



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #49

Draft Agenda

September 24, 2025 (2025/26-02)

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

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #49
September 24, 2025
9:15 a.m. to 11:45 p.m.
DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible
0	Pre-Meeting Networking (8:45 am to 9:15 am)			
	Networking	Information networking for Council members (8:45-9:15am)	--	All
1	Call to Order and Welcome			
1.01	Procedure	Call to Order	--	B Lessard-Rhead
1.02	Procedure	Meeting Norms	4-6	
1.03	Discussion	"High Five" – Process for identifying consensus	7	
2	Consent Agenda			
2.01	Approval	i. Draft Meeting Minutes of July 30, 2025	8-14	B Lessard-Rhead
		ii. Draft in-camera minutes of July 30, 2025	15-16	
		iii. Land Acknowledgement	17-20	
		iv. Disclosures	21	
		v. Committee Reports	22-33	
		vi. Information Items	34	
3	Approval of Agenda and Conflicts of Interest			
3.01	Adopt	Review of Main Agenda	3	B Lessard-Rhead
3.02	Discussion	Declarations of Conflict of Interest	175-176	
4	Monitoring Reports			
4.01	Acceptance	Report of the Council Chair	177	B Lessard-Rhead
4.02	Acceptance	Report on Regulatory Operations at August 31, 2025	178-190	A Parr
4.03	Acceptance	Variance Report and Unaudited Financials at Q1	191-199	E Laugalys
5	Council Governance Policy Confirmation			
5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹	--	B Sullivan
5.02	Review	Detailed Review – Executive Limitations 09-17	--	
5.03	Adopt	Proposed Policy Amendments	200-213	
6	Regular Business			
6.01	Adopt	Framework for Evaluation of Laboratory Test Submissions	214-221	A Parr
6.02	Discussion	CANRA Strategic Considerations	222-233	A Parr
6.03	Adopt	Financial Sustainability Report	234-287	A Parr
6.04	Appointment	Discipline Committee Chair/CANRA Representative	288-290	A Parr
6.05	Approval	Filling Vacancy in District 8 (By-laws s.10.33)	291-303	A Parr
7	Council Education			
7.01	Education	Voice of the Patient Report – Pivotal Research	304-330	D Melham
7.02	Education	Program Briefing – Quality Assurance Program	331-334	J. Quesnelle
8	Other Business			
9.01	TBD		--	
9	Evaluation and Next Meeting			
9.01	Discussion	Meeting Evaluation	--	Chair
9.02	Discussion	Next Meeting – November 26, 2025 (Video Conference)	--	
10	Adjournment			
10.01	Decision	Motion to Adjourn	--	Chair

¹ Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance Policies (Ethics Governance Process, CEO Conflict of Interest, Executive Limitations policies)



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

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

Additional Norms for Virtual Meetings

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

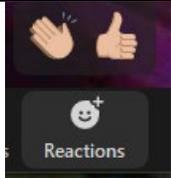
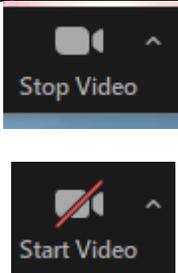
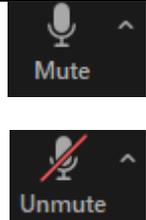
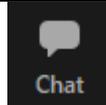
10 King Street East - Suite 1001 Toronto, ON M5C 1C3

T 416.583.6010 F 416.583.6011

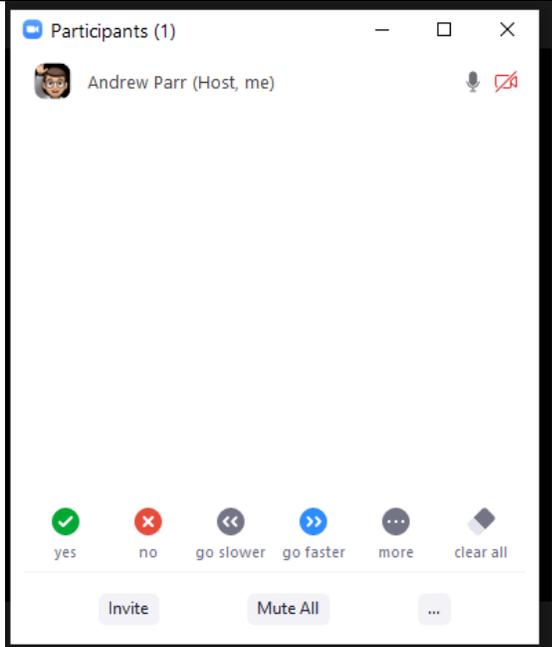
collegeofnaturopaths.on.ca

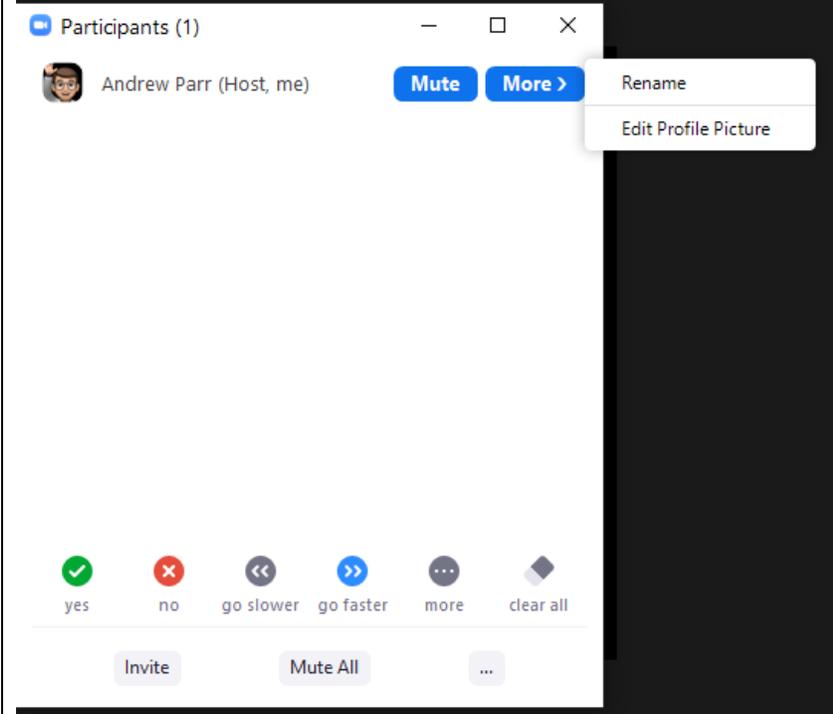
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
			

Other Helpful Tips

	<ul style="list-style-type: none"> • Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
---	---



The screenshot shows a Zoom meeting interface. At the top, the window title is "Participants (1)". Below it, a list of participants is shown, with the host "Andrew Parr (Host, me)" at the top. To the right of the host's name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a white dropdown menu is open over it, containing two options: "Rename" and "Edit Profile Picture". At the bottom of the participants list, there is a row of six icons: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three-dot menu labeled "more", and a diamond icon labeled "clear all". Below this row 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.

10 King Street East - Suite 1001, Toronto, ON M5C 1C3

T 416.583.6010 F 416.583.6011

collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

**Council Meeting
July 30, 2025**

**Video Conference
DRAFT MINUTES**

Council	
Present	Regrets
Dr. Felicia Assenza, ND (2:2)	Ms. Sarah Griffiths-Savolaine (0:2)
Dr. Amy Armstrong, ND (2:2)*	Ms. Amy Twydell (0:1)
Mr. Dean Catherwood (2:2)	
Ms. Lisa Fenton (2:2)	
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:2)	
Dr. Denis Marier, ND (2:2)	
Ms. Marjia Pajdakovska (1:2)	
Mr. Paul Phillion (2:2)	
Dr. Jacob Scheer, ND (2:2)	
Dr. Jordan Sokoloski, ND (2:2)	
Dr. Erin Walsh (Psota), ND (2:2)	
Staff Support	
Mr. Andrew Parr, CAE, CEO	
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services	
Mr. Jeremy Quesnelle, Deputy CEO, Regulation	
Ms. Monika Zingaro, Human Resources Coordinator	
Guests	
Dr. Shelley Burns, ND, Audit, Finance & Risk Committee Chair	
Ms. Rebecca Durcan, Legal Counsel	
Mr. Thomas Kriens, Auditor	

*Left meeting at 11:35 a.m.

Mr. Barry Sullivan, Governance Committee, Vice-Chair	
Ms. Sandi Verrecchia, Satori Consulting	

1. Call to Order and Welcome

The Chair, Dr. Brenda Lessard-Rhead, ND (Inactive), called the meeting to order at 9:16 a.m. and 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:	Paul Phillion
SECOND:	Jacob Scheer
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

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

4.02 Report on Regulatory Operations at June 30, 2025, from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at June 30, 2025, from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the reports on Regulatory Operations at June 30, 2025, from the CEO.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

4.03 Annual Committee Reports 2024-2025

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

MOTION:	To accept the annual Committee reports for the period April 1, 2024, to March 31, 2025.
MOVED:	Dean Catherwood
SECOND:	Jordan Sokoloski
CARRIED.	

4.04 Annual Report on Operational Performance for 2024-25

The Report on Operations – Year End Report was included within the materials distributed in advance of the meeting. Mr. Parr provided a thorough review of the Report and explained the information contained within the Report, highlighting the key performance indicators and whether the strategic objectives were met. He responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operational Performance for the period April 1, 2024, to March 31, 2025.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer

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

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) 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.

5.01(ii) Council-CEO Linkage Policies

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

5.01(iii) Governance Process Policies

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

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

Mr. Barry Sullivan, Governance Committee Vice-Chair, provided the Council with a detailed presentation reviewing the survey responses and comments submitted by Council members in relation to the Executive Limitations Policies (Part 1 – EL01 through EL08) review, and highlighted each policies directive.

Council members were also asked if there were any members who wished to discuss the grouping of policies and Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

The Chair thanked Mr. Sullivan for his presentation to Council.

6. Business

6.01 Finance, Audit & Risk Committee Report on the 2024-2025 Audit

A copy of the Finance, Audit & Risk Committee Report on the audit for the fiscal year April 1, 2024, to March 31, 2025, was circulated in advance of the meeting. Dr. Shelley Burns, ND, the Audit, Finance & Risk Committee Chair, reviewed the report with the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Finance, Audit & Risk Committee Report on the draft Audited Financial Statements for 2024-2025.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

6.02 Auditor’s Report and Draft Audited Statements – Fiscal Year 2024-2025

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

MOTION:	To accept the Auditor’s Report and approve the Draft Audited Financial Statements for the period April 1, 2024, to March 31, 2025, as presented.
MOVED:	Paul Phillion
SECOND:	Erin Psota
CARRIED.	

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

6.03 Appointment of the Auditor for 2025-26 Fiscal Year

Dr. Burns, ND, the Audit, Finance & Risk Committee Chair, advised Council that the College’s current Auditor’s term had ended at the conclusion of the audit for the fiscal year 2024-2025 and that an Auditor would need to be appointed for a new term. She sought the approval of Council to have the existing auditor of Kriens~LaRose, LLP, be re-appointed as the Auditor for the fiscal year of 2025-2026.

MOTION:	To re-appoint Kriens~LaRose, LLP, as the Auditor for the fiscal year of 2025-2026.
MOVED:	Amy Armstrong
SECOND:	Dean Catherwood
CARRIED.	

6.04 Committee Appointment

The Chair noted that with the recent resignation of Council Public member Ms. Amy Twydell, there will no longer be a committee appointment to the Inquiries, Complaints and Reports Committee (ICRC). Furthermore, the Chair took the opportunity to advise the Public Council members that there is a need for the position to be filled and if someone is interested in learning more about the role to reach out to herself or Mr. Parr for more information about the responsibilities and time commitments.

6.05 Discipline Processes for Recovery of Costs

Mr. Parr provided a detailed overview of the Briefing Note circulated to Council in advance of the meeting. He highlighted the intent of this document is to support a discussion amongst members of the Council regarding the effectiveness of the discipline processes, as they had expressed an interest in having a fulsome understanding of the processes and that they examine any method to reduce its exposure.

He reviewed six main discussion points and responded to questions that were brought forward from Council members during the discussion.

7. Council Education

7.01 Council & Committee Evaluations – Update

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

MOTION:	To accept the Council evaluation report for the year 2024-2025 as presented.
MOVED:	Jacob Scheer
SECOND:	Jordan Sokoloski
CARRIED.	

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

7.02 Naturopathic Doctors in Ontario

Dr. Erin Psota, ND, Council member, presented survey results she received from fellow Council NDs as well as other NDs in relation to providing information to all Council members, in particular the Public members, about the profession and its approach to treatment of their patients. She summarized all 73 responses to her survey and spoke in depth about what a potential day in the life of an ND could look like. For example, seeing patients in their clinics, presenting at conferences, conducting research to help their patients further, teaching support and many other things outside of just being an ND. In addition, Dr. Psota, ND, responded to any questions that arose during the discussion.

The Council thanked Dr. Psota, ND, on all her hard work and they appreciated learning more about NDs.

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 12:03 p.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Dean Catherwood
SECOND:	Jacob Scheer
CARRIED.	

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

The Chair advised the Council members that the newly adopted method to complete the meeting evaluation via a Zoom survey will take place again and that the survey will appear on each Council member's screen.

The Chair asked each Council member to take a few moments to complete the survey. The Chair reviewed the results of the survey, and two areas of concern were raised. The Chair

spoke to these areas and asked, if the people are comfortable in doing so, to reach out to her and provide more detail.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for September 24, 2025, and that this meeting will be held virtually via video conference.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:44 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Jordan Sokoloski

Recorded by: Monika Zingaro
Human Resources Coordinator
July 30, 2025



The College of Naturopaths of Ontario

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

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

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

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

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



The College of Naturopaths of Ontario

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

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

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

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

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



The College of Naturopaths of Ontario

BRIEFING NOTE CoNO Land Acknowledgement Statement

PURPOSE: The Governance Committee is seeking Council's adoption of the Land Acknowledgement statement that it has developed.

OUTCOME Integration of the usage of the Land Acknowledgment statement on the College's website, as well as anywhere else the Council deems appropriate, for instance, at the start of each Council meeting.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Due to the nature of the document, the Land Acknowledgement Statement is being submitted as part of the Consent Agenda.
------------------	---

BACKGROUND:

In March 2024, staff of the College provided the then Equity, Diversity and Inclusion Committee (EDIC) with key considerations for the formulation of a Land Acknowledgement Statement. Over the next several meetings, the Committee developed a statement for the College's use. Recently, the Governance Committee, of which the EDIC is now a part, finalized that statement for adoption by the Council of the College.

A land acknowledgement or territorial acknowledgement is a formal statement that recognizes, acknowledges, and respects the unique and enduring relationship that exists between Indigenous Peoples and their traditional territories. Acknowledging the land or territory is a process used to express gratitude and appreciation to those whose territory we reside on and to honour the Indigenous people who have been living and working on the land from time immemorial.

For generations, land acknowledgement has been a traditional custom of Indigenous people as a gesture of hospitality when welcoming outsiders onto their territory or land and into their homes.

Land acknowledgements are crucial to understanding the long-standing history pertaining to the dwelling of the land and understanding our place within that history. Land acknowledgements play a key role in building respectful relationships and is a crucial part of reconciliation.

DISCUSSION POINTS:

Throughout the developmental process the EDIC, along side College staff, conducted research and attended various workshops and meetings to gather all the appropriate information required to formulate a draft statement.

Environmental Scan (Health Profession Regulators of Ontario [HPRO] Meetings)

Staff conducted an environmental scan of the 26 health regulatory colleges in Ontario to ascertain their initiatives and plans regarding the drafting of land acknowledgements for their various Colleges. The intent was to get a sense of the methods, resources and tools that were considered and aided the Colleges in the formation of their land acknowledgement statements.

In addition, staff also attended the HPRO EDI Network meeting that brought together all the health regulatory colleges in Ontario to discuss matters pertaining to EDIB. At one of the meetings included a discussion and sharing of ideas on how they were able to draft their various land acknowledgements and made available resources and tools that would assist other Colleges in the drafting of their own land acknowledgements.

Following the environmental scan and in-depth discussions within the HPRO EDI Network, staff documented several critical issues and discussion points. These points were taken into consideration throughout the drafting of the land acknowledgement for the College:

- a. Naming and Consideration of Terms
- b. Location and Context
- c. Language Considerations
- d. Length of the Land Acknowledgement Statement
- e. Usage and Timing
- f. Ensuring the Meaningful Impact of Land Acknowledgements

Tokenism

In addition, the committee also took into consideration tokenism while developing the Land Acknowledgement. Tokenism refers to the practice of making a superficial or symbolic gesture that gives the appearance of inclusivity or respect without any genuine commitment or meaningful action to bring about change.

In the context of land acknowledgments, tokenism often occurs in situations where land acknowledgments are often made to fulfill a perceived obligation or to appear politically correct rather than out of a genuine respect for Indigenous peoples and their histories.

Statement

The Committee has finalized the following statement:

The College of Naturopaths of Ontario acknowledges with respect that our office is located on the treaty lands and territory of the Mississaugas of the Credit First Nation and the traditional territories of the Huron-Wendat and the Haudenosaunee. The College regulates Naturopathic Doctors across the province of Ontario who operate clinics and run practices on the traditional territory and treaty lands of many First Nation peoples. These lands are now home to many diverse Indigenous Peoples, Inuit, and Métis peoples.

We recognize our responsibility to each other and to this land, committing ourselves to act in a spirit of peace, friendship, and respect. This acknowledgement reaffirms our commitment to building stronger relationships with Indigenous communities and enhancing our understanding of local Indigenous peoples and their cultures.

As regulators of naturopathic doctors in Ontario, we are dedicated to serving and protecting the public interest and supporting access to safe, competent, and ethical care for Ontarians who choose to access naturopathic care.

We express our gratitude for the opportunity to live and work on these territories and acknowledge the enduring presence and contributions of Indigenous peoples to this land.

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Reference Materials provided in association with the Council package. The most and only notable risk relates to the reputation of the College. If the statement is seen as inappropriate or offensive, damage to the reputation could result. To mitigate this risk, extensive research and outreach was conducted as part of the process of drafting the statement.

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 Reference Materials provided in association with the Council package.

Financial Impact – There are no identifiable financial impacts.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Reference Materials provided in association with the Council package. Only those relevant factors have been identified and addressed. The key public interest issues relate to how the Land Acknowledgement statement is implemented and perceived by the public. For instance, it can promote awareness and education, but this needs to be backed by meaningful actions (e.g., policy changes).

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles.

RECOMMENDATIONS

That the Council adopts the Land Acknowledgement statement.

ACTION ITEMS:

If accepted, College staff will upload the statement to the CoNO website and begin to integrate the statement at the start of each Council meeting and anywhere else deemed fitting by Council.

Dr. Jamuna Kai, ND
Governance Committee, Vice-Chair

September 2025



The College of Naturopaths of Ontario

CoNO's Land Acknowledgement

The College of Naturopaths of Ontario acknowledges with respect that our office is located on the treaty lands and territory of the Mississaugas of the Credit First Nation and the traditional territories of the Huron-Wendat and the Haudenosaunee. The College regulates Naturopathic Doctors across the province of Ontario who operate clinics and run practices on the traditional territory and treaty lands of many First Nation peoples. These lands are now home to many diverse Indigenous Peoples, Inuit, and Métis peoples.

We recognize our responsibility to each other and to this land, committing ourselves to act in a spirit of peace, friendship, and respect. This acknowledgement reaffirms our commitment to building stronger relationships with Indigenous communities and enhancing our understanding of local Indigenous peoples and their cultures.

As regulators of naturopathic doctors in Ontario, we are dedicated to serving and protecting the public interest and supporting access to safe, competent, and ethical care for Ontarians who choose to access naturopathic care.

We express our gratitude for the opportunity to live and work on these territories and acknowledge the enduring presence and contributions of Indigenous peoples to this land.



The College of Naturopaths of Ontario

MANAGEMENT DISCLOSURES

In the on-going effort to provide the Council with the maximum in operational transparency and oversight, the College Management Team will be providing the Council with various legal, financial and policy disclosures since the prior Council meeting.

Date	Type	Disclosure	Details
July 15, 2025	Financial	GST/HST Notice of Assessment	Notice of Assessment for period May 1, 2025 to May 31, 2025
July 21, 2025	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.
August 15, 2025	Financial	Corporation Notice of Assessment	Notice of Corporation Income Tax Assessment (2024-25) received confirming ZERO tax due.
August 21, 2025	Financial	GST/HST Notice of Assessment	Notice of Assessment for period June 1, 2025 to June 30, 2025
August 29, 2025	Financial	GST/HST Return	Return filed for period July 1, 2025 to July 31, 2025.
September 8, 2025	Governance	Emergency CEO Replacement	Annual disclosure of Emergency CEO Replacement per EL02 – Jeremy Quesnelle is designated.
September 11, 2025	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.

Copies of the physical documentation is available on the new [Council Disclosures Smartsheet](#).



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 17, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit, Finance & Risk Committee
2. Discipline Committee
3. Examination Appeals Committee
4. Executive Committee
5. Governance Committee
6. Inquiries, Complaints and Reports Committee
7. Inspection Committee
8. Patient Relations Committee
9. Quality Assurance Committee
10. Registration Committee
11. 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

FINANCE, AUDIT & RISK COMMITTEE REPORT
Period of July 1, 2025, to August 31, 2025

This serves as the Chair report of the Audit, Finance & Risk Committee for the period July 1, 2025, to August 31, 2025.

During this reporting period, the committee met on July 15, 2025, to review and accept the Auditor's Report and draft Financial Statements for fiscal year April 1, 2024, to March 31, 2025, from Kriens-LaRose LLP. The Auditor, Thomas Kriens, CPA, CA, LPA, BBM, Partner, attended this meeting to present the results of the audit.

In addition, the committee reviewed the Enterprise Risk Management Register and provided any feedback to staff.

The Auditor's Report, Financial Statements and Committee's recommendations, as well as the Risk Register were presented to Council on July 30, 2025, and accepted.

Respectfully submitted,
Dr. Shelley Burns, ND
Chair
September 2, 2025



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT Period of July 1 to August 31, 2025

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

This report is for the period from 1 July to 31 August 2025, and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of August 31, 2025, there was one ongoing discipline matter before the Committee (DC25-01).

Discipline Hearings

Discipline Matter DC25-01 involving Tina Sestan

On August 26, 2025, a Pre-Hearing Conference was held. The parties agreed that the hearing will proceed on an uncontested basis and will require one full day. The parties agreed on potential hearing dates and Discipline Committee members have been canvassed for their availability.

New Referrals

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

Committee Meetings and Training

There were no Committee meetings held during the reporting period. The next Committee training has been confirmed and is scheduled for November 24, 2025.

This will be my last report as Chair and I would like to take a moment to thank Committee members for their dedication, collegiality and support during my tenure. It has been a pleasure to work with you over the last several years and I wish you all the best going forward.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Outgoing Chair
12 September 2025

10 King Street East, Suite 1001, Toronto, ON M5C 1C3

T 416.583.6010 F 416.583.6011

collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of July 1, 2025 to August 31, 2025

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

The Exam Appeals Committee did not meet during this reporting period.

Respectfully submitted,

Rick Olazabal, ND (Inactive)
Chair
September 8, 2025



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of July 1, 2025 to August 31, 2025

This serves as the Chair report of the Executive Committee for the period of July 1, 2025 to August 31, 2025

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

Respectfully submitted,

Dr. Brenda Lessard-Rhead, ND (inactive)
Council Chair
September 2, 2025



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of Period of July 1, 2025, to August 31, 2025

During this last reporting period the Governance Committee met once, on August 18, 2025

At that meeting, the committee dealt with the following business:

1. Met with Ms. Sandi Verrecchia of Satori Consulting Inc. where the committee members took part in an active discussion in relation to their committee evaluations and explored areas to improve upon for the coming year.
2. Reviewed and accepted a draft of the Land Acknowledgement statement, which will be presented for acceptance to Council at their September 2025 meeting.
3. Reviewed the Executive Limitations Policies (EL01-EL17) and agreed to present various recommended changes for Council's approval at their September 2025 meeting.
4. Reviewed the Executive Limitations Policies Part 2 (EL09-EL17) in preparation for the September Council Survey/Presentation.

The committee is scheduled to meet next on October 20, 2025.

I would like to take the opportunity to thank committee members and staff for their time, effort and participation.

Respectfully submitted,

Hanno Weinberger, Chair
September 2025



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of July 1, 2025 to August 31, 2025

Between July 1 and August 31, 2025, the Inquiries, Complaints and Reports Committee held two regular online meetings – July 3 and August 7, 2025, and one emergency meeting – July 10, 2025.

July 3, 2025: 12 matters were reviewed, ICRC members drafted 1 report for ongoing matters and approved 1 Decisions and Reasons. Committee members also delivered 1 oral caution to a registrant.

July 10, 2025: 3 matters were reviewed, ICRC members made an interim order directing the CEO to immediately impose specified terms, conditions and limitations on a Registrant's certificate of registration.

August 7, 2025: 9 matters were reviewed, ICRC members drafted 4 reports for ongoing matters and approved 1 Decisions and Reasons. Committee members also delivered 1 oral caution to a registrant.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
September 11th, 2025



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT
Period of July 1, 2025 to August 30, 2025

Committee Update

The Inspection Committee has met once by teleconference between July 1 to August 31, 2025.

Inspection Outcomes

Part I inspections –

Pass - 1

Pass with recommendations - 2

Pass with conditions/recommendations - 1

Part II inspections –

Pass with conditions/recommendations – 1

5-year inspections –

Pass with recommendations - 1

Pass with conditions/recommendations – 1

Pass with conditions - 1

Inspection Outcomes to Submissions –

One submission was received in response to an outcome delivered with a condition. The submission was accepted, and a final outcome of a pass was delivered to the premises.

Type 1 Occurrence

Three type 1 occurrence reports were received and were reviewed for referral to emergency and administration of an emergency drug. No further action was required by the committee.

Respectfully submitted,

Dr Sean Armstrong ND

Chair

September 10, 2025

10 King Street East, Suite 1001, Toronto, ON M5C 1C3

T 416.583.6010 F 416.583.6011

collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of May 1, 2025 to August 31, 2025

During the reporting period the Committee met once, on August 13, 2025. During the meeting the Committee participated in a facilitated discussion by Satori Consulting on the evaluation of the Committee's performance over the previous year. The Committee also initiated a review of the Patient and Registrant Guides on sexual abuse and discussed potential new projects and initiatives in the development of a workplan.

The Committee is next scheduled to meet on November 12, 2025.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
September 2025



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period July 1, 2025 to August 31, 2025

Meetings and Attendance

Since the date of our last report to Council in July, the Quality Assurance Committee met on one occasion, via videoconference on August 19, 2025. There were no concerns regarding quorum.

Activities Undertaken

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

In addition, the Committee reviewed and made decisions with respect to 4 Peer and Practice Assessment date extension requests and one request to amend their Peer and Practice Assessment requirements.

Finally, the Committee also dealt with one CE reporting amendment request.

Next Meeting Date

September 25, 2025.

Respectfully submitted by,

Barry Sullivan, Chair,
September 9, 2025.



The College of Naturopaths of Ontario

RC COMMITTEE REPORT
Period of July 1, 2025 to August 31, 2025

At the time of this report, the Registration Committee met twice, on July 22 and August 19, 2025.

Applications For Registration

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

Class Change Applications - Inactive to General Class (over two years)

The Committee reviewed one class change application for a registrant seeking to return to the General class under subsection 10(6)(i) of the Registration Regulation, having been Inactive for over two years.

Refresher Program Guideline Review

The Committee reviewed and approved minor amendments to the Refresher Program Guideline.

Program Policy Updates - Examination Policies

The Committee reviewed and approved minor amendments to four Examination Policies - Ontario Clinical (Practical) Examination Policy, Clinical Sciences and Biomedical Examination Policy, Intravenous Infusion Therapy (IVIT) program and Examination Policy and Prescribing and Therapeutics Program & Examination Policy - which were intended to enhance clarity and ensure consistency with other College processes.

Exceeded Exam Attempts & Seeking Retake under Exceptional Circumstances – Ontario Biomedical Examination

The committee reviewed a petition for an additional examination attempt under subsection 5(5)(b) of the Registration Regulation, on the grounds of exceptional circumstances.

Respectfully submitted,

Danielle O'Connor ND
Chair
September 8, 2025

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



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of July 1, 2025 to August 31, 2025

During the reporting period the Committee did not have any meetings scheduled.

The Committee had one meeting scheduled on September 3, 2025 but due to work volume the meeting has been deferred to November.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
September 2025



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 17, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Grey Areas (No. 305 & 306)	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 2025)	This is an update provide by Julie Maciura to the members of the Health Profession Regulators of Ontario (HPRO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government.
3.	Consultation on Classes of Registration	In March 2025, the College released a preliminary consultation on the classes of registration as a fact-finding exercise. The consultation White Paper as well as the feedback received is provided to the Council.

No.	Name	Description
4.	Consultation on Testimonials	Earlier this month, the College released a preliminary consultation on testimonials. The consultation is presently underway and will close in October. A copy of the White Paper on Testimonials is attached.
5	Policy Changes	<p>The Registration Committee has been undertaking a review of the examination policies. Five policies have been amended and are provided to the Council for its information. They include:</p> <ul style="list-style-type: none">• Exam Policy,• Clinical (Practical) Exam Policy,• IVIT Program and Exam Policy,• Prescribing and Therapeutics Exam Policy, and• Clinical Sciences and Biomedical Exam Policy.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Sanctioning Guidelines

Natasha Danson

August 2025 - No. 305

While few Canadian regulators have published guidelines on choosing appropriate disciplinary sanctions, several UK regulators have them in place. The Health and Care Professions Council, which regulates several health professions, is currently consulting on an updated guidelines document. Since choosing the appropriate sanction for a discipline finding is one of the most difficult tasks for regulators, we were especially interested in reviewing this document.

Description

The [proposed guidelines](#) begin with a reminder that the process of choosing an appropriate sanction and outcome itself must take equity principles into account. Accompanying the proposed guidelines is a detailed [equality impact assessment](#) identifying how the disciplinary process appears to have a disproportionate effect on some groups (e.g., older practitioners, male registrants, and registrants who are transitioning genders).

There is then a discussion of the purpose of a sanction: "... to uphold standards and public confidence in the professions we regulate and take the action necessary to protect the public." The document goes on to state that "Sanctions should be tailored to the specific circumstances of each case, balancing public protection with the broader public interest." Under the UK approach, sanctions should only be imposed if the registrant's ability to practise safely is currently impaired.

The core principle of the proposed sanctions is balancing the competing interests of the registrant and protecting the public.

Factors to consider include the following:

- The seriousness of the conduct, in terms of risk of harm to "service users";
- Culpability, such as intent, recklessness, or foreseeable harm;
- Conduct is also more serious if it involves a breach of trust (e.g., to a vulnerable service user, especially

children), is repeated or frequent, or involves dishonesty;

- Failing to raise observed concerns or to work in partnership with colleagues is also seen as making the conduct more serious;
- Conduct that crosses financial, confidential, or professional boundaries (e.g., inappropriate relationships, especially where sexual in nature) can be seen as abusive;
- Similarly, conduct that involves discrimination or harassment is more serious;
- Violence is always troubling; and
- The degree of insight, remorse and any remediation already undertaken.

The document emphasizes the importance of the tribunal giving reasons explaining how it has balanced these considerations.

In terms of process, the proposed guidelines suggest an approach that is not widely followed in Canada:

In determining what sanction, if any, is appropriate, the panel should start by considering the least restrictive sanction first, working upwards only where necessary. The final sanction should be a proportionate one and will therefore be the minimum action required to protect the public and maintain standards and confidence in the profession.

The proposed guidelines then go through the available sanctions suggesting when each would be appropriate. For example, a caution (similar to a Canadian “reprimand”) would be appropriate for isolated, minor misconduct with a low risk of repetition and where the registrant has demonstrated good insight. Conditions of practice are best where the concerns are capable of being remediated or managed and the registrant is likely to participate constructively.

Meanwhile a suspension “is likely to be appropriate where there are serious concerns which cannot be reasonably addressed by a conditions of practice order, but which do not require the registrant to be struck off the Register.”

The proposed guidelines also address the appropriate approach to reinstatement hearings (called “review hearings”).

Courts in the UK seem to be supportive of the use of sanctioning guidelines, and use them to scrutinize the suitability of a sanction in individual matters: [General Medical Council v Konathala](#) [2025] EWHC 1550 (Admin).

Discussion

The value of such guidelines is obvious. By providing detailed advice (the document is 37 pages long) all participants are given a useful checklist of consistent considerations. Novices to the process can gain a comprehensive overview of the sanctioning process and principles. For example, the discussion of the circumstances in which a particular sanction is appropriate is quite helpful, as is the detailed discussion on the concept of degree of insight.

Developing a tool designed for the professional misconduct context is a welcome departure from the criminal sentencing approach that many tribunals still use. (Having said that, the proposed guidelines document still uses the aggravating and mitigating factors language that some may find to be more in line with a criminal sentencing approach.)

The lack of technicality in the document is refreshing. For example, there was no lengthy discussion of how a lack of remorse is the absence of a mitigating factor but should not be considered an aggravating one.

A challenge is that there is still a lack of clear consensus on sanctioning principles.

Concepts remain in debate and are rapidly evolving. For example, while systemic discrimination is alluded to frequently in the document, little is said as to how a panel is to take it into account.

Similarly, other, often more controversial, sanctioning considerations are not mentioned at all. For example, there is no analysis on the use of precedents of previous sanctions imposed on other registrants for similar misconduct. As well, there is no reference to the debate as to whether denunciation of clearly offensive conduct is a relevant purpose of sanctions. The good character and seniority of the registrant is also not discussed (even if only to suggest that these points warrant minimal weight in many circumstances).

Perhaps one of the most significant challenges in developing sanctioning guidelines is determining who should prepare them. The proposed guidelines discussed above were developed by the regulator itself, rather than the tribunal that is supposed to act at arms length. While the document clearly states that the tribunal acts independently of the Council and makes decisions on a case-by-case basis, there could still be a “perception problem”. This perception is likely reduced as a result of regulator having undergone an extensive consultation in developing the document. Also, as a matter of capability, regulators generally have superior policy-development skills than adjudicative tribunals.

One of the few Canadian examples of publicly-available sanctioning guidelines partially sidesteps this issue by having the document apply both to the prosecution arm of the regulator as well as the tribunal. The Canadian Investment Regulatory Organization says that [its guidelines](#) are “intended to assist”:

- “CIRO Enforcement Staff and respondents in negotiating settlement agreements
- hearing panels in determining whether to accept settlement agreements, and in the fair and efficient imposition of sanctions in disciplinary proceedings”

Another approach is for the tribunal itself to develop precedents that articulate the sanctioning considerations in a less prescriptive way. See, for example, [College of Physicians and Surgeons of Ontario v. Fagbemiqun](#), 2022 ONPSDT 22 (CanLII).

Conclusion

Sanctioning guidelines can have significant value for all participants in the discipline process. However, finding a suitable process for developing helpful and comprehensive principles – let alone developing the principles themselves – can be challenging.

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 visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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 NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Why Individuals Commit Professional Misconduct

Julie Maciura

September 2025 - No. 306

Understanding why registrants engage in professional misconduct can assist regulators develop more effective risk management strategies. An article in the California Management Review by William S. Harvey and others provide some insights.

Entitled [Why Individuals Commit Professional Misconduct and What Leaders Can do to Prevent It](#), the article describes research in an analogous context. It involved detailed interviews with 70 white-collar inmates in a United States Federal Prison.

Most starkly, the authors reject the concept that greed and hubris adequately explain the cause of the behaviour. Misconduct is not a reflection of bad apples, but rather of bad barrels and bad cellars. “That is, we reverse the meme ‘It’s the people, stupid’ to ‘It’s the system, stupid.’”

The authors say:

While research into macro-level drivers provides a retrospective explanation of individual conduct, it does not help in prospectively

identifying the specific experiences, circumstances, and triggers that predispose some individuals to make rotten decisions and commit professional misconduct. Nor do we really understand the intersection between individual, organizational, and industry factors in explaining why individuals commit professional misconduct. We need to better understand why individuals engage in misconduct, the structural opportunities that allow them to do so, and their subsequent rationalization for misconduct before making recommendations for how we can prevent misconduct. Hence, we ask the broad question of why individuals commit professional misconduct.

At the individual level, the authors note that “flawed intuition” involves a “consistent pattern of instinctive, muddled logic”. For example, prioritizing the needs of clients (beyond what a client requests or expects) results in the rationalization that the rules are just suggestions.

However, the authors believe that this flawed intuition is facilitated by both the offender's organizations (e.g., employers) and their industries (e.g., professions).

"At the organizational level, we found that issues of cultural norms, weak signals, and perverse incentives help to explain individual behaviors." Cultural norms would include expectations about reaching targets and achieving outcomes. Weak signals might involve mounting pressure with minimal support. Perverse incentives include handsome rewards for performance while minimizing accountability and ethical decision making.

At the industry level, mounting regulatory expectations has the contradictory impact of causing individuals to block out the "noise". Similarly, business decisions and ethical compliance are conflated; a business decision that advances the interests of the organization and helps the client must be ethically acceptable. An example given was a physician who thought they were doing their moral duty by treating patients for chronic pain with opioids, resulting in federal charges for overprescribing.

There was a sense of flawed logic that somehow his mission to support patients with chronic pain, however important that was in fulfilling his duties as a doctor, could insulate him from the full force of the law....

The flawed intuition is often based on "fear of failure, burden of custodianship, ego and denial, and inability to cope" that can so easily infect dedicated professionals. These four triggers often intersect, enabling professional misconduct.

In terms of preventing misconduct the authors suggest that, given the above mechanisms:

The uncomfortable reality is that the threat and reality of public vilification and tougher punishments, which are short-term and medium-term responses, are not effective at preventing professional misconduct.

Solutions will be complex and multifactorial.

Second, the authors found that "individuals make flawed decisions and undertake actions that are consistent rather than contrary to their prior behaviors." This is often combined with "a lack of personal reflection and/or feedback from others". A culture of "pushing boundaries" does not help. Thus, measures that encourage individuals to consider feedback and promptly rectify undesired behaviours can prevent serious misconduct down the road. For regulators this might involve proportionate remedial responses to complaints, peer quality assurance initiatives, as well as formative training components and CPD that explicitly discuss the issue.

The authors conclude with several practical recommendations. These include providing support for individuals, especially for their health and well-being, and particularly in times of stress.

For organizations, control mechanisms are unlikely to be effective because professionals value autonomy. Rather, organizations should "[c]onstitute peer-led and cross-team communities to shape desired conduct from within professional ranks, to mediate isolated thinking, and embed lateral accountability for desired conduct." Also, through these peer-led communities, organizations should re-orient incentives that are at odds with sound professional judgment.

For industries (or regulators), the authors propose:

- Reflect on any excessive regulation that risks making the ability for

organizations to operate too complex, expensive, and unwieldy, meaning individuals find themselves seeking pragmatic work-arounds to the regulation

- Work with industry partners and use modern forms of digital communication tools to send and reinforce clear expectations of behavior at speed and scale
- Engage with all the different stakeholders at multiple levels from senior organizational leaders, professionals, industry bodies, and service users, to address the root causes of and solutions to professional misconduct
- Look at ways to support organizations and individuals so that they feel enabled to make the right choices rather than [feel] constrained by mandates

On the second last bullet point, one illustration experienced by a member of our firm stands out. During the bar admission course, the message conveyed by instructors to not steal trust funds was easy to ignore, because after all, we were all honest. However, during one class, a disbarred lawyer spoke about how personal pressures accumulated to the point where he rationalized making a brief loan to himself from trust funds. Of course, he was never able to repay the money. Instead, he borrowed more. This story from a peer was effectively communicated and may have prevented one or two in the classroom from falling into the same trap.

