



The College of Naturopaths of Ontario

Statutory Committee Annual Reports **2021-2022**

- Discipline Committee.
- Executive Committee.
- Fitness to Practise Committee.
- Inquiries, Complaints and Reports Committee.
- Patient Relations Committee.
- Quality Assurance Committee.
- Registration Committee.

Statutory Committee Annual Reports

Following are the 2021-2022 annual reports from the College's Statutory Committees as required under the *Regulated Health Professions Act, 1991*. The reports cover the period from April 1, 2021, through March 31, 2022.

Discipline Committee

The Discipline Committee as a whole met twice during the reporting period, on May 12, 2021 for its annual Committee training, and on January 25, 2022 for training specific to serving as Chair of a Discipline Panel.

Hearings Completed

A Panel of the Discipline Committee completed one uncontested Discipline Hearing in the reporting period.

1. CONO & Natasha Turner (DC20-02)

Hearing date: October 29, 2021

Decision and Reasons issued on November 26, 2021

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding and found that the Registrant had committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$23,570.75

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$5,000, which amounted to 21% of the College's costs.

In accordance with s. 23 (2) 10 of the Health Professions Procedural Code, Decisions and Reasons of the Discipline Committee are publicly available on the College's website.

New referrals from the Inquiries, Complaints and Reports Committee (ICRC)

Specified allegations against the following Registrants were referred to the Discipline Committee by the ICRC during the reporting period:

- Karim Dhanani (DC21-01)
- Natasha Turner (DC21-02)
- Kurt Stauffert (DC21-03)
- Richard Dodd (DC22-02)

Statistics

Number of uncontested Hearing Days: 1

Number of contested Hearing Days: 0

Reinstatement Hearings: 0

Divisional Court Reviews: 0

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

Executive Committee

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair

Fitness to Practise Committee

There were no referrals to, or hearings of the Fitness to Practise Committee between April 1, 2021, and March 31, 2022.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair

Inquiries, Complaints and Reports Committee

During the reporting period the ICRC held 15 meetings via video conference.

Closed matters

The Committee closed 38 matters with the number of dispositions as follows:

- No Further Action: 6
- Letter of Counsel: 9
- Oral Caution: 5
- Oral Caution & Letter of Counsel: 2
- Specified Continuing Education and Remediation Program (SCERP): 3
- SCERP & Oral Caution: 4
- SCERP, Oral Caution & Letter of Counsel: 2
- Acknowledgement & Undertaking: 0
- Referral to Fitness to Practice: 0
- Referral to Discipline Committee: 6
- Referral to Discipline Committee & Letter of Counsel: 1
- Frivolous and vexatious: 0

There were no health inquiries during the reporting period.

No decisions of the ICRC were appealed to the HPARB in this reporting period.

Interim Orders

The ICRC directed the CEO to immediately suspend the certificate of registration of two Registrants; one Registrant remains suspended while the other has resigned their certificate of registration following the outcome of a disciplinary hearing.

Additionally, the ICRC directed the CEO to impose specified terms, conditions and limitations on two Registrants' certificate of registration, which are still in place.

New investigations

In this reporting period, 17 investigations under s. 75.1.a of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* were initiated based on information received from the following sources:

- Public inquiries: 6
- Matters reported by Registrants: 2
- Matters reported by other College departments: 3
- Referral from ICRC to CEO: 5
- Referral from QAC to ICRC: 0
- Referral from another regulator: 1

In addition, the ICRC received 28 formal complaints about Registrants of the College.

Complaints and Reports filed with the ICRC included one or more of the following concerns:

- Advertising: 13
- Inappropriate/unsatisfactory patient care: 11
- Failure to comply with the Standard for IVIT/Injections: 5
- Failure to comply with the Standard for Vaccination: 6
- Practising outside the Scope: 8
- Failure to keep records in accordance with the standards of the profession: 5
- Failure to comply with an order of a panel of the College: 1
- Failure to co-operate with an Investigator: 2
- Failure to report a Type 1 occurrence: 1
- Practicing the Profession while suspended: 1
- Inappropriate billing procedures and/ or charging excessive fees: 9
- Failure to wear PPE during COVID-19: 1
- Failure to obtain consent: 5
- Failure to maintain appropriate therapeutic relationships and professional boundaries: 4
- Sexual abuse: 4

There has been a total of 8 COVID related matters for this reporting period, all of which were Complaints.

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 212 days, with the shortest investigation completed in 64 days and the longest - in 846 days.

Committee members have completed peer and self-evaluations with Satori Consulting, generally indicating that the committee is highly functional and productive.

Respectfully submitted,

Dr. Erin Psota, ND
Chair, Inquiries, Complaints and Reports Committee

Patient Relations Committee

During the reporting period the PRC held 3 meetings.

The PRC received one new application for Funding for Therapy/Counselling, which was approved on November 17, 2021.

The PRC continues to oversee the funding of 5 approved applications. The College's funding program managed by the PRC provided \$11,727.80 to applicants during the reporting period and \$27,089.80 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed and updated its program policies to ensure they align with the program deliverables, drafted a number of Boundary Scenarios to be used by the College in communications to the profession, and created an informational letter that was sent to Ontario regional police services and sexual abuse support centres.

Respectfully submitted,

Samuel Laldin
Chair

Quality Assurance Committee

The Quality Assurance Committee held 8 meetings during the reporting period.

