority of the CEO.
- 5 With the exception of the Executive Committee as set out in that Committee's Terms of Reference, all committees meetings and related materials are closed to the public in order to allow the committees to properly ~~executive~~ execute their statutory and Council appointed duties.
- 6 To reflect the duality of the College as a joint endeavour of dedicated volunteers and staff, all committee meetings shall have at least one staff person appointed by the CEO in attendance. Committees shall not ~~go in camera, that is to exclude the staff from all or part of the meeting (including in camera meetings), unless~~

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.
	Committee Principles	GP06.07
		Page No.
		3

one of the following conditions are met and the CEO is advised in advance of the meeting:

- a) Personnel matters that are within the duties and responsibilities of that committee will be discussed;
- b) Instructions will be given to or opinions received from legal counsel of the College that involve or relate to personnel of the College.

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- 7 Should individuals committee members have concerns about staff performance with respect to the committee's work, they ~~may~~will raise those directly with the Committee Chair who shall in turn raise those with one or both of the Council Chair and Chief Executive Officer.

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.03ii
	Title	Policy No. EL08.034
	Asset Protection	Page No. 1

The Chief Executive Officer (CEO) shall not allow the assets of the College to be unprotected, inadequately maintained, or unnecessarily risked.

Accordingly, the CEO shall not do any of the following.

- 1 Fail to insure against theft and casualty losses to at least 90% of replacement value and against liability losses to Council members and staff.
- 2 Operate without adequate Director's and Officer's Liability Insurance for Council.
- 3 Fail to arrange for sufficient maintenance to the physical ~~space~~ ~~plant~~ and equipment of the College.
- 4 Inappropriately use, misuse or abscond funds of the College or fail to take reasonable measures to protect the College against others doing so.
- 5 Make any single purchase ~~under the following circumstances that does conform to the following.~~
 - a) Wherein normally prudent protection has not been given against conflict of interest.
 - b) Without having obtained on purchase of services over \$1,000, comparative prices and quality, unless circumstances allow for single sourcing only and in which case the CEO will inform the Council as soon as practicable thereafter.
- 6 Fail to protect intellectual property, information and files from inappropriate access, loss or significant damage or fail to establish and maintain a Records Management and Records Retention policies that meet the legal obligations of the College.
- 7 Receive, process or disburse funds under controls, which are insufficient to meet generally accepted Canadian audit standards.
- 8 Fail to invest or reinvest all funds of the College that are not immediately required such that the securities and debt instruments are issued or are guaranteed by any one or more of the following.
 - (a) The Government of Canada.
 - (b) The Government of any province of Canada.
 - (c) Or securities and bank instruments guaranteed by a bank listed in Schedule I under the *Bank Act* (Canada) or such other financial institution approved by Council.
- 9 Fail to deposit operating funds in secure instruments such as an insured chequing accounts.
- 10 Acquire, encumber or dispose of real estate without prior approval of the Council.
- 11 Allow any payment instruments, withdrawal of funds or contracts to be executed except in accordance with and EL05 (Financial Condition and Activity) and EL07 (Financial Transactions) and with Article 4 of the By-laws of the College.

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.03ii
	Title Asset Protection	Policy No. EL08.034
		Page No. 2

- 12 ~~Borrow money on the credit of the College without Council approval.~~

Enter into a new agreement to borrow money on behalf of the College without Council's prior approval.

- 13 Fail to keep the Council informed of the status of all assets of the College.

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



The College of Naturopaths of Ontario

BRIEFING NOTE Strategic Planning

PURPOSE: To brief Council on the status of the strategic planning process and to set the manner in which the process will continue from this point forward.

OUTCOME Understanding of the process and approval of next steps.

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

PROCESS:

Activity:	Review of briefing and discussion.		
Results:	Agreement on process and next steps.		
Overall Timing:			
Steps/Timing:	1.	Review of action to-date and key recommendations.	10 minutes
	2.	Council Question and Answers	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

At the Council meeting of November 2021, the Governance Policy Review Committee (GPRC) presented proposed amendments to the Ends Policies of the Council. The Ends Policies, which consist of the Ends Statement and Ends Priorities, set the strategic direction and goals of the College by the Council. The proposed amendments were minor and were adopted by the Council; however, the GPRC also recommended that the Council engage in strategic planning no later than the fall of 2022.

As part of subsequent discussions, it was noted that the last time Council conducted strategic planning was in the fall of 2016 following the establishment of the new Council, following proclamation of the *Naturopathy Act, 2007*. However, it was also noted that at the time, the planning process was somewhat limited to a review of the existing Ends Policies and did not include extensive stakeholder outreach. As a result, the Chief Executive Officer (CEO) recommended, and the Council agreed, to a much more extensive process for strategic planning.

Following the November 2021 meeting, the CEO contacted Carolyn Everson, an external consultant who had supported both the transitional Council and the Council in its earlier strategic planning session and is therefore highly conversant in the role and work of this College. Ms. Everson also has extensive background in strategic planning with other regulatory authorities, professional associations and assisted CANRA in its most recent strategic planning process.

To ensure the most cost-effective approach, it was agreed that certain elements of the development of the plan would be undertaken by the CEO and Senior Management Team (SMT) while other elements would be undertaken by Ms. Everson. Specifically, Ms. Everson will engage with stakeholders, assist in the survey development, facilitate the planning meetings

and draft the Ends policies. The SMT will oversee all planning logistics, draft, deliver and summarize the survey of Registrants and draft the Strategic Plan itself.

STRATEGIC PLANNING – ROLES & RESPONSIBILITIES

The following information about the roles and responsibilities of strategic planning is derived from the Professional Director. The Council will recall that undertaking course work with this organization is a part of the CEO's on-going development plan. The first module in the certification process focused on Governance & Strategy.

The Strategic Process

In most organizations, it is considered that strategic planning is the exclusive domain of a Board of Directors. While Management may be invited to observe, or even contribute, the majority of the work is conducted by the Board. College Council members may be relieved to learn that this is not entirely the case.

Developing a strategic plan requires two important processes. The first is strategic thinking, which involves the Board actively engaged with Management on thinking and setting desired direction of the organization. The second is strategic planning, which is Management putting "pen to paper" to create the plan. Finally, the two processes coalesce when the Board receives, tests and approves the plan.

Responsibilities of the Board and CEO

The Board's role is to:

- Consult with the CEO and stakeholders in drafting a Vision, Mission, Values, Goals, Objectives and Measures. Each of these will be outlined below.
- Review and approve the Strategic Plan.
- Monitor implementation focusing on measures of results.
- Review and approve any multi-year, capital or operational plans and budgets, amendments or material deviations, ensuring consistency with the vision and mission.

The CEO is responsible for:

- Developing the Vision, Mission, Values, Goals, Objectives and Measures in consultation with the Board for the Board's approval.
- Flesh out the high-level board plan into operational plans, including budgets.
- Implement the strategic plan.
- Develop and execute the strategy, policy and budget in support of the plan.

Mission and Vision

There are two elements that need to be developed that will set the overall direction for the College: the Mission and the Vision.

The Mission statement is based on the intersection of three areas:

- Why do we exist?
- What is our purpose?
- What makes us unique (best at)?

It should be short, memorable, and clear.

The Vision statement is based on the description of the ideal destination of the organization. When we look back on success, what is the picture that you see? It should be aspirational (a stretch that may not ever be accomplished) and inspirational (especially to front-line staff).

Developing these statements is not intended to be about wordsmithing, but rather, a clear articulation of what the direction is to be.

Collaborative Effort of Board and Staff

To be able to make the best use of the Board's time and to ensure that the Board's effort is strategic thinking rather than plan writing, staff will bring forward a series of documents both initially and through the process that will show:

- Where have we been:
 - Mandate.
 - Demographics.
- Where are we now:
 - Environmental scan, i.e. issue identification.
 - Stakeholder interviews.
 - SWOT Analysis.
 - PESTLE Analysis.
- Where are we headed – drafts of mission, vision, values, goals, and objectives:
 - Facilitated dialogue meetings.
 - Risk tolerance assessments.
 - Interviews.
 - Surveys.
- Planning documents themselves:
 - Board level strategic Plan.
 - Risk Appetite and Tolerance.
 - Performance Scorecard.
- Who will do what?
 - The strategies.
 - Actions.
 - Resourcing.