Once regulators waded through the dense and academic language of the article, some valuable insights can be gained.

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 visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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.



From Julie Maciura

In This Issue

Ontario Bills.....2
 The Legislature was in recess in July 2

Commencement Orders2
 No commencement orders were filed in July 2

Regulations2
 No relevant regulations were filed in July 2

Proposed Regulations Registry2
 Nursing Act..... 2
 Dentistry Act 2

Bonus Features.....3
 Denial and Insight 3
 A Policy on Policy Making 4
 Accepted Outcomes..... 6
 Charkhandeh – In Three Parts..... 8
 Charkhandeh – Part 1 – Proof..... 8
 Charkhandeh – Part 2 – Sanction..... 9
 Charkhandeh – Part 3 – Costs 11
 Wording Standards of Practice 13
 No Excessive Delay..... 14
 BC Health Professions and Occupations Act Update 15

Ontario Bills

(www.ola.org)

The Legislature was in recess in July.

Commencement Orders

(<https://www.ontario.ca/laws> Source Law – Commencement Orders)

No commencement orders were filed in July.

Regulations

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

No relevant regulations were filed in July.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Nursing Act. “Currently in Ontario there are three registration certificates for NPs: Primary Health Care, Adult and Pediatric. The proposed legislative changes, if passed, will mean that there will be a single NP classification, so that NPs and employers will have flexibility and agility to deliver accessible services across patient populations.” This proposal will bring a uniform national approach. Comments are due by September 2, 2025.

Dentistry Act. Proposed amendments include:

- “Ensuring all members to have professional liability protection as a requirement for registration;
- Establishing an ongoing obligation to maintain professional liability protection and suspend a member if professional liability protection is not maintained;

- Introducing a mechanism to ensure that dentists cannot practice without appropriate work authorization once registered;
- Implementing exclusions to the reinstatement provisions to enhance public protection. These include allowing the Registrar to lift suspensions within 60 days once certain conditions are met; and
- Streamlining the process of allowing dentists to work in Ontario after a period of time out of practice.”

Comments are due by September 2, 2025.

Bonus Features

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

Denial and Insight

One of the more challenging issues for a disciplinary panel is determining the appropriate sanction where the registrant continues to deny the allegations. An English court faced that issue head on in [General Medical Council v Konathala](#) [2025] EWHC 1550 (Admin).

The hearing panel made a finding that a physician had pushed a patient’s breasts out of her bra and squeezed them with both hands. This was done without explanation or consent and for no clinical purpose. The panel concluded that the physician was motivated by sexual gratification. The physician denied the incident entirely. During the sanction hearing the physician continued to deny that the events had occurred but indicated that he had learned that such behaviour would have a significant impact on patients, the profession, and the public and should never occur. The physician had also taken some courses on professionalism.

The panel imposed a twelve-month suspension. In finding that revocation was not necessary, the panel noted that this was an isolated instance in a 42-year career, characterized by opportunism rather than predatory behaviour. The panel also observed that there had been no repeat instances in the four and a half years since the event. The panel accepted that the physician had the right to deny the allegations. While the physician had only demonstrated limited insight, the panel believed that there was a low risk of repetition.

The regulator appealed the sanction. In finding that the only suitable sanction was revocation, the Court made the following points:

- The conduct was very serious, breaching trust, causing significant harm, and undermining confidence in the profession.
- The degree of insight by the physician was of an extremely limited degree. It did not amount to the level of insight described in the regulator’s sanctioning guidelines as warranting a suspension rather than revocation. The Court placed significant weight on the sanctioning guidelines.
- Even if one describes the chance of repetition as low, the conduct was so serious that the risk of repeating the behaviour was significant.

The Court concluded:

Sufficiency of a sanction for the protection of the public involves consideration not only of the health, safety and well-being of patients and the public. It also involves consideration of the need to maintain public confidence in the medical profession, and to maintain proper professional standards and conduct for the medical profession. When judged properly and reasonably against each of these factors and overall, I am in no doubt that, on the Tribunal's findings as to his misconduct and impairment of fitness to practise, the Respondent's behaviour was fundamentally incompatible with remaining in practice as a doctor.

Rather than treating the physician’s refusal to admit the conduct as an unmentionable consideration, the Court treated it as an important factor in assessing the degree of insight by the physician and as having a significant bearing on the risk of repetition, warranting the most severe sanction, revocation.

A Policy on Policy Making

In the UK, reform is coming to the regulation of health professions. The oversight body, the Professional Standards Authority (PSA), has [issued a guidance document](#) on the reforms to rule-making by health profession regulators. Of particular note is the fact that regulators will be able to make operational rules without obtaining government approval. Examples of the types of rules covered by this guidance include:

- The type of information that should be posted on the public register,
- Continuing professional development and quality assurance requirements,
- The procedure for processing applications for registration,
- The complaints, discipline, and reinstatement process, and
- Standards of practice for registrants.

The guidance is intended “to provide good practice guidance to regulators to help them make the best use of their new powers.”

The two main themes of the PSA guidance are consistency and consultation.

In terms of consistency, the PSA identifies two primary dimensions:

- Consistency with the principles of right-touch regulation (e.g., that the rules should be proportionate to the public interest being served and that the rules should not unnecessarily duplicate the work of other regulators); and
- Consistency with approaches taken by other regulators unless there are valid reasons for differences (e.g., differences might be justified where there is a higher or lower risk of harm to the public by the actions of registrants in various professions).

In terms of consultation, the PSA urges regulators to be creative in identifying groups that might be affected by a proposed rule. In addition to registrants, their service users, their employers and their funders, regulators should consider consulting with:

- Any groups at risk of experiencing disproportionate outcomes
- Professional associations
- The wider education sector
- Sole practitioners working in private practices
- Trainees
- Students

The PSA also suggests that regulators consider the nature of the rule (e.g., whether it is a minor or substantial change from what exists) and its potential impact (e.g., on “human rights or equality, diversity and inclusion implications or opportunities”). That analysis could impact the nature of the consultation (e.g., formal vs. informal) as well as which groups should be consulted. The PSA describes formal consultation as follows:

Formal public consultation would involve publishing a consultation document and enabling responses from anyone. It can also involve face-to-face discussions, workshops etc, which can be a valuable way of getting meaningful engagement with people who might not otherwise respond. It would result in changes being made on the basis of the feedback received, with a published report setting out what people said and how they responded.

In the guidance document, the PSA expresses concern about the cumulative burden of multiple consultations, especially by several regulators at the same time. Some groups, such as patient

organizations, might have limited capacity to respond. The PSA suggests staggered consultations or joint consultations by regulators.

The PSA also suggests some other best practices for consultations:

As consultation is an important element of demonstrating accountability to stakeholders, it is good practice to keep a record of decisions made on whether to consult and how consultation responses were evaluated. It is also good practice to provide a report back to those who took part in a public consultation.

Finally, the PSA suggests that regulators be sure to “establish appropriate internal governance for developing, making and amending rules.”

While the PSA’s guidance is admittedly at a high level, it identifies important considerations for all regulators engaged in policy making.

Accepted Outcomes

Introduction

Reform to professional regulation in the UK continues with the recent release of the guideline [Using accepted outcomes in fitness to practice: guidance for regulators](#) by the Professional Standards Authority (PSA). The PSA oversees regulation of healthcare professionals throughout the UK. The PSA’s guidance addresses reforms to how regulators should approach outcomes in regulatory matters. These reforms are expected to fundamentally change how the complaints and discipline process works in the UK. For Canadian regulators, these reforms are of particular interest because they may influence discipline and complaints processes in Canada.

The Accepted Outcome Process

An “accepted outcome” can be defined as an agreeable resolution of a complaint proceeding. A complaint proceeding commences with the filing of a complaint or report against one or more of that regulator’s registrants. These complaints are usually filed with the governing regulator and raise concerns about professional misconduct and/or incapacity.

According to the new guidance, accepted outcomes must be reviewed by a “case examiner” and occur where:

1. The registrant agrees to a penalty proposed by the case examiner;
2. The regulated professional accepts that they have committed an act of professional misconduct and/or have incapacity; and,

3. The registrant accepts the case examiner’s findings.

The guidance goes on to suggest that if a registrant fails to respond to a case examiner’s offer of an accepted outcome within a specific period of time, the case examiner may proceed to impose a penalty and close the matter without the registrant’s agreement. These powers are somewhat broader than those afforded to most complaints committees in Ontario, as further discussed below.

Notably, accepted outcomes are a largely paper-based form for resolving complaints. A “case examiner” will hold decision-making authority and determine the appropriate outcome of the complaint proceeding.

Factors to Consider in Determining Accepted Outcomes

The PSA’s guidance indicates that regulators should consider the following three questions when determining whether to apply an accepted outcome in a complaint proceeding as opposed to referring the matter for a hearing:

1. Is there a dispute of fact or conflict of evidence that can only be fairly tested at a hearing?
2. Is there complexity in the case or evidence suggesting that a hearing may be beneficial?
3. Would it be beneficial and proportionate to test insight at a hearing?

If the answer to all the above is no, then the guideline recommends an accepted outcome as an appropriate approach to resolving the matter. However, if the answer to any of the above questions is yes, the guideline recommends that the case examiner consider referring the case for a discipline hearing.

Key Differences in the Ontario Approach

There are key differences between the usual Ontario approach and the UK with respect to how complaints proceedings are handled by regulators. To begin, in Ontario, decision-making powers for complaints proceedings are usually allocated to a committee, rather than a specified individual, and committee members must be selected through a prescribed process. Notably, the decision-making authority of a “case examiner” has not yet been prescribed or proclaimed into UK law.

Under the governing legislation for health regulators in Ontario, health regulators must have a screening committee (the Inquiries, Complaints and Reports Committee) that is comprised of at least three members, where at least one of the three members has been appointed by the Lieutenant Governor in Council.

In the broader Canadian context, while there have been some regulators with analogous authority to impose disciplinary sanctions without a hearing, in British Columbia, for example, the accepted outcomes approach remains relatively rare.

Takeaway

The PSA's guidance creates food for thought for reforms to professional discipline and complaints processes in the Canadian context. The PSA reminds regulators that any approved outcomes reforms should be accompanied by safeguards to ensure that the public interest is fully served.

Charkhandeh – In Three Parts

Alberta's Court of Appeal appointed a special five-Justice panel to consider important aspects of discipline hearings. In a blockbuster decision, the Court addressed three recurring issues:

1. The standard of proof where there is a credibility contest.
2. Principles for imposing disciplinary sanctions.
3. Criteria for assessing costs that registrants should pay where a finding of misconduct is made.

In [*Charkhandeh v College of Dental Surgeons of Alberta*](#), 2025 ABCA 258, the Court upheld a finding of professional misconduct by a dentist who engaged in five instances of forced, non-consensual sexual activities, including intercourse, with a colleague. The colleague was in a dependent and vulnerable position. While not an employee of the dentist, it was not unreasonable to call her part of the dentist's "staff". An alleged sixth incident was found not to have been established.

Charkhandeh – Part 1 – Proof

The findings depended on the assessment of the credibility of the staff person and the dentist. The main issue in dispute was whether the staff person consented to the acts. In upholding the finding, the Court made the following points:

- "In a civil case, where the standard of proof is on a balance of probabilities, and there is evidence on both sides of an issue, the burden of proof is rarely determinative.... The trier of fact will assess the reliability and credibility of all the evidence and reach a conclusion on the disputed fact."
- "Believing the evidence of [the staff member] on a balance of probabilities on this issue must necessarily involve disbelieving the [dentist]."

- “The trier of fact is expected to come to a decision on disputed questions of fact; it cannot generally “sit on the fence...”
- “Rebutting a defence or justification put forward by the defendant does not amount to reversing the burden of proof. Therefore, pointing out that there were no indicia of a romantic relationship, contrary to the appellant’s account, did not amount to a reversal of the burden of proof.”
- The staff member reported the matter to the police, who chose not to lay charges. Even if the police did so because they believed there was consent (which apparently was not the case), “a third party’s opinion on the ultimate issue of whether the acts in question were consensual (which depended almost entirely on assessments of credibility), or the opinion of one witness (including the police service) about the credibility of another witness, were inadmissible and entitled to no weight...”

The Court had no difficulty in finding that the conduct had a sufficient connection to the practice of dentistry so as not to inappropriately encroach into the private life of the dentist.

The Court also commented on the inappropriateness of the dentist’s cross-examination of the staff member on her sexual history, her continued interactions with the dentist after the events, and her delay in reporting the events. The Court said:

This questioning was pursued even though in a criminal context this line of cross-examination would be impermissible or of no probative value, as it relies on stereotypical myths about the conduct of sexual assault victims.... These questions were no more acceptable, probative, or properly considered in professional disciplinary proceedings and ought not to have been permitted.

These comments by the Court reinforce other recent decisions on the burden of proof, admissibility of evidence, and the assessment of credibility.

Charkhandeh – Part 2 – Sanction

The discipline panel revoked the dentist’s registration and imposed the maximum fine of \$10,000 on each of the findings. This was despite the dentist’s submissions that there had been no prior discipline findings against him, he had a previously unblemished career, and no similar concerns had arisen in the ten years since the events.

Interestingly, the Court referred to the orders as a “sanction”, not a “penalty” or “sentence”.

The Court identified the purposes of disciplinary sanctions. The primary purpose is to protect the public. Part of this purpose is met by deterring the individual and the profession as a whole from engaging in such misconduct. A secondary purpose is to maintain public confidence in the profession and the regulator, including the integrity of the disciplinary process. In distinguishing disciplinary sanctions from criminal sentencing, the Court said:

While some analogies can be made between criminal sentencing and imposing sanctions in professional disciplinary cases, different objectives are at play. The primary purpose of sanctions in professional disciplinary cases is protection of the public. Denunciation, retribution, and punishment are not primary objectives of the sanctioning process, except to the extent that they serve the objective of protection of the public.... Sanctions will often have a punitive effect, which enhances protection of the public by deterrence and maintenance of professional standards, but that is an effect of the sanction, not a standalone motivation. Further, proportionality, restraint, and enabling rehabilitation are important.

However, the Court expressed concern that the discipline panel did not mention the need for proportionality, saying that the sanction should be:

... proportionate to the gravity of the offence, and the moral culpability of the professional. In accordance with the principle of restraint, the most lenient sanction that would serve the legitimate purposes of the sanctioning process should be selected.... Where there is no measurable risk to the public, the sanction should also not be so onerous as to preclude rehabilitation of the professional, or unnecessarily prevent a trained professional from providing a valuable service to the public, including his other patients.

The Court noted that the “sanction did not include any counselling or re-education of the appellant, or any other elements that would promote rehabilitation.”

In the view of the Court, unlike criminal sentencing, a disciplinary sanction does not focus on the impact of the sanction on the individual. However, that consideration should not be entirely ignored. The Court found that, by revoking the dentist’s registration and imposing severe fines, the discipline panel overemphasized denunciation. Given that a decade had passed with no similar reported concerns, “[t]he absence of measurable risk to the public, and the prospects of his rehabilitation (which would also serve the public interest) were underemphasized.”

The Court was of the view that there was a low risk of recurrence. It removed the fines and replaced the revocation with a three-year suspension.

The decision is important because it reinforces that a purpose-driven approach to sanctions is appropriate in the professional discipline context. The criminal-sentencing approach is no longer applicable. The Court even avoided, for the most part, the use of terms such as aggravating and mitigating factors. Rather, the Court discussed the balancing of the competing purposes of disciplinary sanctions. This principled and less technical approach to sanctions will be easier for discipline panels to apply.

However, the Court's application of the purpose-driven approach to the facts of this case appears to be flawed. Its conclusion that there is a low risk of repetition is debatable given the nature of sexual misconduct (five forced, non-consensual sexual acts conducted over a period of four months), and the emphasis placed on the lack of subsequent reports of similar conduct (which the court itself acknowledges is often not reported promptly or at all). The relevance of a prior unblemished record for this type of misconduct is also dubious. Despite making references to remediation and rehabilitation, the Court did not impose any counselling, education, or medical assessments as part of its order. One wonders how the public can ever have confidence in a regulatory system that permits a dentist who engages in repetitive forced, non-consensual sexual activities with a vulnerable individual to resume practice after a suspension without any such safeguards.

It is also unhelpful that the Court did not address how the discipline panel should consider the dentist's degree of insight given his continuing insistence that the sexual interactions were consensual.

To some extent, these concerns illustrate the enormous challenge discipline panels have in selecting an appropriate mix of sanctions, but at least the purpose-driven approach provides an enhanced framework for making these difficult decisions.

Charkhandeh – Part 3 – Costs

The discipline panel ordered the dentist to reimburse the regulator \$350,425.00, representing 75% of its total costs.

It is on the issue of costs that the Court blazed an entirely new path. Previously, the approach in Alberta, enunciated in the Court's prior decision in [*Jinnah v Alberta Dental Association and College*](#), 2022 ABCA 336, was that regulators should presumptively have to bear their own costs. Doing so was the price of regulation. There would be rare exceptions, such as where the registrant had engaged in serious professional misconduct. The *Jinnah* approach has not been accepted in the rest of Canada, where the general approach is that the profession as a whole should not have to bear the burden of the

expense of discipline hearings, especially where the allegations are serious: [Dhaliwal v College of Veterinarians of Ontario](#), 2025 ONSC 1931.

The Court proposed a “fresh” approach based on first principles. The authority to award costs against a registrant “should be exercised in a principled, transparent and reasonable manner”. The Court was concerned about the approach that has developed where a discipline panel awards a percentage of the total expense of the process in costs. The Court proposed the following approach:

1. The Court entirely rejected the approach that costs should be ordered in most cases where a finding is made on the basis that it would be unfair for the profession to bear the entire expense for addressing a registrant’s misconduct.
2. Costs should not be considered a part of the sanction. As such, the seriousness of the misconduct should be addressed entirely in the sanction stage and should have no bearing on costs.
3. The most relevant consideration for a costs order is whether either party inappropriately added to the expense of the hearing. The Court said:

An important factor is whether costs have been increased due to the unreasonable or inefficient litigation conduct of either party. That would include things like introducing unnecessary or irrelevant evidence, overcharging by the College, refusing to admit uncontested facts, bringing unnecessary applications, delaying proceedings, or failing to meet reasonable deadlines. The party who wastes costs can expect to be held accountable. Both parties have an obligation to streamline the hearing, for example by outlining uncontested facts in advance in writing, and preparing lists of uncontested records.
4. Costs should only be awarded where it is reasonable to transfer the expense from the regulator to the registrant. The Court suggested that in many cases it is inappropriate to transfer “overhead” expenses to the registrant. Such costs “are an inherent component of self-regulation and properly fall on the regulator.” The Court suggested an example of overhead expenses are the “travel expenses and daily allowance for the tribunal members. In the normal course the types of expenses that the professional should be expected to pay are those costs discretely associated with the hearing itself.” The Court also suggested that some of the expenses of independent legal counsel might fall into the overhead category.
5. The costs awarded must be reasonable. This requires an assessment of the choices made by the regulator. For example, a regulator might well wish to use senior legal counsel or have two lawyers present its case. However, it might not always be reasonable for the registrant to pay for those choices. The Court suggested that there should be a breakdown of the types of expenses involved so that the

discipline panel can evaluate their reasonableness. Also, from the Court’s perspective, even if the individual registrant might have the financial wherewithal to pay the costs, that does not make it in and of itself reasonable.

6. Finally, the global amount calculated above must be scrutinized from the perspective of its impact on the discipline system. The Court said:

... the costs are calculated, the ultimate award cannot be an unduly onerous or “crushing” burden on the professional. This factor effectively puts a cap on what would be a proportionate costs award in many cases. As noted in *Alsaadi* at paras. 114-15 and *Jinnah* at para. 148, the potential of a punitive costs award should also not deprive professionals of the opportunity to make full answer and defence, nor to prompt them to admit responsibility for conduct which they do not agree is unprofessional. The argument that the costs were only incurred because of the professional’s misconduct cannot extend to the point where it prevents a person from defending those allegations.

To bring finality to the process, despite acknowledging that it did not have a sufficiently detailed costs breakdown “to permit a forensic examination”, the Court fixed the costs of the hearing at \$50,000.00 and the costs of the investigation at \$10,000.00, for a total of \$60,000.00.

The Court’s approach is inconsistent with the analysis currently undertaken by most Canadian courts. The *Jinnah* decision did not gain traction in the rest of Canada; it will be interesting to see if this revised approach does.

Wording Standards of Practice

An important professional regulation tool is the publication of standards of practice (or other types of advisory statements) guiding registrants. However, to be effective, standards must be clearly worded because ambiguity can undermine the ability of the regulator to enforce them. This point is illustrated in [Sefcik v College of Podiatric Physicians of Alberta](#), 2025 ABCA 263 (CanLII).

A podiatrist had a consensual sexual relationship with an employee. A month or so before the sexual relationship began, the podiatrist referred the employee for an x-ray of their sore ankle. The discipline tribunals (both hearing and appeal) found that as a result, the employee was a patient when the sexual relationship began, resulting in a mandatory order revoking the podiatrist’s registration.

The finding of “patient” status was based on a published standard of practice mandated by the enabling statute. The standard defined a patient as a person to whom a podiatrist was “currently providing a health services [sic] and/or treatment”. The standard also had a glossary which defined: “Minor healthcare service – a situation that requires discrete procedural or episodic care for which the regulated member has no determination in the ongoing care of the person receiving the service.” Curiously, the phrase “minor healthcare service” was nowhere to be found in the standard; it likely originated with a previous, related standard.

The Court said that the glossary definition had to be considered when interpreting the standard:

The term “minor healthcare service” does not qualify or change the definition of patient but, as this case indicates, it logically informs the analysis of how that definition applies to the facts of a particular case, and in particular, how long the status of “patient” endures....

As the definition of “minor healthcare service” indicates, not all health services and treatments are the same. Where a podiatrist provides regular care to an individual over several years, even a long gap between appointments, on its own, may not be sufficient to change the recipient of that care’s status from current patient to former patient. Conversely, where a podiatrist sees an individual once for a non-recurring issue for which no follow-up is required or reasonably anticipated – i.e., where the podiatrist provides a minor healthcare service – the individual may cease to be a patient as soon as they leave the podiatrist’s office.

The Court determined that “... the only conclusion available on a proper interpretation and application of the Practice Standards is that [the employee] ceased to be a patient...” The Court returned the matter for a determination as to whether the employee qualified as a former patient of the podiatrist for the purposes of the sexual abuse provisions.

This case shows that ambiguity in the wording of a standard can have significant consequences for a regulator’s ability to enforce its professional expectations.

No Excessive Delay

A delay of eight years from the receipt of a complaint to the release of a discipline decision was not inordinate. While the Divisional Court had concerns about some of the delays (particularly in scheduling the hearing and releasing the reasons for decision), in the context it was not excessive. Much of the delay was attributable to the legal strategy of the registrant and to the providing of a procedurally fair process by the regulator. The Court said:

With respect to the nature and the purpose of the proceedings, ... this was a disciplinary proceeding conducted by a regulatory body with a mandate to “protect the public, to regulate the profession and to preserve public confidence in the profession”.... There is a real societal interest in having such proceedings conducted expeditiously, but not at the expense of jeopardizing the registrant’s opportunity to make full answer and defence....

With respect to the causes of delay, it is important to assess whether Mr. Aslam contributed to or waived parts of that delay... A party cannot complain about delay that they cause or waive. Moreover, “[n]or will there be unfairness if the delay is an inherent part of a fair process....

Analysis of the causes of the delay reveals that significant portions of the delay were caused by Mr. Aslam or were an inherent part of ensuring fairness.

See: [Sohail Aslam v. Ontario College of Pharmacists](#), 2025 ONSC 3070 (CanLII).

BC Health Professions and Occupations Act Update

The massive *Health Professions and Occupations Act* of BC is coming into force on April 1, 2026. Previously it was hoped to take effect in 2025. Much work has gone into preparing for the new statute which fundamentally reforms the regulation of health professions in that province. The announcement included the following details:

On October 18, 2023, certain sections of the *HPOA* came into force, to allow for the Health Professions and Occupations Regulatory Oversight Office (HPOROO) to be set up.... On July 16, 2025, Cabinet approved the regulations to bring the *HPOA* into force on April 1, 2026. Additionally, the Minister of Health, through Ministerial Orders, approved new profession regulations for all currently regulated health professions, effective April 1, 2026, as well as psychotherapy, clinical perfusion, respiratory therapy, radiation therapy and medical laboratory technology, effective November 29, 2027. The approved regulations also include the Regulated Health Practitioners Regulation, which includes restricted activities and other information pertinent to interpreting the profession regulations.

See: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/health-professions-and-occupations-act#professionalregulation>

From Julie Maciura

In This Issue

Ontario Bills 2
 The Legislature was in recess this month..... 2

Commencement Orders..... 2
 No commencement orders were filed this month..... 2

Regulations 2
 Optometry Act..... 2
 Denturism Act..... 2

Proposed Regulations Registry 2
 Medicine Act..... 2
 Personal Health Information Protection Act..... 2
 Nursing Act. 2
 Dentistry Act 3

Bonus Features..... 3
 A Judicial Warning 3
 Strategic Thinking 4
 Reinstatement – Insight and Currency..... 6
 Published Guidelines Matter 7
 Maintaining Public Confidence..... 7

Ontario Bills

(www.ola.org)

The Legislature was in recess this month.

Commencement Orders

(<https://www.ontario.ca/laws> Source Law – Commencement Orders)

No commencement orders were filed this month.

Regulations

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

Optometry Act. The registration regulation has several amendments including requiring police checks and establishing an inactive class of registration. ([O.Reg. 184/25](#)).

Denturism Act. The registration regulation has been repealed and replaced. ([O.Reg. 183/25](#)).

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Medicine Act. The proposed amendments would create two new classes of registration: Provisional and Retired. Comments are due by September 29, 2025.

Personal Health Information Protection Act. The proposed amendments would enable access to digital personal health information held by Ontario Health to facilitate treatment of patients. Comments are due by October 15, 2025.

Nursing Act. “Currently in Ontario there are three registration certificates for NPs: Primary Health Care, Adult and Pediatric. The proposed legislative changes, if passed, will mean that there will be a single NP classification, so that NPs and employers will have flexibility and agility to deliver accessible services across patient populations.” This proposal will bring a uniform national approach. Comments were due by September 2, 2025.

Dentistry Act. Proposed amendments include:

- *Ensuring all members to have professional liability protection as a requirement for registration;*
- *Establishing an ongoing obligation to maintain professional liability protection and suspend a member if professional liability protection is not maintained;*
- *Introducing a mechanism to ensure that dentists cannot practice without appropriate work authorization once registered;*
- *Implementing exclusions to the reinstatement provisions to enhance public protection. These include allowing the Registrar to lift suspensions within 60 days once certain conditions are met; and*
- *Streamlining the process of allowing dentists to work in Ontario after a period of time out of practice.*

Comments were due by September 2, 2025.

Bonus Features

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

A Judicial Warning

Courts rarely give warnings to regulators about future potential problem areas. Courts tend to decide individual matters on specific facts. However, in [Welkoff v. Ontario \(Health Professions Appeal Review Board\)](#), 2025 ONSC 4515 (CanLII), Ontario’s Divisional Court gave regulators a “heads up” about avoiding unsuitable remediation orders as a way to avoid public disclosure.

A physician discharged from hospital a patient with mental health issues, including suicidal ideation, despite the patient’s request for more help. The patient complained to the regulator. The regulator noted several concerns with the physician’s care including insufficient evidence in the records about the patient’s suicidal ideation, offering limited therapy options to the patient while admitted, the lack of documented rationale for what might be seen as a premature discharge of the patient, and a lack of planning for the support of the patient upon discharge.

The regulator also noted that the physician had a “previous written caution around discharge of a patient without assessing the appropriateness of discharge planning.” The regulator concluded, however, that the physician was capable of change and entered into a Remedial Agreement with her. A Remedial Agreement does not appear on the public register, unlike many other remedial options, such as a caution or a program of educational upgrading.

The patient sought judicial review. The Court held that there was no procedural unfairness, finding that it was not necessary for the regulator to interview the patient for the investigation to be adequate. The regulator had sufficiently addressed the patient’s concerns including the

assertion that the physician had been dishonest. The regulator was also not required to share the details of the physician’s prior complaints history with the complainant.

However, the Court expressed concern that the disposition was not public:

However, given what appear to be the serious findings and the prior written caution in regard to similar issues, albeit dated, the Panel had a concern that the disposition of a remedial agreement was crafted for the purpose of avoiding public disclosure.

The Court further commented:

There is nothing wrong with remedial agreements *per se* if the facts are not particularly serious. If dispositions are crafted for the purpose of avoiding the transparency provisions of the *Code* and the amendments thereto in the [legislation], this will undermine the openness and public scrutiny of the College’s regulation and governance of physicians which the legislation seeks to ensure and may result in the disposition being found to be unreasonable.

Having said that, the Court elected not to return this matter for reconsideration because of the time that had elapsed and because the physician had already completed the Remediation Agreement. However, regulators are now warned that the reasons for choosing a private form of remediation in serious cases may be scrutinized by the courts.

Strategic Thinking

When Cary Coglianese sits back and reflects, regulators sit up and listen. Coglianese is the Edward B. Shils Professor of Law and Professor of Political Science, Director, Penn Program on Regulation, University of Pennsylvania. In a [recent interview](#), he contemplated the main challenges for regulators over the next twenty-five years.

Coglianese identifies four major intersecting challenges:

1. Climate change that will affect many regulators, not just those directly involved in environmental issues.
2. Rapidly evolving technology, including but not restricted to AI.
3. Socio-political challenges involving a declining public trust in government and regulators.
4. Rapid and fundamental changes to institutions including unpredictable changes in the mandate of regulators.

To adapt, he says:

Regulators need to make sure that they’re maintaining the utmost integrity, stellar confidence, and empathic engagement. These qualities have always been important, but

they are even more so today, when the work of regulators is in the public eye more than ever before. Regulators need to remember the core precepts of regulatory excellence and keep striving to pursue them.

On technology, he says:

Changing technology has always been an issue for regulators, but AI is a particularly difficult arena of technological change to oversee because, again, it's not a singular technology, but a suite of technologies. The algorithms are changing and being trained on new data. And the uses to which AI is being put is also expansive and changing.

On the other hand, as much as AI is creating new challenges for regulators, it also holds a lot of potential for governments and regulators to do their jobs better. AI can be used to help triage limited enforcement and inspection resources. It may even replace some humans for overseeing certain complex systems.

In terms of maintaining trust, Coglianesse says:

... I do think that there is good evidence to show that transparency and effective communication are really important for regulators to use to build confidence and help secure compliance. The relationship between trust and compliance is vital because we have to keep in mind that, in many realms, regulatory compliance is functionally close to voluntary, simply because regulators can't be everywhere.

When regulators are transparent, and when they allow for people to participate in the making of rules or setting of policies, they help people become more trusting and accepting of regulations that are imposed upon them. These are all tried and true methods.

Regulators also need to be at the top of their own game. They need to make sure that rules are optimally designed, that they're not overbroad, that they're not being deployed in a manner that's excessively burdensome. Regulators can't back away from demanding the kind of behavioural change needed to solve regulatory problems, but they need more than ever to do so in a manner that treats regulated entities and the broader public with respect and dignity. Listening is absolutely essential.

His comments about the partisan and more politicized environment, while perhaps more attuned to the US context, still has significant relevance to Canada:

It's ironic that, in this environment, at the same time that regulators need to be communicating more to build trust, they also have to be careful not to put themselves out as a target.

I think humility is important, as is being available to hear what members of the public, a true cross-section of the public, have to say. Having the utmost integrity is also essential. Regulators need to showing folks on both sides of the ideological spectrum that they're a straight shooter and not trying to play favourites.

The interview is well worth reading in its entirety.

The interview was conducted in association with "The ANZSOG-auspiced National Regulators Community of Practice will again bring regulators from Australia and Aotearoa New Zealand together for its 2025 National Conference – Regulation 2025 to 2050: Disruption, Change and Continuity from August 27-28 in Brisbane."

Reinstatement – Insight and Currency

Typically, the success of a reinstatement application by a former registrant will depend on the insight they demonstrate and the established currency of their knowledge, skills and judgment. This truism was illustrated in [Shanks v Nova Scotia College of Nursing](#), 2025 NSSC 250 (CanLII).

The applicant's registration had been revoked for boundary crossings with a vulnerable client who had an opioid use disorder. The former nurse's conduct involved an intimate, including sexual, relationship with the client and the acceptance of a loan from them. The College's Reinstatement Committee panel refused her reinstatement application.

On the surface, the applicant's position seemed strong. The applicant had immediately admitted the conduct and agreed to the original revocation order. The regulator did not oppose reinstatement and there was even agreement as to the conditions and restrictions that should be imposed if the hearing panel agreed to reinstatement. The applicant had helpful character references and a generally supportive independent medical opinion indicating that there was no health condition militating against reinstatement.

However, concerns arose during the hearing and the panel focussed on insight and currency, noting the following issues:

- The applicant's insight was directed more on the impact of the conduct on her, expressing little about the impact of her conduct on the client.
- While the applicant agreed to take a boundaries course after reinstatement, she had made no effort to learn about boundaries since the events years ago. In fact, she had not even read the guidelines about boundaries on the regulator's website.
- The applicant had worked as a peer support worker who assisted individuals in need during her revocation without first taking measures to ensure familiarity with boundary principles.
- The applicant intended to practise nursing with individuals in dire need rather than in an environment where potential boundary issues were less prevalent.

- The applicant had taken no professional development programs or other educational steps to prepare her for returning to practice despite years of absence from the profession.
- The applicant’s hours of practice during the past five years did not meet the currency hours requirement for active registrants.

The Court upheld the decision to decline reinstatement.

As is so often the case, the key concerns on reinstatement applications were whether the individual demonstrates insight and currency such that the public is unlikely to be placed at risk of future harm if they are permitted to return to the profession.

Published Guidelines Matter

While they are not “hard law”, courts are increasingly using such “soft law” to interpret the reasonable exercise of discretion by regulators (e.g., in deciding which option to use in determining the outcome of a complaint). Even more significantly, courts sometimes use guidelines when interpreting an ambiguous legislative provision.

See: <https://www.administrativelawmatters.com/blog/2025/08/11/the-relationship-between-hard-law-and-soft-law/>.

Maintaining Public Confidence

The Divisional Court dismissed a motion to stay a revocation order based on a finding of sexual abuse of a patient pending the registrant’s appeal of the decision. The Court indicated that irreparable harm must include more than the usual consequences of a disciplinary finding: “Emotional harm, reputational harm, and psychological attachment to a profession will almost always exist in a professional discipline case, something more must exist, otherwise, irreparable harm as a consequence would always exist and weigh in favour of granting a stay.” The Court also said that the balance of convenience favoured protection of the public in these circumstances: “A stay would undermine public confidence in the self-regulation of members of his profession and other similar professions.”

See: [Carrasco v. College of Massage Therapists of Ontario](#), 2025 ONSC 4581.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 17, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Informal Consultation – Classes of Registration

Further to our discussions at the May Council meeting, I am pleased to provide you with the feedback received during the informal consultation conducted by the College as part of our review of the regulatory framework. The topic of this consultation was classes of registration.

Attached you will find the following documents:

1. White Paper on Classes of Registration – the primary focus of the consultations.
2. Individual Feedback – a summary of all feedback from individuals.
3. CAND Feedback – feedback from the national professional association.
4. OAND Feedback – feedback from the provincial professional association.
5. CNDA Feedback – feedback from the Alberta regulatory college.
6. CCNM Response to Consultation – feedback from the educational program.

As noted at the May meeting, no recommendations will be coming forward to the Council at this time. Those will form a part of the report at the end of the review process.

Respectfully submitted,



The College of Naturopaths of Ontario

WHITE PAPER
CLASSES OF REGISTRATION FOR THE NATUROPATHIC PROFESSION IN ONTARIO
For Discussion Purposes Only

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the classes of registration for the naturopathic profession in Ontario as set out in the Registration Regulation. This consultation document sets out those questions and seeks the input of registrants and system partners on those questions.

Readers are reminded that this is a fact-finding process directed by the Council of the College; no decision has been made to act on any questions posed in this document. At the end of this consultation, the College Council will be informed of the consultation and the outcomes to provide direction on next steps, if any.

General Background to Classes

The Registration Regulation made under the *Naturopathy Act, 2007* establishes the classes of registration for the profession in Ontario as follows:

- General class,
- Inactive class,
- Emergency class.

Nomenclature

The first area of consideration is whether the nomenclature or wording for the classes is appropriate for the public and the profession. As a regulator, the College wants the public to be able to readily discern between the types of naturopathic practice. For example, inactive tends to convey the notion that the individual is not presently practising the profession. On the other hand, it is not necessarily clear what information is being conveyed by the “general class” nomenclature.

There are two areas to review when considering the names of the classes of registration. What terminology do other Provinces that regulate naturopathic doctors use and what do the other professions in Ontario use? Appendix A – Comparison of Classes provides some information in this regard.

The first table on Appendix A lists each of the other regulated jurisdictions in Canada and the classes of registration used by the naturopathic regulatory authority. Here we note terms such as Full practising, Non-practising, and General class. The information suggests there is not much uniformity among the provinces.



The College of Naturopaths of Ontario

The second table on Appendix A lists each of the other regulated professions in Ontario. This table demonstrates several interesting principles. The first is that “General class” is used most frequently by the other professions as well; however, some distinction can be made between those that were established at the time the *Regulated Health Professions Act, 1991* was first created compared to those that are more recently created. For example, as of the writing of this document, the *Psychology and Applied Behaviour Analysis Act, 2021* is the most recent addition to the legislation governing health professions. The registration classes within the regulation made under this legislation are more detailed and descriptive than those created earlier.

Consideration 1: Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)

Classes of Registration – Non-clinical

The Registration Regulation also enables the College, with the consent of the registrant or by order of the Registration Committee and/or other Committees of the College, to place terms, conditions, and limitations on certificates of registration which are noted, for the purposes of providing the public with valuable information, on the College’s public register. This has allowed the College to create the “non-clinical” terminology, a “subset” of the General class for individuals who need to maintain their General class registration but are not able to meet the currency requirements for the class. This is typically used for registrants who are academics within the educational program or who are employed in roles such as government employees or employees of supplement manufacturers, where seeing patients is not possible.

In the period when the College was first being established and the regulations being developed, consideration was given to creating an “academic” class for individuals working in the educational programs; however, it was determined that there were not enough individuals to warrant the class. Similarly, the same conclusion was made with respect to consideration of a broader “non-clinical” class as opposed to the current practice of using a term, condition, or limitation.

Over the past two years, the College has fully implemented its currency audit process, and it has been noted that more individuals cannot meet those requirements. After two full years of currency audits, the College now has 13 registrants in the General class who have a non-clinical term condition and limitation on their certificate. Presently, four of Ontario’s health professions have a non-clinical class of registration and six have an academic class.



The College of Naturopaths of Ontario

Consideration 2: Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?

Classes of Registration – Student, Supervised or Temporary

The question of whether the College might have a student registration class was considered before proclamation. At the time, it was believed that with a single educational program in Ontario, this class would not be necessary. However, referring to Appendix A, we note that two of the other provinces have a student class, with British Columbia the second largest naturopathic regulator in Canada among them. Among the other health professions in Ontario, only two have a student class.

In consideration of a student class, the question is about the public and the profession's interest. It might benefit the public to have a student class of registration for individuals in the educational program as part of the College as a means for the College to be able to communicate and educate future registrants about the regulatory model. It may also enable the earlier creation of a positive relationship between the College and the profession. There is a risk that this may be seen as a "cash grab" by the College; however, this risk can be offset by careful consideration of the amount of registration fees, if any, that must be paid.

We also note that several of the Ontario health regulatory Colleges have a class of registration to support the transition of individuals from student to registrant. It will appear under several different terms, including "Intern", "Supervised practice", "Provisional", or "Qualifying", with the notion being that an individual who is working towards becoming regulated, i.e. they have graduated but have not yet completed the examinations and/or the application process, may become a registrant of the College. By becoming a registrant, the College can communicate with them and help them become familiar with the regulatory model.

