



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #25

Draft Agenda

Date: September 29, 2021 (2021/22-03)

Time: 9:00 a.m. to 12:30 p.m.

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #25
September 29, 2021
9:15 a.m. to 12:45 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	--	K. Bretz	
	1.02	Discussion	Meeting Norms	4-6	K. Bretz	
	1.03	Discussion	"High Five" – Process for identifying consensus	7	K. Bretz	
2	Consent Agenda ¹					
	2.01	Approval	i.	a) Draft Minutes of July 28, 2021	8-15	K. Bretz
				b) In-camera Minutes of July 28, 2021 ²	16-17	
			ii.	Committee Reports	18-31	
			iii.	Information Items	32-61	
3	Main Agenda (9:20 am)					
	3.01	Approval	Review of Main Agenda	3	K. Bretz	
	3.02	Discussion	Declarations of Conflict of Interest	62-64	K. Bretz	
4	Monitoring Reports					
	4.01	Acceptance	Report of the Council Chair	65	K. Bretz	
	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		--	B. Lessard-Rhead
			i.	Council-CEO Linkage Policies		
			ii.	Governance Process Policies		
			iii.	Ends Policies		
	5.02	Decision	Detailed Review Executive Limitations Policies (Part 2)		81-91	
	5.03	Decision	Proposed New/Amended Policies from GPRC		92-120	
			i.	GP19-CEO Annual Performance & Compensation Rvw		
ii.			GP30-Council and Committee Training Program	121-122		
6	Regular Business					
	6.01	Approval	Implementation of a Qualifying Program	123-138	A Parr	
	6.02	Approval	Language Proficiency Policy Amendments	139-147	D. O'Connor	
	6.03	Approval	Prescribing & Therapeutics Policy Amendments	148-157	D. O'Connor	
7	Council Education					
	7.01	Discussion	Review of Council's Policy Governance Approach	--	B. Lessard-Rhead / A. Parr	
	7.02	Information	Program Briefing – Quality Assurance Program	158-161	J. Quesnelle	
	7.03	Information	Program Briefing – Standards Program	162-164	J. Quesnelle	
	7.04	Decision	Equity, Diversity, and Inclusion Committee Appointments	165	A. Parr	
8	Other Business					
	8.01	TBD		--	K. Bretz	
9	Evaluation and Next Meeting					
	9.01	Discussion	Meeting Evaluation	On-line	K. Bretz	
	9.02	Discussion	Next Meeting – November 24, 2021	--	K. Bretz	
10	Adjournment					
	10.01	Decision	Motion to Adjourn	--	K. Bretz	

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

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

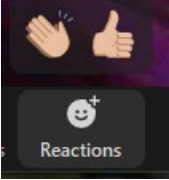
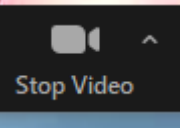
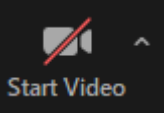
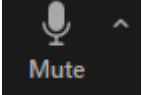
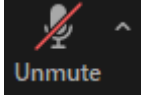
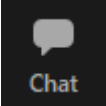
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer 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

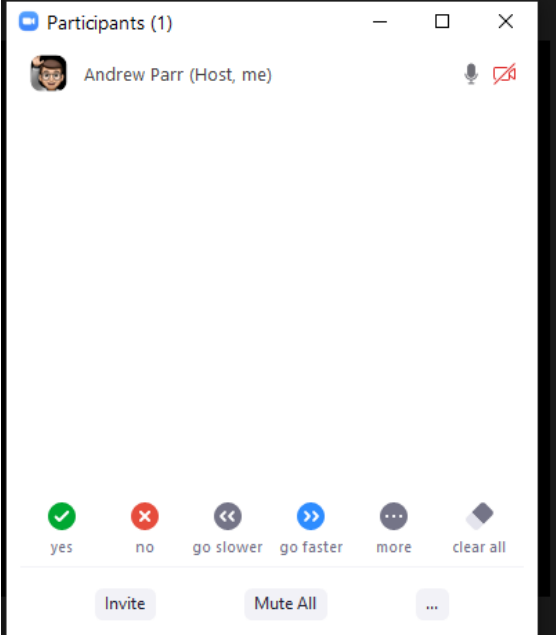
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

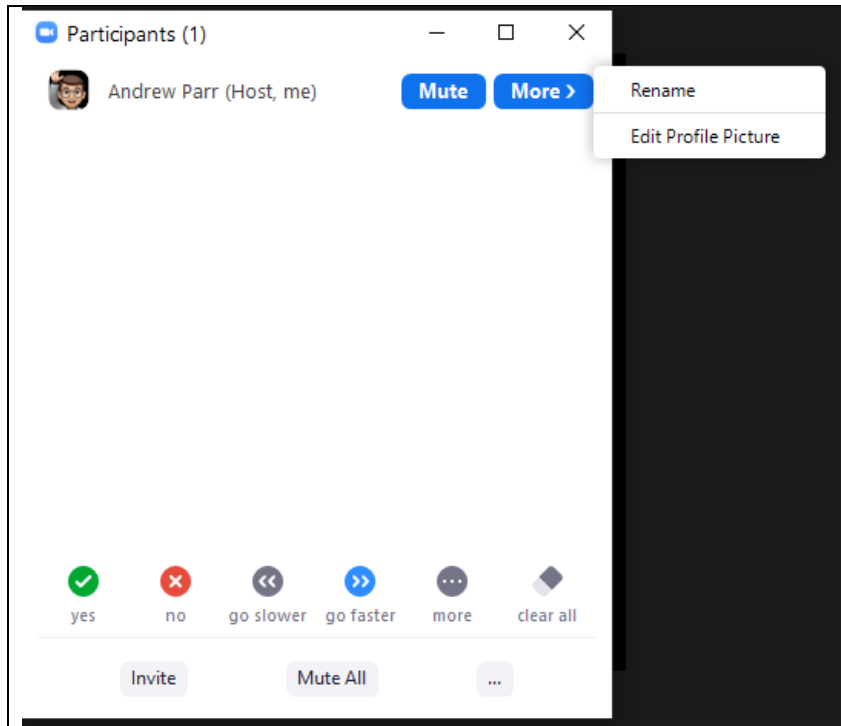
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting 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 with a single entry: "Andrew Parr (Host, me)". To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". Below the participant list, there is a row of icons with labels: a green checkmark for "yes", a red X for "no", a double left arrow for "go slower", a double right arrow for "go faster", a three-dot menu for "more", and a trash can for "clear all". At the bottom of the window, there are three buttons: "Invite", "Mute All", and a three-dot menu.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
July 28, 2021**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (2:2)		
Dr. Jonathan Beatty, ND (2:2)		
Dr. Kim Bretz, ND (2:2)		
Dr. Shelley Burns, ND (2:2)		
Mr. Dean Catherwood (2:2)		
Mr. Brook Dyson (2:2)		
Ms. Lisa Fenton (2:2)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:2)		
Dr. Jennifer Lococo, ND (2:2)		
Mr. Paul Phillion (1:1)		
Ms. Sarah Griffiths-Savolaine (2:2)		
Dr. Jacob Scheer, ND (2:2)		
Dr. Jordan Sokoloski, ND (2:2)		
Dr. George Tardik, ND (2:2)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administrative Assistant Operations		

Guests		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Justine Wong, Articling Student		
Mr. Thomas Kriens, Auditor		
Ms. Sandi Verrecchia, Satori Consulting		
Dr. Gudrun Welder, ND, Governance Committee Chair		

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:02 a.m. She welcomed everyone to the meeting and recognized newly appointed Public member Mr. Paul Philion.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Jacob Scheer
SECOND:	Sarah Griffiths-Savolaine
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. The Chair added Item 9.01 Appointment of new Public member Mr. Philion to Committee(s).

MOTION:	To approve the Main Agenda as amended.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair.
MOVED:	George Tardik
SECOND:	Brenda Lessard-Rhead
CARRIED.	

4.02 Report on Regulatory Operations from the CEO

The Report on Regulatory Operations from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, provided a detailed overview of the information enclosed in the report. He advised that the report's timelines have been generated to align with the CPMF cycle and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jonathan Beatty
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

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

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

5.01(ii) Governance Process Policies

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

5.01(iii) Ends Policies

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

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

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 1). Dr. Brenda Lessard-Rhead, ND (Inactive), Chair of the Governance Policy Review Committee (GPRC), provided a detailed overview of the amendments being

presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee as presented.
MOVED:	Lisa Fenton
SECOND:	Shelley Burns
CARRIED.	

5.03 Proposed New/Amended Policies from GPRC

5.03a Process for Election of Officers – GP 23.03

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

MOTION:	To approve the proposed amendments to GP 23.03 as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

5.03b Participation in Outside Activities or Events – GP 29.00

Dr. Lessard-Rhead, ND (Inactive), provided a detailed overview of the newly drafted policy included within the Council's package to help govern the process for the participation of Council and Committee members in outside activities and responded to any questions that arose during the discussion.

MOTION:	To approve GP 29.00 as presented.
MOVED:	Asifa Baig
SECOND:	Shelley Burns
CARRIED.	

6. Business

6.01 Audit Committee Report on the 2020-2021 Audit

A copy of the Audit Committee Report on the audit for the fiscal year April 1, 2020, to March 31, 2021, was circulated in advance of the meeting. Ms. Lisa Fenton, on behalf of 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.
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MOVED:	Jacob Scheer
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.02 Auditor's Report and Audited Statements – Fiscal Year 2020-21

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, 2020, to March 31, 2021, as presented.
MOVED:	Jonathan Beatty
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

The Chair thanked Mr. Kriens and Ms. Fenton for presenting their reports to Council.

6.03 Good Character Policy

A Briefing Note and corresponding documentation highlighting the proposed changes to the Good Character Policy were circulated in advance of the meeting. Dr. Shelley Burns, ND, speaking on behalf of the Registration Committee and Chair Dr. Danielle O'Connor, ND, 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 Good Character Policy as presented.
MOVED:	Jacob Scheer
SECOND:	Brook Dyson
CARRIED.	

6.04 Ontario Clinical Sciences Examination (CSE) – Blueprint

A Briefing Note and corresponding documentation highlighting the proposed changes to CSE Blueprint were circulated in advance of the meeting. Dr. Shelley Burns, ND, speaking on behalf of the Registration Committee and Chair Dr. Danielle O'Connor, ND, 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 Sciences Examination Blueprint as presented.
MOVED:	Lisa Fenton
SECOND:	George Tardik

CARRIED.	
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The Chair thanked Ms. Burns for presenting the proposed changes to Council.

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

A Briefing Note listing the Governance Committee's recommendations on the appointments of the EDIC was circulated in advance of the meeting. Dr. Gudrun Welder, ND, Governance Committee Chair, presented the Committee's recommendations to the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Governance Committee's recommendations and thereby appoint the individuals named to the EDI Committee, with Dr. Jamuna Kailash, ND, as Chair.
MOVED:	Jordan Sokoloski
SECOND:	Lisa Fenton
CARRIED.	

6.06 Annual Statutory Committee Reports

The annual Committee Reports submitted by each statutory Committee Chair were distributed in advance of the meeting. The Council 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:	Jordan Sokoloski
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.07 Annual Report on Operational Performance

A Briefing Note and corresponding documentation indicating whether an activity has met, was below, or above the College's expectation as set out in the Operational Plan were circulated in advance of the meeting. Mr. Parr highlighted one major change to the report, that the CEO Performance Review section has been removed, allowing this Report to be publicly available and furthering the College's commitment to transparency. In addition, he provided a detailed summary and reasonings behind the selected expectations for each line item and responded to any questions that arose during the discussion.

MOTION:	To approve the Annual Report on Operational Performance as presented.
MOVED:	Brook Dyson
SECOND:	Paul Phillion
CARRIED.	

7. Council Education

7.01 Council and Committee Evaluations

The Council Chair welcomed Ms. Sandi Verrecchia, President of Satori Consulting, to the meeting to present the feedback from the various surveys completed by each Council member. She went into further detail about the categories that scored less than 8.5/10, for instance, Council Orientation, and provided suggestions on how to improve in these areas. In addition, she highlighted areas that were expressed by members to receive more education or training, for example, risk management. She responded to any questions or concerns that arose during the discussion.

The Chair thanked Ms. Verrecchia for attending the meeting.

7.02 Program Briefing – Patient Relations Program

A Briefing Note highlighting the Patient Relations 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.

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

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 10:32 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:	Sarah Griffiths-Savolaine
SECOND:	Brenda Lessard-Rhead
CARRIED.	

9. Other Business

9.01 Committee Appointment of new Public Member

The Council Chair advised the Council members that newly appointed Public member, Mr. Paul Philion, has been selected to join the Registration, Discipline and Fitness-to-Practise Committees.

MOTION:	To appoint Paul Philion, newly appointed Public member, to the Registration, Discipline and Fitness-to-Practise Committees.
MOVED:	Shelley Burns
SECOND:	Lisa Fenton
CARRIED.	

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 29, 2021. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment**11.01 Motion to Adjourn**

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:22 p.m.

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

Recorded by: Monika Zingaro
Administrative Assistant, Operations
July 28, 2021



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 29, 2021

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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, 2021

During the reporting period the Audit Committee convened on July 15, 2021, to review and accept the Auditor's Report and draft Financial Statements for fiscal year April 1, 2020, to March 31, 2021, from Kriens-LaRose LLP. These statements and Committee's findings were presented at the Council meeting on July 28, 2021.

Dr. Elena Rossi ND

Chair

September 2021

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collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

September 2021

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review.

The Exam Appeals Committee did not meet in the July 1, 2021, to August 31, 2021, reporting period.

Thank you,

Dianne Delany
Chair
September 2021



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

September 2021

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

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

Dr. Kim Bretz, ND
Council Chair
September 2021



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
September 2021

Between July 1, 2021 and August 31, 2021, the Inquiries, Complaints and Reports Committee held two regular online meetings – July 8th and August 5th.

In July, 15 matters were reviewed, ICRC members approved 5 Decisions and Reasons and drafted 2 reports.

In August, 10 matters were reviewed. No new reports were drafted for this meeting, ICRC members approved 1 Decision and Reasons.

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

Additionally, the ICRC delivered 4 oral cautions within the reporting period. The cautions continue to be performed online. While the delivery of oral cautions continues to be successful in the online format, the Committee members noted that additional training with respect to anticipating and mediating Registrant responses is necessary. This will be addressed in the yearly ICRC training scheduled for September 28, 2021.

Dr. Erin Psota, ND
Chair
September 17th, 2021



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

September 2021

The Governance Committee, convenes on an as-needed basis, based on the by-laws.

During the reporting period July 1, 2021, to August 31, 2021, the Committee convened on two occasions.

On July 8, 2021, the Committee met to review applications for the newly created Equity, Diversity and Inclusion (EDI) Committee and to recommend any applications for appointment by Council during the July 2021 meeting. The Committee recommended 10 people for appointment.

On August 4, 2021, the Committee met to review two additional EDI Committee applications for recommendation of appointment by the Council during their September meeting. In addition, the Committee reviewed the newly designed Volunteer Training sessions and Program and provided any feedback.

The Committee expects to meet in early October 2021.

Thank you,

Dr. Gudrun Welder, ND
Chair
September 2021



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

July 1, 2021 – August 31, 2021

Since the date of the last report in May 2021, the Patient Relations Committee (PRC) met on one (1) occasion via teleconference, on Wednesday, August 25, 2021, with all committee members duly present for the meeting.

Ongoing Issues/Topics for Discussion

Review of Program Policy of the PRC

At its August meeting, the Committee agreed to review and update its current Program Policy document at its next meeting to ensure it is up to date and fully provides the required policies and guidelines for handling sexual abuse cases reported to the College.

Funding for Therapy and Counselling

Since the date of the last report, there have been no new applications for funding for therapy and counselling during this reporting period. There continues to be four active files with a total of \$21,509.80 of funding accessed with a total of \$2,019.40 being accessed since the last report.

Next Meeting Date

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

Sam Laldin
Chair
September 15th, 2021



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT September 2021

Meetings and Attendance

Since the date of our last report to Council in July, the Quality Assurance Committee has met on one occasion, via teleconference, on September 13th. The Committee did not meet in July and its previously scheduled August meeting had been deferred to September as it was not able to meet quorum requirements.

Activities Undertaken

At this **September** 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 and provided feedback on the proposed Competency Framework for Council and Committee Members document presented by staff.

The Committee also reviewed and made decisions, with respect to one submission from a Registrant on their Peer and Practice Assessment results as well as 8 Peer and Practice Assessment extension requests.

The Committee also reviewed and made decisions with respect to 8 Group I Continuing Education (CE) reporting extension requests. One Registrant who has failed to meet the Group III CE reporting requirements was reviewed and a decision to require a mandatory Peer and Practice Assessment was issued.

And finally, the Committee also reviewed, made amendments to and approved several new and previously considered Self Assessment Questionnaires for future implementation. These included: Conflict of Interest, Delegation, Fees and Billing, Informed Consent, Record Keeping, Sexual Abuse and Boundaries, and Telepractice.

Next Meeting Date

October 19, 2021

Respectfully submitted by,

Barry Sullivan, Chair,
September 17, 2021

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The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
(Sept 2021)

At the time of this report, the Registration Committee met on July 21st and August 18th.

Entry-to-Practise Reviews and Referrals

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

Policy Review

The Committee undertook review of draft amendments to the Language Proficiency policy and Prescribing and Therapeutics Program and Exam policy.

Registration Committee Meeting Evaluation

The committee reviewed and discussed the competencies document provided by the CEO and provided feedback.

Currency Hours

The Committee reviewed and discussed current requirements around currency hours for Registrants registered in the General class as they pertain to direct patient care. This matter will be brought forward again at a future meeting in conjunction with draft edits to the Registration Policy.

Danielle O'Connor

Danielle O'Connor, ND
Chair
Registration Committee
Sept 20, 2021



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

September 2021

During the reporting period of July 1, 2021 to August 21, 2021, the SSRC did not meet. The Committee is next scheduled to meet in November to review the preliminary Scope of Practice work.

Respectfully submitted by

Dr. George Tardik, ND

Chair

September 2021

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The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

September 2021

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

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

Discipline Hearings

No hearings were held during the reporting period.

New Referrals

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

Committee Meetings and Training

The Committee as a whole did not meet during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair
20 September 2021



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

September 2021

This serves as the Chair report of the Inspection Committee for the period July 1, 2021 to August 31, 2021.

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

Dr. Sean Armstrong, ND

Chair

September 2021



The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT September 2021

Meetings and Attendance

The Governance Policy Review Committee met on one occasion between July 1 and August 31, 2021, via video-conference, on July 9. Attendance has been good with no concerns regarding quorum experienced.

Activities Undertaken

At its **July** meeting, the Committee reviewed and discussed two Governance Process Policies, specifically GP 16 and GP23. The Committee decided to move GP16 – Governance Evaluation to its September meeting, as extensive revisions were required due to the new Council and Committee evaluation process adopted this calendar year. GP23 – Process for Election of Officers was reviewed and discussed and proposed amendments were brought forward to Council for approval at the July 31 Council meeting.

As part of the mandated detailed annual review of all Policies, the Committee reviewed the Executive Limitations Policies (Part 1: EL01 – EL09) and considered related Council member feedback in developing proposed amendments to those policies. These proposed amendments were submitted to Council for review and approval at their July 31 meeting.

Finally, the Committee received a Council Briefing Note from the CEO with regards to the Equity, Diversity and Inclusion (EDI) Committee.

Issues

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

Next Meeting Date

November, 2021

Respectfully submitted by,

Brenda Lessard-Rhead, Chair,
September 21, 2021



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

September 2021

During the reporting period of July 1, 2021 to August 31, 2021, the Standards Review Committee did not meet.

Their next meeting is scheduled for September 15, 2021 where they will be reviewing the Core Competencies.