Values

Values are “organized sets of general beliefs, opinions, and attitudes about what is preferable, right or simply good in life.”¹ The Board's role in defining the College's values include eliciting them, clarifying them, articulating them, communicating them, infusing them, living up to them.

Organization's Goals

These are articulated desired major accomplishments that the College will aim for to achieve its Mission and Vision. The Goals are the long-term, observable and measurable end results that have one or more objectives to be achieved tied to them.

The goals often address matters relating to:

- How will we appear to those we serve?
- What business processes must we excel at?
- How should we sustain our ability to change and improve?
- How should we appear to our stakeholders?

¹ Sverko, B, and Vizek-Vidovic, V. “Studies of the Meaning of Work: approaches, models and some of the findings,” in Super, D.E. and Sverko, B. (1995) Life roles, Values and Careers: International Findings on the Work Importance Study, San Francisco: Jossey-Bass, p. 5.

- How do we become a good corporate citizen (environmental, social and governance goal)?

Objectives

Considered to be one of the most important elements of the strategic plan. We need SMART objectives:

- **S**pecific: clear, precise and well-defined objectives.
- **M**easurable: need to objectively measure whether it has been accomplished, need to know we have been successful.
- **A**chievable: do we have the human, financial and material capacity in the organization to achieve the objectives.
- **R**ealistic: is it realistic within the resources available.
- **T**imebound: identifies when we want to achieve it by.

The objectives are reported against the goals with measures, targets, risk tolerances and current status. Please see Appendix 1 for an example of a typical scorecard used to support a strategic plan.

DISCUSSION POINTS

Current Status

The following actions have been completed to-date:

- A SWOT Analysis and PESTLE Analysis have been completed by the Senior Management Team (SMT).
- The CEO, in concert with Carolyn Everson has completed an environmental scan (issue analysis).
- Carolyn Everson has conducted interviews with key stakeholders, including the Ministry of Health, CAND, OAND and CCNM, seeking their input into the process.
- The CEO, again in concert with Carolyn Everson, has developed and initiated a survey of Registrants in support of the strategic planning process.
- The Council has set its meeting dates.

Next Steps

The following steps will be followed to allow for the completion of the strategic planning process:

1. On or about November 1, 2022, Council will receive a package of materials to review in advance of the initial meeting (Package 1).
2. On November 10, 2022, Council will meet as a Committee of the Whole (pending Council approval) to engage in strategic planning discussions to formulate the vision, mission, values and goals.
3. On or about November 24, 2022, Council will receive an additional package of materials to review in advance of its second meeting (Package 2).
4. On December 1, 2022, Council will meet again as a Committee of the Whole to review drafts of the vision, mission, values and goals and consider the objectives of the plan.
5. On or about December 6, 2022, Council will receive its final package of materials to review in advance of its third meeting (Package 3).
6. On December 8, 2022, Council will meet for its final time as a Committee of the Whole to review the final version of the vision, mission, values and goals as well as drafts of the objectives.
7. In January 2023, Council will receive a draft of the strategic plan as well as a draft of the new Ends policies. If timing permits, feedback from Council may be sought before presenting these for approval.

8. At its regular Council meeting on January 25, 2023, the Council will be asked to review and approve the Strategic Plan, Ends Policies and to provide feedback on a draft Operating Plan and draft Operating and Capital Budgets.
9. At its regular Council meeting on March 29, 2022, Council will be asked to accept the Operating Plan, Operating and Capital Budgets in support of the new strategic plan.

It is anticipated that the packages provided to the Council to support the process will include the following documentation:

- Package 1:
 - What is a SWOT Analysis
 - CoNO's SWOT Analysis
 - What is a PESTLE Analysis
 - CoNO's PESTLE Analysis
 - Environmental Scan – Issue Identification
 - Stakeholder Feedback Summary
 - Survey and Survey Results
 - Current Vision, mission, Values, and Goals.
- Package 2:
 - Drafts of new Vision, Mission, Values and Goals.
- Package 3:
 - Final drafts of the Vision, Mission, Values and Goals.
 - Drafts of the objectives.

Committee of the Whole vs. Council Meetings

It is recommended that the Council refer the matter of strategic planning to a Committee of the Whole for consideration and recommendations to be brought back to the Council itself. The reasons for this approach are set out in Appendix 2.

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Information Items of the Consent Agenda. The following analysis relates only to the strategic planning process articulated in this briefing and does not address the broader risks of a finalized strategic plan. Those will be addressed at the time a draft plan is presented to the Council for approval.

At this point, the only risks identified relate to strategic risks, specifically political and reputational risks. Political risks identified include potential changes to the regulatory system by the Ontario Government. The College is aware that some changes are being anticipated but not acted upon. While these changes primarily pertained to oversight of the Colleges (as opposed to eliminating or combining Colleges), the potential for more dramatic change remains.

The College's reputation could be damaged by a strategic planning process that is not well developed and executed. This risk has been mitigated through the use of a qualified external consultant; however, the planning process represents a balance between public access to information, i.e., transparency, and confidentiality to ensure better outcomes. How the Council and the College communicates surrounding its process and the outcomes of the process will be very important in terms of the College's overall reputation.

Privacy Considerations – There are no privacy considerations within this particular briefing; however, in the broader context of the planning process, in particular surrounding stakeholder feedback, the commentary collected was done so with general assurances of confidentiality in order to obtain more frank and concise information.

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. In this instance, the materials that are to be provided to the Council for the purposes of strategic planning are intended not to be disclosed publicly. This is consistent with two of the transparency principles:

- Timely, accessible and contextual – the information provided to the Council will be highly contextual to the planning process and will include detailed commentary from stakeholders. This information, when collected, was not intended for public consumption to allow for more sensitive information to be provided.
- Confidentiality when it leads to better outcomes – the information being provided to Council is intended to shape the future directions of the College. Detailed, sensitive information is required to ensure that the Council is aware of all of the factors identified in the environmental scan, SWOT and Pestle Analyses. These documents are not crafted in such a way as to ensure proper diplomacy and tact in order to ensure that they are clear and frank.

The draft strategic plan and ends policies will be included in future Council materials and will be made public at that time. Additionally, it is anticipated that the Strategic Plan itself will contain sufficient background information to ensure that the public is aware of the factors the Council considered in adopting the plan.

Financial Impact – Each time the Council meets for a half-day meeting, \$1,100 in per diems is available to the professional members on Council, which is paid by the College and \$1,062.50 is available to Public members, which is paid by the Health Boards Secretariat (HBS). The cost of these meetings to the College is \$3,300 while the cost to the HBS is \$3,187.50. Costs are calculated based on per diem rates for the Chair, Vice Chair and Council members allowing for the meeting day and up to one half day of preparation time for each meeting.

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. Through the College Performance Measure Framework, the Ministry of Health has clearly articulated that good governance is a matter of the public interest. The Ministry rightly expects Councils of the College to engage in critical planning processes, including but not limited to Strategic Planning. The outcome of this process is expected to set the direction of the College for the next five years, within the mandate of the College, and to identify how the College must best serve the public interest.

Equity, Diversity, Inclusion, Belonging (EDIB) –The Council and the College have made a commitment to EDIB 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, this process may very well represent one of the most ideal opportunities to incorporate the principles of EDIB into the work of the College. Both Registrants and the public who have experienced racism and discrimination will want to see how the Council and the College intend to address these critical issues moving forward.

RECOMMENDATIONS

It is recommended that the Council approves the following motion:

That the Council establishes a Committee of the Whole for Strategic Planning that will be responsible for drafting Ends Policies and a Strategic Plan to be presented to the Council for final approval and that Carolyn Everson be appointed as Chair

ACTION ITEMS

The action items have been set out above.