The consideration is whether this supports the public interest mandate of the College and its impact on the profession itself. The College is aware that many individuals remain in this transitional period for up to two years. During this time, they are practising under the supervision of a registrant of the College. This means the responsibility for the supervised individual's performance rests with the registrant of the College. This can be considered a daunting and onerous task with little or no support from the College. However, it may still serve both the professions' and the public interest to consider such a class of registration.

Consideration 3: Should the College create a "student" class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?



The College of Naturopaths of Ontario

Consideration 4: Should the College create a transitional (supervised practice, intern or provisional) registration class to regulate graduates who are working under a registrant's supervision?

Classes of Registration – Inactive, Out of Province, Parental Leave

The Registration Regulation currently includes the Inactive class. This class was intended to allow individuals to temporarily step away from practising naturopathy without having to resign their certificate of registration. This class also provides individuals with the ability to pay a lower registration fee and reduce certificate maintenance requirements while providing clarity to the public regarding their non-practise status. The most common leaves of absence are maternity and parental leave; however, since proclamation of the *Naturopathy Act, 2007*, it has been noted that many registrants have been reluctant to use this class of registration, despite having ceased practise because of one of these leaves. This creates several issues for them including:

- Continued currency requirements that must be met,
- Continued participation in the Quality Assurance program,
- Maintaining full professional liability insurance,
- Maintaining full CPR certification,
- Needing to pay the annual General class registration fee without a means to recoup this cost through regular practise of the profession.

Although the College is not entirely clear as to why some registrants are reluctant to move to the Inactive class while on maternity or parental leave, we understand that it may relate to:

- Uncertainty about how long they may be on maternity or parental leave,
- The need or desire to do some part-time work while on leave,
- Costs and administrative burden around obtaining tail insurance while in the Inactive class,
- Concerns that they will encounter challenges when wanting to move back to the General class.

Each of these can be addressed. For example, moving from the Inactive class back to the General class when a registrant has been in the Inactive class for less than two years is as easy as completing an online form, paying the class change administrative fee and paying any registration fee differences for that year, all of which can be done in a few days. Tail insurance is challenging as the College will require proof of purchasing the five-year tail set out in the by-laws even if planning only to be on leave for a year. The challenge here is that while a registrant plans to only take a year or less, plans change, and the insurance for five years is a matter of public interest.

The College also has many registrants who are practising in other jurisdictions who choose to move to the Inactive class as a means of a) maintaining their registration with the College in case they



The College of Naturopaths of Ontario

may return to Ontario, b) reducing their annual costs and c) removing themselves from the Quality Assurance requirements placed on the General class.

Consideration 5: What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?

Classes of Registration – Extended Class

Under the General Regulation made under the *Naturopathy Act, 2007*, registrants of the College who wish to prescribe, dispense, compound, or sell a drug, or who wish to administer a substance by inhalation or non-intravenous injection must first have met the Standard of Practice for Therapeutic Prescribing. At the time of writing, there were 876 registrants of the College who have met this Standard.

The General Regulation also requires that any registrant of the College who wishes to administer a substance by Intravenous Infusion Therapy (IVIT) must also have met the Standard of Practice for IVIT in addition to the Standard of Practice for Therapeutic Prescribing. At the time of writing, there were 361 College registrants who have met this Standard.

Both Standards require the successful completion of a College-approved course, and an examination set by the College. Both are post-registration standards which means that they can only be met after an individual has become registered with the College, although the College does permit 4th year students and new naturopathic program graduates to take the Therapeutic Prescribing Course and Examination to facilitate the addition of this aspect to their practice immediately following registration with the College.

The question arises as to how the public can know, based on the class of registration of an ND in Ontario, whether the registrant has met the Standard(s)? The College's public register does indicate for individuals whether they have met one or both Standards as "extended services." Consideration might be given to creating one or two additional classes of registration to reflect the extended services.

This approach is not without precedent. The College of Nurses has an "extended" class for Registered Nurses who have met certain requirements and who can therefore provide a larger set of services to their patients.

From a public interest perspective, there may be benefit in creating one or two classes of registration to reflect the expanded scope available through registrants in such classes. On the other hand, expanding the classes of registration could risk creating public confusion.



The College of Naturopaths of Ontario

Consideration 6: Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?

Consideration 7: If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a “Prescriber class” and a Full class to distinguish between the three types of NDs?

Rostering

Rostering is an alternative approach to distinct classes of registration and the College would be neglect if it were not raised as part of this discussion document. Rostering may be used when certain controlled acts authorized to a profession are not used uniformly across the profession and therefore, the public should not assume that every member of the profession performs it. Strictly as an example, not all NDs perform manipulation although it is a controlled act authorized to the profession. In the 2024 renewals from last year (April 2024), 15% of the profession declared performing naturopathic manipulation as part of their naturopathic practice. Similarly, only 15% of the profession reported that they performed internal examinations despite the controlled act being authorized to all General class registrants. By comparison, 81% of the profession reported that they include acupuncture as part of their practice.

Through the Registration Committee’s review process for assessing any atrophy of skill or knowledge of individuals who have been inactive for more than two years and who wish to return to the General class, these two controlled acts have been noted as some of the biggest review challenges and areas where registrants more often than not seek to have a term, condition, and limitation applied to their certificate of registration rather than undertaking additional education or training to refresh knowledge, skill and judgement.

Consideration would **NOT BE GIVEN** to remove the authorization for these controlled acts from the legislation. However, consideration **might be given** to rostering these controlled acts rather than requiring them at entry-to-practice. What this would mean is that those registrants who wish to perform either naturopathic manipulation, or internal examinations would be required to demonstrate their proficiency to be added to the roster of those registrants who can include it in their practice. When in practice, registrants who wish to no longer perform these controlled acts would let the College know and they would be removed from the roster. A patient seeking these services would view the roster on the public register to find registrants who perform these



The College of Naturopaths of Ontario

controlled acts and NDs who are not on the roster would refer patients requiring these services to a colleague on the roster.

Consideration 8: Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?

Reinstatement

Over the past 10 years, there have been several instances where a registrant resigns their registration with the College to find that they later wish to reinstate that registration. Currently, the Registration Regulation does not include any provisions for the reinstatement of a certificate of registration once the registrant has resigned. Under the College's regulations, once a registrant resigns and wishes to return to practice in Ontario, they must apply and meet all the entry-to-practice requirements in the regulation. In other words, without specific provisions, reinstatement is treated the same as a new application for registration.

A canvass of the regulations made under the profession-specific Acts for the regulated health professions finds a mixture of those that enable reinstatement provisions and those that treat a reinstatement as a new application.

For those professions where reinstatement requirement is set out, they tend to include:

- Completion of a Reinstatement Application form within two years of the date they resigned their original certificate,
- Payment of a reinstatement of application fee,
- Payment of the registration fees for the year the registrant is seeking reinstatement,
- If they were suspended before they resigned, cure of the default that caused the suspension.

Consideration 9: Should the College consider adding reinstatement provisions to the regulation along the lines set out above?

Other Important Considerations

There may be other considerations that registrants and our system partners have specific to the classes of registration, post registration certifications and the controlled acts. The College welcomes comments on such issues and invites information to be brought forward.



The College of Naturopaths of Ontario

Consideration 10: What other matters relating to the classes of registration or the Registration Regulation, if any, should be addressed?



The College of Naturopaths of Ontario

CLASSES OF REGISTRATION FOR THE NATUROPATHIC PROFESSION IN ONTARIO

Summary of Individual Feedback

Consideration.7; Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note; the question of whether there should be other classes of registration is addressed below;)

I do not think that if you are inactive you should have to put inactive behind ND.
The nomenclature is fine.
Yes, "Inactive" may not accurately reflect a registrant's true participation in the profession. There are many ways to be actively working as an ND without providing direct patient care.
The structure and naming of inactive and nonclinical classes of registration may be confusing and present barriers to interprofessional relationships as well as eligibility for certain healthcare related jobs. For instance, many jobs in case management and healthcare administration require an "active license" but would not necessarily include duties that allow those NDs to meet the currency requirements of the general class. These barriers can result in NDs not being eligible for jobs outside of direct patient care, and/or result in NDs resigning their license while still working in healthcare, which is already happening and diminishes visibility, integrity, and excellence within the profession.
Maybe add student class or retired class
No (x3)
I do think that "Inactive" is not as accurate a term as "non-clinical" in reflecting that role that some NDs have in the profession. I have not heard any feedback from patients or colleagues that people are confused about the nomenclature so its not a big concern or priority in my mind, but I would not be opposed to it changing.
Limiting the number of classes is important to reduce confusion but a non-clinical class would be beneficial.
Potentially. But overall I think that having more classes will be confusing in the eyes of the public and logistically costly for CONO (and thus for NDs). I'm not convinced that there is benefit.

Consideration.8; Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today?. Is non-clinical the correct terminology or should another term be used?

This could be warranted for academic NDs who are not patient facing. I think non-clinical fits.
The current approach does not adequately reflect the diverse roles naturopathic doctors play beyond direct patient care. Many NDs engage in research, advocacy, product development, education, and mentorship. A simple clinical vs. non-clinical distinction ignores these hybrid roles. Any new class must also reflect the reduced risk associated with part-time or non-clinical work—this includes aligning CE requirements, insurance, and fees accordingly.
Yes, it seems that there are many non-clinical NDs. Unsure if there is a better term.
This is not a great experience for any ND who is involved in multiple projects like research, advocacy, product development and mentoring. There are so many aspects of a real ND's work that Clinical vs Non-Clinical just doesn't suffice. You are ignoring the Hybrid NDs! And this must also align fees, insurance, and CE credits with the lower risk of NDs who only do part-time clinical work.
No - this seems incredibly burdensome from an administrative role and will ultimately increase our costs as registrants. The public is also not used to seeing multiple classes of registration in other professions and anything denoting a registrant as non-clinical will undermine their authority and authenticity.
I'm not sure why we need this. NDs can easily demonstrate to the world what their role as an ND is. Would there be different rules for non-clinical classes?
Not if this would require multiple designations for an ND who has a clinical practice but also engages in research or teaching



The College of Naturopaths of Ontario

Receiving a Term, Condition, or Limitation (TCL) may imply a limitation rather than a legitimate career path for NDs in non-clinical roles. Ontario NDs must qualify their designation (e.g., “ND (non-clinical)”), which may reduce interprofessional credibility and limit recognition outside the profession whereas other RHPA professions don't require this. Modified designations may create barriers for NDs seeking work in academic, institutional, or policy environments where professional title matters. Some NDs in non-clinical roles have used the Inactive Class as a workaround, which may not accurately reflect their status or support appropriate regulatory oversight. A Non-Clinical Class could support NDs who are professionally active but not in direct patient care, especially those balancing family responsibilities, health needs, or part-time work. Other RHPA professions offer non-clinical or non-practising classes without changing the professional designation or title, offering a model to mirror. The range of nonclinical activities is broad and non-clinical may be a better representative term for the class. However, aspects of other Academic classes in other professions that include some patient-facing care are important
Based on the numbers giving in the report, it does not seem enough to justify extra class creation. I think creating more classes might make our profession seem more confusing- both for the public and for individual NDs seeking to register and maintain good status. These processes and guidelines can be difficult to stay aware of all the nuances already and adding more information to stay aware of would be undesirable from my perspective.
I think it shouldn't be all or nothing. Perhaps a class type that allows for less clinical hours and more research or the option of full research. A possible name of class could be Academic Class but should allow for some hours of patient care, perhaps with limitations (ie prescriptions and IVs).
Yes. I think non-clinical is fine. I think those not wishing to practice should be given this status with their educational requirements complete. No additional exams.
The creation of a non-clinical class of registration may solve the issues I mention above regarding interprofessional collaboration and healthcare jobs. It is also more consistent with the “academic practice” class used by the CPSO.
At this time, the range of nonclinical activities is broad and non-clinical may be the best term for the class. We NEED non-clinical NDs working - in research, in education, etc. As these NDs in non-clinical roles (e.g., education, research, regulation, industry) currently receive a Term, Condition, or Limitation (TCL), this implies a limitation rather than a legitimate career path and may discourage this path. A Non-Clinical Class could support NDs who are professionally active but not in direct patient care, especially those balancing family responsibilities, health needs, or part-time work. Other RHPA professions offer non-clinical or nonpracticing classes without changing the professional designation or title, offering a model for consideration and so I'm unclear about why we would require something different?
Yes, the process to apply for the TCL was challenging and I imagine limits the desire for NDs to pursue this route. A separate class could make this process more dignified and support the needs of NDs who do work outside of direct patient care.
Definitely. A non-clinical class would be extremely beneficial. Due to the breadth of activities (research, academic, NHP support, naturopathic association support, government work) that would fall under this category, I agree that the appropriate term would be non-clinical.
If we want to encourage more research in naturopathic medicine (which is heavily needed), a non-clinical class should be considered and have separate requirements that the clinical class to maintain registration
Yes

Consideration.9;Should.the.College.create.a»student«.class.of.registration.for.individuals.who.are.in.an.Ontario.naturopathic.educational.program.and.who.have.not.graduated?.

I do think this would be helpful for the public to understand who is a student and who is not.
Yes
No
I work at CCNM. I feel that a student class is unnecessary: 1. Risks public confusion and increased administrative burden 2. Many students are not planning to practice in Ontario 3. First point of regulatory interaction is critical—some stakeholders feel this is better handled post-graduation
Absolutely not. This is not necessary as students can't practice fully and the cost would be put on the college which would just increase our fees. No ND will want this.
No, this is not the standard in many health care professions currently and would add extra burden, potentially financial, definitely administrative/paperwork onto already overwhelmed students. If the students are not covering the



The College of Naturopaths of Ontario

cost of their registration, than this burden could fall on the active registrants with increased costs where our registration fees are already well above many of the other professions in Ontario.
No this is confusing and completely unnecessary especially if they do not plan to practice in Ontario. Appears to be a money grab opportunity.
No that's another expense students drowning in tuition and fees do not need and would not serve the ND community. There should be no designation through cono unless someone has passed their registration exams and is no longer just a graduate of a naturopathic program.
Definitely not. This is unnecessary as students cannot practice fully anyway, and the increased cost put on the college would increase our current fees. No ND will want this.
No, absolutely not. The students cannot practice fully anyway, so there's no need for this class. The cost of this would likely increase the cost to the college, therefore increasing fees of the active registrants, which no one wants.
This is not needed. Students can't practice. When they are at the school or satellite clinic(s) it is already clear that they are not fully licensed and are practicing under a supervisor.
This doesn't seem to make sense to me - it will be overly burdensome on the administration within CONO and likely increase fees for all of us. It will also potentially confuse the public and it will cause the students stress.
this just confuses things more
Not sure what that would accomplish.
Introducing a student class may add unnecessary complexity. It risks blurring the lines between students and regulated professionals, which could create confusion for the public and stakeholders.
Not necessary

Consideration 0; Should the College create a transitional (supervised practice? intern or provisional) registration class to regulate graduates who are working under a registrant's supervision?

Worth considering for post-graduation transition; to help ease transition to full registration; could address delays between graduation and licensure; would help align us with allied health professions that have similar policies/classes
A transitional class such as an "Intern" class would be far more appropriate and useful than a student class. It would support recent graduates under supervision and provide a clear pathway into independent practice.
Not sure what that would accomplish.
Yes, an intern class is better than a "student" class
No for the same reasons
As above, this isn't needed. If this ever happens, it is generally a short term arrangement. See 3.
This again will just increase costs to the college, which in turn will increase costs to the active class registrants. The internship is typically quite short in duration, so I don't think this class is necessary.
This is not necessary and will also increase the cost to the college. Supervised practice is usually for a short period and will soon transition into full active registration.
No. As a clinic I would never bring a graduate into a patient appointment who is no longer insured so a provisional registration would for me also require they be insured and that's a cost that a recent graduate also paying for exams likely won't be able to cover
No again this is confusing and unnecessary and I fear cost would increase for registrants.
Same as above- in this instance the ND overseeing the graduate is most likely receiving benefit from this arrangement that covers the amount of work involved. It seems fair that they are shouldering this responsibility. Again, the more complex navigating registration and reading through protocols become, the more difficult it becomes as an active registrant to stay aware of the requirements and practice in accordance. I don't think the benefits of adding this class would be justified given the current system is working smoothly.
I don't think this is necessary. It will increase cost to the college. Usually a supervised practice is quite short term, we should encourage full active registration.
Not needed. Until ND is licensed, cannot practice. I think, he will be still in student class
It does make sense to have a provisional class for those graduates that are undergoing the steps to become an active ND in Ontario.
Yes
I do think this would be helpful for the public to understand who is a fully licensed provider and who is not.



The College of Naturopaths of Ontario

Consideration. What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?

<p>The majority of the ND population is female and a lot will require going on maternity leave. The current registration classes (along with the requirements every 3 years) are a huge obstacle to return to practice, especially with those that have multiple children in close proximity. For some, it is less stressful to just leave the profession vs. change to inactive and then go through the re-entry to practice requirements. Given this, it should be a different Inactive class for those going on pat/mat leave (along with different requirements) vs. those still working out of province with an Inactive Ontario registration.</p>
<p>If / when there is a non-clinical class, I would suspect that much of the problems with the inactive class will be cleared up. That being said, I do think it is essential to clarify between short-term inactive which would likely not need a modification to the currency requirements and a long-term inactive that would likely need modification to the currency requirements.</p>
<p>A separate short-term leave class is required to support NDs taking time off for various reasons without fear of currency and CE obligations during that time. The current model is extremely unfair and limits the time of year registrants can leave and return to practice to ensure currency hours are met. Inactive class would be meant for longer leaves or transitions out of practice.</p>
<p>Yes, in practice, the current structure presents challenges for many NDs—especially those taking short-term, unplanned, or family-related leaves. This class, as the only alternative to general class, is therefore used for a number of purposes including non-clinical practice (industry, academic, research etc.), long-term and short-term leaves. Inactive Class is used for both long-term and temporary absences, leading to confusion and poor fit for short-term leave needs. Most NDs taking leave (e.g., for parental or health reasons) stay in the General Class due to administrative burden, unclear processes, and cost. Currency requirements are inflexible: The current model does not accommodate short-term leaves, leading to inequities based on leave timing (e.g., mid-year vs. calendar year). Disproportionate impact on women: Most parental and caregiver leaves are taken by women, raising concerns about equity and professional sustainability.</p>
<p>At present, it is costly to go inactive for short-term leaves less than one year or when a leave falls mid-year, e.g. caregiving, parental leaves, short-term health-related leaves. This may be inadvertently leading to gender inequities as women are more likely to take parental/caregiving leaves of absence. Additionally, the requirement to specifically state or write “(inactive)” after the use of the naturopathic title can actually prove confusing for the public as well as other healthcare professionals (most do not have this requirement as long as they are clear that they are not eligible to practice the profession while in an inactive or non-practicing capacity). Personally, while submitting a biography for a high visibility public talk I gave recently, I explicitly chose not to use my doctor title as it cut into my small word count limit as well as due to confusion this has caused in the past with people outside of naturopathic medicine in Ontario.</p>
<p>It doesn't seem like a lot of NDs use this class because of the red tape. We shouldn't have to write "inactive" and it should be easier to get in and out of this class. Also, if you're inactive you shouldn't have to keep CE credits, and full malpractice. Perhaps there needs to be different classes for different amounts of inactivity. We should have pro-rated fees and we shouldn't have to re-write board exams to become licensed again after a few years. What about those that want to teach 90% of the time and see patients 10% of the time? That's not an option right now.</p>
<p>If there could be a special class or easy way to do a short term leave for 3 or 6 months that might be helpful for maternity or health related leaves of absence- maybe having an automatic switch back to the active class after a given time so that there is less paperwork involved or procedure for keeping the regular insurance but pausing active work and receiving a reduction in CONO fee with an administrative fee for the process would make sense.</p>
<p>Most NDs taking leave (e.g., for parental or health reasons) stay in the General Class due to administrative burden, unclear processes, and cost. Even short leaves require a five-year tail policy, which can be costly and discourages class changes and most people don't bother though they would have liked to have changed class. The current model does not accommodate short-term leaves, leading to inequities based on leave timing (e.g., mid-year vs. calendar year). We can't plan/predict when we fall pregnant or need a medical leave. Most parental and caregiver leaves are taken by women (majority of NDs are women), raising concerns about equity and professional sustainability. The Inactive Class is used for both long-term and temporary absences, leading to confusion and poor fit for short-term leave needs. Other RHPA professions allow time-limited leaves without requiring full currency maintenance. The</p>



The College of Naturopaths of Ontario

General Class assumes full-time patient care and does not reflect hybrid models. Basing competence only on direct care hours is not evidence-based and may exclude qualified NDs from practice. Making the currency requirements more flexible would be beneficial. NDs in hybrid roles may be forced to resign or enter inappropriate classes due to inflexible structures. Other RHPA professions allow hybrid registration models that maintain standards while recognizing non-clinical contributions (i.e. Academic Class for physicians with the CPSO).
Needs to allow for parental leave so there's a smoother way to adjust status during this time
You should not have to fulfill the CE credits requirement when you are inactive, as you are not allowed to practice anyway. The current fees for inactive status is also quite high, considering those in this category are not practicing and hence not making an income to pay for these fees.
Lots of NDs on mat leave don't change class because of the expense and hoops to get re-instated. If you go inactive, you shouldn't need to collect the same number of CE credits as an active class and the fees to should be pro-rated based on the time off/inactive. Perhaps a different type of inactive class-- ex. Mat Leave, where the understanding is that this is a short-term leave of up to 12 months with a reduced inactive fee, and there is a reduced fee to switch to become active again and reduced number of CE credits due in the 3 year period based on that year off.
We need a short-term leave option much like the nurses do for supporting our registrants for short-term medical leaves/ family/stress leaves.
This is a big administrative and financial burden. I personally didn't go inactive when I needed to because of the headache it would have caused. In general, it's disproportionately impacting women, new parents and caregivers, and doesn't consider those who just decided to go part-time or do a short-term leave.
Yes, our profession is disproportionately women, so they must be considered for maternity leave.
The current structure around the Inactive Class imposes significant administrative and financial burdens. Many NDs choose not to go inactive during leaves due to the complicated and punitive process. This system disproportionately impacts women, caregivers, and new parents. It also fails to support those temporarily reducing their clinical hours or taking short-term leaves. Reform is needed to make this class more accessible and equitable.

Consideration 2: Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?

A single "Extended" class should be sufficient to identify NDs who have met both the Therapeutic Prescribing and IVIT standards. Splitting into multiple extended classes adds complexity without clear benefit. Clarity and simplicity should be prioritized.
Indifferent
Maybe, but again I'm not sure it's necessary. I can tell the public that I am certified in IV on my website. I don't need to be in a separate class.
No
One extended class that includes those who prescribe and practice IVIT would be a good distinction to make to clarify scope and other RHPA professions have this.
I don't think this is necessary. It adds more overhead. The way it is now is fine. The only consideration would be to allow specialization like FABNO accreditation.
Yes, it would clarify scope of practice and distinguish those who have met the standard of practice for IVIT.
No, this will look as "specialized in", which ND cannot use.
In my view, distinguishing prescribing qualifications through registration class could help provide more clarity to the public when choosing an ND. This may help clarify our scope for the public.
A single extended class of registration may be helpful, but is not as critical as a non-clinical class and modifications to the inactive class.
rostering would be a better solution
Yes



The College of Naturopaths of Ontario

Consideration 3: If the answer to consideration 2 is yes? what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example? if we retained the General class? should the College create a » Prescriber class and a Full class to distinguish between the three types of NDs?

I agree with prescriber class and full class as good naming options.
Extended would be fine.
Extended class works well.
No. Prescription or IVT is knowledge, which ND decided to have additional courses for. If you have Full class established, it will put other NDs, which do not have these exams done look like undereducated.
Prescriber Class could work, as could Prescriber and IVIT Registrant
No
Just one Extended Class will suffice to recognize prescribing and IVIT
A single "Extended" class should be sufficient to identify NDs who have met both the Therapeutic Prescribing and IVIT standards. Splitting into multiple extended classes adds complexity without clear benefit. Clarity and simplicity should be prioritized.

Consideration 4: Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture? allowing those who do not perform these to be identified as public?.

I dont agree and don't think this is necessary
Rostering is not advisable. It introduces unnecessary bureaucracy and confusion. History has shown that creating lists often leads to unintended exclusions and complications.
I don't think so but I'd like to know what other professions do.
No! Do not start rostering! What a mess this will create! The whole problems stems from lists. You always end up leaving something out when you have lists.
No - this will erode scope, lock people out of helping the public especially as they move to rural areas. This is also unnecessary busy work for the college.
Again - it's too confusing in the public eye. I would expect that clinicians make their own clinical judgements and practice within their knowledge skill and judgement. If this is the expectation, there is no need to add complicated labels.
This is discriminatory, no there should not be a public rostering. Naturopathic doctors are able to use their judgement and awareness of their skills level to know if they are able to implement the modality or not.
No, this is discriminatory. All NDs have been trained in these controlled acts and already have in-depth training and licensing via the completion of their ND training and NPLEX to ensure that we can discern whether we have the knowledge and competency to perform these acts.
No
I strongly oppose this suggestion. NDs are aware of their competencies and will refer out or refresh skills as necessary. Rostering may signal that NDs cannot self-assess or maintain competency without College oversight, unlike other RHPA professions. Please trust our judgement. Things shift over time with practice and using a small subset of data from a very limited time period (post-pandemic) is not ideal. Over time, rostering may limit access to certain controlled acts and reduce the profession's full scope of practice. Extra documentation and processes could increase College workload and registrant frustration. Differentiating who is "rostered" vs. not may create unnecessary complexity for patients. Currency policies and voluntary TCLs already allow for safe, case-by-case oversight when needed.
No. This is discriminatory. Naturopaths know to use their clinical skills and judgement to discern if they are going to implement the modality or not.
Not needed, it is every ND responsibility to informed their patients, what is his/her scope of practice.
I oppose rostering because: 1. Erodes professional autonomy: Rostering may signal that NDs cannot self-assess or maintain competency without College oversight, unlike other RHPA professions. 2. Scope erosion risk: Over time,



The College of Naturopaths of Ontario

rostering may limit access to certain controlled acts and reduce the profession’s full scope of practice. 3. Adds administrative burden: Extra documentation and processes could increase College workload and registrant frustration. 4. Could confuse the public: Differentiating who is “rostered” vs. not may create unnecessary complexity for patients. 5. Existing tools already work: Currency policies and voluntary TCLs already allow for safe, case-by-case oversight when needed.
Definitely not. I support the rationale and the response from the OAND.
yes, along with those who have prescribing rights and practice IVIT
This would be helpful for the public.

Consideration.63; Should the College consider adding reinstatement provisions to the regulation along the lines set out above?

If they do. It needs to be clearly laid out so we know what to expect.
Yes (x2)
Yes. Each class needs to have steps to reinstatement that are appropriate and in line to other similar professions under the RHPA.
The window should be extended to 3 years to be in line with other professions. Provisions should be developed to support NDs returning to practice within that window rather than them having to apply as a new registrant. The 3 years should be consistent between class changes as well. (ie Inactive back to General)
I support a reinstatement pathway of a 3-year window, which aligns with many RHPA regulators and provides greater fairness—particularly for those navigating parental leave, health concerns, or international moves.
It's a lot of work to have to re-register. I think a 3 year window should be allowed and then perhaps there should be certain criteria between 3-5 years that don't require full board exams. Only past 5 years should we need to do boards again.
Yes, I believe this would be a fair and helpful process to implement.
I recommend 3 years vs the 2 years to be in line with other regulated healthcare providers and easier ability to be reinstated vs doing licensing exams all over again. A defined pathway with safeguards (e.g., recent practice, professional conduct, fees) could support flexibility without compromising safety. It will provide greater fairness, particularly for those navigating parental leave, health concerns, or international moves.
No
Suggest we align our selves with other professions at minimum and possibly even longer reinstatement as health care crisis continues and the government looks for allied providers to help ease the burden. 3 years or more. as a personal example I have struggled with my health for the past 4 years, have managed to just work enough to hold my business together and meet requirements but can see clearly that had my medical issues been worse - i would be in a position to really be impacted by the existing framework.
Please Add class-specific reinstatement pathways with a 3-year eligibility window, which is standard in other professions.
The College should implement class-specific reinstatement pathways, including a reasonable eligibility window of at least three years. This approach aligns with other regulated health professions and ensures fairness for those returning to practice after a break.

Consideration.76; What other matters relating to the classes of registration or the Registration Regulation if any should be addressed?

The current prohibition on the use of specialty designations is limiting and should be reconsidered. Many NDs pursue rigorous, evidence-based additional training and earn recognized credentials. These should be formally acknowledged. Preventing their use not only undermines professional development but could also violate individual rights to freedom of expression and credential recognition.
Why are NDs are prohibited from using specialty designations? These are well-earned evidence-based credentials that should be formally recognized. I believe it's also against human right to prevent this.



The College of Naturopaths of Ontario

Additional certifications like FABNO should be allowed to reflect the expertise and amount of effort someone has put into these extended focus points.
Again - I'll just re-iterate that increasing classes is confusing to the public and is extra work and cost for NDs
I believe NDs should be permitted to use advanced designations like FABNO or MSCP because: - This credential supports public safety and transparency by highlighting extra training, focus and fluency of the practitioner in a specific field or for a specific condition. Specialty training enhances patient care and transparency regarding practitioner expertise. Lack of recognition for advanced training may undermine professional identity, limit public access to information about practitioner expertise. Discourage ongoing continuing education and specialization for doctors. In an OAND survey, 67% of NDs surveyed said they would consider pursuing a designation if a recognition pathway existed. Also, other RHPA professions (e.g., MDs, RNs, RDs) commonly list additional certifications alongside their designation (e.g., CDE, IBCLC). Multiple naturopathic specialty groups have emerged with their own accreditation process that Ontario ND's are a part of. These are recognized as official affiliates of the American Association of Naturopathic Physicians and include: - Endocrinology Association of Naturopathic Physicians - Gastroenterology Association of Naturopathic Physicians - Pediatric Association of Naturopathic Physicians - Oncology Association of Naturopathic Physicians - Psychiatric Association of Naturopathic Physicians - National Association of Environmental Medicine - American Association of Naturopathic Midwives - Homeopathy Academy of Naturopathic Physicians - Institute of Naturopathic Generative Medicine
NDs should be able to use and have recognition for their additional certifications. Other RHPA professions routinely allow additional certifications and should be considered for NDs as well. Limiting this ability, discourages ongoing education and specialization Other RHPA professions (e.g., MDs, RNs, RDs) commonly list additional certifications alongside their designation (e.g., CDE, IBCLC). TCLs that are voluntary shouldn't appear so negatively on our CONO registration (orange dot vs green dot). Currently it doesn't specify why the TCL is there (imposed because of a complaint vs voluntarily added by the registrant) and the appearance of this to a patient is concerning.
We should be able to have specialty designations like RHPA professionals, ie FABNO. We need more recognition and legitimacy for evidence based designations. We should also have a hybrid class for those that want to practice part time and teach part time without needing to pay as high fees.
I believe the ND designation should change because: 1. Other RHPA professions (e.g., MD, RN) do not change designations based on class. 2. NDs currently must use qualifiers, which may affect credibility and interprofessional recognition. Also, I feel very strongly that NDs should be permitted to use advanced designations like FABNO or MSCP because allowing naturopathic doctors to provide information about their additional training serves the public interest in that it provides patients with more comprehensive information about their practitioners' training and experience, enabling them to make more informed decisions about their healthcare. If the mandate of CONO is to protect the public then in my view, providing accurate information about additional qualifications aligns with this mandate by enhancing transparency and allowing the public to exercise informed choice in selecting healthcare providers. Currently, not allowing us to use them discourages ongoing education and specialization, which is bad for both the profession and the public! Other RHPA professions (e.g., MDs, RNs, RDs) commonly list additional certifications alongside their designation (e.g., CDE, IBCLC).
NDs should not be required to add their class or TCL after thier designation. This is not in line with other professions and undermines the ND's training and commitment to the profession. As a self-regulated profession, we know what we can and cannot do and this would not mislead the public.
In my previous response, I forgot to mention that it would beneficial to include a Hybrid Class. A significant number of the naturopathic profession both practice and support the profession in other valuable ways -- through academia, research, association support, NHPD work, etc. A Hybrid Class would reflect the reality of the naturopathic profession in Ontario and would properly give credence to those that choose to both see patients and support the profession. Currently, especially based on the new Currency SoP, supporting the profession is detrimental to many NDs as it makes it very difficult to maintain an active naturopathic practice based on the new Currency limitations.
I support the argument from the OAND that an NDs designation and title is not impacted by their class. In general, I support the response from the OAND.

**Classes of Registration Consultation
Organization Submission**

About the Person Submitting

First Name	Gemma
Last Name	Beierback
E-mail	ceo@cand.ca
Telephone	+1 (403) 804-5816
Registrant	No
Organization Rep.	Yes
Organization	Canadian Association of Naturopathic Doctors

Submission Details

<p>Consideration 1: Nomenclature or names of the classes of registration. Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)</p>	<p>The CAND supports maintaining the current nomenclature, these are generally accepted/understood classes across multiple regulatory environments. Inactive discussed later.</p>
<p>Consideration 2: A Non-clinical class of registration. Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?</p>	<p>The CAND supports the creation of a non-clinical class in the register and the removal of the suffix requirements for those in non-clinical practice. Adding a suffix (non-clinical) to an academically achieved title (ND) is simply confusing to the public and not aligned with other healthcare professionals.</p>

<p>Consideration 3: Student class Should the College create a “student” class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?</p>	<p>The CAND does not support the addition of a student class. Given that there are only two accredited programs in Canada it is possible/likely that students attending the program in Ontario will never seek registration in Ontario once their training is completed. While engaging students in an early & strong understanding of regulation is valuable this could be approached through a more national approach perhaps through CANRA.</p>
<p>Consideration 4: Supervised Practice, Intern or Provisional classes Should the College create a transitional (supervised practice, intern or provisional) registration class to regulate graduates who are working under a registrant's supervision?</p>	<p>The CAND understands the value of a provisional class of registration. There are times when entry-to-practice exam timing may leave candidates with gaps between the completion of their training and the fulfillment of the final hurdles to licensure/registration. Keen attention will need to be paid to the conditions, time limits and tracking of this class to ensure candidates are not able to unduly delay or circumvent ETP requirements.</p>
<p>Consideration 5: Should changes be made to the Inactive Class of registration. What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?</p>	<p>CAND understands from our members in Ontario and the OAND that this class does require attention. There are a number of factors to consider not the least of which is equity and ensuring that this class functions as intended and does not unwittingly create barriers and penalties for those who would be best served by it.</p>

<p>Consideration 6: Extended Classes of registration. Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?</p>	<p>The CAND supports the recommendation of the OAND regarding a single extended class of registration. Introduce a single Extended Class of Registration for NDs who have met the Standard for Therapeutic Prescribing (with or without IVIT). This change will improve transparency, support public understanding, and bring the profession in line with common practices across RHPA colleges.</p>
<p>Consideration 7: Naming of extended classes, if needed. If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a “Prescriber class” and a Full class to distinguish between the three types of NDs?</p>	<p>see above</p>
<p>Consideration 8: Rostering for Certain Controlled Acts. Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?</p>	<p>The CAND does not support rostering. This will form and overly complicated administrative layer with no real aspect of public protection. NDs are educated and trusted professionals and should be trusted to self-assess as refer as required (as they already do). The regulator has the mechanisms in place to respond to any real public concerns without creating layers or administration burden and complexity.</p>

<p>Consideration 9: Reinstatement provisions. Should the College consider adding reinstatement provisions to the regulation along the lines set out above?</p>	<p>A reinstatement provision would bring CONO in line with other professions both inside and outside of healthcare and across the country and CAND strongly supports a reinstatement provision that is fair and reasonable and is aligned with principles in support of equity.</p>
<p>Consideration 10: Other matters that might be addressed. What other matters relating to the classes of registration or the Registration Regulation, if any, should be addressed?</p>	

Ontario Association of Naturopathic Doctors
#6 – 470 King St W, Suite 247
Oshawa, ON
L1J 2K9

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

Attn: Mr. Andrew Parr, CAE
Chief Executive Officer

Re: Consultation on Classes of Registration

Introduction

The Ontario Association of Naturopathic Doctors (OAND) is pleased to contribute to this preliminary consultation on the Classes of Registration. As the professional association representing over 70% of Ontario’s licensed naturopathic doctors and more than 300 students, the OAND supports a regulatory framework that maintains public safety while reflecting the current realities of professional practice. We appreciate the College’s commitment to examining whether the existing registration classes continue to meet their intended purpose, and we welcome this opportunity to provide data, member insights, and recommendations grounded in evidence and the lived experiences of practitioners. This submission incorporates findings from a detailed member survey, expert and committee input, and cross-professional comparisons to help inform potential improvements to the regulation.

General Considerations: Designation vs. Class of Registration

A foundational issue that intersects with many of the proposed changes in this consultation is the need to clarify the relationship between **class of registration**, **professional designation (ND)**, and the use of the **doctor title**. As the profession continues to diversify—both in clinical settings and non-clinical roles such as education, research, and policy, it is essential that the regulatory framework protect public safety while also preserving professional identity and consistency in title usage. Ensuring that registrants, regardless of class, can retain the ND designation and use the doctor title

appropriately is critical to maintaining public trust, professional credibility, and alignment with RHPA principles across other regulated health professions.

It's important to distinguish between a registrant's *designation* (e.g., ND) and the authority to use the Doctor title and their *registration class* (e.g., General, Inactive, Non-practicing, Academic). In most regulated professions:

- The designation does not change with class (e.g., an RN remains an RN, even if non-practicing; an MD remains an MD, even when registered in the academic class).
- The class is recorded and communicated by the regulator but doesn't alter how professionals refer to themselves.

In contrast, NDs in Ontario who are outside the General Class or who hold a Term, Condition, or Limitation (TCL) within the General Class must use a qualifying designation such as:

- ND (inactive)
- ND (non-clinical)
- ND (resigned)
- ND (retired)

This practice:

- May be appropriate for NDs that have resigned or retired, but not for others.
- Deviates from the norm in other health professions
- Undermines professional identity and interprofessional recognition between RHPA health professions
- May limit opportunities for the naturopathic profession and individual NDs in academia, research, and policy
- Does not explicitly contribute to public clarity around ND roles and responsibilities

The association **firmly opposes** the requirement to alter or qualify the ND designation or limit the use of the Doctor title based on registration class, particularly for those in the Inactive or Non-Clinical class. While it may be appropriate for resigned or retired registrants to use a qualified designation, applying qualifiers or restricting professional titles for active registrants in regulated classes deviates from standard practice in other RHPA professions, undermines professional credibility and interprofessional recognition.

Consideration 1: Nomenclature or names of the Classes of Registration.

Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)

OAND supports maintaining the current nomenclature for existing classes of registration, specifically the General and Emergency classes. These terms are clear, consistent with RHPA conventions and other naturopathic regulations across Canada, and do not appear to present confusion for the public or the profession. Discussions related to the Inactive Class are addressed separately in this submission

Consideration 2: A Non-Clinical Class of Registration

Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?

OAND supports the creation of a **non-clinical class of registration**, and we endorse the education institution (CCNM)'s recommendation that this class be referred to as “**Non-Practising.**” This terminology aligns with naming conventions used across RHPA-regulated professions (e.g., RN vs. RN (Non-Practising), reduces confusion, and avoids unintentionally devaluing the contributions of those working in education, policy, research, and regulatory roles. Registrants in this class should retain the use of the ND designation and doctor title, consistent with their professional standing and regulatory membership.