Respectfully submitted

Dr. Elena Rossi, ND
Chair
September 2021



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 29, 2021

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 259)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (July, August)	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 2021 Council meeting.

Complaints Screening Criteria

by Natasha Danson
September 2021 - No. 259

What criteria should be used to screen complaints for a possible referral to discipline? Decades ago most screening bodies simply referred a complaint where there was a *prima facie* case. Restated, the test was whether, if the evidence were believed, a finding could be made.

Following the 1993 *G. Arthur Martin report* on charge screening in criminal cases, most screening bodies felt they could scrutinize the evidence somewhat to ensure that there was a reasonable prospect of a finding before making a referral. This represented a change from the previous test, permitting screening bodies to do some weighing of the evidence.

With the advent of educational and remedial alternatives to a referral to discipline, screening bodies began to consider a second criterion in addition to the strength of the evidence as part of the reformulated test: whether the allegations warranted a discipline hearing. See *Re Matheson and College of Nurses of Ontario*, 1980 CanLII 1614 (ON CA), <https://canlii.ca/t/q1hzi>.

The Alberta Court of Appeal has recently conducted a detailed review of the criteria for referral to discipline in the context of police discipline cases in *Conlin v Edmonton (City) Police Service*, 2021 ABCA 287 (CanLII), <https://canlii.ca/t/jhksl>.

The *Conlin* case involved a number of appeals of screening decisions made by the Chief of Police (the screening body under that legislation). The Court identified the primary issue before it of whether previous cases had conflated the two tests for assessing the evidence (i.e., the evidence if believed test or the reasonable prospect of a finding test).

The Court said that it was inappropriate to conflate the two tests. The proper reasonable prospect of a finding test has three components to it:

(a) The test, overall, is whether there is a “reasonable prospect of establishing the facts necessary for a conviction” at a hearing. This test only requires “a reasonable basis in the evidence” that would support a conviction, not that a conviction be probable or likely. The alternative formulation of the test in *Land* as being “enough evidence that, if believed, could lead to conviction” has turned out to be less helpful, and it should be avoided.

(b) In performing this screening role, the chief of police is entitled to consider, as a whole, all of the evidence that has been gathered by the investigation, both direct and circumstantial, and inculpatory and exculpatory. While a limited weighing of the evidence is appropriate, the chief of police is not to determine if the charges are “proven”, nor the comparative reliability of parts of the evidence. This limited weighing of the evidence can include an assessment of plausibility, reliability and credibility

(c) ... The chief is entitled to take a realistic view of the evidence using the lens of his experience with policing.

The Court added, however, that this test does not mean that a “he said, she said” case should not be referred to a hearing. Even without corroboration, there could be a reasonable prospect of a finding:

For example, a recurring scenario in sexual assault prosecutions is that the complainant testifies there was “no consent”, whereas the accused testifies there was “consent”. Since sexual assault tends to be a crime committed in private, there are rarely any independent

FOR MORE INFORMATION

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

WANT TO REPRINT AN ARTICLE

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

witnesses or corroborating evidence on the issue of consent. Yet convictions result with some frequency in this situation. The explanation is simply that the complainant is believed at trial, and her evidence is of sufficient weight to allow the Crown to prove the case beyond a reasonable doubt. That eventuality is what can show a reasonable prospect of conviction.

At a hearing, the law does not require proof based on uncontradicted evidence....

While a chief of police is entitled to engage in some weighing of the evidence in performing the gatekeeping function, it would be an error for the chief to proceed on the assumption that complainants generally are not believable or that the evidence of the police officer will always be preferred. Such assumptions undermine the need to hold police officers to account for their conduct.

The Court accepted that there was a second part of the screening process, namely whether the allegations were serious enough to warrant a discipline hearing:

Further, the chief of police is entitled to consider the seriousness of the allegations, the need to maintain discipline within the police service, and the need to maintain the reputation of the police service.

Somewhat perplexing was the Court's suggestion that this second part of the test could affect the first, reasonable prospect of a finding, test. One would think that the two parts of the test for referral should be applied independently.

Another perplexing comment by the Court was reference to policy reasons for not holding a hearing even where there is a reasonable prospect of a finding: "The "policy reasons" for not holding a hearing arise in

'unusual circumstances'". It is unclear whether this comment relates to the second part of the test (whether a referral to discipline is warranted) or whether there is a third criterion where even serious allegations might not be referred to a hearing (e.g., compassionate grounds such as where the practitioner is seriously ill).

Care should be taken in applying this case to professional regulators. The Court indicated that different considerations may apply because the Police Chief was not an external regulator and the police officers involved were employees, among other considerations. However, the emphasis on clarity of screening criteria should be relevant to all regulators.

In addition, the breadth of the types of factors that should be taken into account when screening a complaint in police matters has analogies to other professions:

In the policing context, the range of reasonable outcomes justified by the relevant constellation of law and facts anticipates consideration of the factors previously mentioned, including: the evidence uncovered in the investigation; the strength of the evidence; the validity or appropriateness of any explanation given by the police officer for the impugned conduct; the Chief of Police's experience as a police officer; the chief's knowledge of the police service and its policies; the Chief's general knowledge about policing standards; the seriousness of the allegations; the need to maintain discipline within the police service; the need to maintain the reputation of the police service; the overall context in which the events happened; the event itself; the complainant's and the police officer's perceptions of what occurred; and the perception that an objective observer would have of the events.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

While perhaps not providing the clarity a regulator might desire, this case does contribute to the discussion. The case can be found at:
<https://canlii.ca/t/jhksl>.

Legislative Update – What Happened in July 2021?

Prepared by Richard Steinecke

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Ontario Bills (www.ola.org)

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

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

There were no relevant proclamations this month.

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

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations were made relating to the management of the pandemic. Most relate to the nature of restrictions.

Legislative Update – What Happened in July 2021?

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

Funeral, Burial and Cremation Services Act, 2002 – The regulatory body for the bereavement sector is consulting on a number of proposed regulatory changes including:

- Transparency of price information
- Displaying the Bereavement Authority of Ontario logo on bereavement service operator websites
- Disclosure requirements for promotional materials
- Taking steps to prevent upselling and/or aggressive sales practices
- Not allowing the licensing of new disposition technology providers until safety of the technology can be confirmed
- Priority of persons with legal authority to make decisions regarding decedents.

Comments are due by August 9, 2021.

Modernizing Privacy Legislation in Ontario – The government has published a white paper that will expand privacy rights to for profit and not-for-profit organizations (including regulators?). The proposals would expand the duty to obtain consent related to personal information. Other provisions would relate to data portability (at the request of the individual), use of artificial intelligence, protection of children, and enhanced oversight by the Information and Privacy Commissioner. Comments are due by September 3, 2021. (*Deadline updated July 28, 2021*)

Bonus Features

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

A Bright Line

The Ontario Court of Appeal has formally considered its previous sexual abuse cases upholding revocation for frank acts of sex by health practitioners and patients. The Court has reaffirmed its previous decisions finding such a sanction as both fair and constitutional: *Tanase v. College of Dental Hygienists of Ontario, 2021 ONCA 482 (CanLII)*, <https://canlii.ca/t/jgq15>.

The practitioner had a professional relationship with the patient. This developed into a personal and sexual relationship. They eventually married. Treatment continued periodically during this time. The practitioner thought the sexual relationship was acceptable because a colleague said

Legislative Update – What Happened in July 2021?

that a spousal exception applied. In fact, the spousal exception was only proposed and was not enacted for some years afterwards. The practitioner challenged the fairness of the mandatory revocation provision as well as relying on the liberty and security of the person provisions and the cruel and unusual treatment protections contained in the *Canadian Charter of Rights and Freedoms*.

On the main issue of whether sexual abuse must be exploitative or abusive to constitute professional misconduct the Court said:

This argument must be rejected. In essence, it invites the court to convert the bright-line rule prohibiting sexual relationships into a standard requiring the nature and quality of sexual relationships between practitioners and patients to be evaluated to determine whether discipline is warranted in particular circumstances. It finds no support in the language of the Code and would frustrate its clear purpose. Moreover, it begs the question by assuming that no concerns arise in the context of pre-existing sexual relationships, regardless of the nature or duration of those relationships.

The Code is clear when it comes to sexual relationships. It is neither ambiguous nor vague. Professional misconduct is established once sex occurs between a member of a regulated health profession and a patient. That the misconduct is termed “sexual abuse” neither mandates nor permits an inquiry as to the nature of a sexual relationship. The Legislature did not prohibit only sexual relationships that are abusive, leaving it to disciplinary proceedings to determine what constitutes abuse; it prohibited sexual relationships between regulated health practitioners and their patients per se. This approach obviates the need for discipline committees – bodies composed of health care professionals and laypeople – to inquire into the nature of sexual relationships and whether, as the appellant would have it, they give rise to “actual sexual abuse” because they arise out of coercion or exploitation. Justice Feldman’s observation in *Leering*, at para. 41, remains apt:

The discipline committee of the College has expertise in professional conduct matters as they relate to chiropractic practice. Their expertise is not in spousal relations or dynamics, nor would it be fruitful, productive or relevant to the standards of the profession for the committee to investigate the intricacies of the sexual and emotional relationship between the professional and the complainant. That is why the Code has defined the offence in such a way that the fact of a sexual relationship and the fact of a doctor-patient relationship are what must be established.

In finding that section 7 of the *Charter* does not apply to mandatory revocation of one’s right to practise one’s profession, the Court said:

But s. 7 does not apply simply because legislation gives rise to serious consequences. Psychological integrity is a narrow and limited concept, and the right to security of the person is engaged only if there is a serious and profound effect on psychological integrity. The matter is to be judged on an objective basis, having regard to persons of ordinary sensibilities. It is irrelevant whether state action causes upset, stress, or worse. There must be a serious and profound impact on psychological integrity before the protection of s. 7 is engaged. Nothing in this case suggests that this threshold has been crossed, nor has the appellant proffered any basis for this court to revisit that threshold.

Legislative Update – What Happened in July 2021?

In terms of section 12 of the *Charter* the Court said:

...the appellant says, the combined effect of mandatory revocation of registration and the permanent notation on the public register constitutes cruel and unusual treatment.

The appellant's submissions founder at the first stage of the inquiry. Although "treatment" may extend the protection of s. 12 beyond instances of punishment and other state action associated with the criminal law that affects individuals, there is no authority supporting the premise that professional regulation constitutes "treatment" within the meaning of s. 12. I see no basis for concluding that regulation of the health care professions is subject to s. 12, and no basis for concluding that it would meet the very high bar established by the Supreme Court in any event.

The bright line – prohibiting a simultaneous professional and sexual relationship remains in place.

No Circumventing the Appeal Route

Appeals from discipline hearings require a bit of effort. They have to be brought quickly. The appealing party has to prepare a copy of the record and order a transcript. There are tight timelines for completing the written argument. An application for judicial review can be a bit easier to initiate. There is no firm deadline to commence them (although taking more than six months to commence one can result in a presumption of delay). The tribunal has to prepare a first copy of the record. If the tribunal has a copy of the transcript, that can result in a significant cost savings. Also, judicial reviews are not always limited to final decisions of tribunals.

However, in *Savic v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 4756 (CanLII), <https://canlii.ca/t/jgr2k> the Court held that, where an appeal is available, that is the route that must be taken barring exceptional circumstances. In that case the former practitioner delayed over two years in commencing the application for judicial review. The Court held that difficulty in retaining counsel, the difficulty in now obtaining permission to appeal so late, the extra work and cost involved in preparing an appeal record, and the advantage of combining the challenge to the discipline hearing with that in another complaints matter do not constitute exceptional circumstances.

The Court also held that the delay in challenging the complaints matter provided a basis for not permitting the application for judicial review on that matter as well.

Where an appeal is available, that is the proper way of challenging a decision.

Court Acts as Gatekeeper to Regulator Misconduct Complaints

Courts are becoming more assertive in controlling vexatious litigants. A recent decision from Alberta indicates that in some circumstances Courts will prevent vexatious complaints to a professional regulator. The history of why the initial order was made is not clear in *Association of Professional Engineers and Geoscientists of Alberta v Drover*, 2021 ABQB 511 (CanLII),

Legislative Update – What Happened in July 2021?

<https://canlii.ca/t/jgrq5>. However, in addition to preventing the individual from taking steps in court proceedings, the Court also ordered the following:

To make a complaint to the Association of Professional Engineers and Geoscientists of Alberta about any member of the Association of Professional Engineers and Geoscientists of Alberta, David Howard Drover shall submit an application to the Chief Justice or Associate Chief Justice, or his or her designate:

- i. The Chief Justice or Associate Chief Justice, or his or her designate, may, at any time, direct that notice of an application make a complaint to the Association of Professional Engineers and Geoscientists of Alberta about a member of the Association of Professional Engineers and Geoscientists of Alberta be given to any other person.
- ii. Any application shall be made in writing.
- iii. Any application to make a complaint to the Association of Professional Engineers and Geoscientists of Alberta about any member of the Association of Professional Engineers and Geoscientists of Alberta must be accompanied by an affidavit:
 - a. attaching a copy of the Order restricting David Howard Drover's access to complain to the Association of Professional Engineers and Geoscientists of Alberta about any member of the Association of Professional Engineers and Geoscientists of Alberta;
 - b. attaching a copy of the complaint that David Howard Drover proposes make to the Association of Professional Engineers and Geoscientists of Alberta;
 - c. deposing fully and completely to the facts and circumstances surrounding the proposed complaint, so as to demonstrate that the complaint is not an abuse of process, and that there are reasonable grounds for it;
 - d. indicating whether David Howard Drover has ever sued some or all of the defendants or respondents previously in any jurisdiction or Court, and if so providing full particulars;
 - e. undertaking that, if leave is granted, the authorized complaint to the Association of Professional Engineers and Geoscientists of Alberta, the Order granting leave to proceed, and the affidavit in support of the Order will promptly be served on the Association of Professional Engineers and Geoscientists of Alberta; and
 - f. undertaking to diligently prosecute the complaint.

Now, if only regulators had a similar power to prevent someone from making multiple frivolous complaints.

Usurping the Role of the Courts?

Regulators sometimes address conduct by practitioners that is also being addressed by the courts. For example, a practitioner can be disciplined for sexual abuse that is also a criminal charge and a civil cause of action for damages. It is generally understood that the various proceedings have different purposes and there is concurrent jurisdiction. Do the same principles apply where the dispute is over billing by a practitioner and compliance with a related court order? According to *Chijindu v. Law Society of Ontario*, 2021 ONSC 4872 (CanLII), <https://canlii.ca/t/jgvsc>, the answer is yes.

In that case, the practitioner billed a client for recovery of client money that had been misappropriated by others. The practitioner kept more of the recovered money than had been specified in the retainer agreement. A court ordered repayment of most of the funds. Rather than doing so, the practitioner rendered new invoices that were alleged to have been false and misleading. The regulator disciplined the practitioner for failing to comply with the court order, keeping client money that the practitioner was not entitled to, and rendering false accounts. On appeal from the discipline proceedings, the Divisional Court upheld the findings. On the issue of whether the disciplinary process can address billing issues or non-compliance with court orders, the Divisional Court said:

The inquiry undertaken at the hearing division was whether fees charged were fair and reasonable, or contrary to Rule 3.6-1 of the *Rules of Professional Conduct*, and, as noted, the hearing division was empowered by the legislature to determine any question of fact or law before it. Accordingly, we conclude that it was not an abuse of process for the hearing panel to determine whether the fees were fair and reasonable.

Similarly, the Divisional Court did not agree that breaching a court order could only be enforced by a contempt of court proceeding; a regulator could view that behaviour as also constituting professional misconduct.

The Divisional Court also upheld the sanction of revocation, finding that the conduct was dishonest, a breach of trust analogous to misappropriation of client trust funds, and a disregard for the law inconsistent with the practitioner's status as a lawyer.

Legislative Update – What Happened in August 2021?

Prepared by Richard Steinecke

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Ontario Bills

(www.ola.org)

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

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

Vital Statistics Act – The regulation has been amended to specify when and how a registered nurse can issue a medical certificate of death for an individual. (O. Reg. 573/21 filed August 18, 2021)

Ontario College of Teachers Act – A number of regulations have been made affecting the transition of the governance structure of the College, including a smaller and competency-based selection of Council and committee members.

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations were made relating to the management of the pandemic. Most relate to the nature of restrictions.

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

Modernizing Privacy Legislation in Ontario – The government has published a white paper that will expand privacy rights to for profit and not-for-profit organizations (including regulators?). The proposals would expand the duty to obtain consent related to personal information. Other provisions would relate to data portability (at the request of the individual), use of artificial intelligence, protection of children, and enhanced oversight by the Information and Privacy Commissioner. The period of submitting comments has been extended to September 3, 2021.

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

Ontario Not-for-Profit Corporations Act to Be Proclaimed into Force

After more than a decade, the Ontario *Not-for-Profit Corporations Act* will take effect as of October 19, 2021. It will replace the ancient *Corporations Act* of Ontario. For many regulators this will have no impact. For example, s. 2(2) of the *Health Professions Procedural Code* says that the *Not-for-Profit Corporations Act* does not apply to RHPA Colleges unless a regulation says otherwise (no such regulation currently exists). Many regulators are corporations created by their enabling statute and not any general corporate legislation; some regulators will be affected though. For example, some regulators have provisions in the *Not-for-Profit Corporations Act* that, according to their enabling Act, will specifically apply to them, e.g., there are regulators that have created charitable organizations or foundations for some of their activities, such as making grants. For those regulators, we recommend that they check if the *Not-for-Profit Corporations Act* applies to the charitable entity.

There are also some regulators, such as some administrative authorities, that are incorporated under the *Corporations Act* of Ontario that could be significantly affected by the proclamation of this new Act, though regulators incorporated under the federal *Not-for-Profit Corporations Act* will not be affected. There will be a three-year transition period to become compliant with

Legislative Update – What Happened in August 2021?

the *Not-for-Profit Corporations Act*. Nevertheless, affected regulators should act promptly as there could be many important policy decisions to be made about the governance of their organization (e.g., the composition and selection of the Board of Directors). Also, by-law changes will likely require the approval of members. For more information, see:

<https://www.ontario.ca/page/not-profit-corporations-act-2010-transition-considerations>.

Breaching Confidentiality of Another Practitioner's Clients

In an old case that was controversial at the time, a medical practitioner acting in the capacity as a journalist published an article about a medical error in a hospital. The article identified the patient. The practitioner was disciplined for breaching the confidentiality of that patient: *Re Shulman and College of Physicians & Surgeons of Ontario*, 1980 CanLII 1700 (ON SC), <https://canlii.ca/t/g1d6d>.

An analogous case in the internet age can be found at: *Denham v. Ontario College of Social Workers*, 2021 ONSC 5149 (CanLII), <https://canlii.ca/t/jh43v>. The practitioner, a social service worker, was in conflict with a local child services agency in her personal capacity. She surreptitiously recorded a meeting at the agency where confidential non-client information was recorded. The recording was posted on the internet. She also found a gap in the security of the agency's website that provided access to numerous files containing sensitive client information. She posted the URL to those documents on various internet platforms encouraging people to access the information. She also identified (to the traditional media) where on the agency's website the privacy failings were located.

The Divisional Court upheld the finding of professional misconduct and the sanction of a suspension of up to six months along with remediation. The Court said:

In sum, the Committee was entitled on all of the facts before it to find that:

1. the Appellant had demonstrated her disregard for the importance of the rights to privacy and confidentiality of 285 families involved with FCSLLG [the agency] and the potential adverse impact that publication or dissemination of their confidential information could have on them; and
2. she should have known better than to act as she had with regard to the confidential information of FCSLLG and the 285 families.