Andrew Parr, CAE
Chief Executive Officer
September 2022

Appendix 1 – Sample Scorecard using Goals/Objective

Goals – What will we accomplish	Objectives	Measure (how will we know we have succeeded,	Target	Risk Oversight	Status/Results (where are we compared to plans)	Comments
Financial Goal: use	Profitable operation	% increase in revenue	70% increase	Min 48% increase, Max 75%	71%	
	Increase available capital	% increase in capital	15% increase	Min 7%, max 22%	9%	
	Customer transition	% of customers transitioned.	100%	Min. 85%	45%	

Appendix X – Committee of the Whole

The following information is provided based on newly revised, 11th Edition of Robert's Rules of Order and the by-laws of the College.

As noted above, the recommendation from the Chief Executive Office is that the Council refer the matter of strategic planning to a Committee of the Whole. While this is typically done in larger assemblies, it can be instituted by the Council which has formally adopted Robert's Rule of Order. The outcome of the Council doing so and the purpose in doing so is outlined below.

Meaning

Under Robert's Rules of Order, a Committee of the Whole is formed when an Assembly, in this case the Council, refers a matter or a resolution to the committee. This would be the same as if the Council received a report from a Council member or staff and referred the matter to any one of its committees for consideration and a recommendation. In this case, the committee is comprised of all members of the Council; however, the rules governing business of the Council are suspended and replaced by rules governing the Committees.

Some key differences include:

- When appointing a Committee of the Whole, the Council must also appoint the Committee Chair. It is not assumed to be the Council Chair and is typically not the Council chair for two reasons:
 - First, by not being the Committee Chair, the Council Chair is free to participate more fully in the discussions and deliberations of the Committee of the Whole.
 - Second, when the Committee of the Whole reports back to the Council, the Council Chair has more independence having not chaired the committee deliberations.
- Committee procedures are less restrictive than Council procedures. Committee members are typically free to speak on a matter several times, even when others may not have all had an opportunity to do so. This is not the case in Council.
- Committees are not subject to the rules of the Health Professional Procedural Code pertaining to open meetings as the Council is. As such, and like all Committees, the meetings of a Committee of the Whole are held in camera and the materials supporting the Committee of the Whole are not made publicly available.
- Under the Rules of Order, quorum for the Committee of the Whole is the same as the Council unless otherwise stated in the by-laws. The College by-laws establish that for a committee of more than three persons (the Committee of the Whole has 14 people), quorum is three of the committee members.
- Unlike Statutory Committees, a Committee of the Whole cannot approve its outcomes. All final resolutions are deemed to be, by definition, recommendations to the Council and must be approved by the Council. The Committee of the Whole can approve the materials and/or resolutions that it will present to the Council in the same way any committee might approve a resolution to make a recommendation to the Council. This creates a protection for the Council as the Committee of the Whole has no independent authority.
- Also, unlike Statutory Committees, the Committee of the Whole is restricted to considering the matter or resolution that the Council has referred to. In this case that matter would be the development of a strategic plan and related documents. The Committee of the Whole cannot consider any other matter unless such a matter is also referred to it by the Council.

The Council will recall that it took this approach for the purposes of its governance discussions and planning. In that case, a governance report was developed, approved by the Committee of the Whole and presented to the Council for final approval.

Purpose

The Council should rightly ask whether referring strategic planning to a Committee of the Whole is being undertaken merely to hide from public scrutiny. The answer to this question lies in the nature of the process and engagement that proper strategic planning requires and whether similar public scrutiny can be accomplished by other means.

In part, there is good reason why some portions of the planning process should be conducted outside of the public eye which is why a Committee of the Whole should be considered. Section 7 of the Code establishes that Council meeting will be open to the public. Subsection 7(2) establishes the limited reasons why a Council may exclude the public (move to an *in camera* session). These include matters that relate to:

- Public security.
- Financial, personal or other matters where harm of disclosure outweighs the benefits of open meetings.
- A person involved in a criminal proceeding or civil suit such that they may be prejudiced.
- Personnel matters.
- Instructions to be given or opinions received from legal counsel.

Strategic planning meetings of the Council would not meet any of these conditions such that the entire meeting or all such meetings would be held *in camera*. Referring the matter to a Committee of the Whole will result in the matter being addressed outside of the public eye.

There are several clear and cogent reasons for doing so:

- Frank, open and unincumbered discussions and debate. As the Council charts the course forward, it needs to hear from all Council members without fear of embarrassment, reprisal or persecution for an opinion rendered or question raised.
- Frank and clear supporting documents. To support the Council planning, many documents are being prepared. Documents that will be disclosed publicly are developed and reviewed in a different light than those what will be held confidential. By holding these planning documents confidential, the information can be more direct and succinct than would otherwise be presented and are not reviewed from the perspective of ensuring maximum tact and diplomacy.
- Opinions of others. The work of Ms. Everson has included speaking candidly with stakeholders, including government and associations. The opinions expressed can be presented more clearly and can be identified when they are presented confidentially. Those interviewed were not informed that their opinions would be placed in the public domain; hence caution is required when it comes to this information.
- Draft materials. The SMT will draft various documents for the Committee of the Whole to consider. The Committee will be free to accept or reject, in whole or in part, the drafted materials. However, to the outside observer, those drafts may be seen to be leading or misleading when taken out of context of the process being undertaken. As noted in the briefing note, the role of the SMT is to draft these documents to advance the Council's process; however, outside individuals who have not read this briefing may see the process as being staff led or staff driven.

Transparency and The Public Interest

As also noted in the briefing note itself, the transparency principles adopted by the Council include the principle that in some instances, keeping information confidential will result in better outcomes. Clear, frank, unincumbered documentation and discussions will lead to broader

opinions provided, better debate, a better understanding among the Committee of the Whole members, and therefore better outcomes.

Good governance is a key element of the public interest. Good strategy planning will result in a better, clear course forward and therefore supports the public interest.

Other Means of Accomplishing Transparency

Transparency in this matter can be achieved later in the process when the Council receives the Strategic Planning Report and drafts Ends policies. These documents will be included in publicly available Council materials and will be debated in an open Council meeting.

In addition, unlike prior years when all the Council would approve its Ends policies, it is anticipated that a full and detailed Strategic Plan will be developed for Council approval. Such plans typically include a large portion of the background factors used by the Council in its development, albeit presented in a more tactful and diplomatic manner.



The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Language Proficiency Policy

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

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

In March of this year, the Ministry of Health began consultations on proposed changes to the *Regulated Health Professions Act, 1991* (RHPA) in support of the province's [A Plan to Stay Open](#), which seeks to build "a stronger, more resilient health care system that is better able to respond to crisis."

Proposed changes to the language proficiency policy, attached, have been made to account for anticipated changes to the RHPA with respect to language testing.

DISCUSSION POINTS:

Addition of Language Tests Recognized by the Immigration and Refugee Protection Act (Canada).

In an effort to remove unnecessary barriers for foreign trained professionals, by reducing duplicative testing requirements and associated costs, it's being proposed that regulatory health Colleges recognize those language tests approved under the *Immigration and Refugee Protection Act (Canada)*. This however would not preclude the College from requiring applicants and PLAR applicants to achieve test scores at the Canadian Language Benchmark (CLB) level it has established within this policy nor limit the College's ability to accept other language tests as evidence of English or French language proficiency.

Wording Amendments

Minor wording amendments have also been made for the purposes of providing clarity, such as

ensuring “proficiency” rather than “fluency” is used throughout the policy and updating definitions to reflect changes the College has been apprised of with respect to the organizations who administer each language test.

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.

- Strategic risk:
 - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, and up to date.
 - Political: While amendments to the RHPA have not been finalized, being an early adopter of proposed changes to the RHPA signals the College’s compliance and cooperation with the Ministry of Health.

Privacy Considerations – There are no privacy considerations.

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

- Relevant, credible, and accurate information: Ensuring the addition of language tests approved under the *Immigration and Refugee Protection Act (Canada)* positions the College to be ahead of the curve for providing accurate and relevant information about language proficiency requirements.