Self-Assessment

For the 2022 registration year, Registrants are required to complete a total of three (3) self-assessment questionnaires. This includes one (1) mandatory Record Keeping Self-Assessment and two (2) additional self-assessments of their choosing.

of Registrants required to complete the Self-Assessment by March 31, 2022: 1551

of Registrants who completed the Self-Assessment by March 31, 2022: 1142

% of Registrants who submitted by the deadline: 73.6%

Continuing Education

Due to the impact of COVID-19 pandemic, the Quality Assurance Committee reduced the number of required CE credits while ensuring that Registrants remain compliant with the QA Program. During this reporting period, Registrants only need to submit two-thirds of the required number of credits for their cycle.

of CE applications received: 603

of CE applications approved: 519

% of received applications approved by the Committee: 86.1%

Number of approved applications requesting Jurisprudence, Pharmacology, or IVIT credits:

IVIT: 12

Pharmacology: 132

Jurisprudence: 8

of live/in-person course applications: 96 (15.9%)

of online/webinar course applications: 507 (84.1%)

of Group I Registrants required to their submit CE logs by the Sept. 30th deadline: 491

of Group I Registrants who submitted by the deadline: 479

% of Registrants who submitted by the deadline: 97.6%

of Group I Registrants with discrepancies in their CE Logs requiring correction: 137

of CE deferral/extension requests received: 16

of CE deferral/extension requests approved: 2

Peer & Practice Assessments

For the reporting year all peer and practice assessments are conducted virtually. The assessment included a review of specific aspects of the Registrant's premises, record keeping practises, certain College standards and guidelines, their professional portfolio and an in-depth clinical discussion of one patient chart.

of Registrants selected for a Peer & Practice Assessment: 50
of deferral requests received: 4
of deferral requests approved: 4
of Registrants who went inactive or resigned prior to completing their Peer & Practice Assessment: 2
of QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 1
Total number of Peer & Practice Assessments completed: 45

Non-Compliance

In accordance with the Regulated Health Professions Act, 1991, the Quality Assurance Regulation and the Program Policies, where a Registrant fails to participate in the Quality Assurance Program and is deemed to be non-compliant, the Quality Assurance Committee may refer the matter to a panel of the Inquiries, Complaints and Reports Committee for investigation.

of Registrants referred to the ICRC for non-compliance with the QA Program: 1

Respectfully submitted,
Barry Sullivan, Chair

Registration Committee

During the reporting period noted, the Registration Committee met 13 times. In total, the Committee reviewed 13 applications for registration, and 4 class change applications (over two-years) in this reporting period. In addition, the Committee reviewed program policies related to Registration and Examinations and set remediation plans for exam candidates who had made two unsuccessful attempts of a College examination. No life registration applications were reviewed.

Entry-to-Practise

During this period, 82 applications for registration were received. Of these, 13 applications for registration were referred to the Registration Committee for review¹;

- 2 were based on an applicant's previous conduct raising reasonable doubt of the applicant's ability to practise naturopathy safely and professionally (under subsections 3(2) of the *Registration Regulation*),
- 2 were to address concerns regarding a physical or mental condition or disorder [under subsection 3(4) of the *Registration Regulation*],
- 2 were based on the applicant having not maintained good standing with another regulatory body [under subsection 3(5) of the *Registration Regulation*], and
- 9 were for currency [under subsections 5(4)(a) and 5(2)(b) of the *Registration Regulation*].

Of those referred, 6 certificates of registration were granted, 2 certificates were granted with the application of terms, conditions, or limitations, and 5 were granted after the completion of additional training or examinations as set out by a Panel of the Registration Committee. No applicants were denied registration. Additionally, no assessments were conducted to determine substantial equivalency via the College's Prior Learning Assessment and Recognition (PLAR) program. The College currently has one PLAR active PLAR application.

Registration

During this reporting period, the Registration Committee reviewed 4 applications for class change from Inactive to General (over two-years) (under section 10(1)(6) of the *Registration Regulation*). The committee approved these class changes following the completion of additional training/education by the Registrants.

Examinations

The Committee continued to set exam plans of remediation, for candidates who have made two unsuccessful attempts of a College examination. A total of 17 plans of exam remediation were set during this period by the Committee. The Committee also approved amendments to the Ontario Biomedical Exam blueprint and to the Ontario Clinical Sciences Exam blueprint. These were subsequently presented to and approved by the Council of the College.

¹ Two applicants were issued an addendum referral to the original Notice of Referral that was issued and reviewed twice by a panel of the Committee.

Policy Updates

The Committee approved draft amendments to the Registration Policy, the Language Proficiency Policy, Good Character Policy, the Examinations policy and the Clinical Examinations policy, Proof of Identity Policy and approved a new Alternative Documentation Policy. These policies were also subsequently presented to and approved by the Council of the College.

Registration Committee Refresher Training and Committee Evaluation

The Committee was given a refresher training on terms of reference and reviewing applications for registration, it also reviewed its self-evaluation findings with Sartori Consulting.

Review of Registration Requirements

The Committee conducted a review of registration requirements as set out in the Registration Regulation, specifically those pertaining to applications for registration, with an emphasis on review of provisions related to good character and safe and professional practise.

Respectfully submitted,

Dr. Danielle O'Connor, ND
Chair