The conduct was unprofessional. The Court also found that the conduct breached provincial legislation despite the practitioner's acquittal on provincial offences charges. The discipline panel was not bound by that finding given the different standard of proof and the different evidence in the two proceedings. In particular, at the discipline hearing there was evidence of the practitioner encouraging others to access the confidential information left exposed on the agency's website and that the practitioner did not take steps to notify the agency of the privacy breach so that it could be protected. The Court also accepted that the practitioner's conduct was a serious breach of her duty to respect client privacy even if the clients were not hers.

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The Court also accepted that there was no unfairness in the procedure at the hearing where the practitioner was confined to the agreed statement of facts and where documents referenced in the agreed statement of facts were provided to the hearing panel.

Practitioners have a professional obligation to respond appropriately to a privacy breach by others and not to permit or encourage dissemination of confidential client information.

Making Factual Findings in the Complaints Process

The complaints screening process is not a discipline hearing, so complaints screening bodies should be careful not to make credibility findings as if it were a discipline hearing panel. However, that does not mean that complaints screening bodies can make no factual findings. In *Griffith v. Health Professions Appeal and Review Board*, 2021 ONSC 5246 (CanLII), <https://canlii.ca/t/jhn5>, a dentist was cautioned and directed to undergo remediation. The caution, in particular, included an expression of concern about the need for the practitioner to be accurate in their submissions to the regulator, which accuracy the screening body felt was missing in this case. The practitioner appealed to a tribunal that upheld the screening body's decision. The practitioner then sought judicial review of that decision on the basis that such a finding and caution would have a significant impact on their career.

The factual findings related to submissions that the practitioner made about the treatment plan for a patient and the practitioner's assertion that this plan was similar to that of the subsequent treating practitioner. The screening body concluded that those assertions to them by the practitioner were inconsistent with the practitioner's own records. In concluding that these sort of factual findings were permissible, the Court said:

The ICRC is primarily a screening committee, and in carrying out that role it cannot make findings that are reserved to the other committees of the College; it has "no power to make determinations or findings of fact concerning incompetence, incapacity, failure to meet standards or professional misconduct."

However, it is not correct to say that the ICRC [screening body] has no fact-finding powers at all. Rather, while the ICRC "does not assess credibility *per se*, [it] is permitted to engage in some limited weighing of the facts to assess the complaint." The ICRC is entitled to take a critical look at the facts underlying the complaint and the evidence that does and does not support it, along with a myriad of other issues. Where an independent account, such as documentary evidence, is available to corroborate a version of events, there is no need for oral evidence or cross-examination for the ICRC to reach factual conclusions. ...

In making its determination in this case, the ICRC was squarely within this fact-finding sphere. It looked critically at the documentary record before it and the Applicant's

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submissions and identified areas where, in its opinion, it was clear that the Applicant's submissions were inconsistent with the dental records that he and his staff created. ...

The Applicant's fundamental complaint is simply that the ICRC did not accept his explanations. As set out above, the ICRC is entitled to engage in a limited weighing of the facts. In this case, the ICRC concluded that the dental records prepared by the Applicant and his staff did not support his submissions. This is a decision upon which the ICRC directly brought to bear its expertise and experience. The ICRC's decision was coherent, rationally supported by the record and reasonable. *[footnotes omitted]*

The Court also rejected the submission that the screening body and appeal tribunal failed to consider the impact that the caution would have on the practitioner's career and livelihood. A caution is not a punishment even if it is published. The reasons for decision did not require the kind of extensive analysis as to its impact on the practitioner that a disciplinary sanction would have.

Thus, while complaints screening bodies still need to avoid making credibility findings as if it were a discipline tribunal, there are certain kinds of factual findings that it can appropriately make in assessing what sort of remedial direction it might give.

Withdrawing an Undertaking to a Regulator

Can a practitioner withdraw a formal undertaking made to a regulator? That issue arose in *Al-Naami v College of Physicians and Surgeons of Alberta*, 2021 ABQB 549 (CanLII), <https://canlii.ca/t/jh0tv>. In that case, a pediatrician was charged with possession and transmission of child pornography. The regulator sought and obtained a formal undertaking from the practitioner to withdraw from practice until certain criteria had been met. The regulator's investigation was put on hold pending the outcome of the criminal charges. Time passed. The practitioner experienced financial distress. The practitioner sought a revision to the undertaking permitting practice in the presence of chaperones. The regulator refused, in part because the practitioner would not consent to disclosure of the Crown's evidence brief. The practitioner initiated steps to withdraw the undertaking and resume practice. The matter went to court.

The Court held that the undertaking is a formal promise to the regulator and could not be withdrawn unilaterally. However, the regulator was required to reconsider the ongoing appropriateness of the undertaking upon request:

As I suggested, reconsideration complements the use of undertakings. In my opinion, an entitlement to request reconsideration in light of changed circumstances is a reasonable adjunct to the undertaking procedure. The possibility of reconsideration based on changed circumstances or the changed appreciation of circumstances prevents an undertaking from becoming a "trap" and avoids deterring physicians from entering

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undertakings for fear of being trapped. Just as it makes practical sense from a disciplinary process perspective for physicians to accept interim resolutions by way of undertaking, so it makes sense for the College to reconsider interim resolutions. Without reconsideration, physicians would be better off to invite suspension or the imposition of conditions and to seek relief in the courts through a stay application.

The reconsideration should contain three components:

First, is the complaint supported by credible evidence or by a prima facie case? Second, do the circumstances of the complaint show that the physician represents a risk to the public? Third, given the risk of harm, what interim restrictions or conditions would be required to abate, manage, or mitigate that risk?

The Court found that the regulator had not conducted a proper reconsideration. While the first two components were supported in the circumstances, the regulator had not adequately considered whether a revision of the undertaking, short of a complete withdrawal from practice, would adequately protect the public.

The Court also found that the regulator could not take into account the practitioner's failure to provide consent for disclosure of the Crown's evidence brief because it was not directly related to the reconsideration criteria and that it was otherwise inappropriate.

The Court referred the matter back to the regulator to properly consider whether the undertaking should be modified and, if so, to determine the content of the replacement restrictions.

This case suggests that a regulator may have an obligation to consider a request to modify an undertaking. This case related to an interim undertaking. However, should this duty also apply to permanent undertakings, additional considerations might apply including ensuring that the regulator has sufficient evidence to assess risk should such a request be made.

Rudeness towards Colleagues

It is professional misconduct to be significantly rude to one's colleagues. In the legal profession, such rudeness is often called "incivility". It is more challenging to prosecute such cases where the rudeness occurs in a legal proceeding where the practitioner has a duty to vigorously advocate for their client. However, in *Histed v Law Society of Manitoba*, 2021 MBCA 70 (CanLII), <https://canlii.ca/t/jhvjz>, such a finding of incivility was upheld.

In that case, the practitioner made repeated comments about prosecuting counsel in a criminal case. In essence the practitioner accused the colleagues of causing the suicide of a complainant by the manner in which they prosecuted the case. The practitioner also said that the prosecutors tried to extort the practitioner's client by suggesting in the course of settlement

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discussions that a more serious charge would be proceeded with if resolution was not achieved. In effect, the practitioner attacked their integrity. The Court considered the freedom of expression values contained in the *Canadian Charter of Rights and Freedoms* as applied in the case of *Groia v. Law Society of Upper Canada*, 2018 SCC 27 (CanLII), [2018] 1 SCR 772, <https://canlii.ca/t/hsb9d>. The Court found that the disciplinary panel had looked at all of the surrounding circumstances: “The record amply supports the Panel’s conclusion that there was no reasonable basis for the allegations and they were not founded on an honest assessment of the evidence.” The Court concluded:

The allegations directly impugned the integrity of the Crown and the Assistant Deputy, and struck at the core of their professional obligations as ministers of justice. The Panel considered that these attacks were personal and disparaging of their character. The communications included gratuitous comments, such as the appellant’s personal opinion about the Crown’s handling of other cases and irrelevant aspersions regarding the Assistant Deputy’s intention in filing the complaint. The Panel was particularly critical of the appellant for targeting the character and motivation of the Crown and the Assistant Deputy when he knew that their actions, in relation to the NCO, were in accordance with longstanding Manitoba Justice domestic violence policy. The Panel also took note that the allegations were repeated multiple times in stronger language as time went on through to and including the hearing.

It is apparent from a review of the Panel’s decision, the evidentiary record and the submissions of counsel, why the Panel concluded that the cumulative impact of repetitive, unfounded, serious personal attacks using unnecessary invective and a disrespectful tone, was uncivil and amounted to professional misconduct. I would not accede to this ground.

The finding of incivility was upheld.

Focus on the Allegations!

It is trite to say that a discipline panel can only make findings in respect of the allegations contained in the notice of hearing document. However, applying that principle can sometimes be challenging. In *Whieldon v British Columbia College of Nurses and Midwives*, 2021 BCSC 1648 (CanLII), <https://canlii.ca/t/jhnig>, a registered nurse working in a perinatal unit was alleged to have engaged in professional misconduct and to demonstrate incompetence. The main allegation under review was worded as follows:

(c) on or about May 6, 2016, during the bath of Patient #3, an infant (B.G.M.), you observed and documented signs and symptoms that may have indicated seizure activity by stating, "strange movements with hands, clenching, splaying fingers, gripping & internally rotating wrists - will need to observe". B.G.M. was 1 day old and you were involved in her delivery, which was vacuum-assisted due to fetal tachycardia greater

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than 170 beats per minute. B.G.M.'s one minute Apgar score was 1 and her 5 minute Apgar score was 9. Despite your knowledge regarding B.G.M.'s birth events and Apgar scores, your observation regarding the "strange movements" and your documentation regarding same, you did not appropriately advise Patient #3's parents of your observations or escalate the infant's care by notifying the charge nurse, patient care coordinator, or physician; further, you did not perform any additional assessments of infant Patient #3.

The Court found that the core of this allegation was that the practitioner had failed to escalate the concerns by notifying her colleagues. The Court found that the reasons of the panel focused too much on whether the baby's symptoms observed by the practitioner indicated possible seizures. The Court was also concerned that the panel did not acknowledge the evidence that the practitioner had, in fact, notified a number of her colleagues of the observations she had made. As a result, the Court determined that the hearing was procedurally unfair in that findings made (about understanding what the baby's symptoms might indicate) did not match the wording of the allegations, which focused on the lack of escalation of the concerns.

The Court also had concerns of a similar nature with other aspects of the discipline panel's reasons for decision. This case emphasizes that the reasons of the panel should directly address the allegations as worded.

Practical Constraints on Clinical Examination Appeals

Appealing a clinical assessment or examination is challenging. Even in the internal appeal stage, where there are experts present, it is often impossible for the appeal body to review the actual work, which cannot effectively be preserved. As the Court said in *Chauhan v The National Dental Examining Board of Canada*, 2021 BCSC 1538 (CanLII), <https://canlii.ca/t/jhfw2>,

In this case, it is worth noting that the Appeal Panel's review of the grading of the Dental Dam Requirement is necessarily limited by the factual constraint that the applied dental dam material, clamp and frame cannot be transported and therefore preserved in the event of an appeal. This practical constraint bears on this court's assessment of the reasonableness of the Appeal Panel's decision.

Even if preservation of the work is possible, internal appeals are generally a review of the process and procedures and not a completely fresh evaluation of the quality of the work.

Finally, on a judicial review, a court just does not have the capacity to evaluate the work on the merits. As said in *Chauhan*:

As this court noted in *Verma*, "[s]itting in a courtroom on judicial review, I have neither the qualifications nor an evidentiary basis that would justify me in characterizing the panel's assessment as unreasonable."

While there still is scope for review of processes and procedures, appeals of clinical assessments suffer from significant practical constraints.

Bad Faith Investigations

It is difficult to sue a regulator for their investigations even if the resulting discipline hearing is resolved in the practitioner's favour. The practitioner needs to prove that the investigation was conducted in bad faith or with malice for there to be liability. Negligent investigation is not sufficient. For that reason, many such proceedings are dismissed without the necessity of a hearing because the bad faith is not particularized. However, in *Robson v. The Law Society of Upper Canada*, 2021 ONSC 5271 (CanLII), <https://canlii.ca/t/jhh33>, the motion to dismiss the claim before trial was unsuccessful.

The practitioner was ultimately successful in defending a discipline allegation that he had fraudulently concealed assets in his bankruptcy proceedings. The practitioner claimed that the investigation was conducted in bad faith by only interviewing witnesses who would help prove the allegation and by not interviewing obvious witnesses who might disprove the allegation. There was conflicting evidence about who interviewed whom and when. The Court said that it was possible that bad faith could be established depending on the credibility findings made. The Court directed that the matter proceed to trial.

Not all bad faith claims can be dismissed before trial.

Raising Abuse of Process Concerns

The Divisional Court has again confirmed that abuse of process concerns should first be raised with the discipline panel rather than by an application for judicial review to stay the discipline hearing. In *Pan v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 5325 (CanLII), <https://canlii.ca/t/jhcdh>, a physician was referred to discipline for inappropriate sexual contact with a patient or former patient after having been found not guilty for sexual assault in respect of the same events. The Divisional Court declined to stay the commencement of the discipline hearing on the basis that the application was premature. The practitioner should raise the issue before the hearing panel first and, if unsuccessful, then raise the issue on an appeal of the panel decision. There were no exceptional circumstances warranting the Court's intervention at this point in the process. The Court also said:

As held by this Court in *Karkanis v. College of Physicians and Surgeons of Ontario*, 2009 CanLII 18292 (Div. Ct.), at para. 25, another case where a physician sought a stay before the completion of disciplinary proceedings, "there is a public interest in permitting a self-regulating profession to carry out its supervisory jurisdiction over members without regular interventions by the courts as the process unfolds".

Deferred

Should patient or client records be sealed, as a matter of course, when the matter reaches court? That issue came up in *Maini v. Health Professions Appeal and Review Board*, 2021 ONSC 5750 (CanLII), <https://canlii.ca/t/jhqt6>. In that case, the regulator sought a sealing order in a court proceeding challenging the disposition of a complaint. The motion was brought in part because of the greater public access associated with online court hearings due to the pandemic. The Court declined to make the sealing order for a number of reasons including: the patient had not requested it and was not represented on the motion, the files were not sealed at the tribunal proceedings below, there was nothing exceptionally sensitive about the patient record in this case, the online hearing process of the Court was temporary, and this was not a good case in which to establish fundamental principles.

The Court deferred the issue saying: “this is not the case, this is not the time, and this is not the place, to be trying to settle these issues of principle at first instance”.



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 28, 2021

11 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.	2 @ 3 4 @ 4 5 @ 5	4.2
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.	1 @ 3 4 @ 4 6 @ 5	4.5
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	1 No response 2 @ 3 1 @ 4 7 @ 5	4.2
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.	1 @ 3 4 @ 4 6 @ 5	4.5
Right People	Council agenda items often require individuals who are not on Council to make a presentation and/or answer questions. This could include Committee Chairs, external consultants or staff. 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	1 @ 1 2 @ 3 3 @ 4 5 @ 5	4.0

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	here to • 5 - All of the right people were here.		
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.	6 @ 4 5 @ 5	4.5
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale: • 1 - Not at all adequately prepared to • 5 - More than adequately prepared.	3 @ 3 5 @ 4 3 @ 5	4.0
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.	1 @ 3 6 @ 4 4 @ 5	4.1
What Worked Well	From the following list, please select the elements of today's meeting that worked well. • Meeting agenda • Council member attendance • Council member participation • Facilitation (removal of barriers) • Ability to have meaningful discussions • Deliberations reflect the public interest • Decisions reflect the public interest	• Meeting agenda (10) • Council member attendance (9) • Council member participation (7) • Facilitation (removal of barriers) (5) • Ability to have meaningful discussions (6) • Deliberations reflect the public interest (8) • Decisions reflect the public interest (9)	
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement. • Meeting agenda • Council member attendance • Council member participation • Facilitation (removal of barriers) • Ability to have meaningful	• Meeting agenda (1) • Council member attendance (3) • Council member participation (5) • Facilitation (removal of barriers) (0) • Ability to have meaningful	

	discussions • Deliberations reflect the public interest • Decisions reflect the public interest	discussions (2) • Deliberations reflect the public interest (1) • Decisions reflect the public interest (1)
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	This is a final open-ended opportunity for you to provide any feedback on the Council meeting.	
	I was very impressed with the organization and professionalism of the Chair, CEO, the presenters and members as a whole.	
	I had a very good feeling with the early interaction and the warm welcome I received from all those in attendance.	
	I enjoyed the meeting and look forward to the training and my participation on the Committees. I would give it two thumbs up.	
	I liked the inclusion of these survey results in the Consent Agenda - thank you.	
	I would like to request a verbal reminder/review at the beginning of each meeting to keep yourself on mute, unless you are speaking, which method of raising our hands you would like us to use and that we keep our video on during the meeting. This is especially important when we have new members, but is a good reminder for everyone.	
	A productive and efficient meeting!	



The College of Naturopaths of Ontario

Conflict of Interest Summary of Council Members Declarations 2021-2022

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

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

16.01 Definition

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

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

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

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

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

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

Interests from which they receive Financial Compensation

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

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

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

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

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

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

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

Updated: July 16, 2021



The College of Naturopaths of Ontario

Report from the Council Chair

This is the Chair's Report (previously known as the President's Report) of the current Council cycle and provides information for the period July to August 2021.

This recent two-month period has been a calmer period within the COVID-19 pandemic. We completed the process of moving through the CEO Performance Evaluation, which was being led by Professional Member, Dr. Brenda Lessard-Rhead, ND (inactive), with meetings being held on July 5 and 7, 2021 (as previously noted).

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

Dr. Kim Bretz, ND
Council Chair
September 2021



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1742
General Class							1549
In Good Standing	1526	1533					1533
Suspended	15	16					16
Inactive Class							171
In Good Standing	167	166					166
Suspended	5	5					5
Life Members	22	22					22
Changes in Registration Status							
Suspensions	6	2					8
Resignations	2	0					2
Revocations	3	0					3
Reinstatements	1	0					1
Class Changes							
GC to IN	0	1					1
IN to GC (< 2 years)	1	3					4
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	5	5					10
Renewed	11	14					25
Revoked	0	0					0
Resigned/Dissolved	0	1					1
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	2	18					20
On-going applications	16	25					16
Certificates issued	9	5					14
Referred to RC	2	4					6
Approved	0	1					1
Approved – TCLs	0	1					1
Approved – Exams required	0	0					0
Approved – Education required	2	2					4
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	0					1
1.3 Regulatory Activity: Examinations								
	CSE							
	Scheduled	0	1					1
	Held	0	1					1
	Candidates	N/A	68					68
	BME							
	Scheduled	0	0					0
	Held	0	0					0
	Candidates	N/A	N/A					0
	Clinical Practical Exam							
	Scheduled	1	1					2
	Held	0	1					1
	Candidates	23	40					63
	Therapeutic Prescribing							
	Scheduled	1	1					2
	Held	1	1					2
	Candidates	35	14					49
	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	125					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	4	4					8
	Funding Provided	\$2,732	\$2,353					\$5,085
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	8	5					13
	New Premise Inspection							
	Part I Scheduled	8	1					9
	Part I Completed	8	1					9
	Part II Scheduled	1	4					5
	Part II Completed	1	4					5
	New premises-outcomes							
	Passed	12	0					12
	Pass with conditions	5	0					5
	Failed	0	0					0
	Secondary Inspections							
	Scheduled	0	0					0
	Completed	0	0					0
	Second inspections							
	Passed	0	0					0
	Pass with conditions	0	0					0
	Failed	0	0					0
	Type 1 Occurrence Reports							
	Patient transferred to emergency	3	1					4
	Patient died	0	0					0
	Emergency drug administered	0	0					0

Regulatory Activity		May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports								
	New complaints/reports							
	Complaints	4	4					8
	CEO Initiated	5	2					7
	ICRC Outcomes							
	Letter of Counsel	3	3					6
	SCERP	2	3					5
	Oral Caution	6	1					7
	SCERP & Caution	0	0					0
	No action needed	1	2					3
	Referred to DC	0	0					0
	Summary of concerns							
	Advertising	4	0					4
	Failure to comply	0	0					0
	Ineffective treatment	2	2					4
	Out of scope	5	2					7
	Record keeping	1	2					3
	Fees & billing	2	0					2
	Lab testing	0	0					0
	Delegation	0	0					0
	Harassment	0	0					0
	QA Program comply	1	0					1
	C&D compliance	0	0					0
	Failure to cooperate	1	1					2
	Boundary issues	0	0					0
	Practising while suspend.	0	1					1
	Unprofessional, unbecoming	0	0					0
1.8 Regulatory Activity: Cease & Desist								
	C&D Issued	2	3					5
	C&D Signed	1	2					3
	Injunctions							0
	Sought	0	0					0
	Approved	0	0					0
	Denied	0	0					0
1.9 Regulatory Activity: Hearings								
	Pre-hearing conferences							
	Scheduled	1	1					2
	Completed	0	1					1
	Discipline hearings							
	Contested	1	0					1
	Uncontested	1	0					1
	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	82	91					173
	Telephone	59	58					117
	Top inquiries							
	COVID-19	21	17					38
	Scope of practice	12	8					20
	Conflict of interest	0	0					0
	Tele-practice	9	9					18
	Inspection program	0	8					8
	Patient visits	10	0					10
	Advertising	6	0					6
	Lab testing	0	23					23
	Notifying patients when moving	8	4					12
	Fees & billing	0	6					6
	Record keeping	6	6					12
	Grads working for a Registrant	7	0					7
	Completing Forms/Letters for Patients	4	10					14
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	1					1
	Returned	0	0					0
	Overturned	0	0					0
	Pending	2	1					3
1.12 Regulatory Activity: HRTM Matters								
	In progress	1	1					2
	Decided	0	0					0
	In favour of applicant							0
	In favour of College							0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 14, 2021

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, 2021, which represents the first quarter of our fiscal year 2021-2022.