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

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

- The continued robust assessment of language proficiency of applicants and PLAR applicants ensures the safe and professional provision of naturopathy to Ontarians while the addition of language tests approved under additional the *Immigration and Refugee Protection Act (Canada)*, ensures the College’s processes for assessing language proficiency remain fair and transparent.

EDIB –The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. The removal of unintentional barriers with respect to assessing language proficiency, particularly those which apply to a specific group of individuals, directly supports EDIB principles.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve amendments to the Language Proficiency Policy.

ACTION ITEMS

The policy and associated applicant handbooks will be updated and posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

September 15, 2022

 The College of Naturopaths of Ontario	Policy Type	REGISTRATION	PROGRAM POLICIES
	Title	Language Proficiency	Policy No. R04.0203
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Intent/Purpose To establish a policy governing language proficiency requirements of the College of Naturopaths of Ontario (the College).

Definitions	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	CAEL	Means the Canadian Academic English Language Test offered by Paragon Testing Enterprises <u>Prometric Testing</u> .
	<u>CELP</u>	<u>Means the Canadian Language Proficiency Index Program Test offered by Prometric Testing.</u>
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the <i>Regulated Health Professions Act, 1991</i> and who performs the duties assigned to the position of Registrar under the Act, the Code, the <i>Naturopathy Act, 2007</i> and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the <i>Regulated Health Professions Act, 1991</i> .
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	CNME	Means the Council on Naturopathic Medical Education - the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	IELTS	Means the International English Language Testing System, offered by Gonestoga College (Kitchener) <u>British Council Canada</u> .
	iBT	Means an internet-based test <u>offered by Educational Testing Service Canada Inc.</u>
	Language Skills	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.
	Language Test	Means a test designated in this policy that can be relied upon to test the language proficiency of an Applicant.
	PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR process.

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 The College of Naturopaths of Ontario	Policy Type	REGISTRATION	PROGRAM POLICIES
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Prior Learning Assessment and Recognition (PLAR) process

Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program.

Pre-Registration

Means a process whereby an individual who intends to seek Registration with the College provides the College with information to establish themselves with the College before formally applying for registration.

Registrant

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

Registration Committee

Means the statutory committee of the College responsible for all registration matters referred to it by the Chief Executive Officer. Panel(s) of this statutory committee are responsible for all registration matters as set out in the Health Professions Procedural Code.

Registration Regulation

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

TCF

Means the Test de connaissance du français offered by the French Ministry of Education.

TEF

Means the Test d'Évaluation de Français offered by the French Institute Alliance Française (FIAP).

TOEFL

Means a Test of English as a Foreign Language offered by Educational Testing Service Canada Inc.

General Policy	English or French	It is a requirement for registration with the College that "the Applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing." (section 3(3) of the Registration Regulation).
		This requirement reflects the need for effective communication between the Registrant and their patients and staff and to ensure effective inter-professional collaboration. This requirement also assumes effective communication based on language skills as defined in this policy.
	PLAR Applicants	As an assessment process to establish a PLAR applicant's competency to practise, language proficiency is assessed as part of the eligibility criteria to initiate the PLAR program, in accordance with the College's PLAR Program Policy.
Language Proficiency	Requirements Deemed to be Met	An Applicant or PLAR applicant who can establish that they are fluent in English or French, and that their education was conducted in English or French, shall be deemed to meet the

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language proficiency requirements of the College as set out in section 3(3) of the Regulation.

Evidence of Language Proficiency

In order to be deemed to have met language proficiency requirements, an Applicant or PLAR applicant must provide two of the following evidentiary documents:

- a signed declaration with the College which attests that they can comprehend, and communicate fluently (both written and orally) in English or French; and
- a Letter of Standing supporting naturopathic registration in another regulated Canadian jurisdiction; or
- an academic transcript noting successful completion of a CNME-accredited program in naturopathy; or
- a Letter or transcript from the program in which their formal education pursuant to section 5(1), and in accordance with the College's PLAR Program Policy, was obtained which confirms their education was provided in either English or French.

Requirements Deemed Not to be Met

An Applicant or PLAR applicant who does not satisfy the language proficiency requirements is required to undertake, at their cost, one of the accepted language tests.

Language Testing	Accepted Language Tests and Minimum Scores	The results of a successfully completed language test must be equivalent to a level 8 for all skills based on the Canadian Language Benchmark (CLB), as follows:
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Fluency Proficiency Test

Minimum Accepted Score

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IELTS

Level 7 required on all skills
(General) (Academic)

TOEFL - iBT

Total score of 100 with a :
Minimum of 25 on each all 4 skills
(Listening, Reading, Writing and Speaking):

CAEL

70

TEF

Reading: minimum 233
Writing: minimum 340349
Listening: minimum 280
Speaking: minimum 340349
Reading: minimum 499

TCF

Writing: minimum 12
Listening: minimum 503
Speaking: minimum 12

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CELPIPLevel 8 required on all skills (General).Submission of Test Results

Minimum test scores for all language proficiency test components must be achieved during one complete sitting of the selected language test. Combined scores from more than one test or from multiple sittings of the same test are not accepted.

Test results are valid for two years from the date of the Applicant or PLAR applicant passing the test and must be sent directly to the College by the testing agency who administered the proficiency test. Test results submitted directly by Applicants or PLAR applicants are not accepted.

Outcomes	Sufficient Language Proficiency	Applicants and PLAR applicants who demonstrate that they have met the language proficiency requirements, either by virtue of their declaration and naturopathic registration in another regulated Canadian jurisdiction, formal education or by meeting the minimum accepted test scores on an accepted language test, will continue to provide the information necessary for the assessment of their eligibility for registration or PLAR.
	Insufficient Language Proficiency	Applicants who do not meet the language proficiency requirements outlined in this policy may: • withdraw their application or, with the agreement of the Chief Executive Officer (CEO), place their application in abeyance while they remediate their language skills through an appropriate educational program and subsequently, retake an acceptable language test under this policy; or • proceed with their application in which case the CEO may refer the matter of the Applicant not meeting the language proficiency requirements, along with any other relevant issues with respect to their application, to a panel of the Registration Committee on the basis that they have doubts that the Applicant has met the requirements. PLAR applicants, who do not meet the language proficiency requirements outlined in this policy will be notified that they cannot move forward in the PLAR process until they have met this requirement.
Exemptions	Exemption Criteria	An Applicant or PLAR applicant who is unable to establish language proficiency as set out in this policy, but who believes that they can demonstrate a degree of <u>fluency proficiency</u> through alternative objective evidence may seek an exemption.

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Review of Exemption Request

Exemption requests will be reviewed by a panel of the Registration Committee (the Panel) on an individual basis.

For Applicants, such reviews will be conducted as part of a formal referral made under the Code.

In its review, the Panel will consider:

- to what degree the alternative objective evidence provides proof of language proficiency that is substantially equivalent to the requirements set out in this policy; and
- whether the granting of such an exemption will pose a risk to public safety or effective care.
- In the case of PLAR, whether the granting of such an exemption will unduly hinder the PLAR applicant from being able to competently complete each component of the PLAR program.

Alternative Objective Evidence

The following may be provided as alternative objective evidence of language proficiency:

- Documentation of the language tests and scores the Applicant or PLAR applicant has achieved to date, provided as an original hard-copy document, fax or as a PDF.
- Evidence of experience with verbal communication, validated by letters of support, sent directly from third parties to the College. These may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- Evidence of related health care employment where written documentation was required, validated by letters sent directly from third parties to the College. These may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- Evidence of successful, functional communication as demonstrated and validated in a previous supervised practice experience (e.g., completed through an externship or similar). This should be provided directly to the College as an original document, fax, or PDF, signed by a preceptor and/or supervisor.
- Other evidence as presented by the Applicant or PLAR applicant.