Based on OAND membership data and reflected in our impact survey (see Figure 1a, b), an estimated **40% of NDs engage in part-time clinical practice** (approximately 16 hours or less per week), with many also contributing to the profession through roles in education, research, regulation, or policy. These roles are vital to the sustainability and advancement of the profession and should be appropriately reflected in the regulatory framework.

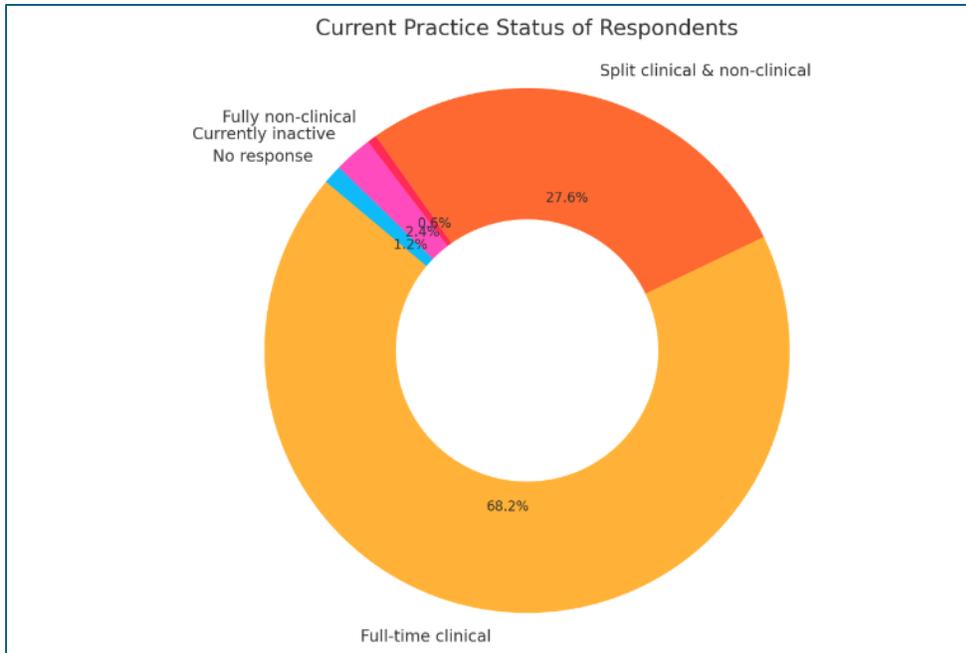


Figure 1a: Donut chart showing the current practice status of respondents. While 68.2% report working in full-time clinical practice, over 30% of respondents identify as working in split or non-clinical roles, underscoring the need for registration classes that reflect diverse professional contributions.

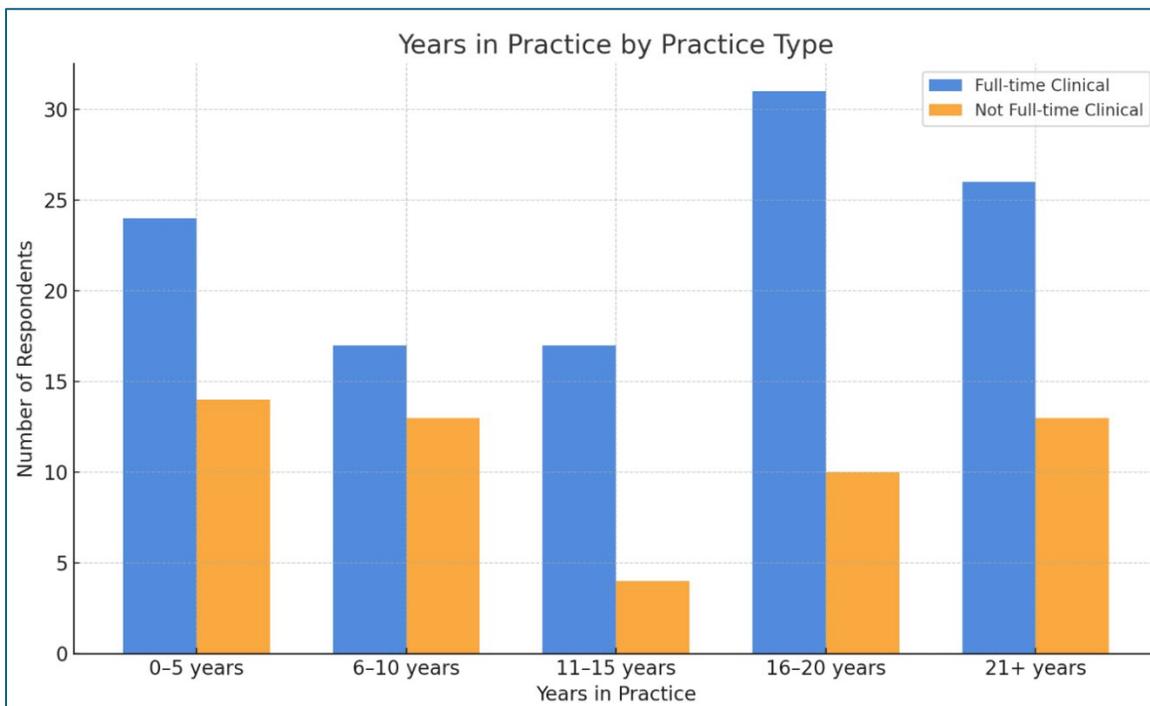


Figure 1b: Years in practice-by-practice type (=170). The data suggests that not being in full-time clinical practice is common across all career stages, including early-career NDs, which may reflect shifts in professional roles and the growing relevance of hybrid or flexible models of practice.

Public Protection and Competency-Based Metrics of Currency

The primary goal of professional regulation is to protect the public, ideally achieved through oversight that prioritizes **competency-based metrics** and professional accountability. Many NDs working in education, research, or industry roles may not deliver hands-on patient care full-time but still draw heavily on their clinical training and may need to supervise students or controlled acts in defined contexts.

These realities should be accounted for in regulatory decisions and class definitions.

Other RHPA regulators provide useful models:

- The **College of Physicians and Surgeons of Ontario (CPSO)** allows for an **Academic Class**, granting physicians working in academic roles **limited** access to controlled acts and clinical care, tied specifically to their academic responsibilities and qualifications. This might be a very useful model for NDs in the academic setting that promotes both clinical and non-clinical work while protecting the public.
- The **College of Nurses of Ontario (CNO)** defines the practice of nursing to include **non-clinical activities**—such as education, research, administration, and policy—that require nursing knowledge and judgment.

A well-defined Non-Clinical/Non-Practising Class would:

- Preserve the clinical competencies of NDs who are in non-clinical roles but continue to meet practice standards
- Preserve professional identity and allow the continued use of the ND title and doctor designation without qualifiers
- Ensure appropriate registration fees, QA requirements, and insurance are calibrated to reflect risk
- Include mechanisms to permit access to controlled acts in specific educational or research contexts
- Enable flexible career paths for NDs without compromising oversight

Recognition of Hybrid Roles in Modern Professional Practice

Modern healthcare increasingly relies on professionals who contribute across a range of domain-clinical care, education, research, health policy, and system leadership. NDs are no exception. Many occupy hybrid roles where they supervise clinical care, teach and

assess students, conduct research, participate in regulatory and policy development, and maintain part-time practices. These contributions are essential to ensuring that naturopathic care remains safe, effective, and aligned with evolving healthcare systems.

A classification system that is overly rigid—particularly one that limits access to controlled acts or does not account for professional roles outside of full-time clinical care—may unintentionally create barriers to the advancement of the profession and its integration within broader health structures. It can also limit the participation of highly trained clinicians in roles that are key to ensuring safe practices such as education, regulation, and research.

As a regulated profession, it is critical that the framework supports not only current standards of care, but also the structures that maintain and advance those standards. This includes supporting the people and roles responsible for producing clinical evidence, shaping regulatory policies, and educating future practitioners.

Minimum clinical involvement requirements should be reasonable, competency-informed, and flexible enough to reflect the full range of practice environments. Research, teaching, and policy leadership are not peripheral to public safety—they are central to ensuring that naturopathic care is continuously improving, evidence-informed, and delivered safely

As the profession continues to evolve, the regulatory framework must reflect the full spectrum of roles NDs occupy—both clinical and non-clinical. Supporting a class structure that is flexible, competency-informed, and aligned with RHPA best practices is essential to ensuring safe, modern, and inclusive regulation.

Clear eligibility criteria will be essential to ensure alignment with professional responsibilities. In establishing this class, appropriate registration fees, insurance, and quality assurance requirements should reflect the different levels of public risk associated with non-clinical roles. It is also anticipated that some NDs currently classified as resigned or inactive may be eligible for this class—this is addressed further in Consideration 5.

Consideration 3: Student Class of Registration

Should the College create a “student” class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?

The idea of creating a **Student Class of Registration** has been raised as a potential way to engage naturopathic students early in their training, help them understand the regulatory model, and foster a stronger connection between future registrants and the College. The

College notes that several other regulators in Ontario and naturopathic regulators in other provinces, including British Columbia, have such a class.

Key considerations include:

- **Jurisdictional diversity:** CCNM attracts students from across Canada and the U.S., and an increasing number of graduates are practicing outside Ontario. Requiring or encouraging Ontario registration before a student declares intent to practice in the province may be premature and unnecessary.
- **Operational concerns:** In provinces like BC, the existence of a student class has reportedly created confusion among students, institutions, and the public, as well as regulatory challenges regarding roles and restrictions.
- **Regulatory timing and engagement:** The first formal interaction between the College and future registrants is critical and should be approached with clarity and intention. Many believe that this interaction is more appropriately timed once students have graduated and expressed an intent to register. In this context, a Provisional Class (Consideration 4) may better serve transitional needs.
- **Cost and administrative burden:** Even if no fees are charged to students, managing several hundred new registrants would significantly increase the administrative workload for the College. This cost could ultimately be passed on to practicing registrants through higher registration fees.

Recommendation: The OAND recommends that the College **not** proceed with a Student Class of Registration. Instead, efforts should be focused on engaging graduates at the appropriate stage of transition to practice, supported by clear communication and consideration of a Provisional Class.

Consideration 4: Provisional Class of Registration

The OAND supports the consideration of a Provisional Class of Registration for graduates who have completed their naturopathic education and intend to practise in Ontario but have not yet met all registration requirements (e.g., entry-to-practice exams). This class could serve as a bridge between graduation and full licensure, providing structure, communication, and oversight during the transitional period.

This class could:

- Enable structured communication and engagement with future registrants
- Support tracking and timely progression to full registration

- Address concerns around delays and skills attrition between graduation and licensure, as highlighted in the 2023 report on ND retention and registration timelines

Additional considerations:

- A time limit on how long an individual may remain in the Provisional Class should be established.
- The College will need to determine whether supervised clinical activity may be permitted under this class and, if so, under what conditions.

Important note:

Any implementation must ensure that this class does not create additional costs to full registrants. If fees are applied to provisional registrants, they should be minimal and proportionate to the reduced risk and regulatory requirements.

The OAND supports the consideration of a Provisional Class of Registration to assist graduates in the transition to full registration. If implemented, this class should include clear eligibility criteria, defined time limits, and minimal cost, while supporting safe professional development and regulatory engagement.

Consideration 5: Inactive Class

What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?

The OAND recognizes the value of an Inactive Class of Registration. However, as currently structured, this class presents significant challenges—particularly for registrants taking short-term or family-related leaves, such as maternity, parental, or medical leave. The Inactive Class is currently being used to accommodate a broad spectrum of registrants, including those taking temporary absences and those moving out of clinical practice entirely. This results in a mismatch between the purpose of the class and the needs of the profession.

Recent changes to the College’s Currency Standard, which require continuous direct patient care to maintain currency, have further narrowed options for naturopathic doctors (NDs) on leave. These strict requirements are misaligned with how many professionals in the sector navigate temporary leave or shifts in practice.

In response to the concerns and questions outlined in CoNO’s consultation white paper surrounding the use of the inactive class, the OAND is providing data and insights gathered

through years of engagement and member surveys to help clarify key barriers and address gaps in understanding

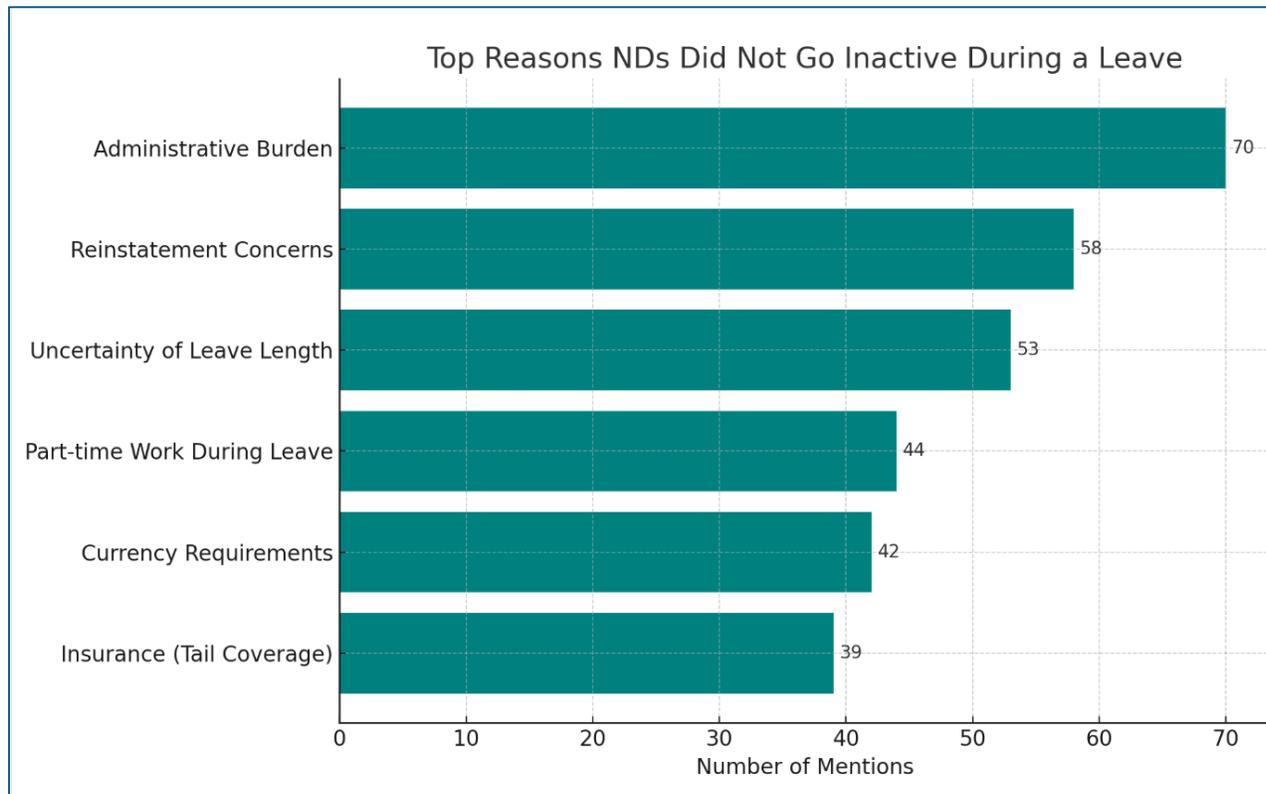


Figure 2: Only 19% of 170 respondents reported using the Inactive Class. Among those who took a leave, 58.8% remained in the General Class—suggesting the Inactive Class is not widely viewed as a practical or supportive option.

Key concerns with the current Inactive Class include:

- **Financial and administrative burden:** Registrants must pay reinstatement fees, maintain full liability insurance (including tail coverage), and manage class change fees—even for short leaves. This discourages registrants from moving to the Inactive Class.
- **Inflexibility of currency requirements:** The policy does not accommodate short-term leaves, nor does it prorate CE or clinical hour requirements, leaving many practitioners at risk of non-compliance during temporary absences.
- **Equity impacts:** The majority of naturopathic doctors are women; many of whom take parental or caregiver leave. The current policy disproportionately impacts their ability to maintain licensure while managing family responsibilities.

- **Mismatch of class function:** The Inactive Class currently serves both short- and long-term leaves as well as those moving out of clinical practice, which may be better addressed through the introduction of a **Non-Clinical Class** and a **dedicated Leave Class**.

We believe there is an opportunity to restructure classes of registration to better reflect the needs of the profession and protect the public:

- A **Non-Clinical/Non-Practising Class** would provide a regulatory home for those working in education, research, administration, or other roles within the profession, and may also capture individuals currently using the Inactive Class for long-term career shifts.
- A **Short-Term Leave Class** (e.g., for parental, medical, or caregiver leave) could offer prorated fees, streamlined return-to-practice requirements, and recognition of professional development activities outside direct patient care.
- Survey data (forthcoming) will help inform how practitioners use the Inactive Class, reasons they avoid it, and how a Leave or Non-Clinical Class might better support continuity, safety, and engagement with the profession.

Timing Inequities in Currency Requirements for Short-Term Leave

Under the current system, currency requirements are calculated on a **calendar-year basis (Jan 1–Dec 31)**. If a registrant takes a short-term leave—such as a six-month parental leave beginning in March—they must **reinstate within the same year**, making them fully accountable for the **entire year’s currency requirements**, including clinical hours, continuing education, and QA participation (which has a distinct and separate cycle from the currency cycle).

In contrast, a registrant who returns on **January 1 of the following year** has the **entire leave year excluded** from currency calculations, as they are reinstating in a new cycle.

This creates a clear inequity: for short leaves that span part of a calendar year, registrants may receive **no accommodation**, effectively negating the purpose of being able to take a leave. **Timing of a personal or parental leave should not need to align with regulatory cycles** in order for a registrant to receive fair treatment. This issue disproportionately affects those taking parental and caregiver leaves—most often women—and contributes to inequitable professional impacts.

Comparable Regulations in the RHPA

The College of Nurses of Ontario (CNO), for example, allows members who have not practiced for up to three years to reinstate without penalty—recognizing that competency

can be retained through flexible pathways, and that short-term leaves should not result in loss of professional standing. Other RHPA-regulated professions provide similar accommodations, including prorated QA requirements and options for temporary non-practicing status without extensive requalification.

Opportunity for Modernization

There is a clear opportunity to modernize the College’s approach by better aligning classes of registration with the real-world needs of the profession. The current Inactive Class is trying to serve too many distinct purposes—short-term leave, long-term non-practice, and career transitions—resulting in confusion and underuse.

The OAND encourages the exploration of a revised class structure that includes the following:

Short-Term Leave Class (e.g., less than 18 months):

A dedicated class for registrants taking temporary leave—such as for parental, medical, or caregiver reasons—that could:

- Offer prorated fees and regulatory requirements
- Include streamlined re-entry processes
- Recognize a broader range of currency activities beyond direct patient care

Longer-Term Leave or Inactive Class:

This would serve registrants taking extended breaks from practice or stepping away from active clinical roles, with re-entry provisions tailored to the length and nature of the leave.

Proposed Non-Clinical/Non-Practising Class:

Intended for those in long-term non-patient-facing roles (e.g., education, policy, research, or administration), this class would offer a more appropriate and supportive alternative to the Inactive Class, while still maintaining regulatory engagement and oversight.

Together, these changes would ensure that NDs are supported through all stages of practice while maintaining accountability and public protection.

Recommendation:

Reassess the structure and function of the Inactive Class. Introduce a **Short-Term Leave Class** and implement **policy changes to support flexibility and equity**, including prorated fees, adapted currency metrics, and options that do not penalize registrants for taking temporary or family-related leave.

Consideration 6 & 7: Extended Class of Registration

Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?

If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a “Prescriber class” and a Full class to distinguish between the three types of NDs?

The OAND supports the creation of an **Extended Class of Registration** for naturopathic doctors who have met the **Standard of Practice for Therapeutic Prescribing**, and by extension, those who have also met the **Standard for Intravenous Infusion Therapy (IVIT)**.

This would:

- Allow NDs with additional post-registration qualifications to clearly communicate their **enhanced scope** to the public
- Align with practices in other RHPA-regulated professions, such as the **College of Nurses of Ontario**, which has an Extended Class for RNs with prescribing authority
- Improve transparency and patient understanding regarding available services

While the College has proposed the idea of one or two additional classes (e.g., “Prescriber Class” and “Full Class”), the OAND recommends a **single Extended Class** rather than separate classes for prescribing and IVIT. This avoids unnecessary complexity and more accurately reflects the integrated nature of expanded practice.

We **do not anticipate public confusion** as a result of this change. In fact, we believe it would enhance clarity—particularly when paired with future implementation of a **specialty designation approval process** (to be addressed in Consideration 10).

Recommendation:

Introduce a single **Extended Class of Registration** for NDs who have met the Standard for Therapeutic Prescribing (with or without IVIT). This change will improve transparency, support public understanding, and bring the profession in line with common practices across RHPA colleges.

Consideration 8: Rostering of Controlled Acts

Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?

The OAND does not support the introduction of rostering for any controlled acts within the naturopathic profession.

While the College has raised rostering as an option when certain controlled acts are not uniformly performed, this approach is neither necessary nor aligned with the practices of other RHPA-regulated professions. In medicine, nursing, and physiotherapy, controlled acts remain authorized for all members of the profession, with competency maintained through Quality Assurance and, where required, Terms, Conditions, and Limitations (TCLs).

We recommend continuing this approach rather than introducing an entirely new rostering system.

Although 2024 renewal data suggest only 15% of naturopathic doctors report currently performing manipulation or internal examinations, these numbers are not reflective of long-term trends. Post-pandemic recovery, shifting practice models, and changes in reporting all contribute to this temporary decline and should not be used to justify permanent regulatory changes.

Feedback from OAND member consultation highlighted the following concerns:

- **70% of respondents oppose** rostering or broad-based TCLs as a regulatory strategy
- **Only 4% supported** the concept
- Members believe the current system of individual TCLs, refresher training, and QA already ensures public protection
- Rostering would **complicate communication with patients** and **create misunderstanding** about what NDs are qualified to do
- NDs should be trusted to **self-assess**, consistent with expectations in other health professions
- Rostering would **add administrative cost and complexity without clear public protection benefit**

There is also concern raised by our membership that rostering could:

- Contribute to long-term erosion of scope

- Introduce unnecessary complexity
- **Disproportionately impact** NDs in hybrid, rural, low-volume, or women’s health-focused practices

The OAND does not support rostering as a regulatory mechanism for controlled acts.

We recommend maintaining the current framework, where competency is assured through QA and individualized terms, consistent with RHPA norms and patient safety goals.

Consideration 9: Reinstatement Provisions

Should the College consider adding reinstatement provisions to the regulation?

The OAND strongly supports adding **reinstatement provisions** to the College’s registration regulation. Currently, registrants who resign must reapply as new applicants, regardless of how recently they left the profession. This creates unnecessary barriers and is **inconsistent with practices across other RHPA health professions**.

Many regulators, including the **College of Nurses of Ontario (CNO)**, offer a structured reinstatement process within a **three-year window**, with safeguards such as supervised practice, refresher training, or jurisdictional experience to support competency. We recommend the College adopt a similar approach.

A reinstatement process should include:

- Application within a defined time frame (we recommend **three years**)
- Payment of reinstatement and registration fees
- Evidence of recent practice or equivalent activity
- Review of prior conduct or outstanding QA requirements
- Class-specific pathways for reinstatement (e.g., General, Extended, Non-Clinical)

This approach would maintain public safety while improving **accessibility, fairness, and alignment with sector best practices**. Extending the window to three years reflects common RHPA standards, acknowledges **temporary leaves or role changes**, and recognizes that clinical competence does not significantly degrade within this timeframe, especially when supported by appropriate assessment tools.

Recommendation:

Add **class-specific reinstatement provisions** to the regulation, with a recommended **three-year eligibility window**. This should include appropriate safeguards, reflect RHPA precedents, and support safe and reasonable return to practice.

Additional Recommendation: Recognition of Advanced Credentials and Designations

The OAND recommends that the College establish a formal process to recognize externally granted credentials and designations obtained through rigorous, discipline-relevant post-graduate training. This recommendation supports transparency, informed patient choice, and the continued advancement of professional excellence within naturopathic medicine.

Current Limitation: The College’s *Standard of Practice on Restricted Titles* prohibits the use of designations that imply specialization “except in accordance with any formal specialist recognition program of the College.” However, no such recognition program currently exists, which creates a regulatory barrier to using widely respected credentials such as:

- **FABNO** (Fellow of the American Board of Naturopathic Oncology) – awarded following a CNME-accredited residency or five years of oncology experience, case review, oncology-focused CE requirements, and board certification.
- **MSCP** (Menopause Society Certified Practitioner) – granted by The Menopause Society following successful completion of a competency-based exam and used across health professions.

These credentials reflect transparent, evidence-based standards and are consistent with designations used by other RHPA professionals (e.g., IBCLC, CDE, MSCP for RNs or MDs).

Our member impact survey indicated a strong interest in pathways for specialization and designation use, underscoring the profession’s desire for recognition of advanced competencies.

- 31 respondents reported holding advanced certifications such as FABNO or MSCP.
- Among respondents without designations, **67.6%** indicated they would consider pursuing one if there were a formal recognition process.

Legal and Regulatory Considerations: An independent legal opinion appended to this submission finds that a blanket prohibition on the use of credentials may infringe on Section 2(b) of the *Canadian Charter of Rights and Freedoms*, which protects professional expression. The opinion also emphasizes that recognizing valid, externally certified designations aligns with the College’s public protection mandate by:

- Improving transparency and informed patient decision-making
- Supporting safe delegation and referral within integrated health teams

- Encouraging pursuit of advanced clinical competencies

Recommendation: OAND recommends that the College develop a clear and evidence-informed pathway for recognizing advanced credentials, especially for registrants in the Extended Class. Recognized designations should:

- Be externally granted, evidence-based, and not duplicative of College-authorized titles
- Include clear criteria, scope, and public-facing explanations
- Align with regulatory practices across other health professions in Ontario

Recognizing these credentials will promote transparency, support excellence in care, and reflect the evolving realities of interprofessional collaboration and patient expectations in Ontario's healthcare system. We look forward to exploring this more deeply in the recently announced consultation on specialization.

Concluding Remarks

The OAND views this consultation as a meaningful opportunity to modernize the classes of registration in a way that strengthens both public protection and professional viability. As practice models evolve, so must the regulatory framework that governs them. We encourage the College to consider the perspectives shared in this submission, which reflect a diverse and engaged profession committed to safe, effective, and accountable care. We remain ready to support continued dialogue and collaboration as the College reviews the consultation results and charts a path forward that aligns with the public interest and the integrity of naturopathic medicine in Ontario.

November 22, 2024

Via Email

Ontario Association of Naturopathic Doctors
Suite 1005, 55 Eglinton Ave. East
Toronto, Ontario
M4P 1G8

Attention: Dr. Tracy-Lynn Reside ND, Senior Manager Professional Affairs

Dear Dr. Reside ND:

You have asked for my opinion regarding whether the College of Naturopaths of Ontario (“CoNO”) can prohibit the use of credentials that naturopathic doctors receive upon completion of additional training.

It is my opinion that such a prohibition would likely contravene section 2(b) of the *Canadian Charter of Rights and Freedoms* (the “Charter”). Freedom of expression, is protected by section 2(b) of the Charter and includes commercial expression and the right to convey meaning through professional designations. The use of credentials obtained through additional training is expressive activity aimed at conveying additional training to the public. As such, any restriction on the use of these designations engages the protection of section 2(b).

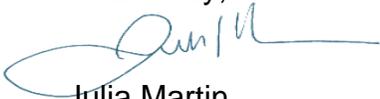
Although the regulation of health professions falls within provincial jurisdiction and is carried out by the health regulatory colleges, any restrictions imposed by these bodies must still comply with the Charter. A blanket prohibition by the CoNO on the use of credentials received after the completion of additional training would likely constitute an infringement of a naturopathic doctor’s freedom of expression.

Not all infringements of Charter rights are unconstitutional since section 1 of the Charter allows for reasonable limits on rights that can be demonstrably justified in a free and democratic society. However, I do not believe that this prohibition proposed by CoNO could be demonstrably justified under section 1. This is because allowing naturopathic doctors to provide information about their additional training serves the public interest in that it provides patients with more comprehensive information about their practitioners’ training and experience, enabling them to make more informed decisions about their healthcare.

As you know, CoNO's mandate is the protection of the public and in my view, providing accurate information about additional qualifications aligns with this mandate by enhancing transparency and allowing the public to exercise informed choice in selecting healthcare providers.

In conclusion, permitting naturopathic doctors to use credentials obtained through additional training serves the mandate of CoNO in protecting the public. In my view, prohibiting this practice would be inconsistent with the Charter.

Yours truly,



Julia Martin

**Classes of Registration Consultation
Organization Submission**

About the Person Submitting

First Name	Cynthia
Last Name	Hnatko
E-mail	registrar@cnda.net
Telephone	+1 (587) 441-4427
Registrant	No
Organization Rep.	Yes
Organization	CNDA

Submission Details

<p>Consideration 1: Nomenclature or names of the classes of registration. Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)</p>	<p>General class is less clear of a term than Practicing - particularly for the general public. Inactive is also less clear than Non-practicing, though it is likely generally understood. Clinical Practitioner and Non-clinical Practitioner are alternative options that may also be considered.</p>
<p>Consideration 2: A Non-clinical class of registration. Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?</p>	<p>Having a non-clinical class of registration improves the clarity for the public or other health care professionals that the registrant is not authorized to provide direct patient care. Non-clinical is appropriate terminology. Alternatively, you could have a Restricted Class - and then specify the restrictions in the conditions and limitations. The restricted class term may trigger people to look at the conditions to find out why they are restricted. As the profession grows, more registrants will be in the position of holding academic or non-clinical roles where they are still utilizing their knowledge of Naturopathic Medicine, but may not be participating in direct patient care. Having a non-clinical class acknowledges their education and work, while still protecting the public. Having the ability to continue using their ND title is important to many of these individuals. Alberta will consider adding a non-clinical class in the future, when we have the opportunity to make changes to our regulations.</p>

<p>Consideration 3: Student class Should the College create a “student” class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?</p>	<p>Is the administrative burden of maintaining a student class and communicating with these registrants worth the benefits of this class? Will it be required for students attending school in Ontario or optional? What about students attending schools outside of Ontario but not certain where they plan to practice post-graduation? Could you accomplish some of the same benefits by communicating with students at CCNM without creating a new class of registration? If you create a student class, consider only registering 4th year students, as there is less benefit to registering 1st through 3rd year students. Student would also not be the appropriate terminology once they have graduated and are working under supervision.</p>
<p>Consideration 4: Supervised Practice, Intern or Provisional classes Should the College create a transitional (supervised practice, intern or provisional) registration class to regulate graduates who are working under a registrant's supervision?</p>	<p>Transitional class may be less clear of a term than Supervised Practice or Provisional. Intern may not always be the appropriate terminology, depending on the situation and could be confused with student interns at CCNM clinics. Having a Supervised Practice or Provisional class also makes it clear that the registrant is not a fully registered, independent practitioner yet. Applications for provisional registrations have been increasing in Alberta.</p>
<p>Consideration 5: Should changes be made to the Inactive Class of registration. What changes, if any, should be made to the Inactive class to facilitate its intended use as a class for leaves of absence?</p>	<p>In Alberta, the council decided that registrants who took a leave of absence would need to stay current with the continuing education requirements if they intended to return to practice and that the administrative work for these permits was not less than for a practicing ND, so they decided against an inactive or non-practicing class. Registrants are either regulated and meeting all of the requirements for practice or they are not regulated. However, we do not have a requirement for a specific number of patient care hours for practicing NDs - only for LMA or reinstatement applications. The practice hours requirement in Ontario could complicate a decision to remove the Inactive class. If they need to go through a process to reinstate their permit after an LOA, is there benefit to being in the inactive class vs temporarily resigning, other than the ability to use the title ND?</p>

<p>Consideration 6: Extended Classes of registration.</p> <p>Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?</p>	<p>Having an additional extended class for the mentioned controlled acts would be helpful. It would also help clarify that these controlled acts are not entry to practice, but require separate authorization.</p>
<p>Consideration 7: Naming of extended classes, if needed.</p> <p>If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a “Prescriber class” and a Full class to distinguish between the three types of NDs?</p>	<p>Advanced practice may be a clearer term than extended class. I would recommend having Extended class - Prescribing, Extended class - Prescribing and IVIT, etc to differentiate the additional authorizations. Alternatively - if you change your General class to Clinical Practitioner or Practicing, you could then use Advanced Clinical Practitioner or Advanced Practice Class as the terminology for the additional authorizations. I'm not sure that Full class would be clear to the public vs general class.</p>
<p>Consideration 8: Rostering for Certain Controlled Acts.</p> <p>Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?</p>	<p>I would indicate these authorizations on the registrants practice permit, but I don't know if maintaining a list of all practitioners who have specific authorizations for the public has additional benefit. I think the public is more likely to google practitioners that offer specific modalities than to seek that information through CONO. However, they may seek to confirm information regarding specific practitioners through CONO. Having this information on a practice permit posted in the office also makes it more likely to be seen. In Alberta, we have several restricted activities that require authorization and we require registrants to complete a minimum of 4 hrs continuing education per authorized activity per cycle to support competence.</p>

<p>Consideration 9: Reinstatement provisions. Should the College consider adding reinstatement provisions to the regulation along the lines set out above?</p>	<p>Yes, reinstatement provisions would be helpful for those that have only been away from practice for 2-3 years. Their knowledge and skill attrition should be less than those practitioners who have been away from practice for an extended period. It also lessens the burden for applicants who may have needed to step away from practice related to health, family or financial issues and are seeking to return to practice within a few years. It balances fairness to the practitioner with public safety.</p>
<p>Consideration 10: Other matters that might be addressed. What other matters relating to the classes of registration or the Registration Regulation, if any, should be addressed?</p>	<p>Courtesy or temporary class has been helpful in Alberta for managing NDs who are visiting our province to teach courses that involve restricted activities. It could also be used by NDs visiting the province to take a course that included restricted activities, which may apply more often in ON than AB. If a patient temporarily relocates to ON from another jurisdiction, the option of a courtesy or temporary permit for their primary ND could be helpful for continuity of care while paying and maintaining the continuing competence requirements of a full practice permit may be too high. This type of permit should specify the conditions or approved purposes of the permit.</p>

April 24, 2025

College of Naturopaths of Ontario
10 King Street East, Suite 1001
Toronto, Ontario
M5C 1C3
Attn: Andrew Parr, CAE - Chief Executive Officer

Re: Consultation on Classes of Registration

The Canadian College of Naturopathic Medicine (CCNM) appreciates the opportunity to participate in the Classes of Registration – Preliminary Consultation. We have provided our responses to the considerations outlined below.

Consideration 1: Nomenclature or names of the classes of registration.

Having considered the environment, should changes to the nomenclature for the classes of registration be considered by the College? (Note: the question of whether there should be other classes of registration is addressed below.)

Recommendation:

CCNM supports changes to the nomenclature of the classes of registration – more details are provided below.

Consideration 2: A non-clinical class of registration.

Should the College contemplate creation of a non-clinical class of registration rather than apply non-clinical terms, conditions, and limitations on certificates as it does today? Is non-clinical the correct terminology or should another term be used?

CCNM recommends the removal of the “non-clinical” terms, conditions, and limitations for Naturopathic Doctors (NDs) within the professional regulatory framework. Instead, we support a model that recognizes “practicing” versus “non-practicing” members, with “practicing” defined as engaging in at least 750 hours of profession-related activities within a defined time period, encompassing both clinical and non-clinical work. This approach is not only in alignment with practices seen in other regulated health professions in Ontario, such as the College of Nurses of Ontario, but it also respects the diverse roles NDs serve across the health care landscape.

Consistency with Regulatory Norms and Scope of Practice Standards

Many regulated health professions in Ontario define practice in terms of professional engagement, rather than a rigid clinical/non-clinical dichotomy. For instance, the College of Nurses of Ontario considers a member to be practicing if they are engaged in nursing activities—clinical or non-clinical—that utilize their nursing knowledge, skill, and judgment. Applying this principle to NDs would more accurately reflect the realities of professional practice in our field, where the lines between clinical and non-clinical work are often interwoven.

Risk of Arbitrary Restriction and Role Inhibition

Classifying individuals as “non-clinical” carries an implicit—and sometimes explicit—prohibition from engaging in any clinical functions, regardless of actual competence. This creates a regulatory rigidity that restricts NDs who may competently perform both clinical and non-clinical duties within their roles. For example, an ND serving as a faculty member may be required to demonstrate or supervise clinical procedures (e.g., venipuncture or physical modalities), and yet, under a non-clinical designation, could be barred from doing so despite having the requisite knowledge and expertise to do such things. Similarly, a researcher who retains clinical proficiency and licensure may need to perform clinical procedures as part of a study protocol but would be prevented under a restrictive classification. This not only diminishes the utility of trained professionals but may undermine the delivery of safe, competent education and research.

Protection of the Public Through Competency-Based Regulation

The primary objective of health profession regulation is public protection, which is most effectively achieved through competency-based oversight. This includes ensuring that members performing tasks are doing so within their scope of practice and are competent to do so—regardless of whether their primary role is clinical, administrative, academic, or research-based. Establishing a classification system that hinges on practice-related engagement and competency (i.e., the regular use of knowledge, skill, and judgment whether in a clinical, classroom, or other setting) better serves this mandate than categorical exclusions based on employment type.

Recognition of Hybrid Roles in Modern Health Professions

The modern health care environment increasingly involves hybrid roles, where NDs may teach, conduct research, serve in policy or administrative capacities, and still maintain a clinical presence. An arbitrary classification of “non-clinical” not only fails to capture the complexity of such roles but may disincentivize experienced clinicians from participating in education, research, or leadership for fear of losing clinical currency. On the other hand, the profession may lose skilled clinicians who cannot meet the clinical currency but who maintain and regularly practice their expertise through teaching, cutting edge research, etc. It is essential that regulatory structures support, rather than stifle, the full spectrum of professional contribution.

Proposed Alternative: Practicing vs. Non-Practicing Based on Defined Criteria

A more flexible and accurate classification system would distinguish between practicing and non-practicing members, with practicing status granted to those who engage in a minimum

threshold of 750 hours of profession-related activity (inclusive of clinical care, teaching, research, administration, policy work, or other relevant roles). This model would:

- Uphold public protection through competency-based practice requirements;
- Align with Ontario’s broader regulatory frameworks;
- Enable flexible career paths for NDs without compromising oversight;
- Preserve the clinical competencies of educators, researchers, and administrators who continue to meet training and practice standards.

In summary, the current or proposed use of a “non-clinical” classification risks regulatory overreach and undermines the professional integrity of NDs who contribute meaningfully to the health system in roles that may not be traditionally clinical, but which require clinical competence. A shift to a practicing/non-practicing framework, supported by quantifiable and profession-related activity requirements, offers a legally sound, ethically responsible, and administratively efficient path forward that aligns with best practices in Ontario’s regulatory health landscape.

Consideration 3: Student Class of Registration

Should the College create a “student” class of registration for individuals who are in an Ontario naturopathic educational program and who have not graduated?

CCNM believes that formal student registration is unnecessary and duplicative, and will not enhance public protection. Naturopathic students already operate under strict supervision guidelines within accredited academic programs and teaching clinics, with oversight and accountability embedded in institutional policies and regulatory standards of practice. This model—mirroring the approach used in most other regulated health professions in Ontario—has proven effective without requiring students to become registrants.

Introducing a Student Class of registration risks creating overlapping accountability between accredited academic programs, including CCNM, and the College. This overlapping oversight could potentially lead to confusion regarding who is responsible for addressing student errors or professionalism concerns, and increases the risk of things falling through the gaps. In addition, such overlap could discourage transparency in clinical learning environments and introduce unnecessary administrative burden for both students and institutions. Moreover, mandatory registration may be perceived as unnecessary and, therefore, as financially motivated, undermining goodwill between students and the College, and potentially negatively impacting their developing sense of professional identity.