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, 2021.

The College is in a good financial position at the end of Q1. Please note that this report continues to include the full impact of the COVID-19 pandemic which was declared on March 11, 2020.

Canada Emergency Wage Subsidy (CEWS) continues to be available for employers to apply up to September 25, 2021. At the end of July 2021 an announcement was made by the Government of Canada extending the eligibility period until October 23, 2021 and increasing the rate of support employers can receive during the period between August 29 and September 25, 2021. The College is up to date with all CEWS application submissions.

Cash and fixed assets continue to operate with no impairment. Investment rates remain lower in the range of 0.1% to 1% vs. 2% to 3% rate of return. As per RBC, these lowered rates are anticipated to remain over the next 1 to 2 years pending a large increase in consumer spending.

Accounts receivables are monitored closely, as our activity this fiscal year is seeing a continuous flow of revenue month over month, as opposed to over 98% of our Registrants paying their full membership dues by March 31 each fiscal year. This change in monthly revenue is due to approximately one third of Registrants participating in our pre-authorized payment plan to pay for their annual membership dues.

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

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

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

Statement of Operations

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

- **Blue**- notes actual budget and actual expenditures for 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 \$3,011,627. This compares to the Year-to-Date budget of \$2,742,715 resulting in a favorable variance of \$268,912 (110% overbudget). The actual revenue for Q1 represents 90% of the total annual budget, which is typical for the College's operations.

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

Line Item	Current 2021-2022 Fiscal Year				Prior 2020-2021 Fiscal Year		
	Year to Date Revenue	Year to Date Budget	Variance in \$	% within the Budget	Q1- Actual Revenue	Q1- Variance in \$	Q1- Variance in %
Registration Fees	2,806,916	2,649,665	157,251	106% over budget	580,657	(1,938,242)	77% under budget
Examination Fees	169,950	37,000	132,950	459% over budget	675	(54,325)	99% under budget
Inspection Fees	7,500	12,500	(5000)	40% under budget	(2,500)	(22,500)	113% under budget
Interest	396	1,000	(604)	60% under budget	4,828	(15,692)	124% under budget
Investment Income	(486)	6,000	(6486)	108% under budget	1,210	6,710	85% under budget

Misc. Income (CEWS Subsidy)	14,197	22,000	(7,803)	35% under budget	3,618	8,982	71% under budget
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Registration Fees – The overall renewal rate for this fiscal year was 99% slightly higher than the norm of 96%. There were also an additional 60 new registrants in the first quarter. Total revenue for the quarter was \$175,000 above budget.

Examination Fees – 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.

Inspection Fees- There were six Part 1 inspections completed in Q1. This variance is a result of Part 1 inspections grandfathered under old payment structure. New payment structure is a combination of Part 1 and Part 2 fees incorporated into a new premise fee.

Interest- 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.

Investment Income- Current investment portfolios continue to underperform versus anticipated trending for this year. Investment portfolios have been reviewed with our financial institutions and it is anticipated that rates will remain lower over the next 1 - 2 years. This quarter the College's mutual fund investment experienced a loss \$1,473 while our GIC grew by \$797.

Misc. Income (CEWS Subsidy)- This is a new line item which notes the Canada Emergency Wage Subsidy. There were a total of four periods for which the College could apply for. One period the College was ineligible for due to revenue criteria, one is captured in Q1 financials and the remaining two were filed late and will be included in Q2.

Expenses

Total Year-to-Date expenses were \$805,321 versus the Year-to-Date budget of \$1,046,250. The favorable variance of \$241,929 is within 23% of the budget. The primary items that contributed to lowered expenses are as follows:

Line Item	2021-2022				2020-2021		
	Year to Date Expense	Year to Date Budget	Variance in \$	% within the Budget	Q1- Actual Expense	Q1- Variance in \$	Q1- Variance in %
Office and General	57,630	76,616	20,986	27% under budget	56,257	(1,899)	104% over budget
Consulting Fees- General	9,426	44,500	35,074	79% under budget	4,663	64,807	93% under budget

Consulting Fees-Assessors	4,660	13,200	8,540	65% under budget	295	21,455	99% under budget
Exam Fees and Expenses	44,172	65,248	21,076	32% under budget	5,035	62,107	93% under budget
Legal Fees-General	3,675	12,160	8,285	68% under budget	7,822	803	9% under budget
Legal Fees-Discipline	16,840	114,000	97,160	85% under budget	16,499	75,501	82% under budget
Hearings	2,363	15,418	13,055	85% under budget	2,740	31,382	92% under budget
Education and Training	3,737	21,652	17,895	83% under budget	3,035	1,240	29% under budget
Printing and Postage	17	463	446	96% under budget	200	375	65% under budget

Office and General- This quarter the College had savings due to operations continuing to be remote. Costs for copies, janitorial services, and general office supplies were low.

Consulting Fees General- The new College software Alinity was launched in December 2020. Implementation of various components from certain releases continues to be under way this fiscal year. The College is invoiced upon the full implementation of a release. Two out of five releases remain outstanding, they both have been only partially deployed to date.

Consulting Fees Assessors- Quality Assurance Program completed two peer and practice assessments. The only peer assessments that were completed were those ordered by the QA Committee. The randomly generated assessments for 2020-2021 were cancelled due to COVID-19. Inspections as well were delayed due to COVID-19 restrictions, and when a stay-at-home order was in effect, no Part II inspections were completed. A total of six Part 1 inspections were completed.

Exam Fees- Due to COVID-19 there were no exams held in Q1. No costs were incurred for rental space, travel or preparing and marking content for the Prescribing Exam.

Legal Fees General- 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 Discipline/Hearings- One half day and one full day uncontested hearings took place. The contested hearing that was budgeted in Q1 is being deferred to Q3-Q4.

Education and Training- The Inspection Program has not completed any training in Q1. Training for operations including CCDI training for all staff has been deferred to Q2 and health and safety training has been deferred to Q4. Personalized staff development education has

been deferred to Q2 and in some cases cancelled due to course cancellations as a result of ongoing COVID-19 restrictions.

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

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q1 are at 90% 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 24% of budget which is consistent for the end of the quarter using the benchmark of 25%.

Capital Expenditures

With operations remaining remote in Q1 the monies that have been allocated to furniture has been deferred pending the re-opening of the office. A total of 14% of the I.T budget, \$1,065 has been used on the purchase of a new back up battery for the server. It is anticipated that I.T equipment will continue to be replaced, as budgeted.

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

Thank you,

Agnes Kupny
Director of Operations



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION*As of June 30, 2021 (Q1)**25% of Fiscal Year***ASSETS**

Chequing / Savings		
Bank - Operating Funds	\$	336,651.15
Bank - Savings	\$	847,404.40
Petty Cash	\$	700.00
<i>Total Chequing / Savings</i>		<u>\$ 1,184,755.55</u>
Accounts Receivable		
Accounts Receivable	\$	927,141.35
Allowance for Doubtful Accounts	\$	(32,374.50)
Ordered DC Costs	\$	2,000.00
<i>Total Accounts Receivable</i>		<u>\$ 896,766.85</u>
Other Current Assets		
Prepaid Expenses	\$	104,091.25
Investment in Mutual funds	\$	1,572,402.04
Investment in GIC	\$	513,740.00
<i>Total Other Current Assets</i>		<u>\$ 2,190,233.29</u>
Fixed Assets		
Computer Equipment	\$	99,256.40
Furniture and Fixtures	\$	130,846.60
Accumulated Amortn - Computers	\$	(46,077.82)
Accumulated Amortn - Furniture	\$	(141,680.99)
<i>Total Fixed Assets</i>		<u>\$ 42,344.19</u>
TOTAL ASSETS		<u>\$ 4,314,099.88</u>

LIABILITIES AND EQUITY

Accounts Payable		
Accounts Payable	\$	114,660.04
Credit cards	\$	702.93
<i>Total Account Payable</i>		<u>\$ 115,362.97</u>
Other Current Liabilities		
Accrued Liabilities	\$	55,522.26
Deferred Income	\$	-
HST Payable (Refund)	\$	116,424.44
<i>Total Current Liabilities</i>		<u>\$ 171,946.70</u>

Equity

Retained Earnings	\$ (394,093.84)	
Patient Relations Fund	\$ 89,192.65	
Business Continuity Fund	\$ 1,075,385.00	
Investigations and Hearing Fund	\$ 1,000,000.00	
Succession Planning Fund	\$ 50,000.00	
Current Earnings	\$ 2,206,306.40	
<i>Total Equity</i>		<u>\$ 4,026,790.21</u>

TOTAL LIABILITIES AND EQUITY**\$ 4,314,099.88**



The College of Naturopaths of Ontario

Statement of Operations

	2021-2022			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Jun'21 Budget
REVENUES				
Registration and member renewal fees	\$ 2,877,889	\$ 2,806,916	98%	\$2,649,665
Examination fees	\$ 292,000	\$ 169,950	58%	\$37,000
Deffered capital funding	\$ -	\$ -	-	\$0
Incorporation fees	\$ 23,150	\$ 9,304	40%	\$10,550
Ordered costs recovered	\$ 16,000	\$ 3,850	24%	\$4,000
Inspection fees	\$ 110,000	\$ 7,500	7%	\$12,500
Interest	\$ 4,000	\$ 396	10%	\$1,000
Investment Income	\$ 12,000	\$ (486)	-4%	\$6,000
Miscellenous	\$ 22,000	\$ 14,197	65%	\$22,000
TOTAL REVENUES	\$ 3,357,039	\$ 3,011,629		\$2,742,715
EXPENSES				
Salaries and benefits	\$ 1,621,321	\$ 395,421	24%	\$401,959
Rent and utilities	\$ 307,052	\$ 84,383	27%	\$75,513
Office and general	\$ 169,164	\$ 57,630	34%	\$78,616
Consulting fees				
Consultants - general	\$ 71,370	\$ 9,426	13%	\$44,500
Consultants - complaints and inquiries	\$ 128,000	\$ 29,978	23%	\$37,250
Consultants - assessors/inspectors	\$ 53,700	\$ 4,660	9%	\$13,200
Exam fees and expenses	\$ 267,703	\$ 44,172	17%	\$65,248
Legal fees				
Legal fees - general	\$ 46,780	\$ 3,875	8%	\$12,160
Legal fees - complaints	\$ 65,566	\$ 20,778	32%	\$21,785
Legal fees - discipline	\$ 192,000	\$ 16,840	9%	\$114,000
Council fees and expenses	\$ 211,694	\$ 49,521	23%	\$62,565
Hearings (Discipline, Fitness to Practise)	\$ 34,619	\$ 2,363	7%	\$15,418
Amortization/Depreciation	\$ 16,715	\$ -	0%	\$0
Insurance	\$ 31,000	\$ 24,840	80%	\$31,000
Equipment maintenance	\$ 48,380	\$ 12,630	26%	\$12,245
Audit fees	\$ 16,500	\$ -	0%	\$0
Public education	\$ 109,945	\$ 45,050	41%	\$38,696
Education and training	\$ 24,082	\$ 3,737	16%	\$21,632
Printing and Postage	\$ 1,912	\$ 17	1%	\$463
TOTAL EXPENSES	\$ 3,417,502	\$ 805,322		\$1,046,249
EXCESS OF REVENUES OVER EXPENSES	\$ (60,463)	\$ 2,206,306		\$1,696,466



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q1 commencing April 1, 2021 to June 30, 2021

	Q1						12 MONTH ENDING MARCH 31, 2022						ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Apr-Jun'21 Budget	Apr-Jun'21 Actual	BUDGET FAV (UNFAV) VARIANCE		Apr-Jun'20 Actual	Apr-Jun'20 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE					
	\$'s	\$'s	\$	%	\$'s	\$	\$'s	\$'s	\$	%	\$	%		
Revenue														
Registration and Member Renewals	2,649,665	2,806,916	157,251	106%	580,657	(1,938,242)	2,649,665	2,806,916	157,251	106%	2,877,889	98%		
Examination Fees	37,000	169,950	132,950	459%	675	(54,325)	37,000	169,950	132,950	459%	292,000	58%		
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%		
Incorporation Fees	10,550	9,304	(1,246)	88%	4,500	(6,050)	10,550	9,304	(1,246)	88%	23,150	40%		
Ordered Costs Recovered	4,000	3,850	(150)	96%	1,750	(2,250)	4,000	3,850	(150)	96%	16,000	24%		
Inspection Fees	12,500	7,500	(5,000)	60%	(2,500)	(22,500)	12,500	7,500	(5,000)	60%	110,000	7%		
Interest	1,000	396	(604)	40%	4,828	(15,692)	1,000	396	(604)	40%	4,000	10%		
Investment Income	6,000	(486)	(6,486)	-8%	1,210	(6,710)	6,000	(486)	(6,486)	-8%	12,000	-4%		
Miscellaneous Income (CEWS Subsidy)	22,000	14,197	(7,803)	65%	3,818	(8,982)	22,000	14,197	(7,803)	65%	22,000	65%		
Total Revenue	2,742,715	3,011,627	268,912	110%	594,738	(2,054,751)	2,742,715	3,011,627	268,912	110%	3,357,039	90%		
Expenses														
Salaries and Benefits	401,959	395,421	6,538	2%	417,384	(20,991)	401,959	395,421	6,538	2%	1,621,321	24%		
Rent and Utilities	75,513	84,383	(8,870)	-12%	71,275	905	75,513	84,383	(8,870)	-12%	307,052	27%		
Office and General	78,616	57,630	20,986	27%	56,257	(1,899)	78,616	57,630	20,986	27%	169,164	34%		
Consulting Fees-General	44,500	9,426	35,074	79%	4,663	64,087	44,500	9,426	35,074	79%	71,370	13%		
Consulting Fees-Complaints and Inquires	37,250	29,978	7,272	20%	12,700	27,550	37,250	29,978	7,272	20%	128,000	23%		
Consulting Fees-Assessors/Inspectors	13,200	4,660	8,540	65%	295	21,455	13,200	4,660	8,540	65%	53,700	9%		
Exam Fees and Expenses	65,248	44,172	21,076	32%	5,035	62,107	65,248	44,172	21,076	32%	267,703	17%		
Legal Fees-General	12,160	3,875	8,285	68%	7,822	803	12,160	3,875	8,285	68%	46,780	8%		
Legal Fees-Complaints	21,785	20,778	1,007	5%	5,011	23,464	21,785	20,778	1,007	5%	65,566	32%		
Legal Fees-Discipline	114,000	16,840	97,160	85%	16,499	75,501	114,000	16,840	97,160	85%	192,000	9%		
Council Fees and Expenses	62,565	49,521	13,044	21%	31,806	53,107	62,565	49,521	13,044	21%	211,694	23%		
Hearings (Discipline, Fitness to Practice)	15,418	2,363	13,055	85%	2,740	31,382	15,418	2,363	13,055	85%	34,619	7%		
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	16,715	0%		
Insurance	31,000	24,840	6,160	20%	27394	3,606	31,000	24,840	6,160	20%	31,000	80%		
Equipment Maintenance	12,245	12,630	(385)	-3%	7,623	2,267	12,245	12,630	(385)	-3%	48,380	26%		
Audit Fees	-	-	-	0%	0	-	-	-	-	#DIV/0!	16,500	0%		
Public Education	38,696	45,050	(6,354)	-16%	27694	103,631	38,696	45,050	(6,354)	-16%	109,945	41%		
Education and Training	21,632	3,737	17,895	83%	3,035	1,240	21,632	3,737	17,895	83%	24,082	16%		
Printing and Postage	463	17	446	96%	200	375	463	17	446	96%	1,912	1%		
Total Expenses	1,046,250	805,321	240,929	23%	697,433	448,590	1,046,250	805,321	240,929	23%	3,417,503	24%		
Total Revenue over Expenses	1,696,465	2,206,306	27,983	2%	(102,695)	(2,503,341)	1,696,465	2,206,306	27,983	2%	(60,464)			



2021-22 Capital Statement

Line Item	Total Budget (April 2020-March 2021)	April	May	June	July	August	September	October	November	December	January	Febuary	March	YTD Actual	Balance
Computer Equipment	\$7,700.00	\$1,065.00												\$1,065.00	\$6,635.00
Furniture & Fixtures	\$1,500.00													\$0.00	\$1,500.00
Total	\$9,200.00													\$1,065.00	\$8,135.00



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 21, 2021

TO: Council members

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

RE: Review of the Executive Limitations Policies – Part 2
Proposed Updates to GP19 – CEO Performance & Compensation Review
Two New Governance Process Policies

The Governance Policy Review Committee (GPRC) met on September 9, 2021 to review the Executive Limitations 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 second half part of the Executive Limitations policies. The GPRC has operationalized that by considering all policies numbered EL10 to EL18.

The staff circulated information to Council members in advance of the Committee meeting and three items were questioned, all pertaining to EL10 – Harassment policy. Additionally, the Committee reviewed each of the policies in this set that is up for review and is recommending amendments to three of the limitations policies.

1.1 EL10 – Harassment

Council members submitted three comments, two of which referred to paragraph 6 of the policy where it includes “not fail” in duplication of the introductory paragraph. The Committee agreed with this comment and has recommended that those words be struck from paragraph 6.

The final recommendation from Council members questioned whether the policy should specifically mention non-verbal harassment or physical harassment. The GPRC had extensive discussions of this feedback and, to properly consider it, also referred to EL09 – Workplace Violence policy.

The Committee, in discussions with the Chief Executive Officer concluded that there are instances where a policy should remain more broad and less specific and to rely on the interpretation of the policy by the CEO. In this instance, the definition of Workplace Harassment

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includes “engaging in a course of vexatious comments or conduct that is known or ought to be known, to be unwelcome” (emphasis added). It was the consensus of the Committee that the word conduct would likely be interpreted to mean both physical and non-physical harassment.

The Committee also reviewed the wording of (a) within the same definition and felt that the wording “based on race, colour, religion, national origin, age or disability” was repetitive of the wording in the definition below and was also limiting as it did not include all of the grounds for discrimination contained in the Ontario Human Rights Code.