Exemption Request Outcomes

Applicants who do not satisfy 3(3) of the Registration Regulation, but have demonstrated a degree of ~~fluency~~ proficiency that would, with supervision, provide adequate safeguarding of public safety and competent care, may be

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granted a temporary exemption from the requirement, and may have Terms, Conditions, and/or Limitations (TCLs) placed on the certificate of registration. The TCLs may include but are not limited to:

- i. requiring the Registrant to disclose to all potential employers that they have not yet met the College's language proficiency requirement; and/or
- ii. imposing conditions for supervision (e.g., written documentation, verbal communication); and/or
- iii. imposing limitations regarding practice settings or controlled acts.

PLAR applicants who are unable to satisfy language proficiency requirements but whose alternative objective evidence demonstrates a sufficient degree of fluency proficiency to enable them to competently complete the PLAR may be granted an exemption to be permitted to proceed with initiating the PLAR program. This exemption may be reviewed again at point of application for registration to determine whether a TCL on a certificate of registration is required. In such instances, the PLAR applicant will be provided with an opportunity to provide additional documentation to address 3(3) of the Registration Regulation.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Draft Amendments to the Registration Policy

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

OUTCOME Approval of the amended policy is sought.

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

PROCESS:

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

BACKGROUND:

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

In September and October 2021, additional reviews of the Registration Policy were carried out by the Committee to address preliminary questions around currency, CPR requirements and non-clinical Terms, Conditions, and Limitations (TCL) with revisions approved by Council in November 2021.

Additional revisions to the policy, attached, are being recommended by the Committee to provide additional clarity and transparency, and to assist in streamlining College processes where possible.

DISCUSSION POINTS:

Currency Hours Reporting

While further Committee discussions on currency hour requirements related to direct patient care are set to occur this autumn, along with a proposed public consultation to seek feedback from the profession, draft amendments are being proposed in the interim to align currency hour reporting periods with the College's annual collection of data and to outline within the policy options made available to Registrants who are unable to meet the currency hour minimum as set out in the Registration Regulation.

Governance Structure

Draft policy wording amendments have been made to ensure the policy does not appear to override the governance structure of the College, keeping in mind that the CEO's responsibilities in the administration of College programs are set out in an Executive Limitations policy.

Proof of Professional Liability Insurance Coverage (PLI)

For the purposes of providing additional transparency, information has been added to detail other circumstances when a Registrant is required to provide proof of PLI, such as at point of reinstatement of one's certificate of registration, and at point of requesting a name change.

Softcopy Canadian Police Information Centre (CPIC) Reports

In recognition that a percentage of Canadian police agencies have forgone issuance of hardcopy criminal record checks (i.e., CPIC reports), additional draft amendments have included criteria for the acceptance of report softcopies. In cases where hardcopy reports are still available from the issuing police agency, such as the Toronto Police Service, a hardcopy report will be required, as these agencies do not yet have the same level of security imbedded in their softcopy reports as they do their hardcopies.

Proof of Cardiopulmonary Resuscitation Certification

As with proposed PLI amendments, proposed amendments have been made for the purposes of providing additional transparency by outlining those circumstances when Registrants are required to provide proof of valid CPR certification to the College.

Public Register Photo – Removal of Guarantor Requirement

To date the College has required the submission of hardcopy photos for the public register with an accompanying "guarantor" form, whereby a member of another regulated profession is required to attest that the individual (applicant or Registrant) is who they say they are and that the photo is a "reasonable likeness". Amendments are being proposed to remove the guarantor form as applicants for registration will have submitted a copy of valid photo ID that a public register photo submission can be compared against, and Registrants of the College updating their photo on the register will have a previous photo on the register for comparison. Removal of this guarantor form requirement will allow the College to move to the acceptance of soft-copy photo submissions which will help streamline the process, reduce timelines for receipt of documentation, and reduce the photo processing burden on registration staff.

Added and Amended Definitions

Minor amendments and additions have also been made to the definitions section to provide additional clarity.

ANALYSIS

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

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

Privacy Considerations – There are no privacy considerations.

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

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

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

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

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

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

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

RECOMMENDATIONS

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

ACTION ITEMS

The policy will be updated and posted on the College website. Photo requirements will be communicated on, as a direct mailing to Registrants who are due to provide an updated public register photo this autumn and will also be incorporated into the handbook information imparted to applicants detailing the application for registration process. Currency reporting requirements will be integrated into renewal guides and incorporated into the public consultation briefing when direct patient care requirements are finalized, and the Committee is prepared to consult.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

September 16, 2022

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

Definitions	Act	Means, the <i>Naturopathy Act, 2007</i> , S.O.2007, Chapter 10, Schedule P , as amended from time to time.
	Applicant	Means, an individual who has made an an formal application to the College to be issued for a Certificate of Registration.
	By-laws	Means, the Byby -laws of the College approved by the Council under the authority of section 94 of the Code.
	Certificate of Registration	Means, a document issued by the College, in either the General Class or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the Certificate.
	<u>Certificate of Standing</u>	<u>Means a document issued by a regulatory body, which outlines full details about a Registrant's status and registration history, discipline history and ongoing complaints and investigations, if any.</u>
	Chief Executive Officer (CEO)	Means, the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 RHPA and who performs the duties assigned to the position of Registrar under the RHPA , the Code, the Naturopathy Act, 2007 Act and the regulations made thereunder.
	CPR, Certificate	Means, a document issued by a recognized cardiopulmonary resuscitation (CPR) certification course provider, which clearly shows the date of course completion, level of CPR certification, the applicant or Registrant's name and the name of the course provider.
	CPR, Recognized Certificate Course	Means, an in-person training course in CPR procedures taught in compliance with the Heart & Stroke Foundation of Canada's most current Guidelines for CPR and Emergency Cardiovascular Care (ECC).
	College	Means, the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	Code	Means, the Health Professions Procedural Code, which is schedule 2 to the <i>Regulated Health Professions Act, 1991</i> .
	<u>Council</u>	<u>Means the Council of the College as established pursuant to</u>

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section 6 of the Act.

Former Registrant	Means, an individual who previously held a valid Certificate of Registration with the College and who is no longer a Registrant by virtue of having retired, resigned, being deceased, or having had their Certificate of Registration revoked by the College.
General Class	Means, a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
Good Character	Means, the personal characteristics of an applicant or Registrant, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
Good Standing	<u>Means the status assigned to a Registrant that reflects fees and dues and information requirements. Means, the status assigned to a Registrant when they are current on dues and payments and is current with the registration requirements assigned to their class of registration.</u>
Inactive Class	Means, a Registrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.
<u>In Good Standing</u>	<u>Means the Registrant's status with the College is a positive one reflecting that all of their registration fees are paid and information due to be provided to the College is complete, no other outstanding fees are on record and the individual's Certificate of Registration is not suspended or revoked.</u>
Language Skills	Means, the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.
Language Test	Means, a test designated in this policy that can be relied upon to test the language proficiency of an applicant.
Letter of Standing	<u>Means, a document issued by a regulatory body, which outlines full details about a Registrant's status and registration history, discipline history and ongoing complaints and investigations, if any.</u>
Mentor <u>Supervisor</u>	<u>Means, a Registrant who has agreed to supervise another Registrant or an applicant as part of a refresher program or additional education and training as required to enter into practise or return to the General class of registration to practise the profession.</u>

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Mentee

~~Means, an applicant or Registrant, as the case may be, who has been required by a panel of the Registration Committee to enter into a supervised mentorship as outlined in this policy.~~

Pre-Registration

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

RHPA

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

Register

~~Means,~~ an electronic, searchable database system that provides the public with information about Registrants, as set out under section 23 of the Code. Premises (under the Inspection Program), Professional Corporations and Illegal practitioners

Registrant

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

Registration Committee

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

Registration Regulation

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

Supervisor

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

Supporting Documentation

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

Term, Condition or Limitation (TCL)

~~Means,~~ a term, condition, or limitation (TCL) placed upon imposed on a Certificate of Registration by a panel of the Registration Committee which limits or restricts a Registrant's activities within the practice of the profession.