Recommendation:

The CCNM recommends that the College does not implement a Student Class of registration. We encourage the College to consider alternative, non-regulatory strategies to foster student

engagement and regulatory awareness—such as outreach initiatives, guest lectures, or voluntary student forums. These approaches would support professional development and public protection without compromising the integrity of the educational environment or placing undue burdens on students and schools. In our view, the current model—where students are supervised by licensed professionals and governed by rigorous academic standards—serves both the profession and the public interest effectively.

Consideration 4: Provisional Class of Registration

Creating a "supervised practice" class is crucial because it provides an essential bridge between education and full licensure. Graduates often need time to transition from the academic environment to practical, independent practice, and a supervised practice class ensures that they can apply their knowledge in real-world settings while still receiving mentorship and oversight. This period allows for the identification of any gaps in skills or knowledge that need further development, ensuring that graduates are fully prepared to meet the standards of their profession before being granted full licensure. It also provides a safety net for both the practitioners and the public, as any issues can be addressed early on, maintaining the quality and integrity of the profession. Furthermore, such a class can help establish a more standardized and structured approach to this critical phase in professional development, ultimately leading to higher confidence, competence, and better outcomes for both the general public, practitioners, and their clients.

Recommendation:

CCNM supports the provisional class of registration.

Consideration 6 & 7: Extended Class of Registration

Consideration 6: Should the College create one or two additional classes of registration for registrants who have a) met the Standard of Practice for Therapeutic prescribing and b) who have met that standard as well as the Standard of Practice for IVIT?

Consideration 7: If the answer to consideration 6 is yes, what might the names of the class(es) be to convey difference between an ND who has met the Standard(s) compared to an ND who has not met the Standard(s)? For example, if we retained the General class, should the College create a "Prescriber class" and a Full class to distinguish between the three types of NDs?

One of the key advantages of creating an Extended Class is that it clarifies which naturopaths have additional training and are authorized to perform higher-risk procedures, such as prescribing and IV therapies. By distinguishing these practitioners, the public and other healthcare professionals gain a clearer understanding of who can safely and legally offer advanced services, which reduces confusion and bolsters patient confidence.

In addition, an Extended Class strengthens regulatory oversight and accountability by allowing the College to focus on continuing education requirements and audits specifically on the practitioners carrying out these higher-risk acts. This targeted quality assurance strategy promotes patient safety and ensures practitioners maintain up-to-date competencies. Aligning with similar models in other professions, like Nurse Practitioners, the addition of an Extended Class underscores the legitimacy of NDs with additional expertise and helps clearly situate advanced naturopathic practice within the broader health system.

Recommendation:

CCNM supports the Extended Class of Registration for doctors who have met the Standard of Practice for Therapeutic Prescribing and IVIT.

Consideration 8: Rostering of Controlled Acts

Consideration 8: Should the College explore rostering for naturopathic manipulation and/or internal examinations and/or acupuncture, allowing those who do not perform these to be identified as public?

CCNM holds that requiring separate rostering for each restricted act introduces unnecessary administrative complexity and adds little to public protection. The regulator would need to manage multiple registries, monitor ongoing credentials for each act, and constantly update rosters whenever an ND's scope or training changes. This fragmented approach increases costs and diverts resources from more critical oversight functions. This additional complexity increases the likelihood of errors therefore actually increasing risk to the public, rather than protecting the public.

In addition, enforcing separate rosters for every restricted act could complicate investigations and audits, requiring multiple layers of standards and documentation rather than a streamlined, cohesive set of regulatory tools.

Dividing restricted acts into individual rosters disrupts the concept of a unified naturopathic scope of practice, potentially causing confusion for both the public and other healthcare stakeholders. If only a subset of naturopaths chooses to roster for certain procedures, those acts may appear dispensable and could be at risk of removal from the broader scope. This gradual "whittling away" undermines the regulator's broader mandate to ensure safe and comprehensive naturopathic care. Patients, in turn, face greater difficulty finding practitioners who can legally provide the services they need. Given the unavoidable delay also in updating separate rosters, patients may be seeking out NDs who can no longer provide the services they need and not considering NDs who can actually provide those services.

Other regulated health professions governed by Ontario's Regulated Health Professions Act (RHPA) commonly address controlled acts through well-defined scopes of practice, clearly

articulated standards, and robust quality assurance programs rather than through multiple rosters. For instance, nurses, pharmacists, and physiotherapists have broad frameworks indicating which controlled acts they may perform, supplemented by clear guidelines on education, experience, and ongoing competency requirements. This allows each regulatory college to set consistent expectations for safe practice while minimizing administrative complexity.

Lastly, as discussed above, separate rosters may compromise public safety. A more effective model is to maintain robust entry-to-practice criteria, clear standards of practice, and focused quality assurance measures that apply to all practitioners, rather than siloing oversight into many narrowly defined rosters. Such an approach provides more consistent, transparent, and efficient regulation, allowing the College to allocate resources where they truly matter—ensuring all registered naturopathic doctors meet the necessary competencies to practice safely within a unified scope.

Recommendation:

CCNM does not support rostering.

Consideration 9: Reinstatement Provisions

Class-specific reinstatement processes provide much-needed clarity and efficiency when NDs return to practice after a period of time, whether due to a leave of absence, a change in registration class, or the expiration of their certificate. Having a clear pathway to reinstatement—complete with targeted competency checks—helps ensure that returning practitioners meet current standards without the burden of duplicative requirements. From the College’s standpoint, this approach also strengthens public safety by verifying that reinstated NDs remain competent in the specific skills and restricted acts relevant to their class.

Additionally, class-specific reinstatement aligns with the principle of fair treatment. For instance, practitioners who were in good standing before a leave, say a parental leave, may not require the same reinstatement process as another practitioner whose certification expired many years earlier. This balance between safeguarding the public and respecting a practitioner’s prior qualifications can foster goodwill among registrants and encourage more predictable regulatory processes.

Recommendation:

CCNM supports the reinstatement provisions.

Concluding Remarks

We look forward to working with CoNO to promote the highest standards of professionalism and patient care. CCONM remains committed to working with our system partners in the field to identify and address any issues that may arise, and to take proactive steps to promote best practices and maintain public confidence in the naturopathic profession.

A handwritten signature in black ink, appearing to read 'R. Karim, DC', with a horizontal line underneath.

Dr. Rahim Karim, B.Sc., DC, MBA, CHE, ICD.D
President & CEO



The College of Naturopaths of Ontario

WHITE PAPER USE OF TESTIMONIALS BY ONTARIO NATUROPATHIC DOCTORS

From the fall of 2009 until June 30, 2015, the then transitional Council of the College of Naturopaths of Ontario was responsible for establishing the regulations, standards of practice and by-laws that would establish the regulatory framework that would govern Naturopathic Doctors in Ontario. The transitional Council would, on July 1, 2015, become the College of Naturopaths of Ontario, which continues to regulate the profession.

During the transitional or developmental phase, several issues were raised within the naturopathic community, one of which was the use of testimonials by the profession in their advertising to the public.

This White Paper will explore many of the questions surrounding allowing the use of testimonials by NDs in Ontario. Readers are reminded that **this is a fact-finding process** directed by the Council of the College; no decision has been made to act on any questions posed in this document. At the end of this consultation, the College Council will be informed of the consultation and the outcomes to provide direction on the next steps, if any.

Context – Why Testimonials Might be Important to the Profession

Regulated health professionals in Ontario are not equal, and there are no requirements set out in the legislation that suggests that they should all be treated equally. An examination of the various professions would bring forward many areas where there are inequities; however, the largest relates to how and by whom a health professional is paid. The best-known methods of payment for health professionals include:

- Ontario Health Insurance Plan (OHIP) which pays Ontario's physicians and surgeons for the services they provide to patients on a fee for service bases.
- Public funding which sees the Ontario government fund health care by funding the public institutions which are delivering services. This would include public hospitals and other health care institutions.
- Private funding which sees the patient pay for the services directly without any funding from the government. Often but not always, private funding is supported by private insurance plans which pay for some but not necessarily all the services.

There are many regulated health professions who rely exclusively on private funding, most notably chiropractic, naturopathy, massage therapy, and optometry, among many others. Private funding creates a competitive marketplace where professionals must advertise and promote their services to the public to garner a sufficient patient base to support their practice. This competitive

marketplace is further reinforced by one of the main underlying principles of the Regulated Health Professions Act (RHPA) and the various profession-specific legislation which is overlapping scopes of practice. Many of the same services are provided by two or more regulated health professions resulting in direct competition for limited private health care dollars.

Testimonials Defined

The Cambridge Dictionary defines a testimonial as “a statement about the character or qualities of someone or something.” The Merriam-Webster Dictionary defines a testimonial as “a statement testifying to benefits received.”

Using these definitions and general knowledge, the following can be established as our overall understanding of what a testimonial is and its general purpose:

- It is a statement or endorsement from a customer, client or user of products or services, sharing their positive experience with the organization, product, or service.
- They are commonly used in marketing and advertising to build trust and credibility.
- They are intended to influence potential customers or clients to purchase the product or service.

There are four known types of testimonials, including:

- Expert testimonials – from professionals or influencers in a relevant field.
- Customer testimonials – from satisfied buyers.
- Peer testimonials – from people like the target audience of the advertisement.
- Celebrity endorsements – testimonials from well-known public figures.

In general terms, testimonials should not be considered negative. In a competitive world where individuals have limited health care funds to spend on private health care, we often look to find the right people to help and knowing others in similar situations have been helped by a health professional may be a valuable tool.

The Risks of Allowing Testimonials in Health Profession Advertising

While there does not seem to be a single authoritative source on the topic, there are several publications from the health care sector and insurers speaking about the risks of allowing a regulated health professional to use testimonials in their advertising. The following is a summary of the information gleaned thus far; however, it is not being put forth as an exhaustive search.

Some professionals are prohibited from using testimonials in their advertising due to ethical, legal, and regulatory concerns. This is especially common in fields where trust, objectivity, and public protection are paramount.

1. Maintaining Professional Integrity

All regulated professionals are held to high ethical standards. This is true for regulated health professionals, the legal profession, engineering, and accounting, among others. When critical information must be disclosed to a regulated professional to obtain their services, the customer needs to be confident in the ethics of the individual. Testimonials can:

- Create unrealistic expectations about outcomes.
- Be misleading, especially if they do not reflect typical results.
- Undermine the objectivity of professional relationships.

2. Protecting Vulnerable Clients

Patients or clients seeking help from a regulated health professional or other regulated professions are often in vulnerable positions. These individuals are often in difficult or life-threatening situations and are reliant on the good judgement and ethics of professionals. Testimonials might:

- Exploit the emotional state of potential clients.
- Pressure individuals into decisions based on emotional appeal rather than informed judgment.

3. Difficulty Verifying Claims

Testimonials are often subjective and unverifiable. They are typically made by unknown individuals who may or may not have a relationship with a professional. In general terms, regulators aim to ensure that all advertising is:

- Truthful,
- Evidence-based,
- Not misleading or exaggerated.

4. Avoiding Conflicts of Interest

In some cases, testimonials may come from individuals who received preferential treatment or incentives, which compromises the credibility of the endorsement.

5. Breach Patient Confidentiality

Even with consent, using patient testimonials can risk violating PHIPA or other privacy laws if not handled with extreme care. Any identifying information must be protected, and explicit informed consent is required. Testimonials might have been obtained:

- Without the patient's consent.
- With the patient's consent but because of undue pressure or without sufficient information about what would be used and how it would be used.

The following excerpt from the Advertising Standard of the College of Audiologists and Speech-Language Pathologists of Ontario summarizes very well the concerns about testimonials.

“Testimonials are not permitted because they reflect one individual’s subjective experience. Each patient is unique in their needs and circumstances; their experience of health care will not be the experience of others. Testimonials are created to reflect, often positive, experiences and are unreliable and biased because they do not represent a balanced view. In addition, patients may feel pressured to provide a testimonial or may base a testimonial on factors that are unrelated to the quality of health care services received.”

Can the risks of Testimonials be Addressed to Allow them to be used?

Health professional testimonials can be permitted under certain conditions, but they must be carefully regulated to ensure they are ethical, legal, and do not compromise patient health, safety, or privacy. Some considerations in regulating an environment where testimonials might be permitted include the following.

1. Informed and Voluntary Consent

Patients must give explicit, informed consent to use their testimonials. This includes:

- Understanding how and where the testimonial will be used.
- Assurance that their care will not be affected by their decision on whether to give a testimonial.
- The ability of the patient to withdraw consent at any time is important.

2. Compliance with Privacy Laws (e.g., PHIPA)

Testimonials must not disclose personal health information unless the patient has signed a valid authorization form. Even indirect identifiers (like treatment details or appointment times) can violate privacy if not handled properly.

3. Avoiding Undue Influence

Health professionals must avoid soliciting testimonials from:

- Current patients – this is due to the power imbalance between the health professional and their patient as well as the risk that the patient may have been incentivized to provide the testimonial.
- Vulnerable individuals – this is due to their potential to make them feel pressured to comply or agree to a request.

Instead, testimonials could be sourced from:

- Former clients (with caution and time buffer).
- Colleagues, workshop attendees, or community members.

4. Truthful and Representative Content

Regulations governing the use of testimonials should ensure that testimonials themselves:

- Reflect typical outcomes, not exceptional or extraordinary cases.
- Are fact-checked and not exaggerated.
- Include disclaimers where appropriate (e.g., “individual results may vary”).

5. Professional Oversight

Regulatory Colleges who contemplate permitted testimonials can:

- Provide clear standards and guidelines for testimonial use.
- Require review and approval of advertising materials.
- Enforce disciplinary actions for misuse.

6. Ethical Framing

Testimonials should be carefully crafted and should not:

- Exploit emotional appeal.
- Promise cures or guaranteed results.
- Undermine the professional-client relationship.

In summary, while testimonials can be powerful tools for building trust and visibility, their use in healthcare must be tightly controlled to protect patients and uphold professional standards.

The Ontario Environment

As is typically the case, the College has canvassed the other Ontario Colleges to determine whether and under what conditions testimonials are permitted. This was accomplished by:

1. Checking the Professional Misconduct Regulation made under the profession-specific legislation.
2. Checking the General Regulation made under the profession-specific legislation.
3. Checking whether any Standards of Practice address advertising and testimonials.

As of the drafting of this White Paper, there are 29 regulated health professions that are currently being regulated under the auspices of 26 health regulatory Colleges. Of these:

- 20 specifically prohibit the use of testimonials, either in the Professional Misconduct Regulation, the General Regulation, or a Standard of Practice of the Profession.
- Two allow for testimonials under certain conditions or requirements.
- Four do not address testimonials in any regulatory capacity, and it is presumed that they are permitted.

Appendix 1, a summary of this scan's findings, is attached to this White Paper for the reader's information.

Consultation Considerations

1. Considering the information provided in this White Paper, should testimonials be permitted, either with or without additional regulatory conditions or parameters? (Yes or no).
2. The benefit to the profession of enabling testimonials is a freer hand in advertising and the potential to increase the number of patients they have in their practice. What is the benefit to the public interest in allowing testimonials?
3. The College of Chiropractors of Ontario (CCO) through its Standard of Practice on Communication with the Public allows testimonials that refer to the benefits of chiropractic and:
 - i. are accurate, verifiable, and recorded in the patient health record;
 - ii. are used only in accordance with the written consent of the patient;
 - iii. are not obtained using any undue pressure, duress, coercion, or incentives;
 - iv. include a disclaimer stating that the results of the testimonial may not be typical of all patients or that results of patients may vary,
 - v. do not include any information, testimonial or narrative about the member providing care to the member's own family, and
 - vi. are otherwise compliant and consistent with the chiropractic scope of practice, privacy legislation, and CCO standards of practice, policies, and guidelines.

Is this approach sufficient for naturopathic practice to allow for testimonials?

4. Are there other suggested approaches to allowing testimonials but maintaining professional integrity?

Testimonials among Ontario's Regulated Health Professions

Profession	Allowed	Allowed but restricted	Not allowed	Provision in Professional Misconduct Regulation and Standards of Practice
Audiology and Speech-Language Pathology			×	Not addressed in PMR. The Advertising Standard of Practice for CASLPO strictly prohibits the use of testimonials.
Chiropody/Podiatry			×	Not addressed in PMR. The Standard of Practice for Advertising sets out that any advertisement must not contain endorsements, testimonials or anything that is false or misleading.
Chiropractic		×		Not addressed in PMR. The Standard of Practice on Communication with the public allows testimonials that refer to benefits of chiropractic and are: (i) are accurate, verifiable, and recorded in the patient health record; (ii) are used only in accordance with the written consent of the patient; (iii) are not obtained using any undue pressure, duress, coercion or incentives; (iv) include a disclaimer stating that the results of the testimonial may not be typical of all patients or that results of patients may vary, (v) do not include any information, testimonial or narrative about the member providing care to the member's own family, and (vi) are otherwise compliant and consistent with the chiropractic scope of practice, privacy legislation, and CCO standards of practice, policies and guidelines.
Dental Hygiene			×	6. (1) An advertisement with respect to a member's practice must not contain, (e) a testimonial by a patient or former patient or by a friend or relative of a patient or former patient;
Dental Technology			×	Not addressed in PMR; however, Part II of the General Regulation governs advertising and specifically prohibits the use of testimonials.
Dentistry			×	57. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate. The Advertising Practice Guideline sets out that testimonials should not be included in advertising.
Denturism			×	32.1 Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.
Dietetics			×	Not addressed in PMR; however, the Standard of Practice on Advertising & Marketing prohibits the use of testimonials.
Homeopathy			×	Using or permitting the use of a testimonial from a patient, former patient or other person in the advertising of the member or his or her practice.
Kinesiology			×	30. Using or permitting the use of a testimonial from a client, former client or other person in respect of the member's practice.
Massage Therapy			×	6.(2) An advertisement respecting a member or his or her practice shall not contain, (d) any testimonial by any person, including a client, former client or a friend or relative of a client or former client;
Medical Laboratory Technology	×			Not addressed in PMR and no standards could be found that addresses testimonials.

Profession	Allowed	Allowed but restricted	Not allowed	Provision in Professional Misconduct Regulation and Standards of Practice
Medical Radiation and Imaging Technology			X	Not addressed in PMR; however, Part I of the General Regulation sets rules governing advertising and specifically prohibits the use of testimonials.
Medicine			X	Not addressed in PMR; however, Part II of the General Regulation sets rules governing advertising and specifically prohibits the use of testimonials.
Midwifery	X			Not addressed in PMR and no standards could be found that addresses testimonials. The College advises that due to the fact that midwives are publicly funded, there is little competition and little need for midwives to advertise or promote their services by using testimonials. There is no real community of practice in that regard. That said, if we believed that a testimonial was egregious in some way, we may consider acting on it using the standards or provisions within the Professional Misconduct Regulation.
Naturopathy			X	28. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.
Nursing	X			Not addressed in PMR and no standards could be found that addresses testimonials.
Occupational Therapy			X	Not addressed in PMR; however, advertising is governed in the General Regulation. 21. (1) An advertisement with respect to a member's practice shall contain only factual and verifiable information that a reasonable person would consider relevant to choosing an occupational therapist. O. Reg. 226/96, s. 21 (1). (2) An advertisement with respect to a member's practice shall not contain, (a) anything that is false or that, because of the inclusion or omission of information, is misleading or deceptive; (b) anything that is not readily comprehensible to the audience to whom it is directed; (c) any testimonial, comparative or superlative statements; or (d) any reference to a specific brand of drug, device or equipment. O. Reg. 226/96, s. 21 (2). (3) An advertisement that includes a reference to the fee for a service shall set out all the costs of services and products that are included in the fee. O. Reg. 226/96, s. 21 (3).
Opticianry		X		Not addressed in PMR; however, the Standard of Practice for Advertising require that advertising not include: a) anything false or misleading, b) anything that, because of its nature, cannot be verified, c) a claim of specialization, if the optician does not hold a specialty certificate issued by the College, or d) the optician's name or photograph or other likeness, in an advertisement that implies, or could reasonably be interpreted to imply, that the professional expertise of the optician is relevant to the subject matter of the advertisement, if, in fact, it is not (O. Reg. 219/94, subsections 6(a),(b)).

Profession	Allowed	Allowed but restricted	Not allowed	Provision in Professional Misconduct Regulation and Standards of Practice
Optometry			×	22. Publishing or using, or knowingly permitting the publication or use of an advertisement or announcement or information that promotes or relates to the provision of professional services by a member to the public, whether in a document, business card, business sign, website, or any other format, which iii. contains a testimonial or comparative or superlative statements,
Pharmacy			×	Not addressed in PMR; however, Part XIII of the General Regulation sets out rules governing advertising. Section 44(2) para (e) prohibits the use of testimonials.
Physiotherapy	×			Not addressed in PMR and the Standard of Practice on Advertising and Marketing requires that advertising does not make unsubstantiated claims. Testimonials are not specifically prohibited. In a FAQ on the College website the following is noted: Testimonials can be used in advertisements for physiotherapy care. All testimonials must be true, verifiable, and accurate. This means that testimonials need to be genuinely written by patients who received care, not paid for or written by the physiotherapist or clinic staff.
Psychology and Applied Behaviour Analysis			×	Not addressed in PMR; however, advertising is governed by the General Regulation. Part I prohibits the use of testimonials.
Psychotherapy			×	30. Using a testimonial by a client, former client or other person in the advertising of the member or his or her practice.
Respiratory Therapy			×	Not addressed in PMR however, advertising is governed by the General Regulation. Part III prohibits the use of testimonials.
Traditional Chinese Medicine and Acupuncture			×	30. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES	
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02	
		Page No. 1	

Intent/Purpose	To establish a policy governing the Clinical (Practical) Examinations approved or administered by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , S.O.2007, Chapter 10, Schedule P, as amended from time to time.
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practice naturopathy in the province of Ontario.
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College.
	Code	Means the Health Professions Procedural Code, which is S chedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's declared-current needs arising from a disability, -a religious requirement, a pregnancy or breastfeeding related need as outlined in this policy the College's Examination Accommodations Policy physical limitation or religious requirement.
	Examination Violation	Means a contravention of the College's Examination Policy, and/or Examination Rules of Conduct.

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02
		Page No. 2

Prior Learning Assessment and Recognition (PLAR) program Means a process used to determine the competency of **applicants individuals** who do not have formal education from a CNME-accredited program in naturopathy.

Registration Committee Means the statutory committee of the College responsible for all registration matters referred to it by the CEO, ~~and the imposition of Terms, Conditions or Limitations on certificates of registration as deemed necessary in accordance with the Code. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.~~

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

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

Formatted: Font: Italic

General Guiding Legislation All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, ~~the OHRC, the College's Examinations Policy and Examination Rules of Conduct the Program and Examination Policies of the College.~~

Formatted: Line spacing: Multiple 1.08 li

Entry-to-Practice Requirement All applicants, ~~with the exception of~~ **except for** those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the Clinical (Practical) Examinations as set or approved by Council in order to qualify for registration with the College.

Clinical (Practical) Examinations Eligibility - General A candidate is eligible to sit the College's Clinical (Practical) Examinations provided they have successfully completed a CNME-accredited program in naturopathy as required by the Registration Regulation or have successfully completed the PLAR program.

Eligibility - Acupuncture To be considered eligible to sit the College's acupuncture Clinical (Practical) Examination, candidates must have completed at least 220 hours of didactic and at least 30 hours of clinical training in acupuncture and traditional Chinese medicine.

Accommodations To ensure candidates are provided fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any candidate. All requests for accommodation will be managed in accordance with the ~~College's~~ Examination **Accommodations** Policy.

Examination Attempts Candidates are provided three attempts to successfully complete the Clinical (Practical) Examinations.

A candidate who has made a second unsuccessful attempt of the exam(s) may be required to complete additional education or

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02
		Page No. 3

training, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination(s) for a third and final time.

- Retakes A candidate will sit all three Clinical (Practical) Examinations during their first attempt. A second and third attempt will include only those Clinical (Practical) Examinations that were failed in the first and/or second attempt as the case may be. Any retake is considered a subsequent attempt of the maximum of three attempts permitted to successfully complete the Clinical (Practical) Examinations.
- Deferrals Any candidate who is registered for an examination, [required by this policy may seek a deferral. All deferral requests are managed in accordance with the College's Examinations Policy, except for the Jurisprudence examination, which is offered on a continuous basis may seek a deferral, due to illness, injury or emergency which prevents their attendance at an examination.](#)
- Withdrawals Any candidate who is registered for an examination as required by this policy may seek to withdraw. All withdrawal requests are managed in accordance with the College's Examinations Policy.
- Exam Appeals Appeals of an examination as required by this policy are handled in accordance with the [College's](#) Examination Appeals Policy
- Examination Violations All candidates are required to comply with the Examination Rules of Conduct as outlined in the Examinations Policy, . Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy.
- Passing Requirements To pass the Clinical (Practical) Examinations, a candidate must achieve a minimum of 75% on each exam.

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02 Page No. 4

~~P:\C-Corp\C-11-Corp-Polcy-Procdrs\11.04--Professional Practice And Program Policies\11.04.05--Program Policies\Examinations\APPROVED\EX02.02-Clinical Examinations Policy.Docx~~

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	IVIT Program & Examinations Policy
	Policy No.	EX03.04
	Page No.	1

Intent/Purpose	To establish a policy governing the Intravenous Infusion Therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class, <u>emergency class</u> or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is S chedule 2 to the <u>RHPA Regulated Health Professions Act, 1991</u> .
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the Regulated Health Professions Act, 1991 <u>RHPA</u> .
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the Registrant's patient by intravenous infusion therapy
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	<u>Emergency Class</u>	<u>Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.</u>
	Examination Accommodation	Means an adjustment to testing conditions, examination

Formatted: Font: Not Italic

Formatted: Indent: Left: 0"

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
	IVIT Program & Examinations Policy	EX03.04
		Page No.
		2

requirements or examination scheduling to address a candidate's ~~current declared~~ current needs arising from a disability, health condition, physical limitation or a religious requirement, a pregnancy or breastfeeding related need as outlined in the College's Examination Accommodations Policy or related to a pregnancy or breastfeeding related need as outlined in this policy.

Examination Violation

Means a contravention of the College's Examination ~~Policy, or Examination~~ Rules of Conduct.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
	IVIT Program & Examinations Policy	EX03.04
		Page No.
		3

General Class	Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15, as amended from time to time.
Good Standing	Means the status assigned to a Registrant when they are current on dues and payments and are 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.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Registrant's competencies to perform IVIT safely, competently and ethically.
Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
Registrant	Means an individual person registered with the College as defined in section 1(1) of the Code.
Premises	Means any place where a Registrant performs or may perform an IVIT procedure.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code , <u>setting plans of exam remediation and all registration matters as set out in the Code.</u>
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , as amended from time to time.
Standard of Practice for IVIT	Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.
General Regulation	Determinations of whether a Registrant has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>November 30, 2022</u>

Formatted: Font: 11 pt
Formatted: Normal, Indent: Left: 0", Right: 0", Line spacing: single

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX03.04
IVIT Program & Examinations Policy	Page No.	5

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

Eligibility Requirements for the Practise of IVIT

Any Registrant who wishes to perform IVIT procedures (compounding for IVIT or administering IVIT) must:

- Hold a General Class certificate of registration without any TCLs which restrict the Registrant from engaging in direct patient care.
- Be in good standing with the College.
- Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council.
- Have met the Standard of Practice for Prescribing as outlined in the Prescribing and Therapeutics Program & Examination Policy.
- Hold \$3 million per claim and \$3 million aggregate level in professional liability insurance in addition to the \$2 million coverage required of all Registrants holding a General Class Certificate of Registration, in accordance with section 19 of the College by-laws.
- Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT.
- Only perform IVIT procedures in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.

Skills Atrophied

Registrants holding an Inactive Class certificate of registration or a General Class certificate of registration with a non-clinical TCL with the College for more than two years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

Core Competencies for the Practise of IVIT

Registrants performing IVIT 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 the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option.
- Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment.
- Record keeping, including knowledge of documentation, charting and labeling requirements, appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		6

- Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control.
- IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment.
- IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.
- IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types and gauges of needles and how to respond to common equipment issues.
- Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique.
- Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous, musculoskeletal, and endocrine systems, proper set-up, administration, and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.

IVIT Training Courses	Approval	<p>In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council.</p> <p>In reviewing an application for approval, the Registration Committee will base their decision on the following criteria:</p> <ol style="list-style-type: none"> 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry
-----------------------	----------	--

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX03.04
IVIT Program & Examinations Policy	Page No.	7

- standards for IVIT, emergency response and infection prevention and control.
4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation.
 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the *Laboratory and Specimen Collection Centre Licensing Act*, the General Regulation and the Standards of the College.
 6. All participants who successfully complete the course must be provided with a certificate of completion or similar proof of course completion issued by the course provider.
 7. The course must contain six to eight hours of dedicated emergency procedures content, including one hour of emergency procedures role play, which addresses the following:
 - How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and IV-line issues (e.g. line obstructions and tubing disconnects).
 - Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios.
 - Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters).
 - Documentation and reporting requirements around adverse reactions.
 8. Course must have a practical component which:
 - Requires participants to perform at least one successful infusion with proper insertion and termination.
 - Requires participants to perform at least one successful IVIT push with proper insertion and termination.
 - Requires participants to perform at least seven angiocath insertions, and at least three butterfly insertions.
 - Requires participants to compound a bag for IVIT using a laminar air flow hood, demonstrating proper infection control measures and garbing protocol.
 - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique;

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		8

- Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties.
 - Demonstrates chevron technique and the use of transparent dressings (e.g., transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.
9. Course must have a calculation requirement which requires participants to complete at least ten osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.
 10. Course instructors must be in Good Standing with their regulatory body.

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

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

- Failure to adhere to the training course requirements and the course outline approved by the Registration Committee;
- Unsafe or unsanitary practices occurring during the training course.
- Known plagiarism of course content.
- IVIT complaints and discipline related matters involving course instructors.
- Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.

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

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

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

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

IVIT Examination **General** In order to have been deemed to have met the Standard of Practice for IVIT, a Registrant must successfully complete an examination administered or approved by Council.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		9

Eligibility	<p>A candidate is eligible to sit the College's IVIT examination provided they:</p> <ul style="list-style-type: none"> • hold a General Class certificate of registration without any TCLs that restricts the Registrant from engaging in direct patient care and are in good standing with the College at the time of application for the IVIT exam, or; • are a registered ND in another regulated Canadian jurisdiction, and; • have successfully completed a Council approved Ontario IVIT training course no more than two years prior to the date of the exam.
Exam Registration	Exam registration priority will be given to Registrants. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
Course Validity	Examination attempts must be made within two years of the date of a candidate's successful completion of the IVIT training course. A candidate who has exceeded the two year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
Examination Attempts	<p>Three initial attempts are provided to candidates to successfully complete the IVIT examination.</p> <p>A candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.</p>
Window of Exam Ineligibility	A candidate, who has failed the IVIT examination three times will be ineligible to sit the examination again until the two-year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	<p>Prior to being eligible to make a fourth attempt of the IVIT exam, a candidate must successfully re-take a Council approved Ontario IVIT training course.</p> <p>For the purposes of public protection, candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam.</p>
Retakes	Candidates who have failed any one component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
Accommodations	To ensure candidates are provided fair opportunity to sit <u>any</u> Council approved examination, the College will consider all

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX03.04
	IVIT Program & Examinations Policy	Page No. 10

	accommodation requests received from any candidate. RA ll requests for accommodation will be managed in accordance with the College's Examinations <u>Accommodations</u> Policy.
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 CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Passing Requirements	To pass the IVIT examination, a candidate must score 75% on each component of the examination.
Window of Exam Results Validity for Meeting the Standard of Practice	Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their having successfully completed the College's IVIT Exam in order to be deemed to have met the Standard of Practice for IVIT, or a subsequent IVIT course and the IVIT exam will be required to be undertaken again.

[P:\C-Corp\C-11-Corp-Poly-Procdrs\11.04-Professional Practice And Program Policies\11.04.05-Program Policies\Examinations\APPROVED\06.03-IVIT Program And Examinations Policy \(Revised Oct 2019\).Docx](#)

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 1

Intent/Purpose To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time .
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class, <u>emergency class</u> or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the <i>RHPA</i> and who performs the duties assigned to the position of Registrar under the <i>RHPA</i> , the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is S schedule 2 to the RHPA <u>Regulated Health Professions Act, 1991</u> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College.
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the Regulated Health Professions Act, 1991 <u>RHPA</u> .
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	Drug	Means that as defined in the <i>Drug and Pharmacies Regulation Act</i> .
	<u>Emergency Class</u>	<u>Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.</u>
	Examinations Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, physical

Formatted: Font: Not Italic
Formatted: Right: 0.16", Space Before: 5.6 pt, Line spacing: single

Formatted: Indent: Left: 0.15", Right: 0.07"

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20 <u>June 17, 2023</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 2

~~limitation, religious requirement, or related to or religious a pregnancy or breastfeeding related need as outlined the College's Examination Accommodations Policy requirements a pregnancy as outlined in this policy.~~

Examination
Violation

Means a contravention of the College's Examination ~~Policy or Examination~~ Rules of Conduct.

DATE APPROVED April 28, 2015	DATE LAST REVISED September 20 June 17, 2023 5
---------------------------------	---

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 3

General Class Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.

[General Regulation](#) [Means Ontario Regulation 168/15.](#)

Good Standing Means the status assigned to a Registrant when they are current on dues and payments and are current with the filing of reports as required based on their Certificate 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 Council that includes both written and oral components which tests a Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.

Registrant Means an individual, as defined in section 1(1) of the Code.

Registration Committee Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible ~~for setting plans of exam remediation and all registration matters as set out in the Code for all registration matters as set out in the Code.~~

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

RHPA Means the *Regulated Health Professions Act, 1991*, ~~as amended from time to time.~~

Standard of Practice for Prescribing Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.

General Regulation Determinations of whether a 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 Registrants of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.

DATE APPROVED April 28, 2015	DATE LAST REVISED September 20, 2023 June 17, 2025
--	--

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 4

Eligibility Requirements for the Practise of Therapeutic Prescribing

Any 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 Registrant from engaging in direct patient care.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 <u>June 17, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 5

- 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 Registrants holding an Inactive class Certificate of Registration or a General class Certificate of Registration with a non-clinical TCL with the College for more than two 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 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, and route of administration for emergency substances, reporting an adverse drug reaction in conjunction with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.

Therapeutic Prescribing Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for training in therapeutic prescribing, and qualification of candidates for the Prescribing and Therapeutics examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that
--	----------	--

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 June 17, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	Title	Policy No.
		Page No.
Prescribing and Therapeutics Program & Examination Policy	EX04.04	6

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.
 - Ontario regulation, related standards, and requirements with respect to the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.
 - The College must be able to verify the course enrollment date for any candidate of the

DATE APPROVED	DATE LAST REVISED
April 28, 2015	June 17, 2025 September 20, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 7

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: <ul style="list-style-type: none"> • hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care; or • hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care within two years of successfully completing the examination; and • be in good standing with the College.
	Exam Eligibility	A candidate is eligible to sit the Prescribing and Therapeutics examination provided they: <ul style="list-style-type: none"> • are a Registrant of the College, in Good Standing, at the time of application for the examination; or • are a registered ND in a regulated Canadian jurisdiction; or • are enrolled in a CNME-accredited program in Canada, and within 12 months of graduation from said program; or • are a CNME-accredited program graduate, who is actively engaged in completing their requirements for registration with the College; and

DATE APPROVED	DATE LAST REVISED
April 28, 2015	June 17, 2025 <u>September 20, 2023</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 8

- have completed a Council approved training course on therapeutic prescribing no more than two years prior to the date of the exam.

Course Validity for Sitting the Exam	Examination attempts must be made within two years of the date of a candidate's successful completion of a prescribing training course. A candidate who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be ineligible to sit the examination until they re-take a Council-approved therapeutic prescribing training course.
Examination Attempts	<p>Candidates are provided three attempts to successfully complete the Prescribing and Therapeutics examination.</p> <p>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, to qualify to attempt the examination for a third and final time.</p>
Retakes	Candidates who have failed any one component of the Prescribing and Therapeutics examination may elect to retake only the component of the examination for which they were unsuccessful, provided the retake component is completed within three attempts and two years of the course completion date (i.e., the date of course completion declared when registering for the initial sitting of the exam). Candidates who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be required to retake all components of the exam.
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 Accommodations Policy and Examination Rules of Conduct.
Deferrals	Any candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.
Examination Violations	All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy.
Passing Requirements	To pass the Prescribing and Therapeutics examination, a candidate must score 60% on each component of the examination.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 <u>June 17, 2025</u>

 The College of Naturopaths of Ontario	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 1

Intent/Purpose	To establish a policy governing the Clinical Sciences and Biomedical examinations approved or administered by the College of Naturopaths of Ontario (the College).	
Definitions	<u>Act</u>	<u>Means the Naturopathy Act, 2007.</u>
	Biomedical Examination	Means a Council approved entry-to-practise examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issuing 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 Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u>
	Clinical Sciences Examination	Means a Council approved entry-to-practise examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College, to practise naturopathy in the province of Ontario.
	CNME	Means the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	<u>Code</u>	<u>Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.</u>
	<u>College</u>	<u>Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA</u>
	<u>Council</u>	<u>Means the Council of the College as established pursuant to section 6 of the Act.</u>
	Deferral	Means a granted postponement of a <u>c</u> Candidate's attempt at one or more examinations.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a <u>c</u> Candidate's <u>declared-current</u> needs arising from a disability, <u>health condition, physical limitation or a</u> religious requirement, <u>or related to a pregnancy or breastfeeding related needed as outlined in the College's Examination Accommodations Policy</u> is policy.

Formatted: Indent: Left: 0.1"

Formatted: Indent: First line: 0.1"

Formatted: Indent: Left: 0.1"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	<u>April 29, 2020</u> <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 2

Examination Violation	Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.
Modified Angoff Method	Means a criterion-referenced process that is used to set a pass score that accounts for the difficulty of the exam content, and the profile of what a Naturopathic Doctor can be expected to know and be able to do at an entry-to-practice level.
NPLEX	Means the Naturopathic Physicians Licensing Examination as developed by NPLEX Inc. and delivered by the North American Board of Naturopathic Examiners. For the purposes of this policy, NPLEX includes two parts, NPLEX Stage 1 (Biomedical Examination) and the NPLEX Stage II (Clinical Sciences examination and clinical elective in Acupuncture examination).

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 3

<u>Registrar</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 that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.
<u>Prior Learning Assessment and Recognition (PLAR) program</u>	Means a process used to determine the competency of individuals who do not have formal education from a CNME- accredited program in naturopathy.
Raw Score	Means the number of questions a candidate answers correctly from a range of 0-200.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the <u>Registrar, and the imposition of terms, conditions or limitations on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.</u>
Registration Regulation	Means Ontario Regulation 84/14, as amended from time to time.
<u>RHPA</u>	<u>Means the Regulated Health Professions Act, 1991</u>
Scaled Scores	Means the mathematical transformation of a candidate's raw score to a common scale which ranges from 200-800.
General Guiding Legislation	All aspects of this policy will be managed in accordance with the Regulated Health Professions Act, 1991, the <i>Naturopathy Act, 2007</i> , the Registration Regulation, the Ontario Human Rights Code, the College's Examinations Policy, the College's Examination Rules of Conduct and the Examination Transition Policy.
<u>Entry-to-Practice Requirement</u> <u>Entry-to-Practise Clinical Sciences and Biomedical Examinations</u>	<u>All applicants, except for those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the All Applicants for registration must successfully complete the Clinical Sciences examination and the Biomedical examination as set and-or approved by the Council in order to qualify for registration with the College of the College.</u>

Formatted: Indent: Left: 0.09"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 4
Clinical Sciences and Biomedical Examinations	Eligibility – General	A c Candidate is eligible to sit both the College’s Clinical Sciences examination and the Biomedical examination provided they have successfully completed a CNME-accredited program in naturopathy prior to exam registration, as required by the Registration Regulation or have been deemed eligible to sit the examinations as part of the Prior Learning Assessment and Recognition (PLAR) program.	
	Order of Exam Completion	Candidates sitting the Clinical Sciences exam and the Biomedical exam outside of the PLAR program may sit these exams in an order of their choosing. Order of exam completion for PLAR candidates will be managed in accordance with the PLAR Program Policy.	
	Accommodations	To ensure c Candidates are provided with a fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any c Candidate. All requests for accommodation will be managed in accordance with the College’s Examinations Accommodations Policy and Examinations Rules of Conduct.	