In the definition of sexual harassment, the Committee was of the view that (f) should have the words “physical or” removed because, physical assault is addressed in EL09 – Workplace Violence. Furthermore, as it stands in the current definition, a physical assault would automatically be deemed sexual harassment whereas they are two separate activities, both of which warrant appropriate action. Assaulting a person physically does not automatically rise to the level of being deemed sexual assault.

Finally, the Committee noted the qualifying paragraph at the end of the policy and questioned the one-year limitation for matters to be taken before the Ontario Human Rights Tribunal. Generally, the Committee was of the view that the limitation should be removed as either (i) it is included in the Ontario Human Rights Code and need not be repeated in this policy or, if this is not the case, (ii) it is too short a period and should be removed regardless. Advice of Legal Counsel was sought.

Legal Counsel advised that section 34 of the Ontario Human Rights Code does include a one year limitation for an application for review by the Tribunal, as well as the possibility for that to be extended by the Tribunal under certain circumstances. Legal Counsel has advised that the Council footnote the provisions to alert a reader to the time limits.

Recommendation: The GPRC is recommending the following changes to EL10 – Harassment:

- a) Striking “based on race, colour, religion, national origin, age or disability” from paragraph (a) of the definition of Workplace Harassment.
- b) Striking “physical or” from paragraph (f) of the definition of Sexual Harassment.
- c) Striking the words “fail to ensure” from the second line of paragraph 6.
- d) Striking the words “within one year of the last alleged incident” from the qualifying paragraph at the end of the policy and adding a footnote to refer to section 34 of the Ontario Human Rights Code.
- e) That the policy number and approval dates be amended accordingly.

1.2 EL11 – Administration of Statutory Committees and Panels

The GPRC reviewed this policy and was of the opinion that it did not properly reflect the current manner in which the CEO provides support to the Statutory Committees and Panels. They were also of the view that certain portions of the policy did not pertain to administration of the Statutory Committees but to administrative support surrounding the operations of the programs, which this policy is not intended to address.

The Committee asked the CEO to redraft the policy and modernize its language and circulate the proposed changes to the Committee. The Committee reviewed the changes and provided feedback. They also determined that no further discussion was needed and proceeded to approve the policy by e-mail.

Recommendation: That the policy be amended as set out in the attached document and that the policy number and approval dates be amended accordingly.

1.3. EL12 – Operation of the Register

The GPRC reviewed this policy and considered part (ii) of paragraph 3. In this part, it is noted that the College may seek an injunction to cease and desist for people holding themselves out as “people who are qualified to practise in Ontario as a naturopath or in a specialty of naturopathy”. The Committee was of the view that the portion that states “or in a specialty of naturopathy” was unnecessary as there are no such specialties and specialization is prohibited by Regulation. The Committee also expressed the view that under paragraphs 4 and 6 that it was not only that the CEO should establish the policies referred to but also maintain them.

Recommendations:

- a) That “or in a specialty of naturopathy” be struck from part (ii) of paragraph 3 of this policy and that the policy number and approval dates be amended accordingly.
- b) That “and maintain” be added following “Establish” in each of paragraphs 4 and 6 of this policy.

1.4. EL17 – Reserve Funds

The GPRC reviewed this policy and considered the concluding part of paragraph 2 where it requires that the Council receive a recommendation from the Audit Committee or the Chief Executive Officer. While such recommendations may be forthcoming to the Council, the GPRC felt that the wording limited the authority of the Council to act where no recommendation had been forthcoming. This creates an inappropriate limitation on the Council.

Recommendation: That “upon recommendation of the Audit Committee or the Chief Executive Officer” be struck from paragraph 2 of this policy and that the policy number and approval dates be amended accordingly.

2. Proposed Amendments to GP19 – CEO Annual Performance & Compensation Review

The GPRC received recommendations from the Review Panel that oversaw the CEO’s Annual Performance and Compensation Review for 2020-2021. As this was the first full use of this process, the Panel had a number of recommendations that it made to the GPRC.

The proposed changes were accepted by the GPRC and some minor additional adjustments made.

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

3. Two New Policies

3.1 GP30 – Council and Committee Training Program

Throughout July, August and September, the Chief Executive Office has launched a new training program for Council and Committee volunteers. That program has been supported by both the Governance Committee and the Council Chair. By the end of September, it is anticipated that all but a few volunteers will have completed the program.

While it is anticipated that the training program will be a part of a much larger Volunteer Program, because it is being delivered under the auspices of a mandatory requirement for all Council members and volunteers, it is necessary that it be enshrined in a Council Governance policy.

A draft of GP30 – Council and Committee Training Program is attached to this briefing. The GPRC reviewed this policy, made minor amendments, and approved this policy for presentation to the Council. The highlights of the policy include:

- A clear definition of four elements included in the training program.
- A clear definition of what successful completion means.
- A requirement that all Council and Committee members successfully complete the program, with the Committee members unable to assume their duties until they have done so.
- A requirement that all Council and Committee members take a refresher course (on-line) a minimum of every two years.
- Assigning the Governance Committee of the Council the responsibility for overseeing the program and for determining whether remedial action should be required for individuals who fail to complete the program.
- The ability of the Governance Committee to refer individuals to the Council under section 15.02 of the College by-laws if it is warranted in their view.

Recommendation: The GPRC recommends that the Council approves GP30 – Council and Committee Training Program as presented.

3.2 GP31 – Council and Committee Qualifying Program

The GPRC received and reviewed the draft policy relating to the Council and Committee Qualifying Program. This matter is covered off at a later point in the agenda. At that time, the GPRC will be recommending approval of this policy and related program.

Respectfully submitted,

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.02a
	Title	Policy No. EL10.023
	Workplace Harassment	Page No. 1

The College of Naturopaths of Ontario is committed to providing a work environment in which all individuals are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace.

Definitions	Workplace Harassment	Means engaging in a course of vexatious comments or conduct that is known or ought to be known, to be unwelcome. It may include, but is not limited to, any of the following. a) Unwelcome, offensive or objectionable conduct based on race, colour, religion, national origin, age or disability. b) Making remarks, jokes or innuendos that demean, ridicule, intimidate or offend; displaying or circulating offensive pictures or materials in print or electronic form. c) Bullying. d) Repeated offensive or intimidating phone calls or emails. e) And sexual harassment. Harassment may also relate to a form of discrimination as set out in the Ontario Human Rights Code, though it does not have to, including harassment based on race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status, sexual orientation or disability.
	Sexual harassment	Means any unsolicited conduct, comment or physical conduct of a sexual nature that is unwelcome by the recipient. It includes, but is not limited to, any of the following. a) Unwelcome sexual advance (oral, written or physical). b) Requests for sexual favours. c) Unwelcome sexual or gender-related comments, innuendos, remarks, jokes or taunts. d) Unnecessary physical contact such as patting, touching, pinching or hitting. e) Displays of sexually degrading, offensive or derogatory materials such as graffiti or pictures. f) And physical or sexual assault.

Accordingly, the Chief Executive Officer (CEO) shall not fail to perform any of the following duties and responsibilities.

- 1 Take whatever steps are reasonable to ensure that the workplace is free from harassment.
- 2 Ensure that all workers are educated about and uphold this policy.
- 3 Ensure that all workers collaborate to prevent workplace harassment.

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.02a
	Title Workplace Harassment	Policy No. EL10.023
		Page No. 2

- 4 Develop a Workplace Harassment Prevention Program, acceptable to the Council, which implements this policy including but not limited to measures and procedures to protect workers from harassment and a process for workers to report incidents or raise concerns.
- 5 Ensure that this policy and the supporting program are implemented and maintained and that all workers have the appropriate information and instruction to protect them from workplace harassment.
- 6 Ensure that all workers adhere to this policy and the supporting program and ~~fail to ensure~~ that every worker is encouraged to raise any concerns about workplace harassment and to report any incidents.
- 7 Investigate and deal with all incidents and complaints of workplace harassment in a timely and fair manner, respecting the privacy of all concerned to the extent it is possible.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. Nothing in this policy prevents or discourages a worker from filing an application with the Human Rights Tribunal of Ontario (or any successor agency) on a matter related to Ontario's Human Rights Code¹ ~~within one year of the last alleged incident~~. A worker also retains the right to exercise any other legal avenues that may be available.

¹ Please refer to section 34 of the Ontario Human Rights Code for provisions surrounding timing of the filing of an application for review by the Tribunal.

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATION	COUNCIL POLICIES Item 5.02a
	Title Administration of Statutory Committees and Panels	Policy No. EL11.024
		Page No. 1

Whereas the Council retains direct authority for the proper constitution of the Statutory Committees ~~and panels and for the approval of its annual work plan agendas and budgets.~~

Whereas the Statutory Committees/Panels retain direct authority for the following.

- a) Decisions *with respect to the authorities set out under the Code* ~~on complaints/compliance issues as a direct responsibility of several Committees.~~
- b) Regular review of and proposing amendments to Regulations and Program policies relating to their authorities set out under the Code. ~~Making Policy proposal recommendations to Council.~~
- c) Ensuring the proposal preparation process has been *based on evidence, regulatory best-practices and appropriate consultations* ~~well grounded~~ to ensure decision-making process of Council is efficient and effective ~~in making or modifying specific policies.~~

Accordingly, the Chief Executive Officer (CEO) shall not fail to ensure that Statutory Committees and panels are provided *the necessary administrative support to fulfill their mandate* ~~efficient administration~~, including *but not necessarily limited to* the following.

- 1 Access to General Legal Counsel of the College to guide in the interpretation and application of the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007* and the regulations made under these statutes.
- 2 Appointment of a senior staff person at the manager or higher level to provide advice and guidance to the Committee and Committee Chair, including:
 - Regulatory program advice as it relates to the Committees responsibilities.
 - Guidance on the proper functioning of the Committee.
 - Support in the development of appropriate budgets to support the Committee in its work.
 - Overseeing the program related to the Committee's area of authority and reporting on program matters to the Committee as needed.
- 3 Appointment of a Coordinator or Administrative Assistant on staff to provide administrative support to the Committee Chair and Committee, including:
 - Scheduling, Notice and hosting of meetings.
 - Confirmation of attendees for the purposes of quorum.
 - Preparation and dissemination of meeting materials.
 - Preparation of minutes of the meetings and/or records of decisions made.
 - Tracking Committee attendance and reporting on attendance to the Chair.
 - Monitoring payment of per diems.
 - Providing such other administrative support to the Committee as required.
 - Submission of Attendance Reports to the Health Boards Secretariat.
- 4 ~~Meetings are organized and coordinated, finances are provided for, documentation and other communications enable the efficient and effective conduct of business.~~
- 2 ~~Every complaint concerning the professional conduct of a Registrant is dealt with expeditiously.~~
- 3 ~~A Quality Assurance program is supported by effective administration and required~~

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATION	Item 5.02a
	Title	Policy No. EL11.024
	Administration of Statutory Committees and Panels	Page No. 2

~~communication takes place between the College/panel and all concerned parties.~~

- 4 All Committee documentation is securely maintained in accordance with College records management and retention policies ~~in a business-like fashion and distributed~~ and is accessible in a timely manner.
- 5 ~~Any investigations required by regulation are undertaken in a fair and timely manner.~~
- 6 5 Any referrals to Statutory Committees or ~~Tribunals~~ or referrals from one Statutory Committee to another ~~etc.~~ are forwarded expeditiously.
- 7 6 Refrain, in exercising their ~~administrative~~ responsibilities ~~the CEO shall not undertake any of the following from:~~
 - a) Interfer~~e~~ing with the substantive meaning of any statements made by the committees/panels.
 - b) Attempting to force any decisions upon a Committee/Panel.
 - c) Failing to administer Committee/Panel meetings and maintain expenses within budgets and with the full knowledge of the Committee Chair.
 - d) Failing to inform the Chair of a Committee/Panel of any significant aspects of their operation which in his/her opinion could bring Council into disrepute or jeopardize the fulfillment of Council's Broad Objectives and if necessary, ask full Council to review any such matter from a Committee/Panel.

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATION	COUNCIL POLICIES Item 5.02a
	Title Operation of the Public Register and Information Registries	Policy No. EL12.04 3
		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 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 ~~or in a specialty of naturopathy~~, (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

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATION	Item 5.02a
	Title	Policy No. EL12.043
	Operation of the Public Register and Information Registries	Page No. 2

- Committee.
- 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	January 27, 2021 TBA

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES Item 5.02a
	Title Restricted Reserve Funds	Policy No. EL17.012
		Page No. 1

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

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

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

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03a
	Title	Policy No. GP19.023
	CEO Annual Performance & Compensation Review	Page No. 1

*As part of its responsibilities, the Council undertakes an annual review of the performance of the Chief Executive Officer (CEO). The responsibility to organize, compile and prepare a report of the findings of the review for presentation to and approval of the Council is delegated to the CEO Performance Review Panel (the **Review Panel**) appointed by the Council.*

Accordingly,

1. Annually, and ~~not~~ later than its November meeting, the Council will appoint a ~~four-member Registrar & CEO Performance Review Panel~~ (the **Review Panel**) with a minimum of three members and up to a maximum of four members, that is comprised of the:
 - a) ~~Council Chair President~~ and ~~Council Vice-Chair Vice-President of Council~~; and
 - b) ~~One or two~~ **Two** Council members, ~~who one of whom is appointed by the Lieutenant Governor in Council, and both of whom~~ have the competencies necessary for the role.
2. The **Review Panel** will facilitate the completion of the performance review using the following documents, attached to and forming a part of this policy:
 - Form 1 – Annual Objectives and Priority Projects
 - Form 2 – Management and Compliance
 - Form 3 – Determining and Calculating Bonus
 - Form 4 – CEO Development Plan
 - Form 5 – **Executive Summary Comments**, Acknowledgement and Signatures.
 - ~~Executive Summary.~~
3. The **Review Panel** shall ensure that new Council members are provided annual training and support to ensure an understanding of this process and that all Council members receive information to reemphasize the importance of the process.
4. The Council will provide the CEO with an incentive bonus annually, in a range of 0% (where an insufficient number of performance measures have been met) up to 10% (where most performance measures have been met) of their base salary. The calculation of the bonus will be based on the formula set out in Form 3 – Determining and Calculating Bonus.
5. Prior to the start of the next Program/Fiscal year, the **Review Panel** and the ~~&~~ CEO shall ensure that draft copies of Form 1, setting out the annual objectives and priority projects and Form 4, setting out the CEO's Professional Development Plan, for the following year (April 1st to March 31st), are presented to the Council at its January meeting.
6. ~~At~~ **As** the conclusion of the current Program/Fiscal year ~~approaches~~, the **Review Panel** and the CEO shall work together to complete the performance review following a process that is based on the following components and timeframes.

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS	Item 5.03a	
	Title	Policy No.	GP19.023
	CEO Annual Performance & Compensation Review	Page No.	2

Timeframes may be adjusted by the Review Panel with the consent of the CEO to reflect the timing in any specific year.

- a) Data necessary to support the review will be identified no later than March 1st annually.
 - b) The self-assessment components of Forms 1, 2 and 4 shall be completed by the CEO and provided to the Review Panel no later than April 15th annually.
 - c) The Review Panel shall seek the input from the staff of the College on the Management and Compliance component of the review (Form 2) by way of a survey no later than May 15th annually.
 - d) The Review Panel shall review the self-assessments and survey results and shall develop drafts of the Council assessment components of Forms 1, 2, 4, and 5, and shall use Form 3 to calculate any bonus eligibility by June 10th annually and shall subsequently review these drafts with the CEO for feedback.
 - e) The Review Panel shall finalize all documents (within a draft CEO Performance Review Report), forms one to five, including the Executive Summary and present these to the Council in an in-camera session in July annually at which time Council shall approve the Report, either as presented or with appropriate amendments;
 - f) The Review Panel shall present the final CEO Performance Review Report to the CEO not later than August 15th annually and the CEO shall be required to sign Form 5 as an acknowledgment of receipt of the Report, directed to implement the Report and to file the Report on the CEO's personnel file; and
 - g) The CEO shall be entitled to add any comments to the Report, which shall be provided to the Council by the Review Panel and shall also be filed in the CEO's personnel file.
7. The CEO and the Review Panel shall ensure that there is adequate time set aside at the July Council meeting for a full discussion of the draft CEO Performance Review Report as this is the only opportunity for the Council to provide its input to the Report.
 8. The Council may retain an objective third-party to manage the process for the Review Panel and to be a resource through the process to evaluators and employees.
 9. Separate and apart from any incentive bonus awarded to the CEO as set out in paragraph 4, the Council shall annually consider adjusting the CEO's Registrar's based salary for inflation using an average of the following three sources:
 - a) Morneau Sobeco (or a similar compensation/HR-benefits consulting firm) that publishes data each year forecasting salary adjustments,
 - b) Canadian Society of Association Executives that includes projections on increases employees of not-for-profits expect their governing boards to approve for the next year,
 - c) Consumer Price Index (CPI) data as published by Statistics Canada.

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

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	Item 5.03a
	Title	Policy No.
CEO Annual Performance & Compensation Review		GP19.023
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		3

Council shall approve the annual salary adjustment as part of an in-camera session in January annually, at the same time it is considering the CEO's objectives and priorities and development plan, as well as the College's budgets.

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



Employee Name:			
Position Title:	CEO		
Date Hired:		Date Started Present Position:	
Date Reviewed:		Date of Last Review:	
Review for Period:			
Reviewed By (Names):			
Reviewed By (Title):	Review Panel		

Annual Objectives Approved by Council (maximum five)

Note: Setting the annual objectives is a conversation with the CEO, [Performance Review Panel](#) (Review Panel), and Council. The annual objectives will be proposed by the CEO ~~Registrar~~; reviewed, possibly refined, and then recommended to Council by the Review Panel. Council will provide feedback and direction and the Review Panel will then finalize and communicate the objectives based on Council's decision. These annual objectives will either be key initiatives to advance the strategic plan and/or major projects of strategic importance to CONO. Each objective or project the CEO proposes, and that is adopted, will include performance indicators. In addition to the four pre-set objectives/project outcomes, a fifth initiative may be added [or added](#) during the year based on an emerging priority need that the CEO has needed to address (e.g., COVID-19).

Performance Rating

- 5 - Outstanding/Significantly exceeded expectations
- 4 – Very good/Surpassed expectations
- 3 – Good/Performance as expected
- 2 – Needs improvement/Outcome not fully met
- 1 – Unsatisfactory/Did not meet expectation/goal

Identify the objectives or projects approved for the year in order of importance. **The CEO's self-assessment will refer to the measures/outcomes denoting success, results, and any issues that influenced the outcome unfavourably and why the issue(s) could not be overcome:**

Objective/Project #1 Add Title	CEO Self-Evaluation
Summary:	

Performance Indicator(s):					
Weighted: 2	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments:					

Objective/Project #2 Add Title	CEO Self-Evaluation				
Summary:					
Performance Indicator(s):					
Weighted: 2	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Council Assessment				
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)
Comments:				

Objective/Project #3 Add Title	CEO Self-Evaluation				
Summary:					
Performance Indicator(s):					
Weighted: 2	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments:					

Objective/Project #4 Add Title	CEO Self-Evaluation				
Summary:					

Performance Indicator(s):						
Weighted: 1		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment						
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)		
Comments:						

Objective/Project #5 Add Title		CEO Self-Evaluation				
Summary:						
Performance Indicator(s):						
Weighted: 1		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment						
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)		
Comments						

Acknowledgement:

The CEO's signature below indicates they have been given the opportunity to read and discuss the contents of this document. It does not necessarily indicate agreement with this evaluation. Should the CEO not be in agreement with this list of objectives and priority projects the employee may submit a written response to the Council which will be kept in the CEO's personnel file.