GeneralGuiding Legislation

All aspects of this policy will be managed in accordance with the RHPA, the Act, the Code, the Registration Regulation, and the College by-laws

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Good Character	General	Assessments of Good Character are managed in accordance with the College's Good Character Policy.
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Currency	Minimum Requirements	A Registrant who holds a General class Certificate of Registration is expected required to practise the profession for at least 750 hours over any three-year period in order to maintain currency, in accordance with section 6(1) of the Registration Regulation.
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For the purposes of administering this program, the currency year runs from January 1st to December 31st annually. Year 1 of the three-year cycle begins on January 1st of the registration year in which the Registrant became registered.

Registrants who do not meet the minimum 750 hours required at the end of ~~their~~ any three-year reporting period ~~may~~ must elect one of the following courses of remediation:

- Complete a refresher program that has been approved by the Registration Committee.
- Have applied for and completed a Apply to change to their class or registration from General to Inactive.
- Have entered into an undertaking not to practise the profession, i.e., a non-clinical TCL.

Registrants who do not elect ~~either~~ any of the above options will be referred to the Quality Assurance Committee by the CEO to undergo a Peer & Practice Assessment at their own cost.

As per section 6(3) of the Registration Regulation, Registrants who have reported 0 practise hours over their three-year reporting period and who elect to ~~either~~ change their class of registration to Inactive, ~~or Registrants who enter into an undertaking not to practice the profession and which remains in effect for two or more years,~~ will be required to undergo a review by a panel of the Registration Committee at point of applying to return to the General class, or when seeking to have the terms of the undertaking expired, having not practised the profession in over two years.

Practising the Profession
- General Class
Certificate

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

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

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

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

A Registrant holding a General class Certificate of Registration with a non-clinical TCL does not engage in direct patient care within the scope of practice of the profession but may be working in non-clinical areas related to practising the profession.

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

- Administration of an educational program in naturopathic medicine or a naturopathic clinic.
- Naturopathic research ~~(non-clinical, not performing controlled acts or directly interacting with patients).~~
- Regulatory/government work.
- Natural health product development/promotion.

In accordance with paragraph 5 of section 23(2) of the Code, any restrictions on a Registrant's Certificate of Registration as a result of the Registrant's limited practise would be noted on the Register-register for public protection.

Declaration

During annual Registration-registration renewal, a Registrant must report on their currency hours for the previous calendar year.

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

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

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Reporting Period

The three-year reporting period is based on a Registrant's year of initial registration. Registrants who at the time of their reporting period are registered in the Inactive class, or whose Certificate of Registration becomes inactive during their reporting period, will have their three-year reporting period reset based on the year of their return to the General class.

Evidence of Currency

The CEO may request evidence from a Registrant to support their declaration of currency hours. ~~Such a request would be warranted if (but not limited to):~~
~~The CEO has reason to believe the Registrant may have provided a false or misleading declaration.~~
~~A Registrant's hours approach the requirement but do not meet the minimum and may warrant a review.~~
~~Other information has become available indicating the Registrant has not practised the profession to the extent necessary for a General class Certificate of Registration.~~

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

- a) For a Registrant holding a General class Certificate of Registration:
 - Appointment book/schedule.
 - Letter of employment, including hire date and hours worked per week/month.
 - Confirmation that the duties and responsibilities outlined in a job description were performed.
 - Confirmation of services provided, such as invoices, letter from individual persons for whom direct services were provided.
 - Patient record/case notes.
 - Clinical research articles.
 - Clinical education plan.
- b) For a Registrant holding a General class Certificate of Registration with a non-clinical TCL:
 - Work schedule.
 - Letter of employment, including hire date and hours worked per week/month.
 - Confirmation that the duties and responsibilities outlined in a job description were performed.
 - Research articles.
 - Teaching plan.

Language Proficiency	English or French	Sufficient language proficiency in either English or French is an essential requirement for entry-to-practise. All applicants
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must meet the requirements set out in the College's Language Proficiency policy.

Professional Liability Insurance (PLI)	Coverage Required	Maintaining Professional Liability Insurance (PLI) coverage in the amount and form required in the Byby -laws is a condition of every Certificate of Registration.
	Proof of Coverage for Applicants	All applicants for registration with the College shall be required to provide proof of PLI before a Certificate of Registration is issued.
	Proof of Coverage for Registrants	Upon the annual renewal of their Certificate of Registration with the College, all Registrants shall be required to sign a PLI declaration, affirming that the Registrant's coverage meets all the minimum requirements set out in the Byby -laws.
		The Registrant will also provide the College with information related to their insurance coverage (coverage amount, term, broker, and insurer) as required on a form established by the CEO and, at the same time, shall consent to the College verifying and collecting information from third parties, including but not limited to their insurer, broker and/or relevant professional associations through which coverage might have been obtained.
	Proof of Coverage for Registrants (Inactive- five years or more)	Inactive class Registrants who have not practised the profession for five (or more) years are not required to carry PLI in accordance with section 19.03 of the Byby -laws.
		Upon the annual renewal of their Certificate of Registration, Inactive Registrants who have met the above criteria shall be required to sign a declaration, attesting that the Registrant has not practised the profession for five (or more) years.
	Proof of Coverage at Change of Class	A Registrant who is applying to change to a different class of registration (e.g., Active-General to Inactive class) will be required to provide proof of insurance coverage at the discretion of the CEO.
	Proof of Coverage at Reinstatement of Certificate of Registration	A suspended Registrant who is applying for a reinstatement of their certificate of registration will may be required to provide proof of insurance coverage at the discretion of the CEO.
	Proof of Coverage at Name Change Request	A Registrant who is applying for a name change will may be required to provide proof of insurance coverage that matches the Registrants new name as per section 20.12 of the by-laws.
	Changes in Coverage	As per section 4(6) of the Registration Regulation, a Registrant must notify the College within two days of any

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changes to coverage information, such as broker, policy number or coverage amount, or if the Registrant no longer has the necessary insurance coverage as outlined in the [Byby](#)-laws.

Failure to be Insured

Registrants who fail to maintain PLI will have their Certificate of Registration immediately suspended as per section 4(5) of the College by laws. The CEO in accordance with section 4(5) of the Registration Regulation will immediately suspend a Registrant whose insurance does not meet the requirements per section 4(5) of the College By laws.

Refresher Programs, Additional Education and Training	General	An applicant or Registrant may be required by a panel of the Registration Committee to undertake a refresher program, or additional education if one of the following conditions exist: • An applicant for registration where more than two years have passed since either their successful completion of a CNME-accredited program or the College's Prior Learning Assessment & Recognition (PLAR) program, and where the applicant has not been practising the profession for 750 hours in the three years preceding their date of application, may be required to complete such further education or training as required by a panel of the Registration Committee [Registration Regulation, section 5(2)]. • A Registrant who in the preceding three years has not practised the profession for a minimum of 750 hours, and who elects to undergo this program as a means of addressing the deficiency has declined to enter into an undertaking with the College not to practice the profession but who does not wish the matter to be referred to the Quality Assurance Committee [Registration Regulation, section 6(2)]. • A Registrant who has held a General class Certificate of Registration with a non-clinical TCL for a period of more than two years and who wishes to <u>have the TCL removed or expired, return to the General class</u> [Registration Regulation, section 6(3)]. • A Registrant who has been in the Inactive class of registration for a period of more than two years and who wishes to return to the General class [Registration Regulation, section 10(1)(6)].
	Acceptable Courses	Individual refresher programs, further education and training are determined on a case-by-case basis and subject to approval of a panel of the Registration Committee. Education relevant to the practice of the profession and based on identified areas of deficiency with respect to the individual's competencies will be considered.

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

- Offered by a recognized University or College.
- Offered by a CNME-accredited program.
- Has been approved or meets the criteria for approval by the Quality Assurance Committee of the College for Category A continuing education credits under the Quality Assurance Program.