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 <u>June 2, 2025</u>

 The College of Naturopaths of Ontario	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 5

Examination Attempts		<p>Candidates are provided three attempts to successfully complete the examinations required by this policy.</p> <p>A <u>c</u>andidate who has failed an examination for a second time will have their examination results referred to a panel of the Registration Committee (the Panel) and may be required to complete additional education or training, as determined by the Panel, in order to qualify to attempt the examination for a third and final time.</p>
Deferrals		<p>Any <u>c</u>andidate who is registered for an examination may seek a deferral. All deferral requests are managed in accordance with the College's Examinations Policy and Examinations Rules of Conduct.</p>
Examination Violations		<p>All <u>c</u>andidates are required to comply with the Examination Rules of Conduct as outlined in the Examinations Policy and Exam Rules of Conduct. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and Examinations Code of Conduct.</p>
Passing Requirements-Scaled Score		<p>To be deemed to have passed the Clinical Sciences exam and the Biomedical exam, candidates must achieve a minimum scaled score of 550 on each of the exams.</p>
Recognition of the NPLEX taken by Candidates	Exam Transition Policy	<p>Recognition of a <u>c</u>andidate's successful completion of the NPLEX, as fulfilling one or more of the entry-to-practise requirements under the College, will be managed in accordance with the College's Exam Transition policy.</p>

Formatted: Left, Indent: Left: 0.12"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02
		Page No. 1

Intent/Purpose	To establish a policy governing the Clinical (Practical) Examinations approved or administered by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , S.O.2007, Chapter 40, Schedule P, as amended from time to time.
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practice naturopathy in the province of Ontario.
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College.
	Code	Means the Health Professions Procedural Code, which is S chedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's declared-current needs arising from a disability, -a religious requirement, a pregnancy or breastfeeding related need as outlined in this policy the College's Examination Accommodations Policy physical limitation or religious requirement.
	Examination Violation	Means a contravention of the College's Examination Policy, and/or Examination Rules of Conduct.

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02
		Page No. 2

Prior Learning Assessment and Recognition (PLAR) program Means a process used to determine the competency of **applicants individuals** who do not have formal education from a CNME-accredited program in naturopathy.

Registration Committee Means the statutory committee of the College responsible for all registration matters referred to it by the CEO, ~~and the imposition of Terms, Conditions or Limitations on certificates of registration as deemed necessary in accordance with the Code. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.~~

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

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

Formatted: Font: Italic

General Guiding Legislation All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, ~~the OHRC, the College's Examinations Policy and Examination Rules of Conduct the Program and Examination Policies of the College.~~

Formatted: Line spacing: Multiple 1.08 li

Entry-to-Practice Requirement All applicants, ~~with the exception of~~ **except for** those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the Clinical (Practical) Examinations as set or approved by Council in order to qualify for registration with the College.

Clinical (Practical) Examinations Eligibility - General A candidate is eligible to sit the College's Clinical (Practical) Examinations provided they have successfully completed a CNME-accredited program in naturopathy as required by the Registration Regulation or have successfully completed the PLAR program.

Eligibility - Acupuncture To be considered eligible to sit the College's acupuncture Clinical (Practical) Examination, candidates must have completed at least 220 hours of didactic and at least 30 hours of clinical training in acupuncture and traditional Chinese medicine.

Accommodations To ensure candidates are provided fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any candidate. All requests for accommodation will be managed in accordance with the ~~College's~~ Examination **Accommodations** Policy.

Examination Attempts Candidates are provided three attempts to successfully complete the Clinical (Practical) Examinations.

A candidate who has made a second unsuccessful attempt of the exam(s) may be required to complete additional education or

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02
		Page No. 3

training, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination(s) for a third and final time.

- Retakes** A candidate will sit all three Clinical (Practical) Examinations during their first attempt. A second and third attempt will include only those Clinical (Practical) Examinations that were failed in the first and/or second attempt as the case may be. Any retake is considered a subsequent attempt of the maximum of three attempts permitted to successfully complete the Clinical (Practical) Examinations.
- Deferrals** Any candidate who is registered for an examination, [required by this policy may seek a deferral. All deferral requests are managed in accordance with the College's Examinations Policy, except for the Jurisprudence examination, which is offered on a continuous basis may seek a deferral, due to illness, injury or emergency which prevents their attendance at an examination.](#)
- Withdrawals** Any candidate who is registered for an examination as required by this policy may seek to withdraw. All withdrawal requests are managed in accordance with the College's Examinations Policy.
- Exam Appeals** Appeals of an examination as required by this policy are handled in accordance with the [College's](#) Examination Appeals Policy
- Examination Violations** All candidates are required to comply with the Examination Rules of Conduct as outlined in the Examinations Policy, . Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy.
- Passing Requirements** To pass the Clinical (Practical) Examinations, a candidate must achieve a minimum of 75% on each exam.

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Clinical (Practical) Examinations Policy	Policy No. EX02.02 Page No. 4

P:\C-Corp\C-11-Corp-Polcy-Procdrs\11.04--Professional Practice And Program Policies\11.04.05--Program Policies\Examinations\APPROVED\EX02.02-Clinical Examinations Policy.Docx

DATE APPROVED	DATE LAST REVISED
October 30, 2014	July 27, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	IVIT Program & Examinations Policy
	Policy No.	EX03.04
	Page No.	1

Intent/Purpose To establish a policy governing the Intravenous Infusion Therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class, <u>emergency class</u> or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is S chedule 2 to the <u>RHPA Regulated Health Professions Act, 1991</u> .
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the Regulated Health Professions Act, 1991 <u>RHPA</u> .
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the Registrant's patient by intravenous infusion therapy
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	<u>Emergency Class</u>	<u>Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.</u>
	Examination Accommodation	Means an adjustment to testing conditions, examination

Formatted: Font: Not Italic

Formatted: Indent: Left: 0"

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		2

requirements or examination scheduling to address a candidate's ~~current declared~~ current needs arising from a disability, health condition, physical limitation or a religious requirement, a pregnancy or breastfeeding related need as outlined in the College's Examination Accommodations Policy or related to a pregnancy or breastfeeding related need as outlined in this policy.

Examination Violation

Means a contravention of the College's Examination ~~Policy, or Examination~~ Rules of Conduct.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
	IVIT Program & Examinations Policy	EX03.04
		Page No.
		3

General Class	Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15, as amended from time to time.
Good Standing	Means the status assigned to a Registrant when they are current on dues and payments and are 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.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Registrant's competencies to perform IVIT safely, competently and ethically.
Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
Registrant	Means an individual person registered with the College as defined in section 1(1) of the Code.
Premises	Means any place where a Registrant performs or may perform an IVIT procedure.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code , <u>setting plans of exam remediation and all registration matters as set out in the Code.</u>
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , as amended from time to time.
Standard of Practice for IVIT	Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.
General Regulation	Determinations of whether a Registrant has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	<u>November 30, 2022</u>

Formatted: Font: 11 pt
Formatted: Normal, Indent: Left: 0", Right: 0", Line spacing: single

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		5

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

Eligibility Requirements for the Practise of IVIT

Any Registrant who wishes to perform IVIT procedures (compounding for IVIT or administering IVIT) must:

- Hold a General Class certificate of registration without any TCLs which restrict the Registrant from engaging in direct patient care.
- Be in good standing with the College.
- Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council.
- Have met the Standard of Practice for Prescribing as outlined in the Prescribing and Therapeutics Program & Examination Policy.
- Hold \$3 million per claim and \$3 million aggregate level in professional liability insurance in addition to the \$2 million coverage required of all Registrants holding a General Class Certificate of Registration, in accordance with section 19 of the College by-laws.
- Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT.
- Only perform IVIT procedures in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.

Skills Atrophied

Registrants holding an Inactive Class certificate of registration or a General Class certificate of registration with a non-clinical TCL with the College for more than two years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

Core Competencies for the Practise of IVIT

Registrants performing IVIT 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 the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option.
- Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment.
- Record keeping, including knowledge of documentation, charting and labeling requirements, appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		6

- Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control.
- IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment.
- IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.
- IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types and gauges of needles and how to respond to common equipment issues.
- Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique.
- Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous, musculoskeletal, and endocrine systems, proper set-up, administration, and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.

IVIT Training Courses	Approval	<p>In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council.</p> <p>In reviewing an application for approval, the Registration Committee will base their decision on the following criteria:</p> <ol style="list-style-type: none"> 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry
-----------------------	----------	--

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX03.04
IVIT Program & Examinations Policy		Page No. 7

- standards for IVIT, emergency response and infection prevention and control.
4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation.
 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the *Laboratory and Specimen Collection Centre Licensing Act*, the General Regulation and the Standards of the College.
 6. All participants who successfully complete the course must be provided with a certificate of completion or similar proof of course completion issued by the course provider.
 7. The course must contain six to eight hours of dedicated emergency procedures content, including one hour of emergency procedures role play, which addresses the following:
 - How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and IV-line issues (e.g. line obstructions and tubing disconnects).
 - Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios.
 - Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters).
 - Documentation and reporting requirements around adverse reactions.
 8. Course must have a practical component which:
 - Requires participants to perform at least one successful infusion with proper insertion and termination.
 - Requires participants to perform at least one successful IVIT push with proper insertion and termination.
 - Requires participants to perform at least seven angiocath insertions, and at least three butterfly insertions.
 - Requires participants to compound a bag for IVIT using a laminar air flow hood, demonstrating proper infection control measures and garbing protocol.
 - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique;

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		8

- Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties.
 - Demonstrates chevron technique and the use of transparent dressings (e.g., transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.
9. Course must have a calculation requirement which requires participants to complete at least ten osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.
 10. Course instructors must be in Good Standing with their regulatory body.

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

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

- Failure to adhere to the training course requirements and the course outline approved by the Registration Committee;
- Unsafe or unsanitary practices occurring during the training course.
- Known plagiarism of course content.
- IVIT complaints and discipline related matters involving course instructors.
- Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.

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

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

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

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

IVIT Examination **General** In order to have been deemed to have met the Standard of Practice for IVIT, a Registrant must successfully complete an examination administered or approved by Council.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No.
IVIT Program & Examinations Policy		EX03.04
		Page No.
		9

Eligibility	<p>A candidate is eligible to sit the College's IVIT examination provided they:</p> <ul style="list-style-type: none"> • hold a General Class certificate of registration without any TCLs that restricts the Registrant from engaging in direct patient care and are in good standing with the College at the time of application for the IVIT exam, or; • are a registered ND in another regulated Canadian jurisdiction, and; • have successfully completed a Council approved Ontario IVIT training course no more than two years prior to the date of the exam.
Exam Registration	Exam registration priority will be given to Registrants. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
Course Validity	Examination attempts must be made within two years of the date of a candidate's successful completion of the IVIT training course. A candidate who has exceeded the two year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
Examination Attempts	<p>Three initial attempts are provided to candidates to successfully complete the IVIT examination.</p> <p>A candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.</p>
Window of Exam Ineligibility	A candidate, who has failed the IVIT examination three times will be ineligible to sit the examination again until the two-year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	<p>Prior to being eligible to make a fourth attempt of the IVIT exam, a candidate must successfully re-take a Council approved Ontario IVIT training course.</p> <p>For the purposes of public protection, candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam.</p>
Retakes	Candidates who have failed any one component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
Accommodations	To ensure candidates are provided fair opportunity to sit <u>any</u> Council approved examination, the College will consider all

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. EX03.04
	IVIT Program & Examinations Policy	Page No. 10

	<p>accommodation requests received from any candidate. RAll requests for accommodation will be managed in accordance with the College's Examinations <u>Accommodations</u> Policy.</p>
Deferrals	<p>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.</p>
Examination Violations	<p>All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.</p>
Passing Requirements	<p>To pass the IVIT examination, a candidate must score 75% on each component of the examination.</p>
Window of Exam Results Validity for Meeting the Standard of Practice	<p>Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their having successfully completed the College's IVIT Exam in order to be deemed to have met the Standard of Practice for IVIT, or a subsequent IVIT course and the IVIT exam will be required to be undertaken again.</p>

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

DATE APPROVED	DATE LAST REVISED
October 20, 2014	November 30, 2022 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 1

Intent/Purpose To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).

Definitions	Act	Means the <i>Naturopathy Act, 2007</i> , as amended from time to time .
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class, <u>emergency class</u> or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the <i>RHPA</i> and who performs the duties assigned to the position of Registrar under the <i>RHPA</i> , the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is S schedule 2 to the RHPA <u>Regulated Health Professions Act, 1991</u> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College.
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the Regulated Health Professions Act, 1991 <u>RHPA</u> .
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	Drug	Means that as defined in the <i>Drug and Pharmacies Regulation Act</i> .
	<u>Emergency Class</u>	<u>Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.</u>
	Examinations Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, physical

Formatted: Font: Not Italic
Formatted: Right: 0.16", Space Before: 5.6 pt, Line spacing: single

Formatted: Indent: Left: 0.15", Right: 0.07"

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20 <u>June 17, 2023</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 2

~~limitation, religious requirement, or related to or religious a pregnancy or breastfeeding related need as outlined the College's Examination Accommodations Policy requirements a pregnancy as outlined in this policy.~~

Examination Violation

Means a contravention of the College's Examination ~~Policy or Examination~~ Rules of Conduct.

DATE APPROVED April 28, 2015	DATE LAST REVISED September 20 June 17, 2023 5
---------------------------------	---

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 3

General Class Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.

[General Regulation](#) [Means Ontario Regulation 168/15.](#)

Good Standing Means the status assigned to a Registrant when they are current on dues and payments and are current with the filing of reports as required based on their Certificate 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 Council that includes both written and oral components which tests a Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.

Registrant Means an individual, as defined in section 1(1) of the Code.

Registration Committee Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible ~~for setting plans of exam remediation and all registration matters as set out in the Code for all registration matters as set out in the Code.~~

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

RHPA Means the *Regulated Health Professions Act, 1991*, ~~as amended from time to time.~~

Standard of Practice for Prescribing Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.

General Regulation Determinations of whether a 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 Registrants of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.

DATE APPROVED April 28, 2015	DATE LAST REVISED September 20, 2023 <u>June 17, 2025</u>
--	---

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 4

Eligibility Requirements for the Practise of Therapeutic Prescribing

Any 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 Registrant from engaging in direct patient care.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 <u>June 17, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 5

- 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 Registrants holding an Inactive class Certificate of Registration or a General class Certificate of Registration with a non-clinical TCL with the College for more than two 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 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, and route of administration for emergency substances, reporting an adverse drug reaction in conjunction with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.

Therapeutic Prescribing Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for training in therapeutic prescribing, and qualification of candidates for the Prescribing and Therapeutics examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that
--	----------	--

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 June 17, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 6

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.
 - Ontario regulation, related standards, and requirements with respect to the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.
 - The College must be able to verify the course enrollment date for any candidate of the

DATE APPROVED	DATE LAST REVISED
April 28, 2015	June 17, 2025 September 20, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 7

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: <ul style="list-style-type: none"> • hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care; or • hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care within two years of successfully completing the examination; and • be in good standing with the College.
	Exam Eligibility	A candidate is eligible to sit the Prescribing and Therapeutics examination provided they: <ul style="list-style-type: none"> • are a Registrant of the College, in Good Standing, at the time of application for the examination; or • are a registered ND in a regulated Canadian jurisdiction; or • are enrolled in a CNME-accredited program in Canada, and within 12 months of graduation from said program; or • are a CNME-accredited program graduate, who is actively engaged in completing their requirements for registration with the College; and

DATE APPROVED	DATE LAST REVISED
April 28, 2015	June 17, 2025 <u>September 20, 2023</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Prescribing and Therapeutics Program & Examination Policy	Policy No. EX04.04
		Page No. 8

- have completed a Council approved training course on therapeutic prescribing no more than two years prior to the date of the exam.

Course Validity for Sitting the Exam	Examination attempts must be made within two years of the date of a candidate's successful completion of a prescribing training course. A candidate who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be ineligible to sit the examination until they re-take a Council-approved therapeutic prescribing training course.
Examination Attempts	Candidates are provided three attempts to successfully complete the Prescribing and Therapeutics examination. 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, to qualify to attempt the examination for a third and final time.
Retakes	Candidates who have failed any one component of the Prescribing and Therapeutics examination may elect to retake only the component of the examination for which they were unsuccessful, provided the retake component is completed within three attempts and two years of the course completion date (i.e., the date of course completion declared when registering for the initial sitting of the exam). Candidates who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be required to retake all components of the exam.
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 Accommodations Policy and Examination Rules of Conduct.
Deferrals	Any candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.
Examination Violations	All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy.
Passing Requirements	To pass the Prescribing and Therapeutics examination, a candidate must score 60% on each component of the examination.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	September 20, 2023 <u>June 17, 2025</u>

 The College of Naturopaths of Ontario	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 1

Intent/Purpose	To establish a policy governing the Clinical Sciences and Biomedical examinations approved or administered by the College of Naturopaths of Ontario (the College).	
Definitions	<u>Act</u>	<u>Means the Naturopathy Act, 2007.</u>
	Biomedical Examination	Means a Council approved entry-to-practise examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issuing 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 Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u>
	Clinical Sciences Examination	Means a Council approved entry-to-practise examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College, to practise naturopathy in the province of Ontario.
	CNME	Means the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	<u>Code</u>	<u>Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.</u>
	<u>College</u>	<u>Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA</u>
	<u>Council</u>	<u>Means the Council of the College as established pursuant to section 6 of the Act.</u>
	Deferral	Means a granted postponement of a <u>c</u> Candidate's attempt at one or more examinations.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a <u>c</u> Candidate's <u>declared-current</u> needs arising from a disability, <u>health condition, physical limitation or a</u> religious requirement, <u>or related to a pregnancy or breastfeeding related needed as outlined in the College's Examination Accommodations Policy</u> is policy.

Formatted: Indent: Left: 0.1"

Formatted: Indent: First line: 0.1"

Formatted: Indent: Left: 0.1"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	<u>April 29, 2020</u> <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 2

Examination Violation	Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.
Modified Angoff Method	Means a criterion-referenced process that is used to set a pass score that accounts for the difficulty of the exam content, and the profile of what a Naturopathic Doctor can be expected to know and be able to do at an entry-to-practice level.
NPLEX	Means the Naturopathic Physicians Licensing Examination as developed by NPLEX Inc. and delivered by the North American Board of Naturopathic Examiners. For the purposes of this policy, NPLEX includes two parts, NPLEX Stage 1 (Biomedical Examination) and the NPLEX Stage II (Clinical Sciences examination and clinical elective in Acupuncture examination).

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 <u>June 2, 2025</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 3

<u>Registrar</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 that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.</u>
<u>Prior Learning Assessment and Recognition (PLAR) program</u>	<u>Means a process used to determine the competency of individuals who do not have formal education from a CNME- accredited program in naturopathy.</u>
Raw Score	Means the number of questions a candidate answers correctly from a range of 0-200_
Registration Committee	<u>Means the statutory committee of the College responsible for all registration matters referred to it by the Registrar, and the imposition of terms, conditions or limitations on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration mattersregistration matters as set out in the Code.</u>
Registration Regulation	Means Ontario Regulation 84/14, as amended from time to time.
<u>RHPA</u>	<u>Means the Regulated Health Professions Act, 1991</u>
Scaled Scores	Means the mathematical transformation of a candidate's raw score to a common scale which ranges from 200-800.
General Guiding Legislation	All aspects of this policy will be managed in accordance with the Regulated Health Professions Act, 1991, the <i>Naturopathy Act, 2007</i> , the Registration Regulation, the Ontario Human Rights Code, the College's Examinations Policy, the College's Examination Rules of Conduct and the Examination Transition Policy.
<u>Entry-to-Practice Requirement</u> <u>Entry-to-Practise Clinical Sciences and Biomedical Examinations</u>	<u>All applicants, except for those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the All Applicants for registration must successfully complete the Clinical Sciences examination and the Biomedical examination as set and-or approved by the Council in order to qualify for registration with the College of the College.</u>

Formatted: Indent: Left: 0.09"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 June 2, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 4
Clinical Sciences and Biomedical Examinations	Eligibility – General	A c Candidate is eligible to sit both the College’s Clinical Sciences examination and the Biomedical examination provided they have successfully completed a CNME-accredited program in naturopathy prior to exam registration, as required by the Registration Regulation or have been deemed eligible to sit the examinations as part of the Prior Learning Assessment and Recognition (PLAR) program.	
	Order of Exam Completion	Candidates sitting the Clinical Sciences exam and the Biomedical exam outside of the PLAR program may sit these exams in an order of their choosing. Order of exam completion for PLAR candidates will be managed in accordance with the PLAR Program Policy.	
	Accommodations	To ensure c Candidates are provided with a fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any c Candidate. All requests for accommodation will be managed in accordance with the College’s Examinations Accommodations Policy and Examinations Rules of Conduct.	

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 <u>June 2, 2025</u>

 The College of Naturopaths of Ontario	Policy Type	EXAMINATIONS	PROGRAM POLICIES
	Title	Clinical Sciences and Biomedical Examinations Policy	Policy No. P06.07
			Page No. 5

Examination Attempts	Candidates are provided three attempts to successfully complete the examinations required by this policy. A <u>c</u> andidate who has failed an examination for a second time will have their examination results referred to a panel of the Registration Committee (the Panel) and may be required to complete additional education or training, as determined by the Panel, in order to qualify to attempt the examination for a third and final time.
Deferrals	Any <u>c</u> andidate who is registered for an examination may seek a deferral. All deferral requests are managed in accordance with the College's Examinations Policy and Examinations Rules of Conduct.
Examination Violations	All <u>c</u> andidates are required to comply with the Examination Rules of Conduct as outlined in the Examinations Policy and Exam Rules of Conduct. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and Examinations Code of Conduct.
Passing Requirements-Scaled Score	To be deemed to have passed the Clinical Sciences exam and the Biomedical exam, candidates must achieve a minimum scaled score of 550 on each of the exams.
Recognition of the NPLEX taken by Candidates	Exam Transition Policy Recognition of a <u>c</u> andidate's successful completion of the NPLEX, as fulfilling one or more of the entry-to-practise requirements under the College, will be managed in accordance with the College's Exam Transition policy.

Formatted: Left, Indent: Left: 0.12"

DATE APPROVED	DATE LAST REVISED
April 24, 2019	April 29, 2020 June 2, 2025



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2025-2026**

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; and
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, 2025, to March 31, 2026.

Elected or Appointed Positions

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

Interests or Entities Owned

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

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
	None	

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2025-26 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 28, 2025	May 2, 2025	None
Dr. Amy Armstrong, ND	May 28, 2025	May 5, 2025	Yes
Dean Catherwood	May 28, 2025	May 1, 2025	None
Lisa Fenton	May 28, 2025	May 2, 2025	None
Sarah Griffiths-Savolaine	May 28, 2025		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 28, 2025	May 9, 2025	Yes
Dr. Denis Marier	May 28, 2025	April 30, 2025	None
Marija Pajdakovska	May 28, 2025	April 29, 2025	None
Paul Phillion	May 28, 2025	April 29, 2025	None
Dr. Jacob Scheer, ND	May 28, 2025	April 29, 2025	None
Dr. Jordan Sokoloski, ND	May 28, 2025	May 2, 2025	None
Amy Twydell	May 29, 2025	June 13, 2025	None
Dr. Erin Walsh (Psota), ND	May 28, 2025	May 2, 2025	None

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

Updated: June 16, 2025

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



The College of Naturopaths of Ontario

**Council Chair Report
Period of July 1, 2025 to August 31, 2025**

This is the second Chair's Report of six for the current Council cycle and provides information for the period from July 1, 2025 to August 31, 2025.

In mid-July, Andrew, Rebecca Durcan, and I held an orientation session for the incoming Council Public member, who was scheduled to begin their term at the end of the month. Unfortunately, the member submitted their resignation before officially assuming the role.

In August, I met with Dr. Audrey Sasson, ND, Chair of the OAND, with Jordan also in attendance to support our transition. We plan to continue meeting regularly over the coming year. Additionally, the senior leadership teams of both the OAND and the College are scheduled to meet again later in October.

Andrew and I maintain regular correspondence and hold monthly virtual meetings, and I have found our ongoing communication to be highly valuable.

I encourage Council members to feel free to reach out at any time, as I am always happy to discuss any matter related to our work.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
September 2, 2025



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

This is the Regulatory Operations Report @ August 31, 2025. The focus of this report is July and August, the two months since the data submitted in our previous report to Council.

1.1 Registration

Registrants

As of August 31, 2025, the College had 1699 registrants in good standing (L3) who held a General class certificate of registration and 174 registrants in good standing (L6) who held an Inactive class certificate of registration. There were also 31 Life Registrants (L12), with no change thus far in this program year.

In terms of changes in status, there were five suspensions (L15) in July and August bringing the total to 20 for the year. There have been 14 class changes (L19) so far this year, eight of which have been processed in the last two months.

Professional Corporations

Three new Certificates of Authorization for naturopathic professional corporations were issued in July and August bringing the total for the year to seven (L37). One corporation was dissolved (L39). A total of 18 out of 137 issued certificates have been renewed (L42) in July and August bringing the total so far for the year to 49.

1.2 Entry-to-Practice

Applications for Registration

In July and August, nine applications for registration were received (L47) bringing the total for the year to 36. Seven new certificates of registration were issued in July and August (L48) for a total of 32 this year. Eight applications remain on-going (L46).

Referrals to the Registration Committee

One new referral was made to the Registration Committee (L51) in July and August. That referral was disposed of with the Committee directing that a certificate be issued after the applicant completes additional education (L56).

1.3 Examinations

One examination sitting was held in each of July and August. The Ontario Clinical (Practical) Exams were delivered in July with 72 candidates having sat the exams (L75). The Ontario Clinical Sciences Exam was delivered in August with 105 candidates taking the exam (L65).

1.5 Quality Assurance

A total of 123 registrants were randomly selected for a Peer & Practice Assessment this year. Of those, 29 have been completed (L118). The deadline for registrants who are required to submit

their CE logs for this year is the end of September with a total of 534 registrants required to submit (L123) of which 43 have submitted thus far (L124).

1.6 Inspection Program

Premises & Inspections

In this period, a total of three new premises (L128) were registered under the Inspection Program, however, two existing premises were de-registered (L129). Eight new premises inspections, Part I inspections (L134) and Part II inspections (L135) were delivered. Four 5-Year Anniversary inspections (L137) were completed in this period bringing the total to six out of the 12 scheduled for the year.

The inspection outcomes in July and August include three passes (L138) and two passed with conditions (L139) among the new premises inspections and two passes (L141) and two passed with conditions (L140) among the 5-Year anniversary inspections. No premises outright failed the inspections.

Occurrence Reports

Two Type 1 Occurrence reports were received in July and August (L146).

1.7 Complaints and Reports

Complaints and Reports Data

A total of three new complaints (L156) and no new Registrar's investigations (L157) were initiated in July and August and one complaint file was closed (L158).

Lines 184 through 203 of the Report set out the various concerns raised in complaints and reports. Bearing in mind that any complaint or report matter may have several concerns included, it is worth noting that the matters tend to cluster around a few topics including competence/patient care, advertising/social media, and inappropriate/ineffective treatment.

No new matters have been referred to the Discipline Committee (L174) for a hearing in this period. There were no referrals to the Fitness to Practice Committee.

Interim Orders

The ICRC imposed a new interim order in July on Dr. Anthony Yores, ND. Details may be found on the [public register](#).

1.9 Hearings

No Discipline or Fitness to Practise Hearings were held during July and August; however, College legal counsel continue to work on the two Divisional Court appeals of earlier findings, penalties and costs.

One Pre-Hearing Conference was held in August in the matter of CoNO and Dr. Tina Sestan, ND. Hearing dates are in the process of being scheduled for later this fall.

1.10 Regulatory Guidance and Education

Regulatory Guidance

During July and August, 89 new regulatory guidance inquiries were received (L238-L239).

Lines 240 through 258 set out the most common topics of inquiry and once again, we see clustering around certain topics such as record keeping, consent and scope of practice.

Regulatory Education

One Regulatory Education Programming session was delivered in July with 58 people in attendance. A total of 176 recorded programs have been accessed during this period.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
September 2025



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26.	Mar26.	YTD	Line	
1.1 Regulatory Activity: Registration															
Registrants (Total)													1933	1	
General Class (Total)													1717	2	
<i>In Good Standing</i>	2	8	2	5	-4								1699	3	
<i>Suspended</i>	2	0	2	1	0								18	4	
Inactive Class (Total)													185	5	
<i>In Good Standing</i>	1	-2	1	-1	5								174	6	
<i>Suspended</i>	0	1	0	0	0								11	7	
Emergency Class (Total)													0	8	
<i>In Good Standing</i>	0	0	0	0	0								0	9	
<i>Suspended</i>	0	0	0	0	0								0	10	
Life Registrants													31	11	
<i>In Good Standing</i>	0	0	0	0	0								31	12	
<i>Suspended</i>	0	0	0	0	0								0	13	
Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26.	Mar26.	YTD	Line	
Changes in Registration Status Processed (Total)														49	14
Suspensions	6	8	1	5	0								20	15	
Resignations	0	2	1	0	0								3	16	
Revocations	1	2	1	0	0								4	17	
Reinstatements	3	5	0	0	0								8	18	
Class Changes (Total)													14	19	
General Class to Inactive Class	1	1	2	0	5								9	21	
Inactive Class to General Class (<2yrs)	0	1	1	2	0								4	22	
Inactive Class to General Class (>2 yrs)	0	0	0	1	0								1	23	
Any Class to Life Registrant Status	0	0	0	0	0								0	24	
Emergency Class to General Class	0	0	0	0	0								0	25	

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Life Registrant Applications (Total)														0	26
Applications from prior period														0	27
New applications received		0	0	0	0	0								0	28
Applications decided		0	0	0	0	0								0	29
CEO Decisions														0	**
Application approved by CEO		0	0	0	0	0								0	30
Application referred by CEO to RC		0	0	0	0	0								0	31
Registration Committee Decisions														0	**
Application approved by RC		0	0	0	0	0								0	32
Application denied by RC		0	0	0	0	0								0	33

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Professional Corporations (Total)														143	**
Certificates of Authorization in place														137	35
Suspended Certificates of Authorization		0	0	0	0	0								0	36
New Certificates of Authorization Issued		1	2	1	2	1								7	37
Certificates of Authorization Reinstated		0	0	0	0	0								0	38
Certificates Resigned/Desolved		0	0	0	1	0								1	39
Certificates Revoked		0	0	0	0	0								0	40
PC Renewals in 2025-26															**
Not Yet Renewed in this program year														87	41
Renewed		9	9	13	9	9								49	42
Revoked		0	0	0	0	0								0	43
Resigned/Dissolved		0	0	0	1	0								1	44

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Total ETP Applications On-Going														8	46
On-going applications from prior period(s)															**
New applications received		13	7	7	4	5								36	47
Certificates issued		7	12	6	6	1								32	48
Certificates declined		0	0	0	0	0								0	49
Applications Currently before the Registration Committee														0	**
Referrals from prior period														0	50
New referrals		0	0	0	0	1								1	51
Decisions Issued		0	0	0	0	1								1	52

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Registration Committee Outcomes													1	**
Approved	0	0	0	0	0								0	53
Approved – TCLs	0	0	0	0	0								0	54
Approved – Exams required	0	0	0	0	0								0	55
Approved – Education required	0	0	0	0	1								1	56
Denied	0	0	0	0	0								0	57

Prior Learning and Recognition Program Activities in Process													0	**
Applications from prior period													0	59
New applications received	0	0	0	0	0								0	60
Decisions rendered on applications	0	0	0	0	0								0	61

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
Exam sittings scheduled	0	0	0	0	1								1	63
Exam sittings held	0	0	0	0	1								1	64
Number of candidates sitting exam	0	0	0	0	105								105	65
Ontario Biomedical Examination														
Exam sittings scheduled	0	0	0	0	0								0	68
Exam sittings held	0	0	0	0	0								0	69
Number of candidates sitting exam	0	0	0	0	0								0	70
Ontario Clinical Practical Examination														
Exam sittings scheduled	0	0	0	1	0								1	73
Exam sittings held	0	0	0	1	0								1	74
Number of candidates sitting exam	0	0	0	72	0								72	75
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled	1	0	0	0	0								1	78
Exam sittings held	1	0	0	0	0								1	79
Number of candidates sitting exam	49	0	0	0	0								49	80
Ontario Intravenous Infusion Examination														
Exam sittings scheduled	0	1	0	0	0								1	83
Exam sittings held	0	1	0	0	0								1	84
Number of candidates sitting exam	0	16	0	0	0								16	85

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0								0	93
Appeals Denied	0	0	0	0	0								0	94
Ontario Biomedical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0								0	96
Appeals Denied	0	0	0	0	0								0	97
Ontario Clinical Practical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0								0	99
Appeals Denied	0	0	0	0	0								0	100
Ontario Therapeutic Prescribing Examination													0	**
Appeals Granted	0	0	0	0	0								0	102
Appeals Denied	0	0	0	0	0								0	103
Ontario Intravenous Infusion Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0								0	105
Appeals Denied	0	0	0	0	0								0	106

Exam Questions Developed (Total)													78	
CSE questions developed	0	0	78	0	0								78	89
BME questions developed	0	0	0	0	0								0	90

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received													0	
Funding application approved	0	0	0	0	0								0	109
Funding application declined	0	0	0	0	0								0	110
Number of Active Files													1	111
Funding Provided	\$280	\$280	\$280	\$0	\$0								\$840	112

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)													94	114
Pool selected by QAC													123	115
Deferred, moved to inactive or retired (removed from	0	0	6	0	1								7	116
Assessments ordered by QAC, i.e. outside of random	0	0	0	0	0								0	117
Total Number of Assessment for the Year.													123	**

Completed (Y-T-D)	0	0	0	3	26									29	118
Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
Quality Assurance Committee Reviews															
Assessments reviewed by Committee														0	119
Satisfactory Outcome	0	0	0	0	0									0	120
Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	0									0	121
Referred to ICRC	0	0	0	0	0									0	122
CE Reporting															
Number in group	0	0	0	0	534									534	123
Number received	0	0	0	0	43									43	124
Number of CE Reports with deficiencies	0	0	0	0	11									11	125

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
1.6 Regulatory Activity: Inspection Program															
Registered Premises (Total Current)														166	127
Total Registered from prior year (as of April 1)														160	127
Newly registered	6	1	2	2	1									12	128
De-registered	2	2	0	0	2									6	129

Inspections of Premises															
New Premises															
Part I Completed	6	0	1	2	3									12	134
Part II Completed	1	2	1	2	1									7	135
5-year Anniversary Inspections															
Premises requiring 5-year inspection														12	136
Completed	0	0	2	3	1									6	137

Inspection Outcomes															
New premises-outcomes (Parts I & II)															
Passed	7	5	4	0	3									19	138
Pass with conditions	2	0	0	0	2									4	139
Failed	0	0	0	0	0									0	140
5-year Anniversary Inspection Outcomes															
Passed	0	0	1	0	2									3	141
Pass with conditions	0	0	1	0	2									3	142
Failed	0	0	0	0	0									0	143

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Type 1 Occurrence Reports (Total Reported)													5	145
Patient referred to emergency	0	0	2	2	0								4	146
Patient died	0	0	0	0	0								0	147
Diagnosis of shock or convulsions	0	0	0	0	0								0	148
Emergency drug administered	0	1	0	0	0								1	149
Type 2 Occurrence Reports (Outstanding)													0	150
Total Reports Required to be filed.													173	151
Reports Received	149	24	0	0	0								173	152
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)													25	153
Open Complaints incl. carried forward from prior yrs													18	154
Open Reports incl. carried forward from prior yrs													9	155
New Complaints	1	6	2	1	2								12	156
New Reports	0	0	1	0	0								1	157
Complaints completed	1	5	3	1	0								10	158
Reports completed	1	0	1	0	0								2	159
Files in Alternate Dispute Resolution (In process)													0	160
ADR Files from Prior Period													0	161
New files referred to ADR	1	0	0	0	0								1	162
Files resolved by ADR	0	0	0	0	0								0	163
Files not resolved by ADR	0	0	1	0	0								1	164
ICRC Outcomes (files may have multiple outcomes)														165
Take no further action	0	2	0	0	0								2	166
Letter of Counsel	0	2	0	1	0								3	167
Oral Caution	0	2	0	0	0								2	168
Specified Continuing Education and Remediation	0	0	2	0	0								2	169
Letter of Counsel & SCERP	0	0	0	0	0								0	170
Oral Caution & SCERP	1	0	2	0	0								3	171
Acknowledgement & Undertaking	0	0	0	0	0								0	172
Referral to Fitness to Practise Committee	0	0	0	0	0								0	173
Referral to Discipline Committee	1	0	0	0	0								1	174
Frivolous & Vexatious	0	0	0	0	0								0	175
Resolved through ADR	0	0	0	0	0								0	176
Withdrawn by Complainant	0	0	0	0	0								0	177

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
Interim Orders (Currently In Place)														1	178
Orders issued in prior period													2	179	
New Interim Orders - TCLs Applied	0	0	0	1	0								1	180	
New Interim Orders - Suspended	0	0	0	0	0								0	181	
Interim Orders Removed	0	1	1	0	0								2	182	
Summary of concerns (files may have multiple concerns)															
Advertising/Social Media	1	3	1	0	0								5	184	
Billing and Fees	0	1	1	0	0								2	185	
Communication	0	0	1	0	2								3	186	
Competence/Patient Care	1	4	1	0	2								8	187	
Fraud	0	0	0	0	0								0	188	
Professional Conduct & behaviour	0	0	1	1	1								3	189	
Record Keeping	0	0	1	0	1								2	190	
Sexual Abuse/Harassment/Professional Boundaries	0	0	0	0	0								0	191	
Delegation	0	0	0	0	0								0	192	
Unauthorized Practice/Scope of Practice	0	1	1	0	2								4	193	
Failure to comply with an Order	0	0	0	0	0								0	194	
Inappropriate/ineffective treatment	0	3	0	0	1								4	195	
Conflict of Interest	0	0	0	0	0								0	196	
Lab Testing	0	0	0	0	1								1	197	
QA Program Compliance	0	0	0	0	0								0	198	
Cease & Desist Compliance	0	0	0	0	0								0	199	
Failure to Cooperate	0	0	0	0	0								0	200	
Practising while Suspended	0	0	0	0	0								0	201	
Unprofessional/Unbecoming Conduct	0	1	0	0	1								2	202	
Breach of Privacy	0	0	0	0	0								0	203	
1.8 Regulatory Activity: Unauthorized Practitioners															
Cease and Desist Letters (Unsigned/Outstanding)															
Letters Issued	1	0	1	0	1								3	206	
Letters signed back by practitioner	0	0	0	0	0								0	207	
Letters unsigned or outstanding	1	0	1	0	1								3	208	

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Injunctions from Court														
Injunctions in place from prior year(s)													2	210
Applications Outstanding from prior year													0	211
New Applications Filed	0	0	0	0	0								0	212
Applications approved by the Court	0	0	0	0	0								0	213
Applications denied by the Court	0	0	0	0	0								0	214
1.9 Regulatory Activity: Hearings														
Matters Referred by ICRC														
Referrals to the Discipline Committee (Total)													1	215
Referrals from prior period													2	216
New referrals	1	0	0	0	0								1	217
Matters concluded	0	1	1	0	0								2	218
Referrals to the Fitness to Practise Committee (Total)													0	231
Referrals from prior period													0	232
New referrals	0	0	0	0	0								0	233
Matters concluded	0	0	0	0	0								0	234
Disciplinary Matters														
Pre-hearing conferences														
Outstanding from prior year													0	220
Scheduled	0	0	0	0	1								1	221
Completed	0	0	0	0	1								1	222
Not needed on consent	0	0	0	0	0								0	223
Discipline hearings Held														
Contested hearing completed	0	1	1	0	0								2	225
Uncontested hearings completed	0	0	0	0	0								0	226
Outcomes of Contested Matters														
Findings made	0	0	0	0	0								0	228
No findings made	0	0	0	0	0								0	229
FTP Hearings														
Finding of incapacitated	0	0	0	0	0								0	235
No finding made	0	0	0	0	0								0	236

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)													219	237
E-mail	27	31	21	29	27								135	238
Telephone	17	24	10	25	8								84	239
Most Common Topics of Inquiries														
Telepractice	2	2	2	6	2								14	240
Record Keeping	4	3	4	4	7								22	241
Scope of Practice	2	4	4	4	5								19	242
Injections	2	0	0	2	1								5	243
Patient Visits	3	4	1	2	0								10	244
Delegations and Referrals	0	1	2	2	4								9	245
Laboratory Testing	2	2	1	4	3								12	246
Consent and Privacy	3	3	5	2	2								15	247
Conflict of Interest	2	1	1	0	2								6	248
Prescribing/Selling Drugs	3	2	3	4	3								15	249
Fees and Billing	2	4	1	6	0								13	250
Inspection Program	0	3	0	2	1								6	251
Endorsements	1	0	0	4	0								5	252
Graduates working for NDs	2	1	0	2	0								5	253
Continuing Education	0	3	1	0	2								6	254
Advertising	1	1	3	2	0								7	255
Notifying Patients when Moving	3	1	0	3	1								8	256
Completing Forms and Letters for Patients	0	0	0	1	0								1	257
Registration and CPR	0	1	0	3	4								8	258
Regulatory Education Program														
Live Sessions														
Session Delivered	0	1	0	1	0								2	260
Registrations	0	221	0	82	0								303	261
Attendees	0	144	0	58	0								202	262
Recorded Sessions														
Registrations	14	29	48	103	73								267	263

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.11 Regulatory Activity: HPARB Appeals															
Registration Committee Decisions before HPARB														0	264
Appeals carried forward from prior period														0	265
New appeals filed with HPARB	0	0	1	0	0									1	266
Files where HPARB rendered decision	0	0	0	0	0									0	267
HPARB Decisions on RC Matters															
Upheld	0	0	0	0	0									0	268
Returned	0	0	0	0	0									0	269
Overtuned	0	0	0	0	0									0	270
ICRC Decisions before HPARB (Total current)														5	271
Appeals carried forward from prior period														4	272
New appeals filed with HPARB	0	1	0	0	0									1	273
Files where HPARB rendered decision	0	0	0	0	0									0	274
HPARB Decisions on ICRC Matters															
Upheld	0	0	0	0	0									0	275
Returned	0	0	0	0	0									0	276
Overtuned	0	0	0	0	0									0	277

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.12 Regulatory Activity: HRT0 Matters															
Matters filed against the College															
Matters in progress from prior period(s)														1	280
New matters	0	0	0	0	0									0	281
Matters where HRT0 rendered a decision	0	0	0	0	0									0	282
HRT0 Decisions on Matters															
In favour of applicant	0	0	0	0	0									0	283
In favour of College	0	0	0	0	0										
Matter settled/resolved	0	1	0	0	0									0	284



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 16, 2025

TO: Council members
College of Naturopaths of Ontario

FROM: Erica Laugalys
Deputy CEO, Registrant & Corporate Services

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, 2025, which represents the first quarter (Q1) of our new fiscal year 2025-2026.