Council Chair

Date

Council Vice-Chair

Date

CEO

Date



Employee Name:			
Position Title:	CEO		
Date Hired:		Date Started Present Position:	
Date Reviewed:		Date of Last Review:	
Review for Period:			
Reviewed By (Names):			
Reviewed By (Title):	Review Panel		

Purpose: This annual review is designed to provide an opportunity for both parties to review the past year. The main purpose of this evaluation is to provide constructive suggestions for improvement and to evaluate past performance against the goals and objectives of the position.

Performance Rating

- 5 - Outstanding/Significantly exceeded expectations
- 4 – Very good/Surpassed expectations
- 3 – Good/Performance as expected
- 2 – Needs improvement/Outcome not fully met
- 1 – Unsatisfactory/Did not meet expectation/goal

I. Organizational Planning and Management

Performance Indicators	CEO Self-Evaluation				
- Was an annual operating plan in support of the work of Council developed and approved? - Did the operations reflect the intent and priorities of the Council? - Were detailed plans developed and maintained for each Committee? - Were the operations of the committees managed within appropriate parameters? (Survey)					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

II. Financial Management

Performance Indicators	CEO Self-Evaluation
------------------------	---------------------

• Were the financial results of the organization monitored adequately? • Were appropriate financial controls established and maintained? • Were financial reports provided to Council and were they presented in a timely manner? • Were the necessary materials and information provided in support of the audit process? • Did the audit result in any reports of concerns with respect to management practices?					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

III. Governance

Performance Indicators	CEO Self-Evaluation				
• Were the overall operations of the Council managed appropriately and in accordance with generally accepted management principles? • Were the overall operations of the Council managed in a manner that is consistent with the vision, mission, and values of the organization? • Has the CEO met the stated or understood limitations placed upon him within the timeframe covered by this review?					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

IV. Human Resources Management

Performance Indicators	CEO Self-Evaluation				
------------------------	---------------------	--	--	--	--

- Has the CEO established and maintained human resource structures to support the organization, i.e. fulfill its current obligations and strategies? - Has the CEO developed and implemented human resource practices to attract, retain, reward, and develop staff? - Has the CEO developed and implemented policies applicable to the staff and ensured that those are communicated and available to staff? (Survey) - Have policies and processes been implemented to fairly evaluate staff performance on a regular basis? (Survey) - Did the CEO demonstrate an understanding of self-assessment, monitoring and staff development techniques and practices, maintain a career management plan and use of a mentor? - Did the CEO demonstrate the principles of continual learning and promote the value of learning for self and others? (Survey) - Has the CEO provided opportunities for staff to exchange information regarding the College's operations, priorities and issues being managed? (Survey) - Has the CEO treated all staff with fairness across the entire organization? (Survey) - Has the CEO built and maintained a positive and safe work culture within the organization? (Survey) - Has the CEO built and maintained a team-oriented workplace through regular team social activities? (Survey)					
	□ 1	□ 2	□ 3	□ 4	□ 5
Council Assessment					
□ 1 (Low)	□ 2	□ 3	□ 4	□ 5 (High)	
Comments					

V. External Relations

Performance Indicators	CEO Self-Evaluation
------------------------	---------------------

- Did the CEO maintain important relationships with the Ministry of Health and other governmental department as needed? - Did the CEO foster and maintain relationships with other health regulatory organizations within Ontario and across Canada as needed? - Did the CEO foster and maintain relationships with professional associations as needed? - Did the CEO foster and maintain relationships with educational programs as needed?					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

VI. Statutory Duties

Performance Indicators	CEO Self-Evaluation				
- Did the CEO ensure that the registration program was fully operational through the issuance of certificates of registration, class changes, and name changes? - Did the CEO ensure that the examinations and entry-to-practice programs were fully operational? - Were suspensions and revocations applied as required? - Was the public register fully operational and properly maintained? - Were TCLs applied and removed against certificates of registration as required by the Committees of the College? - Were the complaints, reports, and investigations fully operational? - Were disciplinary processes fully executed as required including hearings held, orders applied and proper follow up conducted? - Was the quality assurance program fully operational?					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

VII. Professionalism, Judgment, Tact and Diplomacy

Performance Indicators	CEO Self-Evaluation				
- Did the CEO conduct himself in a professional manner that is consistent with the role of the chief executive officer of a health regulatory college? (Survey) - Did the CEO exercise appropriate judgement in his role as a key representative of the Council or were there instances where judgement was lacking? (Survey) - Was the role performed tactfully by the CEO or were there situations that were not handled tactfully? - Did the CEO exercise diplomacy in the performance of his role on behalf of the Council or were there instances where diplomacy was lacking?					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

VIII. Vision, Decision-making and Ethics

Performance Indicators	CEO Self-Evaluation				
- Did the CEO demonstrate an understanding of the importance of values and vision as well as the methods and processes for development and promotion of them? - Did the CEO demonstrate an understanding of decision-making tools and their applications in developing problem-solving strategies? - Did the CEO demonstrate an understanding of ethical responsibilities and dilemmas? - Did the CEO demonstrate adherence to established ethical standards? (Survey)					
	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Council Assessment					
☐ 1 (Low)	☐ 2	☐ 3	☐ 4	☐ 5 (High)	
Comments					

IX. Leadership, Collaboration, Facilitation and Commitment

Performance Indicators	CEO Self-Evaluation				

- Did the CEO demonstrate knowledge and understanding of team building techniques and dynamics? (Survey) - Did the CEO lead a multi-function team using effective communication skills as well as build and motivate teams inside and outside of the organization? (Survey) - Did the CEO demonstrate necessary self-direction and self-motivation techniques? - Did the CEO facilitate consensus building and a commitment toward the mission and its implementation? - Did the CEO provide guidance, support and assistance to Council?					
	□ 1	□ 2	□ 3	□ 4	□ 5
Council Assessment					
□ 1 (Low)	□ 2	□ 3	□ 4	□ 5 (High)	
Comments					

X. Innovation, Creativity and Change

Performance Indicators	CEO Self-Evaluation				
- Did the CEO demonstrate an awareness of successful practices to establish innovative and creative environments? - Were innovative and creative products, services, practices, and approaches implemented by or under the direction of the CEO? - Did the CEO create an environment where innovation and creativity are encouraged and did he lead by example? (Survey) - Did the CEO demonstrate knowledge of change management practices and the importance of flexibility and negotiation? - Did the CEO anticipate, respond, and adapt his approach and style to different leadership demands?					
	□ 1	□ 2	□ 3	□ 4	□ 5
Council Assessment					
□ 1 (Low)	□ 2	□ 3	□ 4	□ 5 (High)	
Comments					



Employee Name:			
Position Title:	CEO		
Date Hired:		Date Started Present Position:	
Date Reviewed:		Date of Last Review:	
Review for Period:			
Reviewed By (Names):			
Reviewed By (Title):	Review Panel		

Purpose: This annual review is designed to provide an opportunity for both parties to review the past year. The main purpose of this evaluation is to provide constructive suggestions for improvement and to evaluate past performance against the goals and objectives of the position. A second component of the evaluation is to determine whether the CEO shall be entitled to a bonus based on their overall performance.

The available bonus is up to 10% of the base salary.

Performance Rating

- 5 - Outstanding/Significantly exceeded expectations
- 4 – Very good/Surpassed expectations
- 3 – Good/Performance as expected
- 2 – Needs improvement/Outcome not fully met
- 1 – Unsatisfactory/Did not meet expectation/goal

Weighting of Annual Objectives/Priority Projects

Based upon the importance of the initiative (how mission critical?), it may have a weighting of one or two (i.e., two = double points). This must also be determined in advance when the annual objectives are set.

Bonus Payout Valuation

- Over 76 points: 100% of bonus
- 69-75 points: 80% of bonus
- 61-68 points: 60% of bonus
- 54-60 points: 40% of bonus
- 46-53 points: 20% bonus
- 0-45 points: No bonus

Annual Objective/Target & Result	Performance Rating - Goals	Goal Weighting (1 or 2)	Performance Rating - Job	SCORE (Rating X Weight)
1 xxx	5	2		
2 xxx	5	2		
3 xxx	5	2		
4 xxx	5	1		

5 xxx	5	1		
TOTAL ELIGIBLE SCORE FOR ANNUAL GOALS (Max 40)ⁱ			TOTAL SCORE FOR ANNUAL GOALS (Max 40)ⁱⁱ	
Management Practices Assessment	Performance Rating			Performance Assessment Rating
Organizational Planning and Management	5			
Financial Management	5			
Governance	5			
Human Resources Management	5			
External Relations	5			
Statutory Duties	5			
Professionalism, Judgment, Tact and Diplomacy	5			
Vision, Decision-making and Ethics	5			
Collaboration, Facilitation and Commitment	5			
Innovation, Creativity and Change	5			
TOTAL FOR ROLE PERFORMANCE ELIGIBLE SCORE FOR MANAGEMENT PRACTICES (Max 50)	50 max.		TOTAL SCORE FOR MANAGEMENT PRACTICES (Max 50) XX-actual	
TOTAL ELIGIBLE SCORE FOR BONUS (Max 90) (Total eligible score of Annual Objectives + Total eligible score for Management Practices)		TOTAL RATING SCORE FOR BONUS (Max 90) (Total score for Annual Objectives + Total score for Management Practices) Points for Goal Performance: XX Points for Job Performance: YY		ZZ

ⁱ 40 points is based on a maximum of five objectives. For every objective less than five, a total of 6% needs to be added to the “Total for Annual Goals” to ensure accurate bonus scale evaluation weighting.

ⁱⁱ 40 points is based on a maximum of five objectives. For every objective less than five, a total of 6% needs to be added to the “Total for Annual Goals” to ensure accurate bonus scale evaluation weighting.



Employee Name:			
Position Title:	CEO		
Date Hired:		Date Started Present Position:	
Date Reviewed:		Date of Last Review:	
Review for Period:			
Reviewed By (Names):			
Reviewed By (Title):	Review Panel		

Purpose: This annual review is designed to provide an opportunity for both parties to review the past year. The main purpose of this evaluation is to provide constructive suggestions for improvement and to evaluate past performance against the goals and objectives of the position. The purpose of this form is to establish the CEO's professional development plans and objectives for the coming year (Part A) and to review the outcomes at the conclusion of the year (Part B)

CEO DEVELOPMENT PLAN 202__-202__ Part A	
Professional Development Proposals from CEO	Council Response (accepted, declined, or revised)
1.	
Benefit:	
Estimated Cost and Time Commitment:	
2.	
Benefit:	
Estimated Cost and Time Commitment:	

3.	
Benefit:	
Estimated Cost and Time Commitment:	

Acknowledgement:

The signature below indicates the agreement of the Review Panel and the CEO on the professional development plan for the CEO for the coming year and that the approval of the Council has been received.

Council Chair

Date

~~Council Vice Chair~~

~~Date~~

CEO

Date

DEVELOPMENT PLAN REPORT – Part B	
CEO's Report on Professional Development Outcomes in <i>Past Year</i>	Council Response

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Form 5-Executive Summary, Acknowledgement and Signatures
CEO Performance Evaluation
April 1, 20XX to March 31, 20XX
Executive Summary

Introduction

This is an Executive Summary of the CEO Performance Review for the period April 1, 20XX to March 31, 20XX. The Performance Review is made up of a total of five documents, including this form, Form 5-Executive Summary, Acknowledgement and Signatures and four additional forms as follows:

- Form 1 – Annual Objectives and Priority Projects
- Form 2 – Management Practices Assessment
- Form 3 – Determining/Calculating Bonus
- Form 4 – CEO Development Plan
- Form 5 – **Executive Summary, Comments** Acknowledgement and Signatures

Process Overview

The review is conducted in two timeframes. ~~First, from December to early January,~~ The CEO prepares the proposed Annual Objectives and Priority Projects (Form 1) including performance indicators and the proposed CEO Development Plan (Form 4), including the development activities, benefits and costs. These are reviewed and discussed with the CEO by the **Performance Review Panel** (Review Panel) **in early January** and presented to Council for approval in **late** January to become effective at the beginning of the review period, April 1st.

Second, after the completion of the review period, which ends March 31st annually, the CEO completes the self-assessment components of the Annual Objectives and Priority Projects (Form 1), the Management Practices Assessment (Form 2) and the CEO Development Plan (Form 4), specifically identifying the outcomes. The Review Panel reviews these documents, completes their assessment component (including use of the Employee Survey), considers and completes the Determining/Calculating Bonus (Form 3), considers and drafts any comments on the Outcomes section of the CEO Development Plan (Form 4), drafts any general comments on **Form 5- Executive Summary, the Comments** Acknowledgement and Signatures document ~~(Form 5)~~. These are discussed in draft form with the CEO and presented to the Council for discussion, review and approval. Final outcomes are presented to the CEO at which time the **Executive Summary, Comments** Acknowledgement and Signatures (Form 5) is signed.

Executive Assessment Summary

FORM 1 - Annual Objectives and Priority Projects

[Type here]

No.	Objective/Priority Project	Weight	Self Assessment	Review Panel Assessment
1.		2		
2.		2		
3.		2		
4.		1		
5		1		
		Total Score		

FORM 2 – Management Practices Assessment

No.	Competency	Self Assessment	Review Panel Assessment
1.	Organizational Planning and Management		
2.	Financial Management		
3.	Governance		
4.	Human Resources Management		
5.	External Relations		
6.	Statutory Duties		
7.	Professionalism, Judgment, Tact and Diplomacy		
8.	Vision, Decision-making and Ethics		
9.	Collaboration, Facilitation and Commitment		
10.	Innovation, Creativity and Change		
	Total Score		

FORM 3 – Determining/Calculating Bonus

Form 5-Executive Summary, Acknowledgement and Signatures (Form 5 of 5)
CEO and Review Panel

Part A: Scoring

Total Score for Annual Objectives <i>by Review Panel</i>	Total Score for Management Practices Assessment <i>by Review Panel</i> Role Performance	Total Overall Score	Max Score Available
XX	YY	ZZ	90

Part B: Bonus Valuation

Total Overall Score	Bonus Valuation Parameters	Bonus Available (10% of base salary)	Bonus Awarded
ZZ	☐ 76+ points = 100% ☐ 69-75 points = 80% ☐ 61-68 points = 60% ☐ 54-60 points = 40% ☐ 46-53 points = 20% ☐ 0-45 points = 0%	\$XX,XXX	\$XX,XXX

FORM 4 – CEO Development Plan

DEVELOPMENT PLAN REPORT – Part B	
CEO's Report on Professional Development Outcomes in <i>Concluding</i> Year	Review Panel Response

Comments

OVERALL COMMENTS

Form 5-Executive Summary, Acknowledgement and Signatures (Form 5 of 5)
CEO and Review Panel

Challenges:

Accomplishments:

Final Comments:

Comments, if any, from the CEO:

Acknowledgement and Signatures:

The CEO's signature below indicates they have been given the opportunity to read and discuss the contents of the CEO Performance Evaluation documents (five forms in total). It does not necessarily indicate agreement with the evaluation. Should the CEO not agree with the Performance Evaluation, the CEO may submit a

Form 5-Executive Summary, Acknowledgement and Signatures (Form 5 of 5)
CEO and Review Panel

written response to the Council, through the Review Panel. The CEO's response will be retained in the CEO's personnel file.

Council Chair		Date
CEO		Date



The following Check List has been developed to guide the Council, its appointed CEO ~~Performance~~ Review Panel and the CEO in the steps involved in the completion of the annual CEO Performance Evaluation.

Step No.	Action	Who Leads	Involved Parties	Date	Check-box
1.	Council will appoint the CEO Performance Review Panel ("Review Panel") comprising of three to four members, two professional and two public members of Council to include the Council Chair, Council Vice-Chair and one to two additional Council members whom have the competencies necessary for the role. The Council Chair shall be Chair.	Council	Council	November October Meeting	☐
2.	The CEO provides the Review Panel with the following documents for review and consideration.	CEO	Review Panel	By Jan 10	☐
	a) Form 1 – Annual Objectives and Priority Projects (for coming year, beginning April 1).				
	b) Form 4 – Part A – CEO Development Plan proposals (for coming year, beginning April 1).				
3.	The Review Panel will discuss with the CEO the CEO's proposed objectives, and priority projects, and their goal weighting for the coming following year, as well as the proposed Development Plan.	Review Panel	CEO	By Jan 25	☐
4.	The Review Panel presents the agreed upon objectives, and priority projects and goal weighting and the agreed upon development plan, in addition to presenting the option of increasing the CEO's base salary based on the cost of inflation to take effect April 1st. to the Council for consideration and approval For consideration and approval at an in-camera meeting of Council.	Review Panel	Council Review Panel Staff Consultant (if as applicable)	January Meeting	☐

5.	The Review Panel, in conjunction with the CEO, identify any additional data that may be required to support the review process and any changes to the timing of deliverables. The data that must be provided to the Review Panel in support of the review, the timing of the process, and the date by which data will be provided.		Council Chair	CEO Review Panel Members	By Mar. 1	☐
The CEO and Review Panel sign the following documents for the coming year:						
	a)	Form 1 – Annual Objectives and Priority Projects				
	b)	Form 4 – Part A – CEO Development Plan proposals				
6.	The CEO provides the CEO Performance Evaluation data (the self assessment components of Form 1 and Form 2 as well as the Report area of Form 4 – Part B), including an with the option of an executive summary to include including supporting documentation/data, to the CEO Review Panel.		CEO	Review Panel	By Apr. 15	
	a)	Form 1 – Self assessment (for concluding year).				☐
	b)	Form 2 – Self assessment (for concluding year).				☐
	c)	Form 4 – Part B – Development Plan Report (for concluding year).				☐
7.	The Staff Survey is forwarded to each member of staff with instructions on how to complete the survey and the deadline for completion. Feedback is sought on the CEO's performance:		Review Panel	Staff	By May 15	
	a)	The Staff Survey is forwarded to each member of staff with instructions on how to complete the survey and the deadline for completion.	Staff Review Panel Consultant (if applicable)	Review Panel Staff	By May 15	☐

	b)	Form 2 is independently completed and scored by each member of the Review Panel (prior to the release of survey results). Individual results will be shared with members of the Review Panel in preparation of a single Performance Review Report (as per #8). The Performance Evaluation tool (Form 2 duly completed by the CEO) is forwarded to each member of the Review Panel with instructions on how to complete the tool, with a deadline by which the tool must be returned.	Review Panel	CEO Consultant (if applicable)	By May 15	☐
8.	The Review Panel will review the data provided by the CEO as well as the feedback provided by the individual members of the Review Panel (input using Form 2) and the staff survey, to develop a single Performance Review Report, including the following five six parts:		Council Chair	Review Panel Consultant (if applicable)	By June 10	
	a)	Form 1 – The Review Panel consider the CEO’s self-assessment and completes the proposed “Assessment” (for the concluding year) and provides any draft comments for each Objective/Priority Project.				☐
	b)	Form 2 – The Review Panel considers the CEO’s self-assessment and cumulative feedback from the Panel members, as well as takes into consideration the cumulative feedback from the staff survey and completes the proposed “Assessment” and provides any draft comments on this form (for the concluding year).				☐
	c)	Form 3 – The Review Panel, having received all relevant data, calculates the CEO’s Performance against the scale for determining whether a bonus is due to the CEO				☐