Supervised Mentorship Supervision

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

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

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

Conflicts of Interest

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

Qualifications for Mentors Supervisors

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

- Holds a General class Certificate of Registration with the College with no TCLs.
- Has actively practised naturopathy for at least five years.
- Practises in accordance with the Standards of Practice of the profession.
- Is not in default of payment of any fees prescribed by the Byby-laws or any fine or order for costs to the College imposed by a College committee or court of law.
- Is not in default of completing and returning any form required by the College.
- Is not the subject of any disciplinary or incapacity proceeding.

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- Has not had a finding of professional misconduct, incompetence, or incapacity against them in the preceding five years.
- Is not a Council or Committee member.
- Is not employed by the College.
- Is not employed as an administrative faculty member or instructor at a naturopathic academic institution.

All mentors-supervisors must be approved by the CEO.

Terms, Conditions, and Limitations	<u>Initial Registration</u> General	Where the CEO believes it is in the public interest to have a TCL imposed on an <u>initial</u> Certificate of Registration, and the applicant or Registrant does not consent, the CEO shall inform the applicant or Registrant of the need for referral and the matter shall be referred the matter to a panel of the Registration Committee for review <u>in accordance with sections 15(2)(a1) and 15(4) of the Registration Regulation.</u>
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Panel of the Committee

~~Where the CEO and the applicant or Registrant agree to have a TCL placed on the applicant or Registrant's Certificate of Registration, the matter shall be referred to a panel of the Registration Committee for review and approval.~~

Non-Clinical TCL

Registrants registered in the General class who do not engage in direct patient care, and who are employed in one of the following non-clinical areas, may have or seek apply to have a non-clinical TCL placed on their Certificate of Registration:

- Administration of an educational program in naturopathy or a naturopathic clinic.
- Naturopathic research ~~(non-clinical, not performing controlled acts or directly interacting with patients).~~
- Regulatory/government work.
- Natural health product development/promotion.

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

Confirmation of Good Standing must:

- Be in the form of a letter on an official form from the regulatory authority(ies) and be signed and dated by (a) designated staff person(s) employed by the regulatory authority(ies), signed by the Registrar or CEO (senior staff officer) if there is one or, if not, signed by the President (senior elected official) or their delegate.

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- Indicate the applicant has paid all fees, dues, and penalties owed to the regulatory authority(ies).
- Indicate there are no outstanding matters relating to professional misconduct or incapacity which have been referred for formal adjudication by the regulatory authority(ies).
- Be received by the College directly from the regulatory authority(ies).

Criminal Record Check	General	The following individuals will be required to submit a name-based Police Criminal Record Check using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP: • Applicants for initial registration with the College. • Former Registrants seeking registration with the College.
	Timing	The report must show the search of the CPIC database was conducted no more than six months before the date of application.
	Scope of Report	The name on the report must match the name appearing on the applicant's registration application (legal name) as well as all names the applicant currently uses or has ever used, including first, middle, and last name(s), name at birth as listed on their proof of identity document, maiden name, or any other former or assumed names. The report must include records of discharge which have not been removed from the CPIC system in accordance with the <i>Criminal Records Act, 1985</i>, and records of outstanding criminal charges of which the police are aware.
	<u>Document Requirement</u>	<u>A hard copy of the CPIC report must be mailed to the College. Where the issuing policy agency has discontinued hard copies, electronic (soft copy) CPIC reports may be accepted if:</u> • <u>the CPIC report contains a security feature embedded in the report:::</u> • <u>the CPIC is not printed (printed copies render the CPIC authenticity invalid):::</u> • <u>the original CPIC report e-mail the applicant received from the issuing policy agency is forwarded to the College; and</u> • <u>the issuing police agency has a third-party verification code, or the issuing police agency confirmed the validity of the report with College staff.</u>
	Exclusion	Online checks by commercial vendors will not be accepted.
CPR	General	All Registrants holding a General class Certificate of Registration must maintain valid, Health Care Provider level
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CPR certification which includes training on automated external defibrillation (AED).

Validity and Renewal

A CPR certificate must be valid (not expired) at all times and be renewed no less than every two years through an in-person course. The professional and ethical responsibility for maintaining current CPR certification rests with the Registrant.

Initial Registration CPR Requirements

Applicants for registration with the College must provide a CPR certificate issued within the preceding 12 months at the time of submitting their application for registration.

~~Request for~~ Proof of CPR Certification

The Standard for Emergency Preparedness requires Registrants to be appropriately trained and competent in relevant emergency procedures including maintaining valid, healthcare provider level CPR. In support of this, Registrants shall provide proof of valid CPR certification as follows: Registrants must provide proof of CPR certification as deemed necessary by the CEO and as follows:

- General class Registrants in good standing: every two years, calculated from the date CPR certification training was completed.
- Inactive class Registrants: at the time of submitting an Inactive to General class change application to the College.
- Suspended General class Registrants seeking reinstatement: as part of curing the default which resulted in the suspension, and prior to reinstatement of the Registrant's Certificate of Registration.
- As requested in accordance with section 20.12 of the by-laws

~~The CEO may request proof of CPR certification as deemed necessary.~~

~~Failure to Provide Proof of CPR Certification~~

~~In the event a Registrant's CPR certificate is out-of-date (beyond two years from the date it was issued), the CEO shall notify the Registrant under section 20.12 of the By-laws. Should the Registrant fail to provide proof of CPR certification by the deadline, they will be deemed as having failed to maintain valid CPR.~~

Exemption

A Registrant may seek an exemption from the CPR requirements of the College due to disability or exceptional circumstances which prevent the Registrant from physically completing the requirements necessary for CPR certification. Exemption requests must be supported with documentation (e.g., medical note from a regulated health professional) and are granted, at the discretion of the CEO.

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~~Registrants granted an exemption are required to sign an undertaking which includes, but is not limited to, the following provisions:~~

- ~~• The Registrant will not treat any patient unless a designated person or persons who meets the College's CPR requirements is present on-site at the practice locations at all times.~~
- ~~• The Registrant will provide the College annually, as part of their renewal, a valid CPR certificate for the designated person(s).~~
- ~~• A TCL will be imposed on the Registrant's Certificate of Registration and published on the public register, stating the Registrant may not practise the profession unless the designated CPR certificate person(s) is present at all times.~~

Public Register
Photo

General

The CEO ~~shall~~ has ~~established~~ ed and maintain the public register in accordance with the Code and the College Byby-laws.

Photo Submission

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

A commercial photographer must take the photo.

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

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

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

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

- General class Registrants in good standing: on a schedule set by the CEO.
- Inactive class Registrants: at the time of submitting an Inactive to General class change application to the College.
- Registrants holding a non-Clinical TCL at the time of submitting a request to the College to have the non-Clinical TCL removed from the Registrant's Certificate of Registration.

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- Suspended General class Registrants seeking reinstatement: as part of curing the default which resulted in the suspension, and prior to reinstatement of the Registrant's Certificate of Registration.

Photo Guarantor

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

- ~~• Must be 18 years of age or older.~~
- ~~• Have known the Registrant for a minimum of two years.~~
- ~~• Must be a Registrant of a regulated profession in the province of Ontario.~~

Out of Province Certificates	General	Under the Canadian Free Trade Agreement (CFTA) and the Registration Regulation, individuals who have been issued a Certificate of Registration in the General class in another regulated Canadian province and have practised the profession to the extent as would be expected of a Registrant holding a General class Certificate of Registration in Ontario who wish to become registered with the College may apply under labour mobility provisions to be issued a Certificate of Registration in the General class subject to certain criteria. Individuals who are registered in another regulated Canadian jurisdiction but not practising the profession (i.e., in an Inactive class) are not eligible to become registered with the College.
	Application Process	Naturopaths wishing to be registered under these labour mobility provisions shall: • Submit a completed application for registration along with the associated application fees stipulated in Schedule 3 of the Byby-laws. • Provide proof of sufficient language fluency in accordance with the Language Proficiency Policy. • Provide proof of identity in accordance with the Proof of Identity Policy. • Provide such information and sign declarations with respect to good character in accordance with the Good Character Policy. • Obtain a criminal record check in accordance with this policy. • Obtain from their current regulatory authority, or regulatory authorities as the case may be, a Letter of Standing. • Provide proof of valid CPR certification in accordance with this policy. • Provide proof of PLI in the form and amount as stipulated in the Byby-laws. • Provide proof of evidence that they have practiced the profession to the extent as would be expected of a
DATE APPROVED		DATE LAST REVISED
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	REGISTRATION	
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Registrant holding a General class Certificate of Registration.