1. 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, 2025.

Cash: The total balance decreased over the prior year's ending balance, from \$1.837M to 1.128M (\$709K). The net difference are funds received, less normal operating expenses for this quarter.

Accounts Receivable: Accounts Receivable has a balance of \$1.3M, which includes an allowance of \$50K for doubtful accounts and a loan receivable from CANRA in the amount of 175K. By the end of June, three out of the ten pre-authorized deductions for registration fees for registrants enrolled in the College's Payment Plan Program were completed. This year the number of registrants enrolled in the Program is 773, an increase of 66 registrants from the prior year.

Prepays: Prepaid Expenses reduced by \$127K with a remaining balance of \$21K. The reduction is due to the recognition of expenses, as budgeted for Q1, for CANRA (\$56k), Yardstick (\$25K), Satori (\$22K), BFL (\$8.4k) and other miscellaneous subscription and operational expenses.

Fixed Assets: Total Fixed Assets is at \$44.3K. There were no purchases of fixed assets in Q1.

Accounts Payable and Accrued Liabilities: Accounts Payable is \$66K of normal operating expenses. The total accrued liability of \$149.6K relates primarily to employee vacation accruals, budgeted and approved pay-for-performance incentives, and wages accrued in June 2025.

Deferred income: Deferred Income in the amount \$123.3K relates to exam and inspection fees. These amounts were collected in Q1; however, the related services were delivered in Q2. Specifically, most of the exam fees were collected for one session of the Clinical (Practical) Exams, which was conducted in July, while the fees were received in Q1. In addition, inspection

fees for six new premises were collected in Q1, but the inspections were not completed in this quarter.

HST Payable in the amount of \$151K will be remitted over the ten months in which the Payment Plan Program is in place. This balance is determined by the total in accounts receivable.

There is no major change in retained earnings from the previous quarter/year.

1.2 The Statement of Operations

The Statement of Operations provides a report of all operating revenues and expenses for the fiscal year. Overall, revenue exceeded budgeted amounts by \$29K (Actual \$3.471M vs budgeted amount of \$3.422M). Expenses for the first quarter were \$76K below budget (Actual 1.141M vs budgeted amount of \$1.217M); this difference is due primarily to the timing of expenses invoiced to the College.

2. Revenue Analysis

This analysis will focus on those revenues that varied from the budget by 10% which is the level of materiality used for reporting.

Revenue for the Quarter

The following table highlights the revenue for the first quarter of the fiscal year comparing the budget for the first quarter against actuals received.

Revenue Source	Q1 Budget (\$)	Q1 Actual (\$)	Variance (\$)	Variance (%)
Registration fees	3,349,695	3,387,555	+ 37,860	+ 1%
Exam fees	42,620	37,635	- 4,985	- 12%
Assessment fees	0	0	0	0%
Incorporation fees	12,613	11,477	- 1,136	- 9%
Ordered costs	0	0	0	0%
Inspection fees	20,500	21,500	+ 1,000	+ 5%
Interest	3,750	2,578	- 1,222	- 32%
Investments	13,000	10,723	- 2,277	- 18%
Misc.	100	0	- 100	- 100%
Total Revenue	3,442,278	3,471,418	+ 29,140	+ 1%

Revenue for the Year

The following table highlights the revenue for the year-to-date and compares the overall annual budget against revenues to-date. Since this is the first quarter report, these actuals are the same in this table as the one above, however, in future reports, the actuals will be different than the actuals for the single quarter itself.

Revenue Source	Annual Budget (\$)	YTD Actual (\$)	Variance (\$)	Variance (%)
Registration fees	3,436,580	3,387,555	-49,025	- 1%
Exam fees	273,980	37,635	- 4,985	- 12%
Assessment fees	10,000	0	-10,000	-100%
Incorporation fees	49,632	11,477	- 38,155	- 77%
Ordered costs	23,000	0	-23,000	-100%
Inspection fees	82,000	21,500	-60,500	-74%
Interest	15,000	2,578	- 12,422	- 83%
Investments	52,000	10,723	- 41,277	- 79%
Misc.	200	0	- 200	- 100%
Total Revenue	3,942,392	3,471,418	- 470,974	- 12%

As might be anticipated at this point in the fiscal year, the variances will be significant as there remains three quarters or nine months in the current fiscal year. However, it's important to note that registration fees are at 99% for the full year and total revenues are at 88% for the full fiscal year which puts the College in a financially sound position in terms of revenue.

3. Expense Analysis

Expenses for the Quarter

The following table highlights the expenses for the first quarter of the fiscal year comparing the budget for the first quarter against actuals.

Cost Centre	Budget (\$)	Actual (\$)	Variance (\$)	Variance (%)
Salaries and benefits	649,371	645,202	-4,169	-1%
Rent and utilities	54,134	51,121	-3,013	-6%
Office and general	97,074	42,454	-54,620	-56%
Consulting fees -				
General	21,250	19,999	-1,251	-6%
Complaints/Inquiries	37,000	37,092	-92	0%
Assessors/inspectors	9,200	4,173	-5,027	-55%
Exam fees and expenses	68,509	90,647	+22,138	+32%
Legal fees -				
General	19,030	8,565	-10,465	-55%
Complaints	24,750	36,449	+11,699	+47%
Discipline	8,000	31,946	+23,946	+299%
Council fees & expenses	84,288	88,732	+4,444	+5%
Hearings	0	4,432	+4,432	--
Amortization/Depreciation	0	0	0	0%
Insurance	8,415	8,415	0	0%
Equipment maintenance	15,340	13,024	-2,316	-15%
Audit fees	0	0	0	0%
Public education	114,019	58,637	-55,382	-49%
Education & training	6,750	338	-6,412	-95%

Postage & Courier	329	113	-215	-66%
Total Expenses	1,217,458	1,141,339	-76,119	-6%

The following expenses meet the materiality level, and information about the variance is provided as follows:

Office and general (56% below budget): This line item is typically comprised of various office expenses including office supplies, janitorial costs, costs associated with staff recognition events, translation costs, credit card fees and photocopying costs. At Q1 the College incurred minimal photocopying costs, no janitorial costs, no recruitment costs and no translation costs. Credit card fees were over budgeted as registrations which would've led to credit fees took place before the current fiscal year.

Consulting fees – assessors/inspectors (55% below budget): In this quarter, seven new inspections and two five-year inspections were completed. Accordingly, expenses were incurred for 11 inspections, which were in line with the budget. No claims were submitted for overnight accommodations, translation, or legal costs. Legal expenses were also not incurred in Q1 (these expenses were deferred to Q2). Travel and meal expenses were below budget, as they were not fully utilized by the inspectors.

Exam fees and expenses (32% above budget): This account covers costs associated with the delivery and maintenance of college examinations. At the end of Q1, consultation expenses were over-reported because a Yardstick invoice was split between quarters — partially captured in Q4 of last fiscal year, with the remainder processed in Q1 due to the timing of the invoice received. Overall, this item is performing in line with the budget and is expected to finish the fiscal year on target.

Legal fees – general (55% below budget): This account covers costs associated with legal advice for all College activities except complaints and discipline, which are accounted for separately. Expenses are below budget, as program areas have not required legal advice at the anticipated rate for this quarter. Only one legal fee, related to registration matters, was processed and paid during Q1.

Legal fees for complaints (47% above budget): This quarter the College opened 9 new complaints, closed 9 complaints, initiated 1 Registrar's (CEO) report investigation and closed 2 Registrar's (CEO) report investigation. This quarter the number of complaints and reports on which legal advice was required was higher than anticipated.

Legal fees for discipline (299% above budget): This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. Although no hearings took place in Q1, legal costs were incurred for preparatory work on two discipline cases. As a result, invoices from Stockwood and SML for preparation, drafting, and consulting fees were processed in this quarter.

Equipment maintenance (15% below budget): This account covers the maintenance of College's IT, copiers, postage meters, and related equipment. The budget was fully utilized this quarter, with a small portion remaining unspent due to staff turnover and leaves of absence, which is expected to be used in Q2.

Public education (49% below budget): This quarter, costs were not fully utilized as budgeted. Only the CANRA invoice was partially processed in Q1, with the remainder processed in the

previous fiscal year. Consultation and website-related expenses, primarily for the website redesign and translation content, are still pending and expected to be incurred between Q2-Q4 of this fiscal year.

Education and training (95% below budget): Every year the College budgets for staff professional development, with much of the budget allocated to Q1 when performance appraisals are completed. However, the timing of when staff undertakes approved professional development activities varies throughout the fiscal year.

Postage & Courier (66% below budget): The postage machine is replenished on a need basis. Most of the College's communications are sent electronically. This quarter the postage machine was replenished in the amount of \$113, which is 34% of the budget allocated for Q1.

Expenses for the Year

Cost Centre	Budget (\$)	Actual (\$)	Variance (\$)	Variance (%)
Salaries and benefits	2,685,472	645,202	-2,040,270	-76%
Rent and utilities	202,004	51,121	-150,883	-75%
Office and general	284,992	42,454	-242,538	-85%
Consulting fees -				
General	47,925	19,999	-27,926	-58%
Complaints/Inquiries	129,000	37,092	-91,908	-71%
Assessors/inspectors	66,800	4,173	-62,627	-94%
Exam fees and expenses	267,337	90,647	-176,690	-66%
Legal fees -				
General	55,260	8,565	-46,695	-85%
Complaints	114,700	36,449	-78,251	-68%
Discipline	82,000	31,946	-50,054	-61%
Council fees & expenses	206,875	88,732	-118,143	-57%
Hearings	20,554	4,432	-16,122	-78%
Amortization/Depreciation	20,554	0	-20,554	-100%
Insurance	35,208	8,415	-26,793	-76%
Equipment maintenance	61,560	13,024	-48,536	-79%
Audit fees	18,000	0	-18,000	-100%
Public education	165,656	58,637	-107,019	-65%
Education & training	12,250	6,412	-5,838	-48%
Postage & Courier	1,301	113	-1,188	-91%
Total Expenses	4,465,254	1,141,339	- 3,323,915	-74%

Overall, the first quarter represents 25% of the fiscal year. With 74% of our budgeted expenses remaining available, the College remains well situated at this time for this fiscal year.

4. Net Surplus/Deficit

At the present time, the College's surplus (deficit) is as follows:

	Q1 Budget	Q1 Actuals	Annual Budget	Year-to-Date Actuals
Revenues	3,442,278	3,471,418	3,942,392	3,471,418
Expenses	1,217,458	1,141,339	4,465,254	1,141,339

Surplus (Deficit)	2,224,820	2,330,079	(522,862)	2,330,079
-------------------	-----------	-----------	-----------	-----------

For the first quarter, the net results indicate that the College has an approximate \$105k larger surplus than was anticipated. The annual budget and year-to-date actuals do not provide a great deal of insight at this time; however, they will become more helpful as the fiscal year progresses.

5. Recommendations and Action Items

The overall challenge to the College remains, that is, to move forward with the strategic initiatives and related new programming while maintaining strong fiscal governance. Overall, the Q2 report is anticipated to provide greater detail for moving the College forward.

Respectfully submitted.



The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION

As of June 30, 2025 (Q1)

	As of Jun 30 2025	Fiscal 2024-25 March 31 2025 *	Variance	Variance %
ASSETS				
Chequing / Savings	\$	\$	\$	
Bank - Operating Funds	53,334.93	1,804,443.53	(1,751,108.60)	-97%
Bank - Savings (Interest Bearing)	1,074,706.29	32,199.27	1,042,507.02	3238%
Petty Cash	500.00	500.00	-	
Total Chequing / Savings	1,128,541.22	1,837,142.80	(708,601.58)	-39%
Accounts Receivable				
Accounts Receivable	1,171,039.74	1,656,880.37	(485,840.63)	-29%
Allowance for Doubtful Accounts	(49,706.41)	(126,989.45)	77,283.04	-61%
Ordered DC Costs	-	77,283.04	(77,283.04)	-100%
Loan Receivable-CANRA	175,000.00	-	175,000.00	
Total Accounts Receivable	1,296,333.33	1,607,173.96	(310,840.63)	-19%
Other Current Assets				
Prepaid Expenses	20,758.40	148,037.48	(127,279.08)	-86%
Investment in Mutual funds	1,745,721.30	1,734,998.29	10,723.01	1%
Accrued Interest	8,376.31	8,376.31	-	
Investment in GIC	562,116.91	562,116.91	-	
Total Other Current Assets	2,336,972.92	2,453,528.99	(116,556.07)	-5%
Fixed Assets				
Computer Equipment	111,471.32	111,471.32	-	
Furniture and Fixtures	157,256.73	157,256.73	-	
Accumulated Amortn - Computers	(138,677.30)	(85,697.32)	(52,979.98)	62%
Accumulated Amortn - Furniture	(85,697.32)	(138,677.30)	52,979.98	-38%
Total Fixed Assets	44,353.43	44,353.43	-	
TOTAL ASSETS	4,806,200.90	5,942,199.18	(1,135,998.28)	-19%
LIABILITIES AND EQUITY				
Accounts Payable				
Accounts Payable	62,500.42	95,447.94	(32,947.52)	-35%
Credit cards	3,780.00	(1,447.16)	5,227.16	-361%
Total Account Payable	66,280.42	94,000.78	(27,720.36)	-29%
Other Current Liabilities				
Accrued Liabilities	149,626.39	178,306.80	(28,680.41)	-16%
Accrued Liabilities-Discipline	-	-	-	
Deferred Income-Registration	-	3,271,944.00	(3,271,944.00)	-100%
Deferred Income-Exams	110,870.00	35,400.00	75,470.00	213%
Deferred Income-Inspection	12,500.00	5,500.00	7,000.00	127%
HST Payable	151,073.59	371,675.75	(220,602.16)	-59%
Total Current Liabilities	490,350.40	3,956,827.33	(3,466,476.93)	-88%
Equity				
Retained Earnings	(81,859.28)	(84,061.97)	2,202.69	-3%
Patient Relations Fund	90,385.13	90,385.13	-	
Business Continuity Fund	1,114,684.00	1,114,684.00	-	
Investigations and Hearing Fund	810,452.00	810,452.00	-	
Succession Planning Fund	52,110.00	52,110.00	-	
Profit for the year	2,330,078.65	1,802.69	2,328,275.96	129156%
Total Equity	4,315,850.50	1,985,371.85	2,330,478.65	117%
TOTAL LIABILITIES AND EQUITY	4,806,200.90	5,942,199.18	(1,135,998.28)	-19%

* For the complete fiscal year of 2024-2025



The College of Naturopaths of Ontario

Statement of Operations

As of April 1 2025- June 30 2025 - Q1

	Quarterly Results			YTD Results			Prior Fiscal Year Q1
	Budget Q1	Actuals Q1	Q1 Actuals as % of Budget	Approved Budget 25-26	YTD Actuals Q1	YTD as % of Budget	
	\$	\$	%	\$	\$	%	\$
REVENUES							
Registration and member renewal fees	3,349,695	3,387,555	101%	3,436,580	3,387,555	99%	3,284,463
Examination fees	42,620	37,635	88%	273,980	37,635	14%	37,220
Deferred capital funding	-	-		-	-		-
Assessment fees	-	-		10,000	-		-
Incorporation fees	12,613	11,477	91%	49,632	11,477	23%	11,289
Ordered costs recovered	-	-		23,000	-		-
Inspection fees	20,500	21,500	105%	82,000	21,500	26%	12,100
Interest	3,750	2,528	67%	15,000	2,528	17%	1,139
Investment Income	13,000	10,723	82%	52,000	10,723	21%	18,725
Miscellaneous	100	-	0%	200	-		-
TOTAL REVENUES	3,442,278	3,471,418	101%	3,942,392	3,471,418	88%	3,364,936
EXPENSES							
Salaries and benefits	649,371	645,202	99%	2,685,472	645,202	24%	438,563
Rent and utilities	54,134	51,121	94%	202,004	51,121	25%	51,155
Office and general	97,074	42,454	44%	284,992	42,454	15%	40,347
Consulting fees							
Consultants - general	21,250	19,999	94%	47,925	19,999	42%	5,665
Consultants - complaints and inquiries	37,000	37,092	100%	129,000	37,092	29%	18,261
Consultants - assessors/inspectors	9,200	4,173	45%	66,800	4,173	6%	3,794
Exam fees and expenses	68,509	90,647	132%	267,337	90,647	34%	69,544
Legal fees							
Legal fees - general	19,030	8,565	45%	55,260	8,565	15%	3,343
Legal fees - complaints	24,750	36,449	147%	114,700	36,449	32%	5,124
Legal fees - discipline	8,000	31,946	399%	82,000	31,946	39%	33,765
Council fees and expenses	84,288	88,732	105%	206,875	88,732	43%	23,442
Hearings (Discipline, Fitness to Practise)	-	4,432		8,360	4,432	53%	8,362
Amortization/Depreciation	-	-		20,554	-		-
Insurance	8,415	8,415	100%	35,208	8,415	24%	7,680
Equipment maintenance	15,340	13,024	85%	61,560	13,024	21%	13,039
Audit fees	-	-		18,000	-		-
Public education	114,019	58,637	51%	165,656	58,637	35%	12,107
Education and training	6,750	338	5%	12,250	338	3%	150
Postage & Courier	329	113	34%	1,301	113	9%	10
TOTAL EXPENSES	1,217,458	1,141,339	94%	4,465,254	1,141,339	26%	734,350
					-		
EXCESS OF REVENUES OVER EXPENSES	2,224,820	2,330,079	105%	(522,862)	2,330,079	-446%	2,630,586



The College of Naturopaths of Ontario

**Analysis of the Q1 Statement of Operations Compared to the Previous Year
April 1, 2025 to June 30, 2025**

	Q1								ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	APR-JUN'25 BUDGET	APR-JUN'25 ACTUAL	BUDGET Variance *		APR-JUN'24 BUDGET	APR-JUN'24 ACTUAL	BUDGET FAV (UNFAV) VARIANCE			
	\$'s	\$'s	Up arrow = Favourable Down arrow = Unfavourable		\$'s	\$'s	\$	%		
Revenue			\$	%			\$	%	\$	%
Registration and Member Renewals	3,349,695	3,387,555	↑ 37,860	101%	3,234,912	3,304,835	69,923	102%	3,436,580	99%
Examination Fees	42,620	37,635	↓ (4,985)	88%	42,675	37,220	(5,455)	87%	273,980	14%
Assessment Fees	-	0	○ -	0%	500	0	(500)	0%	10,000	0%
Incorporation Fees	12,613	11,477	↓ (1,136)	91%	11,862	11,289	(573)	95%	49,632	23%
Ordered Costs Recovered	-	-	○ -	0%	165,000	0	(165,000)	0%	23,000	0%
Inspection Fees	20,500	21,500	↑ 1,000	105%	20,500	12,100	(8,400)	59%	82,000	26%
Interest	3,750	2,528	↓ (1,222)	67%	5,400	1,139	(4,261)	21%	15,000	17%
Investment Income	13,000	10,723	↓ (2,277)	82%	15,000	18,725	3,725	125%	52,000	21%
Miscellaneous Income	100	-	↓ (100)	0%	100	-	(100)	0%	200	0%
Total Revenue	3,442,278	3,471,418	↑ 29,140	101%	3,495,949	3,385,308	(110,641)	97%	3,942,392	88%
Expenses										
Salaries and Benefits	649,371	645,202	↓ 4,169	1%	612,865	438,563	174,302	28%	2,685,472	24%
Rent and Utilities	54,134	51,121	↓ 3,013	6%	49,065	51,155	(2,090)	-4%	202,004	25%
Office and General	97,074	42,454	↓ 54,620	56%	96,358	40,347	56,011	58%	284,992	15%
Consulting Fees-General	21,250	19,999	↓ 1,251	6%	7,200	5,665	1,535	21%	47,925	42%
Consulting Fees-Complaints and Inquires	37,000	37,092	↑ (92)	0%	35,250	18,261	16,989	48%	129,000	29%
Consulting Fees-Assessors/Inspectors	9,200	4,173	↓ 5,027	55%	14,700	3,794	10,906	74%	66,800	6%
Exam Fees and Expenses	68,509	90,647	↑ (22,138)	-32%	63,081	69,544	(6,463)	-10%	267,337	34%
Legal Fees-General	19,030	8,565	↓ 10,465	55%	5,318	3,343	1,975	37%	55,260	15%
Legal Fees-Complaints	24,750	36,449	↑ (11,699)	-47%	24,375	5,124	19,251	79%	114,700	32%
Legal Fees-Discipline	8,000	31,946	↑ (23,946)	-299%	65,000	33,765	31,235	48%	82,000	39%
Council Fees and Expenses	84,288	88,732	↑ (4,444)	-5%	23,288	23,442	(154)	-1%	206,875	43%
Hearings (Discipline, Fitness to Practice)	-	4,432	↑ (4,432)	0%	15,610	8,362	7,248	46%	8,360	53%
Amortization/Depreciation	-	-	○ -	0%	-	-	-	0%	20,554	0%
Insurance	8,415	8,415	↓ 0	0%	4,500	7,680	(3,180)	-71%	35,208	24%
Equipment Maintenance	15,340	13,024	↓ 2,316	15%	14,140	13,039	1,101	8%	61,560	21%
Audit Fees	-	-	○ -	0%	-	-	-	0%	18,000	0%
Public Education	114,019	58,637	↓ 55,382	49%	57,935	12,107	45,828	79%	165,656	35%
Education and Training	6,750	338	↓ 6,412	95%	6,000	150	5,850	98%	12,250	3%
Postage and Courier	329	113	↓ 215	66%	364	10	354	97%	1,301	9%
Total Expenses	1,217,458	1,141,339	↑ 76,119	6%	1,095,049	734,350	360,698	33%	4,465,254	26%
Total Revenue over Expenses	2,224,820	2,330,079	↑ 105,258	5%	2,400,901	2,650,958	(471,339)	-20%	(522,862)	-446%

* A positive variance in the revenue section represents an increase in earnings compared to budget, hence favourable

* A positive variance in the expense section represents a higher spending compared to budget, hence unfavourable



The College of Naturopaths of Ontario

MEMORANDUM

DATE: September 24, 2025

TO: Council members

FROM: Mr. Barry Sullivan
Vice-Chair, Governance Committee

RE: Proposed Amendments to the Executive Limitations Policies (EL01-EL17)

The Governance Committee (GC) last met on August 18, 2025, and completed its' review of the Executive Limitations policies, per its' regular Governance policies review schedule. The Committee's proposed amendments resulting from that review have been included in the Council's September 24th meeting package and are being presented at the meeting for Council's further consideration and approval as appropriate.

1. Recommended Amendments

EL04 – Treatment of Staff

Following discussion, the committee recommends revising bullet point #7 to reference the related policy on workplace violence.

Recommendation: Reword bullet point #7 to read:

Take adequate measures to prevent sexual harassment or workplace violence (**as defined in EL09 – Workplace Violence Policy**) and investigate any internal complaints promptly.

EL05 – Financial Condition and Activity

The committee reviewed the monetary thresholds in bullet point #14 and recommends increasing the limits for purchases of furniture and technological equipment.

Recommendation: Increase the thresholds as follows:

- Computer or technological equipment valued at **\$1,000** or more at the time of purchase.
- Any furniture or equipment valued at **\$1,000** or more at the time of purchase.

EL07 – Financial Transactions

The committee reviewed bullet point #5 and identified a missing word that affects clarity.

10 King Street East – Suite 1001, Toronto, ON M5C 3C3

T 416.583.6010 F 416.583.6011

collegeofnaturopaths.on.ca

Recommendation: Revise the sentence to read:

Fail to maintain a petty cash account **not** exceeding \$500 or properly account for the petty cash of the College.

EL08 – Asset Protection

Based on feedback from the Interim Director, Operations, the committee recommends increasing the monetary threshold in bullet point #5(b).

Recommendation: Revise to read as:

Without having obtained, on purchase of services over **\$5,000**, comparative prices and quality, unless circumstances allow for single sourcing only, in which case the CEO will inform the Council as soon as practicable thereafter.

EL10 – Workplace Harassment

The committee discussed whether the word “repeated” should be removed from line item (d) in the definition of Workplace Harassment, concluding that a single incident may be sufficient.

Recommendation: Remove the word “repeated” from the following item:

Offensive or intimidating phone calls or e-mails.

2. Minor Editorial Updates

The committee also noted minor grammatical and formatting corrections to the following policies:

EL05 – Financial Condition and Activity: Remove a comma in bullet point #14.

EL08 – Asset Protection: Correct formatting of the list in bullet point #8.

EL10 – Workplace Harassment: Capitalize the “H” in the definition title of Sexual Harassment.

EL11 – Administration of Statutory Committees and Panels: Replace “his/her” with “their” in bullet point #6(d).

EL14 – Support to Council: Bold the word Council in the policy title for consistency.

Respectfully submitted,

Barry Sullivan
Vice-Chair, Governance Committee

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title Treatment of Staff	Policy No.	EL04.03
		Page No.	1

The Chief Executive Officer (CEO) shall ensure that the values of the Council, which are stated in its strategic plan, are reflected, upheld and evident with respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers of the College.

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

- 1 Treat employees in a fair, respectful and ethical manner and in keeping with the values articulated by the Council in GP02 (Governing Style).
- 2 Comply with employment standards as set by the Governments of Ontario and Canada.
- 3 Establish personnel policies, acceptable to the Council, that govern employees and their working conditions.
- 4 Protect from discrimination any staff member who expresses an ethical dissent.
- 5 Allow staff to present concerns to the Council Chair, provided that the staff person has exhausted internal resolution procedures and the employee alleges that either Council policy has been violated or Council policy does not protect human rights.
- 6 Acquaint staff with the characteristics of their job responsibilities and obligations to the College, including but not necessarily limited to position descriptions, reporting relationship, security and confidentiality.
- 7 Take adequate measures to prevent sexual harassment or workplace violence (as defined in EL09 – Workplace Violence Policy) and investigate any internal complaints promptly.
- 8 Objectively evaluate staff annually on their performance based on their job responsibilities and agreed upon performance measures.
- 9 Take reasonable measures to minimize overtime or temporary assistance.
- 10 Employ expert professional help when required.
- 11 Provide appropriate professional development opportunities for all staff in order that they may operate effectively.
- 12 Refrain from changing the compensation (including all benefits) the CEO receives without prior Council approval except where so authorized by the agreement governing his or her employment or by Council policies.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 26, 2023

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES
	Title Treatment of Staff	Policy No. EL04.03
		Page No. 2

- 13 Establish compensation and benefits packages for staff, which are representative of the market value for skills employed.
- 14 Provide the same basic level of benefit to all full-time employees although differential benefits to encourage longevity on the job for key employees are not prohibited.
- 15 Inform staff of the compensation and benefits provided to them by their employment with the College.
- 16 Review with staff any possible changes to compensation and benefits on an annual or shorter timeframe.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 26, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title	Policy No.	EL05.04
	Financial Condition and Activity	Page No.	1

“With respect to the actual, ongoing financial conditions and activities, the Chief Executive Officer (CEO) may not cause or allow fiscal jeopardy or deviation of actual expenditures from Council priorities.

Definitions	Expenses	Means the purchasing or leasing of goods or the acquisition of services.
	Payment instruments	Means cheques, drafts, notes or orders for payment of money and all notes and acceptances and bills of exchange.
	Tax payments	Means payments, and related corporate filing of documents, to the Government of Canada and Ontario, including but not necessarily limited to harmonized sales tax (HST), payroll withholdings, payroll taxes paid by the College, income tax.

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

- 1 Cause the College debt in an amount greater than the debt limit established by Council and that can be covered by the currently approved line of credit without prior approval of the Council.
- 2 Use any restricted reserve funds established under EL17 (Restricted Reserve Funds) without the approval of Council, except as authorized within that Governance Process policy.
- 3 Fail to settle payroll and debts in a timely manner.
- 4 Allow tax payments or other government ordered payments or filings to be overdue or intentionally inaccurately filed.
- 5 Fail to authorize expenses that are valued at \$25,000 or less and that have been previously accepted as an item in the College budget (s.4.08(i) of the By-laws)
- 6 Authorize expenses that are valued in excess of \$25,000 and that have previously been approved as an item in the College budget without first obtaining the agreement of the Council Chair or Council Vice-Chair (s4.08(ii) of the budget)
- 7 Fail to report to the Council, as soon as practicable, expenses that they have approved at a value of \$5,000 or less that were not previously accepted as a line item in the College budget that they believed were necessary for the operations of the College (s 4.08(iii) of the By-laws).
- 8 Authorize expenses that are in excess of \$5,000 and that were not previously accepted as a line item in the College budget unless the expense is approved by the Council or, if the matter requires urgent action, is approved by the Executive Committee on behalf of the Council or, if the expense applies to an activity which the College is legally

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 26, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title Financial Condition and Activity	Policy No.	EL05.04
		Page No.	2

obligated to perform, in which case the CEO will inform the Council as soon as practicable thereafter.

- 9 Fail to sign all payment instruments in an amount less than \$5,000 in a prompt and timely manner (s 4.03 of the by-laws).
- 10 Fail to obtain the signature of the Council Chair or Council Vice-Chair on payment instruments in an amount greater than \$5,000 (s. 4.04 of the by-laws) and in any amount where the instrument is in a payment to the CEO (best practice).
- 11 Fail to regularly monitor and report on the financial condition of the College to the Council on a bi-monthly basis.
- 12 Fail to aggressively pursue receivables, such as registration fees etc., within a reasonable grace period.
- 13 Exceed budgeted amounts in any one line item by more than 25% without informing the Council as soon as practicable thereafter.
- 14 Fail to record as an asset on the balance sheet any of the following items provided, they have a useful life of more than one year:
 - Computer or technological equipment valued at **\$1,000** or more at the time of purchase;
 - Any furniture or equipment valued at **\$1,000** or more at the time of purchase;
 - Any construction or alterations to the physical office space during the term of the lease valued at \$25,000 or more at the time of construction.
- 15 Fail to depreciate assets on the balance sheet in accordance with the following schedules:
 - Computer or technological equipment on a three-year straight-line schedule starting in the fiscal year following the purchase;
 - Furniture or other equipment on a five-year straight-line schedule starting in the fiscal year following the purchase;
 - Alterations to the physical space on a five-year straight-line schedule or on a straight-line for the remaining duration of the lease, whichever is shorter.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 26, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES
	Title Financial Transactions	Policy No. EL07.02
		Page No. 1

With respect to the actual financial transactions of the College, the Chief Executive Officer (CEO) shall not undertake any of the following.

- 1 For any purpose whatsoever deduct any amount from money received by the College or fail to deposit such money received in the bank in the name of the College.
- 2 Fail to endorse any negotiable instrument for collection on account of the College or for the deposit to the credit of the College with the bank.
- 3 Fail to obtain a record of transaction for any payments made on behalf of the College by any means.
- 4 Fail to write cheques or have them endorsed in accordance with Article 4 of the By-laws of the College.
- 5 Fail to maintain a petty cash account **not** exceeding \$500 or properly account for the petty cash of the College.
- 6 Fail to maintain the accounting of the College, including but not necessarily limited to the general journal, accounts receivable, and accounts payable.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 26, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title Asset Protection	Policy No.	EL08.04
		Page No.	1

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

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

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

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

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES
	Title Asset Protection	Policy No. EL08.04
		Page No. 2

- 12 Enter into a new agreement to borrow money on behalf of the College without Council's prior approval.
- 13 Fail to keep the Council informed of the status of all assets of the College.

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

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title Workplace Harassment	Policy No.	EL10.05
		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, racism and/or discrimination will not be tolerated from any person in the workplace. The Council, through the Chief Executive Officer (CEO), is responsible for promoting a diverse workforce that is inclusive of everyone.

Definitions **Microaggression** Means an action or verbal message that intentionally – or more often unintentionally - conveys a stereotype, negative trait, or general insensitivity associated with someone’s race, gender, identity, sexual orientation, language abilities or other identity markers. It is a subtle jab that reminds someone that they are the “other” in some way. The more often microaggressions are heard, the bigger the impact they will have on a person’s well-being. For members of underrepresented groups, microaggressions can be a daily experience, forcing them to question whether they belong and creating anxiety about how others perceive them.

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.
- 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 e-mails.
- 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, but not limited to, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, culture or other ideologies.

Sexual Harassment Means any unsolicited conduct, comment or physical contact 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 sexual assault.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	September 27, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES	
	Title Workplace Harassment	Policy No.	EL10.05
		Page No.	2

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 and/or microaggressions and promotes diversity and inclusivity.
- 2 Ensure that all workers are educated about and uphold this policy.
- 3 Ensure that all workers collaborate to prevent workplace harassment and/or microaggressions and promote diversity and inclusivity.
- 4 Develop and maintain 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/or microaggressions 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 and/or microaggressions.
- 6 Ensure that all workers adhere to this policy and the supporting program and that every worker is encouraged to raise any concerns about workplace harassment and/or microaggressions and to report any incidents.
- 7 Investigate and deal with all incidents and complaints of workplace harassment and/or microaggression 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. 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	September 27, 2023

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXECUTIVE LIMITATION	COUNCIL POLICIES	
	Title Administration of Statutory Committees and Panels	Policy No. EL11.02	
		Page No. 1	

Whereas the Council retains direct authority for the proper constitution of the Statutory Committees.

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

- a) *Decisions with respect to the authorities set out under the Code.*
- b) *Regular review of and proposing amendments to Regulations and Program policies relating to their authorities set out under the Code.*
- c) *Ensuring the proposal preparation process has been based on evidence, regulatory best-practices and appropriate consultations to ensure decision-making process of Council is efficient and effective.*

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, 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 All Committee documentation is securely maintained in accordance with College records management and retention policies and is accessible in a timely manner.
- 5 Any referrals to Statutory Committees or Tribunals or referrals from one Statutory Committee to another are forwarded expeditiously.
- 6 Refrain, in exercising their responsibilities from:
 - a) Interfering with the substantive meaning of any statements made by the committees/panels.

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

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	EXECUTIVE LIMITATION	
	Title	Policy No.
Administration of Statutory Committees and Panels		EL11.02
		Page No.
		2

- 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~~ their 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	September 29, 2021

 The College of Naturopaths of Ontario	Policy Type EXECUTIVE LIMITATIONS	COUNCIL POLICIES
	Title Support to Council	Policy No. EL14.01
		Page No. 1

The Chief Executive Officer (CEO) shall not fail to provide support and services to the Council.

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

- 1 Supervise and administer the Election of Council and the Executive Committee as set out by College By-laws.
- 2 Provide all administrative services to Council as may be required for the Governance process such as correspondence, keeping of records, distribution of notice of meetings and other administrative details as may be required.
- 3 Notify Council members in advance of the expiration of their terms of office.
- 4 Communicate with the Council Chair on a regular basis.
- 5 Obtain the approval of the Council Chair or Council Vice-Chair for the amount and purpose of the CEO's business expenses.
- 6 Pay the per diem and expenses due to Council, Committee members or non-Council volunteers, in accordance with GP18, in a timely manner.

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



The College of Naturopaths of Ontario

BRIEFING NOTE

Framework for the Evaluation of Laboratory Test Submissions

PURPOSE: To seek approval in principle for a framework to the evaluation of Laboratory Test Submissions.

OUTCOME Adoption, in principle

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Results:	Adoption in Principle		
Overall Timing:	25 minutes		
Steps/Timing:	1.	Presentation by CEO	5 minutes
	2.	Q&A and discussions	15 minutes
	3.	Motion	5 minutes

BACKGROUND:

The Council of the College of Naturopaths of Ontario is required to review requests from individual practitioners, system partners and patient advocates for changes or additions to the list of laboratory tests that can be performed and ordered by Naturopathic Doctors.

The regulation governing these tests is one made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA), not under the rubric of the Regulated Health Professions Act, 1991 or the Naturopathy Act, 2007. As such, the College Council does not have direct control over these regulations; however, historically, the Ministry of Health, which does have control over the LSCCLA regulation, has sought the support of the College for any requests for changes to the laboratory test list.

This was true in the lead up to proclamation of the *Naturopathy Act, 2007* when commensurate changes to the LSCCLA regulation authority laboratory testing and requisitioning by NDs officially allowed NDs access to Ontario’s laboratory system. It is also true in late 2024 when the Ministry received a request from a system partner for changes and asked that the organization first seek the support of the College Council.