		(for the concluding year). Scale may need adjusted to calculate applicable bonus based on the number of Annual Objectives and Priorities (if less than five).				
	d)	Form 4 – The Review Panel reviews the outcomes portion of Part B of the Development Plan (from the concluding year) and drafts a proposed Council Response.				☐
	e)	Form 5 – The Review Panel drafts an Executive Summary , general comments and feedback from Council to be shared with the Registrar & CEO.				☐
9.	The Review Panel will meet with the CEO to present its draft report; mutually discuss and propose Development Opportunities with the CEO; and compensation changes for the year, if any. Form 5 will be updated to incorporate the CEO's feedback, as well as any feedback or objections that the Review Panel did not act upon. The CEO's feedback will be incorporated into a Report to Council, including any feedback or objections that the Review Panel did not act upon.		Council Chair	Review Panel CEO	By Jun. 30	☐
10.	The Review Panel will provide the final draft Performance Review Report at an in-camera meeting of Council. Council will review, discuss, and approve or amend (by motion) the Performance Review Report which includes:		Council Chair	Review Panel Consultant (if applicable)	July Meeting	☐
	a)	Executive Summary				
	a) b)	Form 1 - Annual Objectives and Priority Projects (for the concluding year, fully completed as draft)				
	b) c)	Form 2 – Management and Compliance (for the concluding year, fully completed as draft)				
	c) d)	Form 3 – Determining and Calculating Bonus (for the				

	concluding year, fully completed as draft)				
	d) e) Form 4 – CEO Development Plan (Part B for the concluding year, fully completed as draft)				
	e) f) Form 5 – Executive Summary, Acknowledgement & Signatures (for the concluding year, fully completed as draft).				
11.	The Review Panel will meet with, present and review the final Performance Review Report, which includes Forms 1 through 5 and the Executive Summary with to the CEO.	Council Chair	CEO Review Panel	Aug.	☐
12.	The CEO, after receiving the report, will be requested to sign Form 5- Executive Summary as an acknowledgement of the completion of the Evaluation process. Should the CEO have any objections to the evaluation, they can provide those to the Council through the Review Panel. A copy of the signed report, along with any objections from the CEO, will be placed in the personnel file of the CEO. The Review Panel will provide the Council with information regarding any objections registered by the CEO.	CEO	Council Chair	Aug.	☐
13.	The CEO will be directed to act upon the decisions of Council arising from the Report including development plan, compensation changes, and/or areas requiring improvement or change.	Council Chair	CEO	By Aug. 31	☐

~~March 25, 2021~~ September 1, 2021

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03b
	Title Council and Committee Training Program	Policy No. GP30.00
		Page No. 1

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

Accordingly,

Definitions	CCDI	Means the Canadian Centre for Diversity and Inclusion or a successor organization.
	Education review	Means a multiple-choice questionnaire that reviews information and education provided in a training session.
	Training Program	Means multifaceted training that includes all the following components: • A presentation and discussion conducted by the CEO on key concepts including but not necessarily limited to the public interest, fiduciary duties and responsibilities, critical decision-making considerations, the legislative framework, right touch regulation and practical approaches to their roles. • An education review conducted following the presentation and discussion session delivered by the CEO. • On-line training delivered by the OHRC relating to human rights, discrimination and accessibility for Ontarians with disabilities. • On-line training delivered by the CCDI, or a similar organization at the discretion of the CEO, relating to unconscious bias, diversity and inclusion.
	Successful completion	Means receipt by the College and the Council or Committee member of each of the following: • A certificate of attendance for attending the presentation and discussion conducted by the CEO. • Correctly responding to 70% of the questions posed on the education review. • A certificate of completion of the OHRC training in each of human rights and discrimination and AODA. • A certificate of completion of the CCDI training.
	OHRC	Means the Ontario Human Rights Commission as established by the Government of Ontario.

- 1 All new Council and Committees members are required to successfully complete the training program as defined herein and as developed and delivered by the CEO and external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. While Council members assume their duties according to the election schedule or date of appointment by the Minister, successful completion of the training will be required prior to Committee members formally assuming their duties.

DATE APPROVED	DATE LAST REVISED

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03b
	Title Council and Committee Training Program	Policy No. GP30.00
		Page No. 2

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

DATE APPROVED	DATE LAST REVISED



The College of Naturopaths of Ontario

BRIEFING NOTE
Implementation of Assessment Program for
Individuals Seeking Nomination for Election to Council
and Committee Appointments

PURPOSE: Implementing a requirement for assessment of potential candidates for election to Council and appointments to Committees.

OUTCOME Approval for the implementation of an assessment program.

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

PROCESS:

Activity:	Written materials and verbal review by CEO.		
Results:	Discussion/approval.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	CEO to provide overview	5 minutes
	2.	Council to pose questions	20 minutes
	3.	Motions	5 minutes

BACKGROUND:

The College by-laws set out the eligibility requirements for Registrants to be able to seek the nomination for election to Council (section 10.05), to be appointed to a Committee (section 13.14) and for an person to be appointed as a Public Representative (section 13.14.1).

All three sections include a provision that states that the Registrant (or person in the case of a Public Representative) "meets the competencies required and has successfully completed any qualifying process established by the Council."

These provisions were added some time ago as a means for the College and the Council to establish a program whereby it would assess the competencies of potential candidates for election and appointment to Committees and require that they have completed a qualifying program which would include both an assessment of skills and an orientation to the role and responsibilities of Council members.

On a related note, the College Performance Measure Framework (CPMF) questions the College's ability to pre-qualify both candidates for election and volunteers who wish to sit on Committees. It is anticipated that these questions will remain in the CRMF in its next iteration.

Work on the College's new Volunteer Program is well underway; however, the size and scope of the program will lend itself best to implementation of various elements as they are ready. The entire program will likely include the following components:

- Recruitment processes.
- Application processes.
- Assessment processes.
- Governance and Council approvals processes.

- Training program.
- Mentoring program.
- Annual Assessment and Feedback processes.
- Recognition program.

Recently, the College has launched a new training program for all volunteers.

DISCUSSION POINTS:

What is being proposed at this time is that the Council authorize a program under paragraph (xiv) of the by-laws that would include the following components at this time.

1. Adoption of an initial set of competencies.
2. An assessment that is comprised of a series of 30 questions.
3. An orientation program for potential candidates.
4. Vetting of candidates by the Governance Committee.

This program is proposed within a Governance Process policy, GP31-Council and Committee Qualifying Program which has been reviewed and approved by the Governance Policy Review Committee.

Competencies

The work that was anticipated to be undertaken with HPRO and The Directors College (TDC) continues to be delayed pending a final decision of the HPRO Board. In light of this, it is being proposed that the competency framework developed by the College be implemented until such time as they may be further refined should the HPRO/TDC initiative come to fruition.

The competency framework being proposed places an emphasis on having a certain set of skills and the willingness to learn other skills while fulfilling their responsibilities. They are based on a competency framework previously presented to the Council, a copy of which is attached. The competencies would be:

- An understanding of or willingness to learn about **Governance responsibilities**, including:
 - The role of the board and committees.
 - The role of the Chair of the board and management.
 - The role of individual Board and committee members.
 - The legal and ethical responsibilities when holding a position of trust.
 - The importance of being independent in thought.
- An understanding of and ability to provide leadership, including:
 - the importance of dialogue and the ability to interact with others to draw out thought and information.
 - the importance of working in collaboration with management.
 - the importance of board and committee evaluation processes.
 - the importance of competency-based selection processes.
 - the importance of succession planning.
- An understanding of or willingness to learn about financial and organizational oversight, including:
 - The concept of risk management and risk mitigation.
 - The process for managing people, including recruiting and retaining people.
 - Assessing financial information and can read, interpret and question financial statements.

- An understanding of or willingness to learn about **governing effectively**, including:
 - The meaning and importance of conflict of interest
 - The importance of ethical decision-making.
 - How unconscious bias can negatively impact decision-making and ways to identify these biases.
 - Understands how these issues can impact the reputation of the organization.
- An understanding of the public sector and health systems, including:
 - A broad commitment to the public and people of Ontario.
 - Knowledge of the public interest and can place the public's interest above the profession's interests.
 - Knowledge of the health care system broadly.
 - Knowledge of health regulation.

Over time, the Council may wish to add additional criteria based on the overall composition of the Council itself. For example, if the Council were to identify a particular group that is under-represented on the Council, they may ask the Governance Committee to actively seek individuals within this group to ensure the Council is appropriately diversified. This is not being proposed at this time.

Assessment

An assessment has been developed that asks a series of 30 questions. It is proposed that it would be an on-line questionnaire to be completed by potential nominees. The questions relate to the above noted competencies and asks about basic knowledge in each of these areas. The questions would be weighted to emphasize the two areas where skills are required.

Orientation

After completing the assessment, each individual interested in being nominated for election to the Council would be required to attend an Orientation session delivered virtually by the Chief Executive Officer and, depending on availability, one or more members of the Governance Committee. The following topics would be covered in the Orientation session.

- Qualifications to run for election.
- The skill set that you will need to sit on Council (see below).
- The role and mandate of the College.
- The vision of the Council for the future of the College.
- The role of the Council and the role of the CEO/staff.
- The duties and responsibilities of Council members.
- The time and other commitments implicit in seeking to be on the Council.
- Compensation provided for by the College once elected.
- Training requirements once elected.
- Annual evaluation process.
- On-going support from Council and staff.
- The election process.

These topics are believed to be able to provide clarity to potential nominees about their role and the work involved should they be nominated and eventually elected to the Council.

Vetting by the Governance Committee

The Governance Committee, when it was called the Nominations and Elections Committee, has been vetting potential candidates for nomination for several years. To date, the process has

entailed solely an examination of whether they meet the eligibility requirements. As Council has not previously approved a “qualifying process”, this criterion has not been used.

If the Council approves the proposal before them, the Governance Committee would review the assessment results, participation at the Orientation session and possibly interview the potential nominees to make a determination as to whether they have successfully completed the qualifying process.

Exemptions

Individuals currently sitting on the Council or its Committees who have completed the Volunteer training program in the year they seek a nomination would be exempt from the qualifying program and would be approved by the Governance Committee for nomination provided they meet the remainder of the qualifications set out in the by-laws.

Why Now?

It is increasingly important that individuals seeking to be nominated to the Council understand what is required of the job and the seriousness of the role. It is also important that they understand how much time will be required of them so that they are ready to meet that commitment if elected.

In discussions with the Governance Committee, it has been noted that while the process for evaluating potential candidates should be sufficiently robust to ensure that they will be ready and able to do the job, it should not be so robust as to eliminate all potential candidates or, dissuade individuals from participating in the process. This is true for both the competencies and the qualify program itself.

Current Status

The timing for an orientation session has been set for October 21, 2021 and has been sent out to all Registrants in the two districts in which elections will take place. In the event that the Council approves the request set out in this briefing, this session will be mandatory. In the event that the Council does not approve the request, attendance will be strongly recommended but voluntary.

Should Council agree to proceed, a draft Governance Process policy (GP31 – Qualifying Program), which has been reviewed and accepted by the Governance Policy Review Committee, is attached for consideration.

ANALYSIS

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

- Operational risk:
 - People – There is a risk when individuals who are contemplating joining a board of directors are not well aware of the role and the time required of the position. This qualifying program is intended to reduce that risk by ensuring that the individuals have the experience and knowledge to perform well in the position. It also identifies potential candidate gaps that will require additional resources, coaching and mentoring of a new member elected to Council. On the other hand, there is a risk that requiring the qualify program be met, potential nominees may not come forward resulting in no candidates in the election.

- Process – Given that this is the first iteration of both the qualifying program and pre-nomination orientation, it can be anticipated that the process will change over time. Hence, it will be important to look at the outcomes of the program, both qualitative and quantitative going forward.
- Strategic risk:
 - Political – While the proposal is itself not political, it is reacting to changes in government policy, in particular the CPMF inquiries surrounding governance and what it has identified as best practices which would include a program such as the one being proposed.
 - Reputation – The reputational risk to the College likely comes from potential reaction of Registrants to the program. Careful promotion of it will be required so as to be clear that it is not intended to prevent qualified individuals from seeking election but rather, to ensure that those who are nominated and eventually elected are well suited, both in terms of skills and time, to fulfill the role.

Privacy Considerations – There are no privacy considerations on this matter.

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

- Information to foster trust – By releasing the competencies and process to be followed to qualify potential nominees, the College would be working to foster trust of the public in its ability to properly fulfill its public interest mandate.
- Relevant, credible, and accurate information – The development of the qualifying program should enhance the public's ability to hold the College accountable. If the qualifications are not the correct ones or the program is not sufficient, the public can call on the College for changes.
- Consistent approaches – The qualifying program itself is intended to move the College to more closely align with other Colleges that undertake similar program, such as the Royal College of Dental Surgeons of Ontario and foster consistent approaches among all of the Colleges over time.

Financial Impact – The only potential financial impact is the cost of participation of Governance Committee members and paying a per diem to Registrants who attend.

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.

- Implementation of the qualifying program would be considered principle-driven governance. Good governance of the College is in the public interest as it ensures that the mandate of the College is being met and the public is being served and protected.
- The process is designed to be fair and objective, as well as transparent (by releasing the competencies and qualifying process in advance).
- The process will meet with the requirements of the CPMF and the Ministry of Health.

RECOMMENDATION

It is recommended that the Council approve the implementation of the qualifying program for the current election year by approving GP31- Council and Committee Qualifying Program.

Andrew Parr, CAE
Chief Executive Officer
September 2021

COMPETENCY FRAMEWORK
Competencies and Skills of Directors and the Board

1. Individual Council and Committee member Competencies

Competency	Indicator	Description	Assessment Method
Governance Responsibilities			
	Role of Board/Committee	Understands the role of the Board and Committees.	Induction program, examination
	Role of Chair and Management	Understands the role of the Chair of the Board/Committee and management.	Induction program, examination
	Role of Directors/Committee members	Understands the role individual Board and Committee Members.	Induction program, examination
	Legal & Fiduciary responsibilities	Understands their legal and fiduciary responsibilities including loyalty, good faith, trust, preparedness, participation.	Induction program, examination
	Board, Director and Committee member Independence	Understands the importance of independence of directors and committee members in thought and action, impact of group dynamics.	Induction program, examination
Leadership			
	Effective dialogue	Understands the importance of dialogue within, and outside of, the group, and demonstrates the ability to interact with individuals to draw out thought and information.	Induction program, examination
	Collaboration with management	Understands that the Board and its Committees are one side of the organization and demonstrates the ability to work collaboratively with management to attain corporate strategies.	Interview, induction program, examination
	Board & Committee evaluation	Understands the importance of board and committee evaluation processes to improving effectiveness, evaluating individual directors/committee members and has the	Induction program, examination

		willingness to act on what is learned from the evaluation process.	
	Board/Committee selection	Understands the importance of competency-based selection processes and supports a rigorous selection process.	Induction program, examination
	Succession planning	Understands the importance of planning for the succession of the leadership of the organization in the Board, Committee and Management streams.	Induction program, examination
	Compensation	Understands the importance of compensation for directors/committee members and management as a part of good retention practices.	Induction program, examination
Financial and Organizational Oversight			
	Risk identification and mitigation	Understands the concept of risk management and commits to identification and mitigation of organizational risk.	Induction program, examination
	Monitoring staff performance	Has an understanding of the processes for managing people, including key concepts in recruiting and retaining personnel	Induction program, examination
	Assessing financial information	Has an understanding of finance and accounting, generally accepted accounting principles. Can read, interpret and question financial statements.	Interview, induction program, examination
Governing Effectively			
	Conflict of Interest	Has an understanding of the meaning of conflict of interest and the importance of and process for declaring conflicts in advance and as they arise.	Induction program, examination
	Ethical decision-making	Understands the importance of ethics in decision-making, contemplating ethical components of decisions, including fairness, objectivity, impartiality and openness.	Induction program, examination

	Unconscious bias and discrimination	Understands how unconscious bias can negatively impact decision-making and has the ability to identify potential unconscious bias and discrimination and bring these issues into the open.	Induction program, examination
	Reputation management	Understands how effective and ethical governance, bias, conflict of interest can negatively impact the reputation of the organization and understands the importance of managing the organizations reputation.	Induction program, examination
	Crisis identification and management	Understands the means to identify potential and emerging crises and the process for managing crisis.	Induction program, examination
	Efficient and effective boards/committees	Has an understanding of what makes a board/committee effective and efficient and the importance of these to the operations of the board.	Induction program, examination
	Board/committee & organization sustainability	Understands the concepts of sustainability of both the organization (financial, operational, leadership) and the board (continuity, leadership).	Induction program, examination
Public sector and health systems			
	Public service	Has a broad commitment to serve the public and the people of the Province of Ontario.	Interview, induction program, examination
	Public interest	Has a knowledge of the concept of public interest and the ability to place the interests of the broad public ahead of the interests of individuals and organizations.	Interview, induction program, examination
	Health Systems	Has knowledge of the health care system in Ontario and Canada, the roles played by different levels of government and institutions and has a good grasp of the political, economic and social context within which health systems operate.	Interview, induction program, examination

	Health Regulation	Has a basic knowledge of the health regulatory system, its purpose and how it functions.	Interview, induction program, examination
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2. Individual Council and Committee members' Skills

Attribute	Indicator	Description	Assessment Method
Thought Processes			
	Analytical/critical thinking	Ability to understand and interpret information from different sources, process the information, connect ideas and concepts and draw logical connections and conclusions.	Induction program, examination
	Innovative & Creative	Ability to step outside of perceived limitations, consider new and bold ideas, willing to experiment with new approaches and solutions.	Induction program, examination
	Strategic thinking	Ability to recognize the issues facing the organization, can think long term, set long term goals and identify a path to achieving long term objectives.	Induction program, examination
	Proactive	Ability and willingness to discuss and debate matters before they become organizational issues or crises. Is willing to think ahead and beyond current day issues.	Induction program, examination
Good Communication Skills			
	Articulate	Ability to describe their thinking to others in a manner that is clear and concise, in particular in a group setting that is open to the public.	Interview, induction program, examination
	Active listener	Ability to listen to others, articulate the views of others and appreciate diverse perspectives.	Interview, induction program, examination
Professionalism			
	Tact	Ability to be tactful in group discussions, recognizes that individuals have various skills and attributes that add value.	Interview, induction program, examination

	Diplomacy	Ability to act diplomatically in their interactions with other directors and with external stakeholders.	Interview, induction program, examination
	Judgement	Ability to demonstrate good judgement in their decisions and actions.	Interview, induction program, examination
	Ethical	Has knowledge and understanding of ethical responsibilities and dilemmas and acts ethically at all times.	Interview, induction program, examination
	Respectful	Respects others regardless of their background, culture or opinions. Welcomes diversity of thought.	Interview, induction program, examination
	Honesty & Integrity	Acts with honesty and integrity at all times.	Induction program, examination
	Self-aware	Understands their own abilities, skills and recognizes where they may need to further their own development.	Induction program, examination
Leadership Skills			
	Vision	Understands the importance of vision and the methods/processes for developing a collective vision.	Interview, induction program, examination
	Team Building	Has knowledge and understanding of team building techniques and dynamics.	Interview, induction program, examination
	Facilitation	Has knowledge and understanding of consensus building and facilitations techniques.	Induction program, examination
	Continuous learning	Has knowledge and understanding of self-assessment, monitoring, and learning plan development methods.	Interview, induction program, examination
	Change & Flexibility	Has knowledge of change management techniques and the importance of flexibility to the negotiation and decision-making processes.	Induction program, examination

3. Competencies of the Council and Committees overall

While individual directors/committee members will have the competencies, to varying degrees as set out above, overall, it is important that the Board/Committee itself has a set up competencies, through one or more directors, that enable it to govern the organization.