Extent of practise

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

Evidence of Professional Practise

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

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

The following information must be included in the written attestation:

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

Review

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

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

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Examinations

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

Substantial Equivalency

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

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

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

Post Registration Certificate – IVIT

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

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

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Advice-Guidance to
Registrants

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

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

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The College of Naturopaths of Ontario

BRIEFING NOTE

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. For the 2022 registration year, Registrants were required to complete a total of 3 out of 7 self-assessment questionnaires. This included one mandatory Record Keeping Self-Assessment and two additional self-assessments of their choosing, targeted to specific areas of practice. 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 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, but is not limited 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 who may provide additional information including actions they have taken to 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

September 2022



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Standards

BACKGROUND

The College of Naturopaths of Ontario is established by 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.

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3. **Ensuring Continuing Competence**—The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline**—The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

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

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

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

The focus of this briefing is on the Standards and Guidelines processes of the College.

Standards and Guidelines

Section 3(1) of the *Regulated Health Professions Act, 1991*, (RHPA) establishes the objects for all health colleges in Ontario. Of the eleven objects outlined in the RHPA, five are related to the establishment and maintenance of standards. Standards of Practice set out the legal and professional basis for the practice of naturopathy. Each standard describes the expected level of performance for that topic, and together they form a framework for ensuring continuing competence among Naturopathic Doctors (NDs). Standards of Practice are established as a consensus of the profession and are statements from NDs on how they practice. They are subsequently used by the profession to evaluate the performance of NDs by their peers. Standards outline the level of quality and safety expected for professional services provided to the public by Registrants of the College.

Practice guidelines are intended to elaborate on the Standards of Practice of the profession. Guidelines provide recommendations on how NDs can deal with particular situations to be compliant with rules, regulations and standards. To complement the higher-level descriptions found in other documents, guidelines offer further meaning, context and clarity. The guidelines are helpful in offerings scenarios, checklists and issues to consider.

The RHPA also authorises colleges of self-regulating health care professionals to develop and maintain any necessary codes, policies or guidelines. Legislation, regulations, by-laws, the Code of Ethics, Core Competencies, Standards of Practice and professional guidelines collectively establish a framework for the practice of naturopathy in Ontario. These documents are developed and updated regularly to reflect current legislative and health care system requirements.

Standards of Practice

The standards of practice are statements of how the profession does its job or performs its role. They are minimum expectations, meaning the least to be done, and not seen necessarily as “best practise.” They evolve and change and can be written or unwritten.

An unwritten standard is just that, not put to paper but generally expected behaviour among the profession to apply to a situation, for example, being professional with your patients by being on time and not yelling at them would be a generally accepted standard of practice that is not currently formalised in a document.

A written standard is one that is put to paper and made widely available to everyone in the public and in the profession. These include formalised Standards of Practice documents (e.g., Standard of Practice for Infection Control) or standards of practice included in regulation (e.g., The General Regulation made under the *Naturopathy Act, 2007*, includes standards of practice for performing controlled acts).

It is professional misconduct to breach a standard of practice of the profession regardless of whether the standard is written or unwritten. Standards therefore carry a great deal of weight under the law.

Guidelines

Guidelines are clarifying documents that “guide” a patient or professional on how to practically implement the Standards of Practice. They may be used to clarify the standards but cannot set the standards themselves. They are often used as “evidence” as to how a standard would normally be instituted by the profession. As a result, they do not carry a great deal of weight under the law, but they do help inform decision-making in evaluating a standard.

Policies

Profession Policy governing the practice of the profession is an explanation by the College of how it wants to see the profession behave in specific situation or in addressing certain matters. Some might say that a policy governing the profession is the start of a minimum standard for the future.

Unlike a standard of practice, a policy is not created having canvassed the profession for what they may be doing in practice in the scenario under development. It is a statement, usually based on evidence and research as to how the College wants the profession to grow or behave. A profession policy approved by the Council does not carry as much importance or weight in the world of law as would a standard of practice, however, the longer the policy is in place and adapted within the profession, the more importance it would carry in terms of evaluating practitioner conduct.

Position Statement

A Position Statement is similar to a profession policy, but it does not establish or provide any meaningful guidance. It is an articulation of how the College Council sees specific matters or situations handled. It is more or less a statement of intent and carries little weight in law in terms of evaluating practitioner conduct.

Importance of this Program

One of the four primary roles of the College is to “set and maintain” the standards of practice of the profession. The objects of the College in the RHPA include several instances noting the establishment and maintenance of standards. The College’s Standards Processes are vital to ensuring that the profession is practising in accordance with the rules and that those that are not be held accountable for their actions. The practices of the profession are continually evolving and as such so are the standards of practice and related guidelines.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO

September 2022



The College of Naturopaths of Ontario

**Council Meeting
September 28, 2022**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Jonathan Beatty, ND (1:3)		Ms. Asifa Baig (1:3)
Dr. Shelley Burns, ND (3:3)		
Mr. Dean Catherwood (3:3)		
Mr. Brook Dyson (3:3)		
Ms. Lisa Fenton (3:3)		
Dr. Anna Graczyk, ND (2:3)		
Ms. Sarah Griffiths-Savolaine (3:3)		
Ms. Tiffany Lloyd (2:3)		
Dr. Denis Marier, ND (3:3)*		
Mr. Paul Phillion (3:3)		
Dr. Jacob Scheer, ND (3:3)		
Dr. Jordan Sokoloski, ND (3:3)		
Dr. George Tardik, ND (2:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

*Present starting at 9:30 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 also noted that the meeting was being live streamed via YouTube to the College's website.

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	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:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Tiffany Lloyd
SECOND:	Shelley Burns
CARRIED.	

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

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

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Jonathan Beatty
SECOND:	Dean Catherwood
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q1

A Variance Report and the Unaudited Financial statements ending June 30, 2022 (Q1) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the first quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Lisa Fenton
CARRIED.	

Ms. Kupny also spoke to the memorandum sent to the Council members as a subsequent document in relation to the completed financial audit for fiscal year 2021-2022. No concerns were raised by the Council members.

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)

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 2). The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

5.03(i) GP06.08 - Committee Principles

The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to GP06.08 as recommended from the Governance Policy Review Committee as presented.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Lisa Fenton
CARRIED.	

5.03(ii) EL08.04 - Asset Protection

The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to EL08.04 as recommended from the Governance Policy Review Committee as presented.
MOVED:	Shelley Burns
SECOND:	Paul Phillion
CARRIED.	

6. Business

6.01 Strategic Planning

Ms. Carolyn Everson, External Consultant, provided a detailed overview of the process she would be taking with College stakeholders and the Council in order to complete the Strategic

Planning process. She informed the Council that she has conducted various meetings with stakeholders, Registrants and the public to gain a better understanding of their various perspectives and how they differ between each grouping.

MOTION:	To accept the process and steps to be taken for the Council's strategic planning, and to convene as a Committee of the whole.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

6.02 Language Proficiency Policy – Proposed Amendments

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

MOTION:	To approve the proposed changes to the Language Proficiency Policy as presented.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

6.03 Registration Policy – Proposed Amendments

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

MOTION:	To approve the proposed changes to the Registration Policy as presented.
MOVED:	Paul Phillion
SECOND:	Lisa Fenton
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, provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

7.02 Program Briefing – Standards Program

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

8. 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 Evaluation

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

9.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for November 30, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 10:52 a.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Jonathan Beatty

Recorded by: Monika Zingaro
Administration Coordinator
September 28, 2022

Approved: November 30, 2022