Competency	Indicator	Description	Assessment
Establish a Diverse Board			
	Cultural	Representation from the various cultural identities, including indigenous cultures, will expand perspectives and understanding.	Interview, induction program, examination
	Gender	Representation from individuals with differing gender identities will expand the understanding of the impact of regulation on diverse groups.	Interview, induction program, examination
	Educational	A diverse of educational training, including individuals with and without post-secondary education and training.	Interview, induction program, examination
	Regional	Regional diversity, including rural and urban as well as northern communities will enhance understanding and decision-making.	Interview, induction program, examination
	Physical abilities and attributes	Representation from individuals with various physical abilities, attributes and challenges will bring new perspectives and experiences to the Board.	Interview, induction program, examination
Experience			
	Background/Experience	A diverse set of background and work experience will increase the diversity of perspective brought to the discussion.	Interview, induction program, examination
Knowledge			
	Organizational Justice	Has an understanding of organizational justice and understands the importance of workplace behaviour, including treatment of staff, pay, access to training, and equality in the workplace and at the board room table.	Induction program, examination

	Clinical knowledge	Knowledge of the legislation and regulations governing the profession and an in-depth knowledge of the written and unwritten standards of practise of the profession. Has had training as the regulated health profession being governed.	Interview, induction program, examination
	Strategic planning	Has an understanding of the importance of and the process for strategic planning, the setting of long terms strategic goals for an organization.	Induction program, examination
	Leadership experience	Has experience as part of a leadership team of an organization and has been in a leadership position for an organization or a board.	Interview, induction program, examination

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 6.01b</i>
	Title Council and Committee Qualifying Program	Policy No. GP31.00
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The Council is committed to the principles of good governance as a means to supporting the College's public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members meet necessary competencies and are appropriately oriented to their duties and roles prior to their seeking election to Council or appointment to a committee.

Accordingly,

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

DATE APPROVED	DATE LAST REVISED

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
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3 The competency framework established to support the qualifying program is:

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

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

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

DATE APPROVED	DATE LAST REVISED

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

DRAFT

DATE APPROVED	DATE LAST REVISED



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:

On July 14, 2021, the College of Naturopaths of Ontario (the College) was notified by the University of Ottawa regarding the discontinuation of its CanTEST (English language) TESTCan (French language) language tests effective August 15, 2021.

On July 15, 2021, the College was contacted by the Canadian Academic English Language (CAEL) testing company requesting that their English language test be recognized by the College as an accepted test for assessing language proficiency, as is currently done by the College of Veterinarians of Ontario, the College of Respiratory Therapists of Ontario, and the Ontario Association of Certified Engineering Technicians and Technologists.

Additionally, with the discontinuation of TESTCan, a suitable alternative for assessing French language proficiency was needed, such as the Test d'Évaluation de Français (TEF) offered by the French Institute Alliance Française (FIAF).

In August and September, the Registration Committee undertook a review of proposed language tests and their corresponding language benchmarks for suitability for recognition by the College.

Draft amendments to the Language Proficiency Policy (attached) have been made to ensure the College's policy is up to date and the College continues to provide credible options to allow applicants for registration, requiring an assessment of language proficiency, to undergo a language test in either of the official languages.

DISCUSSION POINTS:

Recognition of the CAEL and TEF

Recommendation for recognition of the CAEL and TEF is being made based on the Registration Committee's review of each test for robustness and appropriateness, as well as their review of environmental scan information collected from other Ontario regulatory Colleges which cited other regulatory health Colleges (e.g., College of Nurses of Ontario and the College of Respiratory Therapists of Ontario) as among those which currently recognize these language tests.

Associated Benchmarks

Language benchmarks for both the CAEL and the TEF have been set to the equivalent CLB Benchmark 8 rating currently used by the College and are consistent with other Ontario regulatory health Colleges who currently recognize both language tests.

Removal of CanTEST/TESTCan

With the discontinuation of the University of Ottawa's language tests, the CanTEST and TESTCan have been removed from this policy.

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.

- Consistent approaches: Ensuring the addition of new language tests and associated benchmarks are in keeping with those currently recognized by the College, and of other regulatory health Colleges in Ontario, ensures a consistent approach is taken in the assessment of language proficiency for entry-to-practise.

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 robust assessment of language proficiency of applicants and PLAR applicants ensures the safe and professional provision of naturopathy to Ontarians.

RECOMMENDATIONS

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

ACTION ITEMS

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

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

September 7, 2021

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	REGISTRATION	
	Title	Policy No. P07.04 Page No. 1

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.
	CanTest	Means a standardized English proficiency test offered by the University of Ottawa in English.
	<u>CAEL</u>	<u>Means the Canadian Academic English Language Test offered by Paragon Testing Enterprises</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 Conestoga College (Kitchener).
	iBT	Means an internet-based test.
	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.
	PBT	Means a paper-based test.
	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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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.

~~TestCan~~

~~Means a standardized French proficiency test offered by the University of Ottawa in French.~~

TEF

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

Third-Party Assessment Agency

Means an organization that is a Member of the Alliance of Credential Evaluation Services of Canada.

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), 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.

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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 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; • 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: <table><tr><th>Fluency Test</th><th>Minimum Accepted Score</th></tr><tr><td>IELTS</td><td>Level 7 required on all skills</td></tr><tr><td>TOEFL - PBT</td><td>580</td></tr><tr><td>TOELF - iBT</td><td>Total of 100: 25 on each skill.</td></tr><tr><td>CanTest</td><td>Minimum 4.0 on each section.</td></tr><tr><td>TestCan</td><td>Minimum 4.0 on each section.</td></tr><tr><td><u>CAEL</u></td><td><u>70</u></td></tr><tr><td><u>TEF</u></td><td><u>Speaking: minimum 233</u></td></tr><tr><td></td><td><u>Writing: minimum 310</u></td></tr><tr><td></td><td><u>Listening: minimum 280</u></td></tr><tr><td></td><td><u>Speaking: minimum 310</u></td></tr></table>	Fluency Test	Minimum Accepted Score	IELTS	Level 7 required on all skills	TOEFL - PBT	580	TOELF - iBT	Total of 100: 25 on each skill.	CanTest	Minimum 4.0 on each section.	TestCan	Minimum 4.0 on each section.	<u>CAEL</u>	<u>70</u>	<u>TEF</u>	<u>Speaking: minimum 233</u>		<u>Writing: minimum 310</u>		<u>Listening: minimum 280</u>		<u>Speaking: minimum 310</u>
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<u>TEF</u>	<u>Speaking: minimum 233</u>																							
	<u>Writing: minimum 310</u>																							
	<u>Listening: minimum 280</u>																							
	<u>Speaking: minimum 310</u>																							
	Submission of Results	Minimum test scores for all 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.																						

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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. 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 fluency through alternative objective evidence may seek an exemption.
	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
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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 applicant.

Exemption Request Outcomes

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

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

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iii. imposing limitations regarding practice settings or controlled acts.

PLAR applicants who are unable to ~~se~~ alternative objective evidence does not satisfy language proficiency requirements but whose alternative objective evidence demonstrates a sufficient degree of fluency 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 Prescribing and Therapeutics Program & Examinations Policy**

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's (the College) Prescribing and Therapeutics Program & Examination 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:

At its April 28, 2015, meeting, the then transitional Council of the College of Naturopaths of Ontario (the College) approved the College's Prescribing and Therapeutics Program & Examination Policy (the Policy).

At that time, criteria were set regarding course prerequisite training requirements which were partly based on an in-person delivery model of the course, rather than the current online self-study series of modules for which the course participant sets their own pace for course completion.

On April 25, 2018, amendments were made to the Policy to allow fourth-year CNME-accredited program graduates to sit the Ontario Prescribing and Therapeutics exam. While not meant to exclude new graduates actively pursuing registration in Ontario, not being explicitly stated in Policy routinely creates confusion for this group of individuals with respect to their eligibility to sit the exam.

Draft amendments to the Prescribing and Therapeutics Program & Examination Policy (attached) have been made to add clarity and to update Policy definitions, terminology and language to align with the newer policies under the College.

DISCUSSION POINTS:

Therapeutic Prescribing Course Approval Criteria

Amendments to training course criteria have been made to reflect current processes for the approved online course delivery model (e.g., requiring enrollment lists), while still leaving room for potential in-person delivery of a future approved course. Such amendments clarify logistics regarding proof of training only, rather than core training requirements, and therefore do not affect the public interest mandate.

Exam Eligibility Criteria

Exam eligibility has been extended to new graduates actively completing entry-to-practise requirements for registration in Ontario, being that the original intent of allowing fourth-year students of CNME-accredited programs to sit the exam was also meant to include new program graduates. The addition of this eligibility criteria adds clarity and formalises in Policy the current practice of allowing this group of individuals to sit the exam.

Criteria for Being Deemed to Have Met the Standard of Practice

Additional criteria for being deemed to have met the Standard of Practice for Prescribing have been added to capture both Registrants who were Inactive at the time of sitting the exam, as well as those who were not yet registered with the College, ensuring the two-year window for skills atrophy is consistently reflected in the Policy.

Amended Definitions, Terminology and Gender Neutrality

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

ANALYSIS

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

- Operational risk:
 - Process: Process risk comes from the Committee, in their review, ensuring that all of the necessary practices and procedures for update have been identified and properly amended.
- Strategic risk:
 - Reputational: Confidence and trust in the organisation 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 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 post-registration Standards of Practice ensure the processes and procedures put in place remain appropriate for safeguarding the public interest.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Prescribing and Therapeutics Program & Examination Policy.

ACTION ITEMS

The Policy will be updated and posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

September 7, 2021

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Intent/Purpose	To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Candidate	<u>Means a</u> Any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	<u>Chief Executive Officer (CEO)</u>	<u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.</u>
	<u>CNME</u>	<u>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.</u>
	<u>College</u>	<u>Means the College of Naturopaths of Ontario as established under the Naturopathy Act, 2007 and governed by the Regulated Health Professions Act, 1991.</u>
	<u>General Class Certificate of Registration</u>	<u>As defined in section 1(1) of the Health Professions Procedural Code means a Certificate of Registration issued by the Registrar, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.</u>
	Deferral	<u>Means a</u> A granted postponement of a Candidate's attempt at one or more examinations.
	Drug	<u>Means that a</u> As defined in the <i>Drug and Pharmacies Regulation Act</i> .
	Examinations Accommodation	<u>Means a</u> An adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's current needs arising from a disability, physical limitation, or religious requirement.
	Examination Violation	<u>Means a</u> A contravention of the College's Examination Policy, or Examination Rules of Conduct.
	<u>General Class Certificate of Registration</u>	<u>Means a Certificate of Registration, as defined in section 1(1) of the Health Professions Procedural Code, issued by the CEO, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.</u>
	Good Standing	<u>Means t</u> The status assigned to a <u>Member-Registrant</u> when <u>he or she is</u> they are current on dues and payments and <u>is</u> are current with the filing of reports as required based on their Certificate of

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~~Registration current with the registration requirements assigned to their Class of Registration.~~

Inactive Class

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

Prescribing and Therapeutics Examination

Means a two-part examination approved by the Council of the College that includes both written and oral components which tests Aa Member's Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.

~~Member Registrant~~

Means an individual, aAs defined in section 1(1) of the Health Professions Procedural Code, ~~means a Certificate of Registration issued by the Registrar.~~

Registration Committee

Means tThe statutory committee of the College responsible for all registration matters referred to it by the ~~Registrar~~CEO, and the imposition of terms, conditions or limitations (TCL) on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.

~~Registrar~~

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

Registration Regulation

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

Standard of Practice for Prescribing

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

~~CNME~~

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

General

Regulation

Determinations of whether a ~~Member Registrant~~ has met the Standard of Practice for Prescribing, or whether a therapeutic prescribing course is approved, will be made in accordance with the General Regulation and this policy.

Registration staff and ~~Members Registrants~~ of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.

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Eligibility
Requirements for
the Practise of
Therapeutic
Prescribing

Any ~~Member-Registrant~~ who wishes to perform the controlled acts of prescribing, compounding, selling, or dispensing a drug, or administering a drug by injection or inhalation must:

- Hold a General Class Certificate of Registration without any ~~terms, conditions or limitations~~ TCL's which restrict the ~~Member Registrant~~ from engaging in direct patient care.
- Be in Good Standing with the College.
- Have successfully completed a training course in therapeutic prescribing, approved by Council, that covers the core competencies for the practise of prescribing, and an examination in therapeutic prescribing administered or approved by Council.
- Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to prescribing.

Skills Atrophied

~~Members-Registrants~~ holding an ~~in~~inactive class Certificate of Registration or a ~~G~~eneral class Certificate of Registration with a non-clinical ~~Term, Condition or Limitation (TCL)~~ TCL with the College for more than two ~~(2)~~ years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of prescribing a drug.

Core
Competencies for
the Practise of
Therapeutic
Prescribing

~~Members-Registrants~~ performing the controlled act of prescribing a drug possess the knowledge, skill, and judgment in the following core competencies to ensure safe and effective practise:

- Clinical rationale, including knowledge of indications and contraindications related to prescription and non-prescription drugs and substances, knowledge of appropriate starting dosages and titration schedules, and the ability to assess when a prescription is not an appropriate treatment option.
- Therapeutic treatment plans, including medical history taking, medications and allergies, physical examination and informed consent requirements, appropriate tests and labs for monitoring, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to treatment.
- Record keeping, including knowledge of documentation, charting, prescription writing and prescription labeling requirements.
- Ontario approved drugs and substances as tabled in the General Regulation, limitations, and related standards of practice around the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a substance by inhalation or injection.
- Adverse reactions and emergency situations, including knowledge of how to assess, and respond to an adverse drug reaction, how to administer emergency substances, ~~dosages~~ dosages, and route of administration for emergency substances, reporting an adverse drug reaction in conjunction

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with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.

Therapeutic
Prescribing
Training
Courses

Approval

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

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

1. Course material must be fully referenced.
2. Course is a minimum of 32 hours of structured learning and covers all core competencies necessary for the practise of therapeutic prescribing.
3. Course material must adhere to Ontario legislation and regulation, College policy, standards, and regulation, and must align with other regulated health profession industry standards for therapeutic prescribing.
4. All participants who successfully complete the course must be provided with a certificate of completion signed and dated by the course instructor.
5. The course must contain content which addresses the following:
 - Evidence based prescribing, principles and practice including informed decision making related to prescription and non-prescription medications for the treatment of cardiovascular disorders, psychological issues, pain management, respiratory disorders, endocrine disorders, reproductive issues, dermatological issues, nutritional deficiencies, and addiction issues.
 - How to create therapeutic plans and monitor therapy to ensure safe and effective treatment for specific conditions.
 - Medical history taking with respect to prescription medications, selecting appropriate starting doses and titration schedules when initiating select prescription medications, and strategies for determining when a prescription may not be needed or may be harmful.
 - How to recognize and report situations where an adverse drug reaction may have occurred.
 - Writing prescriptions using patient case scenarios, defining risks, benefits and monitoring parameters.

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- Ontario regulation, related standards and requirements with respect to the controlled acts of prescribing, dispensing, ~~compounding~~compounding, or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.
- The College must be able to verify the course enrollment date for any Candidate of the Prescribing and Therapeutics exam, with the course provider.
- Participants who successfully complete an in-person offering of the course must be provided with a certificate of completion signed and dated by the course instructor.

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

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

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

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

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

Prescribing and Therapeutics Examination

General

To be deemed to have met the Standard of Practice for Prescribing, a Candidate must successfully complete an examination administered or approved by Council, and:

- Hold a General ~~Ce~~lass ~~Ce~~ertificate of registration with the College~~Be a Member of the College~~, without any TCL's which restrict the Registrant from engaging in direct patient care~~in~~ Good standing; or
- ~~Be a Member~~Hold a General ~~Ce~~lass ~~Ce~~ertificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care -within two (2)-years of successfully completing the examination, and
- ~~Be in good standing with the College.~~

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Exam Eligibility

A Candidate is eligible to sit the Prescribing and Therapeutics examination provided they are:

- A ~~Member-Registrant~~ of the College, in Good Standing, at the time of application for the examination; or
- A registered ND in a regulated Canadian jurisdiction; or
- ~~Enrolled in a CNME--accredited program in Canada, and within 12 months of graduation from said program; or~~
- A CNME--accredited program graduate, who is actively engaged in completing their requirements for registration with the College.

And have completed a Council approved training course on therapeutic prescribing no more than two ~~(2)~~ years prior to the date of the exam.

Passing Requirements

To pass the Prescribing and Therapeutics examination, ~~the a~~ Candidate must score 60% on each component of the examination.

Examination Attempts & Retakes

Candidates are provided three ~~(3)~~ attempts to successfully complete the Prescribing and Therapeutics examination and must do so within two ~~(2)~~ years of the date of their completion of the therapeutic prescribing training course.

A Candidate who has failed the Prescribing and Therapeutics examination for a second time, will be required to complete additional education or training, if any, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third and final time.

A Candidate who has exceeded the two ~~(2)~~ year window from their date of successfully completing a therapeutic prescribing training course will be required to re-take a Council approved training course prior to being eligible to re-attempt the Prescribing and Therapeutics examination.

Candidates who have failed any one ~~(1)~~ component of the Prescribing and Therapeutics examination may elect to ~~only~~ only retake the component of the examination for which they were unsuccessful, provided the retake component is completed within three ~~(3)~~ attempts and two ~~(2)~~ years of their completion of the course.

Accommodations

To ensure Candidates are provided a fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any Candidate. Requests for accommodation will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.

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Deferrals

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

Examination
Violations

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

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April 28, 2015	April 25, 2018



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-assessment targeted to specific areas of practice. The current self-assessment, implemented in 2020, focuses on advertising and following completion, 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 in writing and provides a 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. 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 Records 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 2021



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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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 2021



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 29, 2021

TO: Council members

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

RE: Equity, Diversity and Inclusion Committee

At its May meeting, the Council approved Terms of References for the Council's new Equity, Diversity and Inclusion (EDI) Committee. Subsequently, the Chief Executive Officer (CEO) issued a call for interested individuals to submit applications to be appointed to the Committee. The CEO asked the Governance Committee (GC) to review all applications that were received and to make recommendations to the Council in keeping with the mandate of the Committee.

The GC met on August 4, 2021 to consider two new applications that had been received. The review entailed considering the Council's approved Terms of Reference for the EDIC, the call for applications released by the CEO and the qualifications set out in the College's by-laws for both registrant and Public Representative appointments.

The GC is pleased to recommend the following individuals be appointed to the Equity, Diversity and Inclusion Committee:

Dr. Sairupa Krishnamurti, ND
Sunitha Subramaniam

The Governance Committee will continue to receive any new applications for this and other Committees and bring them forward to the Council after completing its evaluation. We also look forward to working with the CEO in the ongoing development of the College's volunteer program.

Respectfully submitted,

Gudrun Welder
Chair Governance Committee



The College of Naturopaths of Ontario

**Council Meeting
September 29, 2021**

**Video Conference
APPROVED
MINUTES**

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

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:18 a.m. She welcomed everyone to the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Jacob Scheer
SECOND:	Paul Phillion
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

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

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

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair.
MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Regulatory Operations from the CEO

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

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q1

A Variance Report and the Unaudited Financial statements ending June 30, 2021 (Q1) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

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

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

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

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

5.01(ii) Governance Process Policies

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

5.01(iii) Ends Policies

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

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

Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 2). Dr. Brenda Lessard-Rhead, ND (Inactive), Chair of the Governance Policy Review Committee (GPRC), provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

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

5.03 Proposed New/Amended Policies from GPRC

5.03a GP19 - CEO Annual Performance & Compensation Review

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

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

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

5.03b GP30 - Council and Committee Training Program

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

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

6. Business

6.01 Implementation of a Qualifying Program

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

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

6.02 Language Proficiency Policy Amendments

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

MOTION:	To approve the proposed changes to the Language Proficiency Policy as presented.
MOVED:	Shelley Burns
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.03 Prescribing and Therapeutics Policy Amendments

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

MOTION:	To approve the proposed changes to the Prescribing and Therapeutics Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

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

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

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

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

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

7. Council Education

7.01 Review of Council's Policy Governance Approach

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

7.02 Program Briefing – Quality Assurance Program

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

7.03 Program Briefing – Standards Program

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

8. Meeting Evaluation and Next Meeting

8.01 Evaluation

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

8.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for November 24, 2021. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

9. Adjournment

9.01 Motion to Adjourn

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

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

Recorded by: Monika Zingaro
Administration Coordinator
September 29, 2021

Approved: November 24, 2021