In late 2024, the College received a submission from the OAND for changes to the list of laboratory tests accessible by the profession. As part of its review, the College sought advice from an external reviewer with knowledge and experience with laboratory testing.

In receiving the advice, it became clear that in addition to proceeding with the review of the submission itself, a framework would be helpful moving forward to reduce the size of submissions by eliminating tests that would not or could not be considered.

DISCUSSION POINTS:

The purpose of creating a framework for the evaluation of laboratory test submissions is to ensure transparency in the evaluation process, as well as to support the mandate of the Council and the College, which is to serve and protect the public interest.

In the absence of such a framework, the public, the profession, and system partners would have no clear understanding of what the Council might support and why. By establishing the framework, it is clear to all involved which tests might be approved by the Council.

Although the Ministry of Health has been consulted in developing the framework, it does not bind the Ministry to accede to a request for laboratory testing supported by the Council of the College. The decisions on inclusion of laboratory testing belong exclusively to the Ministry based on parameters set by the Ministry.

The framework's intent, if approved, is to allow the College staff to conduct an initial review and apply it to any submission. This would potentially reduce the size of the list of lab tests by eliminating those that do not fit within the framework.

This also would reduce costs to the College as the lab tests that are beyond consideration as set out in the framework would not require an expert review.

Proposed Framework

Attached is a draft of the proposed framework for the review of the Council. The framework would establish the following criteria that must be met for a lab test to be brought before the Council.

1. Individual Named Test
2. Testing for the Purpose of Diagnoses
3. Test Available in Ontario Laboratories
4. Clinical Interpretation Guidelines are Widely Available
5. Test is used in General Practice
6. Test is NOT a Public Health Test
7. Test is not a DNA Test
8. Test is with the Scope of Practice of the Profession

This framework would apply to all potential lab tests to be considered, however, when it applies to Point of Care testing in office, only tests replacing existing tests would be considered and when it applies to Testing on sample taken in office, a new test either would be required to be replacing an existing test or would be a test where the same cannot be obtained in a Specimen Collection Centre.

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Reference Materials for the Council meeting. Only identified risks will be addressed.

- Strategic risk:
 - Reputation – Some system partners may believe that the basis for the framework is misaligned with profession needs, incomplete or inaccurate. This will be mitigated by a brief consultation process that will identify those issues for further consideration by the Council.

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 Reference Materials for the Council meeting. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust – development of a framework ensures that system partners are aware of the kinds of tests that the Council will consider.
- Timely, accessible, and contextual
- Balance
- Consistent approaches

Financial Impact – There is no immediate monetary impact from the framework; however, by instituting it, the Council can reduce the number of tests that will not be accepted and reduce the potential costs of an unnecessary analysis of them.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Reference Materials for the Council meeting. The framework is designed to ensure transparency and to support objective (evidence-based) decisions. It is also a means to be fair to all system partners as it would be clear as to the basis on which decisions will be made.

RECOMMENDATIONS

It is recommended that the Council adopts the framework in principle to allow for a consultation process to be undertaken.

Andrew Parr, CAE
Chief Executive Officer
September 2025

Framework for the Evaluation of Laboratory Test Submissions

1. Introduction

The Council of the College of Naturopaths of Ontario is required to review requests from individual practitioners, system partners and patient advocates for changes or additions to the list of laboratory tests that can be performed and ordered by Naturopathic Doctors.

The regulation governing these tests is one that is made under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA), which is not under the rubric of the *Regulated Health Professions Act, 1991* or the *Naturopathy Act, 2007*. As such, the College Council does not have direct control over these regulations; however, historically, the Ministry of Health, which does have control over the LSCCLA regulation, has sought the support of the College for any requests for changes to the laboratory test list. This was true in the lead up to proclamation of the *Naturopathy Act, 2007* when commensurate changes to the LSCCLA regulation authority laboratory testing and requisitioning by NDs officially allowed NDs access to Ontario's laboratory system. It is also true in late 2024 when the Ministry received a request from a system partner for changes and asked that the organization first seek the support of the College Council.

2. Development of the Framework

This framework is being developed based on the initial discussions with the Ministry of Health in the lead up to proclamation of the *Naturopathy Act, 2007* in 2015 and on current discussions with the Ministry of Health, both the Health Workforce Regulatory Oversight Branch and Ontario Laboratory Medicine program.

3. Purpose of the Framework

The purpose of creating a framework for the evaluation of laboratory test submissions is to ensure transparency in the evaluation process, as well as to support the mandate of the Council and the College, which is to serve and protect the public interest. In the absence of such a framework, the public, the profession and system partners would have no clear understanding of what the Council might support and why. By establishing the framework, it is clear to all involved which tests might be approved by the Council.

Although the Ministry of Health has been consulted in the development of the framework, the framework does not bind the Ministry to accede to a request for laboratory testing that is supported by the Council of the College. The decisions on inclusion of laboratory testing belong exclusively to the Ministry based on parameters that are set by the Ministry.

4. The Framework

This framework addresses both Point of Care testing and Laboratory Testing that an ND can requisition.

4.1 Point of Care (PoC) Testing

For the purposes of this section, a point of care test is a test that is performed by an ND on their own patient in their office on a specimen that they have collected from their patient using a device that was designed for the purposes of testing on that specimen. The regulation under the LSCCLA allows NDs to collect blood, urine, and swabs (throat, vaginal) for testing in office.

4.1.1 No Additional PoC Testing will be Added

Currently, the profession is authorized to perform seven Point of Care tests in office on blood specimens collected from their patients and 10 Point of Care in office tests on non-blood specimens. No additional Point of Care testing will be considered by the Council for PoC testing. Rationale: Testing on blood is considered high risk due to infectious and communicable diseases. Such testing requires detailed safety protocols and careful handling and disposal of the specimen. Similarly, testing on non-blood specimen should be undertaken in the controlled environment of a Specimen Collection Centre where safety protocols are in place for both the public and individual patients.

4.1.2 Replacement for existing testing

Existing PoC tests authorized to the profession will be updated with a new test provided that the new test is developed and intended for the same purpose, is supported by clinical evidence to be a more appropriate test and it meets all the criteria set out in 4.3 below. Rationale: Given decisions already in place for this testing, there is a public interest in maintaining the degree of PoC testing that is available through the profession.

4.2 Collecting Samples for Test Requisition

This section governs situations where NDs are authorized to collect a specimen from their own patient in their own office for the purposes of sending the specimen to a licensed Ontario laboratory. Currently, NDs are authorized under the LSCCLA to collect specimens from their patients and send those specimens to a licensed Ontario laboratory for the purposes of 61 tests set out in the Regulation under that Act.

4.2.1 Specimen cannot be collected in a Collection Centre

Adding a new test to the list of tests where the ND collects the sample in office and delivers the specimen and requisition to a laboratory for testing requires that all of the criteria in 4.3 have been met and that the specimen required for the test requires the performance of a procedure that is authorized to NDs in Ontario and cannot be collected in a Specimen Collection Centre due to its invasive nature. Rationale: Specimen Collection Centres are uniquely positioned to collect specimens of all natures safely and effectively. The centres are associated with a licensed and accredited laboratory and their

employees are, through accreditation, properly trained and the centres have the processes in place to ensure the integrity of the samples and public health protection with respect to specimen handling.

4.2.2 Replacement Test

Existing tests where NDs are authorized to collect the specimen and send the specimen and a requisition to a laboratory will be updated with a new test provided that the new test is developed and intended for the same purpose, is supported by clinical evidence to be a more appropriate test and it meets all the criteria set out in 4.3 below. Rationale: Given decisions already in place for this testing, there is a public interest in maintaining the degree of specimen collection that is available through the profession.

4.3 Test and Sample Requisition

This section of the framework governs tests where the specimen is collected in a Specimen Collection Centre which is then sent to the associated laboratory for testing. The Council of the College will only consider tests that meet the following criteria.

4.3.1 Individual Named Test

The test to be considered must be a single identified test. Groups or categories of tests will not be considered. Rationale: The LSCCLA requires that a specific test be authorized. A category of tests or an open reference to tests on a particular sample cannot be added. Furthermore, without a named test, the remainder of the criteria of this framework cannot be applied and the College does not have the resources to undertake the necessary research to identify specific tests.

4.3.2 Testing is required for the Purpose of Diagnoses

To be considered, a test must be available for use in diagnosis of diseases, disorders or dysfunctions. As such a test that is designed for use only in research cannot be authorized. The test must be necessary for the purposes of diagnosis as opposed to a test that would be a good test to have available. Rationale: Section 26 of the Regulation made under the LSCCLA exempts NDs from prohibitions on specimen testing and requisition lab tests only for the exclusive purpose of diagnosing or treating their patient in their practice. A test that is not intended for the purposes of diagnosis would likely violate this requirement in the regulation. Given that patients are paying for the testing being conducted through the profession, the need for the test to be conducted is important to avoid unnecessary costs.

4.3.3 Test Available in Ontario Laboratories

Through the LSCCLA, Ontario NDs are allowed to access laboratory testing in the Province; however, by inclusion under this regime, NDs cannot use laboratories that are not licensed in Ontario. Rationale: The legislation authorizes NDs to collect certain specimens for specific authorized purposes, including some in office, PoC testing or testing by an Ontario licensed laboratory. Collecting a specimen for the purposes of sending the specimen to a laboratory outside of Ontario would breach the LSCCLA.

Important note: certain laboratories in other Canadian provinces have agreements for testing specimens that are collected in Ontario through a Specimen Collection Centre for an Ontario laboratory which then outsources the testing to a lab outside of Ontario. This is not a concern of the College because the specimen is collected by a Collection Centre owned by a licensed laboratory who can then undertake the necessary testing by whatever means necessary,

4.3.4 Clinical Interpretation Guidelines are Widely Available

Clinical Interpretation Guidelines for laboratory tests are structured recommendations that help regulated health professionals accurately understand and apply lab test results in clinical practice. These guidelines ensure that laboratory data is interpreted consistently, safely, and in a way that supports effective patient care. Rationale: the absence of clinical guidelines places the patient at risk of ineffective care as NDs would have no clear means of ensuring their understanding of the results and supporting patient care.

4.3.5 Test is used in General Practice

Many laboratory tests are used in general practice, meaning that a regulated health practitioner who treats a wide range of diseases, disorders or dysfunctions can interpret the results of a laboratory test. However, there are also laboratory tests that require additional knowledge, skill and judgement beyond general practice. These tests require specialized knowledge to know when the test might be used and what the test results are indicating about the patient's condition and/or treatment progress. Test that are intended for specialist use will not be considered for use by NDs. Rationale: The profession will not have the knowledge, skill and judgement to order the test, interpret the results and apply the results in a treatment regime.

4.3.6 Test is NOT a Public Health Test

For the purposes of this framework, there are two relevant types of laboratories in Ontario. Private laboratories that are paid for testing through Ontario's publicly funded system, and Public Health Laboratories that are owned and operated by the Province of Ontario. Public Health tests are the exclusive domain of Ontario's Public Health Laboratories. Tests conducted in these laboratories are not paid for by the Province as a test would be for a privately owned laboratory. Rationale: Since Public Health Laboratories do not receive money for specific tests but are essentially employees of the Crown, there is no mechanism for a patient to pay for a public health test when it is performed such as there is for testing in privately owned laboratories. Even if there were such a mechanism, the Public Health Laboratory is funded through the tax dollars of Ontarians and as such, a patient should not be paying for testing twice.

4.3.7 Test is not a DNA Test

Deoxyribonucleic acid (DNA) is a molecule that carries genetic instructions for life and is found in nearly every cell of the body. It is often used for the purposes of ancestry and ethnicity, paternity and family relationships, medical and health insights, forensics and genetic research. Rationale: DNA testing will not determine whether a patient has a disease, disorder or dysfunction but rather, whether a patient may be

predisposed to certain illness based on their genetics. As such, it is not a reliable measure for health status and is not used for the purposes of diagnosing or treating a patient.

4.3.7 Test is with the Scope of Practice of the Profession

The test must be used for diagnosis or treatment for conditions that are within the scope of practice of the profession. The scope of practice of the profession is identified through a combination of the Scope Statement and the controlled acts authorized to the profession as set out in the *Naturopathy Act, 2007*, as well as through the designated drugs set out in the regulation that may be prescribed, dispensed, compounded or sold, and the prescribed substances that may be administered by injection or inhalation. Clear examples of how the test will be used practically in naturopathic practice will be essential to making the scope determination. Rationale: enabling access to testing that will result in diagnosing conditions that cannot be treated or managed by NDs is not placing the patient at the centre of care because the patient will be required to visit another health care provider to obtain a confirmed diagnosis and treatment plan.

4.3.8 Best test for the patient

The test must be the best test for the patient in naturopathic practice. Rationale: Given that the patient is paying for the test to be conducted, the test should be the best available test for diagnostic purposes. A pre-screening test that requires a second confirmatory test to diagnose might not be the best test in the patient pays scenario.

5. Application of the Framework

In keeping with the purpose of this framework, any submission for inclusion of a laboratory test that does not meet the established criteria will be returned by the Chief Executive Officer of the College to the submitting party for further work and information. Any laboratory test that likely meets the criteria will be referred to the Council for a final determination that the test meets the criteria and as to whether the Council supports access to the test by the profession. The decision is solely at the discretion of the Council and its determination of whether the use of any testing by NDs is in the public interest, is within the scope of the profession, and can be used safely, ethically and effectively.

Tests that are deemed appropriate for use by Naturopathic Doctors in Ontario will be forwarded to the Ministry of Health, along with the information provided to the College and any additional information obtained by the College through expert reviews. Final decisions on inclusion of a test on the regulation made under the Laboratory and Collection Centre Licensing Act will be made by the Minister of Health.

September 17, 2025



The College of Naturopaths of Ontario

BRIEFING NOTE CANRA Strategic Discussions

PURPOSE: To seek input from the Council with respect to upcoming strategic discussions among members of the Canadian Alliance of Naturopathic Regulatory Authorities.

OUTCOME Feedback

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Discussion		
Results:	Decision		
Overall Timing:	10 minutes		
Steps/Timing:	1.	Overview by the CEO	3 minutes
	2.	Discussion and questions	5 minutes
	3.	Decision	2 minutes

BACKGROUND:

In February 2020, CANRA developed a Strategic Plan (attached) that established a vision for a national alliance of naturopathic regulators that included six large priorities. While work has been undertaken on two of these priorities, the remaining have not yet been acted upon.

Before CANRA refocuses its efforts for the future, it is important that it takes a moment to reflect on the needs of its members, the individual regulators.

DISCUSSION POINTS:

To prepare the CANRA Board for its strategic discussions in November, it has asked that each CANRA member consider the following topic areas and to provide thoughts to the general discussion through its representative(s).

1. Separate and apart from the details of the Strategic Plan, why is your organization a member of CANRA? What is the value that CANRA brings to your organization?
2. Over the past five years, CANRA has formalized itself as an entity and worked on national exams; however, what opportunities might CANRA have missed over this timeframe? What might we be doing to enhance or facilitate your work as a regulator?
3. Looking ahead to the next three to five years, what opportunities do you see now where CANRA can make a difference in your work, to support you and other regulators?
4. Looking specifically at the strategic plan and work that has not yet been initiated by CANRA, what are the collective thoughts of your organization on:

- a. Developing a set of foundational national standards? Does this remain relevant? Would this assist your organization? Is there sufficient cohesion among the jurisdictions given the variations in scope cross the Country? Will it create conflicting standards and confusion for the profession?
- b. CANRA becoming a recognized, national voice for naturopathic regulation in Canada? Is it important that CANRA speak for the collective group of regulators? To whom is it important that CANRA speak on behalf of the regulators?
- c. CANRA becoming the regulatory educator for regulators? Should CANRA be seen to be educating individual regulators on how to perform their role both organizationally and for individual staff in the member regulators?
- d. CANRA providing leadership through collaboration? Should CANRA be working with individual regulators to impact national policies, government decision-making on regulation of the profession? Should CANRA on behalf of its members be promoting regulation and working towards a goal of a consistent, national framework for the profession?

ANALYSIS

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

- Hazard risk: There are no immediate hazard risks.
- Operational risk: There are no immediate operational risks.
- Financial risk: There are no immediate financial risks.
- Strategic risk: There are no immediate strategic risks

Privacy Considerations – There are no privacy considerations related to 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 Reference Materials. There are no transparency concerns.

Financial Impact – There is no immediate financial impact.

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. Integration of the College with its colleagues across Canada is good governance and therefore part of the public interest.

Andrew Parr, CAE
Chief Executive Officer
September 2025



STRATEGIC PLANNING REPORT

February 2020

Table of Contents

INTRODUCTION	3
BACKGROUND	3
RESEARCH.....	3
FACILITATION	4
THE VALUE PROPOSITION	4
KEY ISSUES AND CHALLENGES.....	5
A VISION FOR THE FUTURE.....	5
Establishing a Governance and Funding Model	5
National Examinations	6
National Practice Standards	7
Leadership – Through a Collective Voice.....	8
Leadership – Through Regulator Education	8
Leadership – Through Collaboration on Collective Issues.....	9
NEXT STEPS.....	9

INTRODUCTION

This is a summary report of the strategic planning meeting held by the members of the Canadian Alliance of Naturopathic Regulatory Authorities on February 10, 2020. This report will focus on the key areas discussion and the outcomes of those discussions.

BACKGROUND

At the time of this planning session CANRA represents the five Canadian regulatory authorities governing naturopathic doctors. They include:

- College of Naturopathic Doctors of Alberta;
- College of Naturopathic Physicians of British Columbia.
- College of Naturopaths of Ontario
- Manitoba Naturopathic Association
- Saskatchewan Association of Naturopathic Practitioners

Initially formed informally in 2016, CANRA has steadily grown in terms of its relevance to naturopathic regulation in Canada. In 2018, members took the first steps towards formalizing the alliance by creating official terms of reference that set out the mandate and parameters of the alliance.

At the time, CANRA's goals were identified as:

- Promoting communication and cooperation among its members;
- Promoting information sharing among members relating to regulation, administration, education and health care generally; and
- Working to create opportunities to work collaboratively on matters relating to the regulation of the naturopathic profession in Canada.

It is important to note that although two of CANRA's members are called "associations", these organizations have made an internal split between the association/member benefits role and the regulatory role.

In discussions leading up to the strategic planning meeting, it had become increasingly clear to all member regulators that the information sharing and support that had been garnered since its inception was now begging for a more formalized and structured approach.

RESEARCH

In preparation for the strategic planning meeting, an informational research document was created and shared among the CANRA members. This document providing information about several similar national regulatory alliances that have been formed among other professions. The information included the nature, role and activities of the following regulatory alliances:

- Alliance of Medical Radiation and Imaging Technologists Regulators of Canada
- Canadian Alliance of Physiotherapy Regulators
- Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists
- Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
- Federation of Massage Therapy Regulatory Authorities of Canada
- Federation of Medical Regulatory Authorities of Canada.

In addition, an environmental scan was prepared and shared with CANRA members that identified other key organizations in the naturopathic profession and identified their role. These included:

- Canadian Association of Naturopathic Doctors (CAND)
- Canadian Naturopathic Coordinating Council (CNCC)
- Council on Naturopathic Medical Education (CNME).
- Federation of Naturopathic Medical Regulatory Authorities (FNMRA)
- Naturopathic Physicians Licensing Examination (NPLEX)
- North American Board of Naturopathic Examiners (NABNE)
- Provincial and Territorial ND Associations.

FACILITATION

The strategic planning meeting was facilitated by Carolyn Everson of The Everson Company. Ms Everson is a well versed consultant and facilitator who has focused a significant part of her career on the regulatory and health environments and who has person Board experience both as a member and as Board Chair.

Ms Everson prepared an agenda and a presentation deck to support the planning meeting.

THE VALUE PROPOSITION

The CANRA members began by focusing on the value proposition that the Alliance represents and identifying its limitations.

The group identified the benefits of the alliance as:

- Realizing our collective strength and voice, and using that to defend our mandate and the public that we serve;
- Moving beyond our Provincial legislative frameworks;
- Providing support collectively to regulatory bodies with limited resources;
- Creating group materials that support all;
- Daring to take national action to influence Provincial legislation.

The group also identified the limits of the alliance, the “lines that cannot be crossed”:

- We must respect the individual authority of each regulator at the table.

- Regulators with funding and resources available should not unduly control or influence those that do not have one or both of these available to them. All members matter, regardless of the size of the regulator.
- Sharing information among our group carries with it a duty of confidentiality, what is discussed at the CANRA table stays at the CANRA table. CANRA meets within a “cone of silence”.
- In areas where we make an agreement on approaches or activities, we each still need buy in at the local level, i.e., our own individual regulatory Councils/Boards.
- CANRA’s discussions lead to positive outcomes but we must always speak as a collective voice.

KEY ISSUES AND CHALLENGES

Before contemplating its future, the CANRA members reviewed the key issues and challenges facing the alliance and the regulatory environment. These were identified as:

- The financial resources of CANRA –
 - A funding framework is required;
 - CANRA financial resources must be prioritized.
- The Governance model for CANRA –
 - Needs to be solid and strong yet nimble;
 - Needs a clear mandate with a focus on public protection;
 - Must avoid ND conflicting priorities.
- The inherent nature of the profession –
 - Proud;
 - Non-conformist;
 - Wanting to be unique, as a profession and between jurisdictions.
- A lack of respect –
 - From other naturopathic stakeholders, individually and collectively;
 - From those that are seen to have “founded” the profession.
- A need for buy-in among CANRA members –
 - Clarity of structure, roles and processes is required;
 - Egos checked at the meeting room door;
 - Concerns over control.
- A need for new approaches by CANRA –
 - A change management strategy is required;
 - Increased consultation and communication with stakeholders

A VISION FOR THE FUTURE

Through small and full group discussions, the CANRA members established the following strategic priorities for the organization.

Establishing a Governance and Funding Model

Priority:	To establish CANRA as an organization that is guided by equality within the context of jurisdictional differences, a strong but nimble governance and funding model is required, one that establishes a clear mandate that focuses on public protection.
------------------	--

Work Plan:

To accomplish this, a governance model must be developed that addresses:

- The members:
 - Current members are established regulatory authorities;
 - Who else can join (Nova Scotia, NWT)?
 - When do they become eligible for membership?
 - What about unregulated jurisdictions?
- The structures within the alliance:
 - Is there a Board of Directors and if so, who are the Directors?
 - Are their recognized formal subgroups, perhaps of the Registrars or an exams group, or a standards group?
- Decision-making processes:
 - Does CANRA have independent decision-making authority and is it autonomous from its individual members?
 - Is the agreement of all needed to make a decision or does the majority rule?
 - If CANRA does not bind members, do we have a common approach to briefing member organizations?
- The funding approach:
 - What are the approaches available to CANRA?
 - Does the approach facilitate member participation, in particular those that are small and have fewer financial resources?
 - The where and how of meetings, in person vs using technology.
- Resourcing CANRA itself:
 - Is the Board a working Board and therefore the directors also do the work?
 - Will CANRA has staff support and if so, on which approach:
 - A hired Executive Director
 - Borrowing staff from within one or more of the Members
 - Retaining an association management company to provide a set of specified services?

Action Item:

It was agreed that the Registrars (senior staff person appointed by CANRA members) would work on the governance approach and present recommendations to the group at the May CANRA meeting.

National Examinations

Priority:	By 2025, CANRA has set up (or is) a national examination body that: <ul style="list-style-type: none"> a) Sets and maintains the competencies for entry-to-practice and spanning the career of naturopathic doctors;
------------------	---

	<ul style="list-style-type: none"> b) Sets, maintains and delivers written and practical entry-to-practice examinations; c) Offers a Prior Learning Assessment and Recognition program; d) Sets, maintains and delivers qualifying examinations for post-registration certifications; e) Is self-funding or is on its way to establishing self-sustainability.
--	--

Work Plan:

2020-2021	2022-2023	2024-2025
<ul style="list-style-type: none"> 1. Determine whether examining body is CANRA, and if so with separate silos or another body? 2. Review options and establish legal structure. 3. Determine and address insurance and other implications. 4. Establish the competencies. 5. Assess existing exams and PLAR program, including recruit volunteers, conduct item writing, testing (esp. practical in BC) and training. 	<ul style="list-style-type: none"> 1. Prepare and deliver presentations for Councils; 2. Obtain approvals from Councils 3. Educate students at schools about new examination approach. 4. Establish transition policies and period. 5. Evaluate what is working and what needs improving. 	<ul style="list-style-type: none"> 1. Be the only mechanism for delivering exams in Canada. 2. At minimum, be revenue neutral.

National Practice Standards

Priority:	By 2025, CANRA has developed a foundation of national standards of practice and position statements in areas of common interest.
------------------	--

Work Plan:

2020-2021	2022-2023	2024-2025
<ul style="list-style-type: none"> 1. Create an index of all existing standards across all jurisdictions. 2. Appoint a subcommittee 3. Establish a three phase approach that prioritizes standards and identifies jurisdiction specific standards. 4. Develop/draft Phase I documents 	<ul style="list-style-type: none"> 1. Consult on and seek approval of Phase I documents. 2. Develop/draft Phase II documents 3. Create a Standards Review Schedule to ensure the standards are maintained as current. 	<ul style="list-style-type: none"> 1. Consult and seek approval on Phase II documents. 2. Develop and draft Phase III documents. 3. Consult and seek approval of Phase III documents. 4. Create a national process for CE/CC credit approval by comparing existing processes.

<p>5. Compare existing and matching standards for similarities and differences and develop briefing materials with differences and rationale for homogenization.</p> <p>6. Create a common template for standards.</p>		<p>5. Determine whether CANRA maintains a national approval program.</p>
--	--	--

Leadership – Through a Collective Voice

Priority:	By 2025, CANRA is the recognized national voice of naturopathic regulation in Canada.
------------------	---

Work Plan:

2020-2021	2022-2023	2024-2025
<p>1. Identify key stakeholders, including related issues to be considered and unique mechanisms and opportunities.</p> <p>2. Identify specific messaging, i.e. processes for “voice” expression, test deliverables to Councils, NDs, public policy makers (through common brief development).</p> <p>3. Identify key priority areas.</p>	<p>1. Continue work from prior year,</p> <p>2. Test and adjust governance model and messaging capability</p> <p>3. Build and evaluate modes of delivery, such as collective briefs, key studies.</p>	<p>1. Build compendium of on-line resources and the CANRA website.</p>

Leadership – Through Regulator Education

Priority:	By 2025, CANRA will be positioned to protect the integrity of naturopathic regulation by being “the educator” of new regulators (new regulated jurisdictions, new council members, and new registrars).
------------------	---

Work Plan:

2020-2021	2022-2023	2024-2025
<p>1. Establish core content for three distinct educational rules set out in the priority.</p>	<p>1. Review, revise and update course content based on delivery outcomes.</p>	<p>1. Continue to review, revise and update content</p>

<ol style="list-style-type: none"> 2. Develop the content modules, using existing training and partners. 3. Test run courses through CANRA members. 	<ol style="list-style-type: none"> 2. Develop an outreach program for stakeholders, CNCC presentation, CAND conference, etc. 	<ol style="list-style-type: none"> 2. Develop a jurisprudence course to be delivered by CANRA in educational program.
---	---	--

Leadership – Through Collaboration on Collective Issues

Priority:	By 2025, CANRA will be the framework for collaboration on key regulatory issues, national policies, and government decision-making on regulation of the professions.
------------------	--

Work Plan:

2020-2021	2022-2023	2024-2025
<ol style="list-style-type: none"> 1. CANRA will have formalized itself and its funding model and created the necessary structures for it to effectively promote collaborations among its members. 2. At its meetings, CANRA identifies issues of importance on which it should act and a work plan for responding to those issues. 	<ol style="list-style-type: none"> 1. At its meetings, CANRA identifies issues of importance on which it should act and a work plan for responding to those issues. 	<ol style="list-style-type: none"> 1. At its meetings, CANRA identifies issues of importance on which it should act and a work plan for responding to those issues.

NEXT STEPS

Although the meeting did not specifically identify its next steps, the logical place to start is for the preparation of this Strategic Planning Report. Once drafted, it will be circulated to all participants with an invitation to provide feedback and corrections to any of the content.

A final report will be presented to the CANRA meeting in May 2020 for approval. At that time, the group may want to establish project leads for each of its priority areas to allow for development and reporting back to the group on activities.

Andrew Parr, CAE
Registrar & CEO

College of Naturopaths of Ontario
February 20, 2020



The College of Naturopaths of Ontario

BRIEFING NOTE
Financial Sustainability of the College

PURPOSE: To provide an overview of the findings in the Financial Sustainability Report and to provide the Council with a vehicle for reviewing and deciding upon recommendations received.

OUTCOME Discussion and decisions.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Receive Report		
Results:	Adoption in principle		
Overall Timing:	30 minutes		
Steps/Timing:	1.	CEO Review	5 minutes
	2.	Council discussion & Q&A	20 minutes
	3.	Motion	5 minutes

BACKGROUND:

In March 2025, the Council received a draft budget for 2025-26 along with two years of budget estimates. All three years put forward substantial budget deficits raising concerns among Council members about the financial sustainability of the College.

In order to address the budgeted deficits, the Council asked the Chief Executive Officer (CEO) to prepare a report to the Council focusing on ensuring the financial sustainability of the College by identifying areas where expenses can be reduced, and revenues can be increased.

The Council was clear that while it wanted to ensure the College's financial sustainability, it would not sacrifice delivery of either the regulatory programs required under the statutes, nor would it want to see the programming developed in support of the Council's strategic objectives eliminated.

In preparation of the report, the CEO embarked on extensive meetings with the program areas of the College to collect information about current operational procedures in order to identify areas where these may be reduced, to reduce the need for increasing staffing levels and to identify areas where current revenues might be increased or new revenues added.

During the drafting of the final report, concerns emerged regarding the level of detail about College operations and potential changes to those operations. The primary concern being that the public release of this information could create a significant risk to the operations of the College. In discussions with legal counsel, it was confirmed that this report and the discussion of the report by the Council would not

be eligible for an in-camera session pursuant to section 7(2) of the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991.

In order to mitigate this risk, the report has been redrafted to reduce the level of details about key operational activities while continuing to allow the Council insight into what changes might be made to accomplish the purposes of this review.

A copy of the final Financial Sustainability Report is attached to this briefing for the consideration of the Council.

KEY HIGHLIGHTS:

As requested by the Council, the approach set out in the Report is one where individuals who require greater regulatory attention pay higher costs than those registrants who are highly compliant and respond to the College quickly.

After careful review, the Council can be assured that the legislative authority exists for all the new fees proposed in the report.

Based on a series of meetings with the programs of the College, the Report identifies the following findings about current processes within the College:

- The number of times the College engages registrants to complete their regulatory requirements is excessive. This includes informal notices, reminders, telephone calls, advisories when non-compliant among others. This has placed considerable pressure on staff resulting in pressure to bring in additional personnel.
- The existing measures in the by-laws, through notice fees, NSF fees and program exit opportunities are not being utilized by the College in the interest of good relations with the profession.
- Certain programs because of their nature, such as Quality Assurance and Complaints/Reports have not been considered for additional fee potential in the past.

KEY POLICY CONSIDERATIONS:

In developing the Report, several immediate and future policy considerations were identified. They include as follows and are broken down by program area:

- Council
 - The reserve fund levels should be amended to increase the discipline amount and decrease operational continuity as the former is a larger threat to the sustainability of the College than the latter.
- Examinations
 - The examinations will be required to be self-financing, including the costs of the human resources needed to support the program.
 - Examinations that are primarily on-line will carry a testing centre surcharge for in-person testing.
- Registration
 - Registration fees will be increased by \$250 (all classes) with all funds going directly to the reserve funds identified by the Council.
 - Failure to have CPR as is required by the Registration Regulation is a matter of public interest. It is imperative that a Registrant not practise without CPR. The two-year window for certificate validity is consistent with other aspects of the College's regulatory framework. The College should consider regulation changes to enable an immediate suspension if a registrant does not have CPR.

- Fees will be charged for resignations, life registration, TCL changes, and enrollment in the Payment Plan Program.
- Professional corporations
 - New fees will be instituted where possible.
- Complaints/Reports and Discipline
 - New fees will be instituted for monitoring compliance.
- Inspection Program
 - Premises registration fees will be increased and no longer deducted from the inspection fees.
 - New fees will be instituted for information relevant to the IVIT register.
- Quality Assurance
 - A fee will be instituted for all Peer & Practice Assessments and a surcharge levied if the registrant requests an in-person assessment.
 - New fees will be instituted for deferrals, late cancellation of PPAs.
 - Fees will be charged for Category A CE Credit applications.
- Regulatory Education Program
 - Fees for production of a new CE certificate when the registrant failed to download it themselves.
- Drug and Lab Testing reviews
 - A fee will be charged for the College to review submissions for new lab tests or drugs and substances to offset the considerable costs of external expert reviews.
- General Fees
 - Accommodation requests are increasing in volume as students are being granted them through their educational program. In some instances, the accommodation granted by the educational program are not available or appropriate for a regulatory body because of our differing nature, role and statutory duties. A recommendation has been included to begin charging a fee for the accommodation request; however, this is a policy consideration for the Council, as is a question as to whether the fee should be nominal as is being recommended or a higher fee with a partial refund given if the accommodation is granted.
 - Notice fees will be increased.
- Section 20.12 of the by-laws allows the CEO of the College to require a registrant to provide certain kinds of information within 30-days and allows the CEO to suspend a registrant for failure to provide the information. It is recommended that the following kinds of information be added to this section:
 - To provide information relating to the inspection program established in the General Regulation.
 - To provide information relating to activities taken by the registrant relating to the decisions of the ICRC.
 - To provide information relating to activities taken by the registrant relating to the decisions of a panel of the Discipline or Fitness to Practise Committees.
- Section 20.13 of the by-laws requires a registrant to provide information to the College within a defined period of time and without the College asking for it. The onus is on the registrant to comply. It is recommended that the following kinds of information be added to this section:
 - To provide information to the College within seven days whenever changes are made to the corporation, including the issuance of a Certificate of Dissolution issued by the Ontario Government.
 - To provide information to the College relating to premises and services in premises, within 7 days, including information about procedures performed (added or stopped), and changes in personnel.

SUMMARY OF RECOMMENDATIONS:

The report contains many recommendations set out over a large number of pages within the report. To support Council decision-making, the following are summaries of those recommendations:

- By-law changes to support improved collection of information have been proposed (see Appendix 3 to the Report).
- Wherever possible, the timeframes for registrants to respond to a regulatory requirement will be reduced to ensure that when received, the matter cannot be put aside for later and forgotten.
- The number of courtesy emails will be reduced from several in most cases to one in order to reduce staff time devoted to ensuring compliance.
- Courtesy telephone reminders will be eliminated.
- Where presently the staff will informally tell registrants that they are not in compliance with a requirement, a formal notice will be instituted which will carry fees.
- Whenever acting on a requirement in statute or regulation, informal notices will be transitioned to formal notices which will carry fees.
- Where College programming is provided on-line, individuals who request in-person services will be charged an in-person surcharge.
- Proposed fees relating to examinations:

Service	Current	Proposed
Clinical Sciences Examination, and each retake - Online	\$850	\$850
Biomedical Sciences Examination, and each retake - Online	\$450	\$700
Examination Testing Centre Surcharge	N/A	\$75
Clinical Practical Examination	\$370	\$400
Retake of any Clinical (Practical) Exam Component	\$170	\$200
Jurisprudence Examination	\$75	\$125
Therapeutic Prescribing Examination, and each retake	\$500	\$875
IV Infusion Therapy Examination, and each retake	\$650	\$1,350
Examination Appeal (each appeal)	\$90	\$125
Examination Deferral (each deferral)	\$60	\$100
Examination Review (each review)	N/A	\$125
Examination Transcript (per exam)	N/A	\$75
Examination Withdrawal (each withdrawal)	N/A	\$100

- Proposed fees relating to entry-to-practice:

Service	Current	Proposed
Application for Initial Registration	\$275	\$275
Prior Learning Assessment and Recognition (PLAR) – Paper Based Review	\$300	\$300
Administrative Reconsideration of PLAR Paper Based Review	\$300	\$300
PLAR Written Examination #1 (Biomedical Examination, and retakes - online)	\$450	\$700
PLAR Written Examination #2 (Clinical Sciences Examination, and retakes - online)	\$850	\$850
Examination Testing Centre Surcharge	N/A	\$75
Request for Administrative Reconsideration – Paper Based Review	\$300	\$300
Appeal of PLAR – Paper Based Review	\$75	\$125
PLAR Demonstration-based Assessment Interview (and retakes)	\$450	\$600
PLAR Demonstration-based Simulated Patient Case Review and Interactions (and retakes)	N/A	\$600
Appeal of PLAR – Demonstration Component	\$75	\$125

- Proposed fees relating to registration:

Service	Current	Proposed
Annual Registration Fee – General Class	\$1,885	\$2,135
Annual Registration Fee – Inactive Class	\$946	\$1,196
Annual Registration Fee – Emergency Class	\$102	\$352
Late Renewal Fee – All Classes	\$333	\$500
Reinstatement Fee – All Classes	\$290	\$575
Class Change – General Class to Inactive Class	\$100	\$250
Class Change – Inactive Class to General Class (Less than 2 years)	\$100	\$250
Class Change – Inactive to General Class (2 years or more)	\$275	\$425
Class Change – Emergency Class to General Class (Less than 2 years)	\$100	\$250
Class Change – Emergency Class to General Class (2 years or more)	\$275	\$425
Add/Vary/Remove Standard of Practice (TP or IVIT)	N/A	\$250
Life Registrant Application	N/A	\$250
Add/Vary/Remove TCL on Certificate of Registration	N/A	\$250
Resignation Application	N/A	\$250
Name Change Application	\$50	\$150
Certificate of Standing (Registrants)	\$25	\$75
Details of Registration Request (Former registrants)	N/A	\$75
Payment Plan Program Enrollment Fee	N/A	\$120

- Proposed fees relating to professional corporations:

Service	Current	Proposed
Application for Certificate of Authorization	\$485	\$650
Issuance of a Certificate of Authorization	\$305	\$500
Amending a Certificate of Authorization	N/A	\$500
Annual Renewal of Certificate of Authorization	\$250	\$1,100
Application for Dissolution of Corporation	N/A	\$350

- Proposed fees relating to complaints and reports:

Service	Current	Proposed
Monitoring Fee (per outcome ordered by ICRC)	N/A	\$250

- Proposed fees relating to discipline:

Service	Current	Proposed
Monitoring Fee (per outcome ordered by a panel)	N/A	\$250

- Proposed fees relating to inspections:

Service	Current	Proposed
Premises Registration	\$100	\$250
Regularly Scheduled 5-year Inspection	\$2,000	\$3,000
Inspection ordered by the Inspection Committee	\$2,000	\$3,000
Inspection of a new premises	\$2,500	\$3,000
Adding a Procedure	N/A	\$50
Change in Personnel	N/A	\$50
Cease to Perform	N/A	\$50
Inspection Deferral	N/A	\$100

- Proposed fees relating to quality assurance:

Service	Current	Proposed
Peer & Practice Assessment ¹ – Online	N/A	\$100
Peer & Practice Assessment – In person Surcharge	N/A	\$150
QAC Ordered Assessment ²	\$500	\$750
Deferral/Extension Request	N/A	\$100
CE Credit Application (per course/session)	N/A	\$75
Late Cancellation	N/A	\$350

- Proposed fees relating to regulatory education program:

Service	Current	Proposed
CE Certificate Production	N/A	\$25

- Proposed fees relating to drug and laboratory testing review:

Service	Current	Proposed
Review of Laboratory Test Submission (per test)	N/A	\$145
Review of Drug/Substance Submission (per drug/substance)	N/A	\$395

- Proposed fees relating to all College programs and activities:

Service	Current	Proposed
Accommodation Request ³	N/A	\$125
Correction	N/A	\$75
Interest (charged monthly on outstanding balances except while enrolled in the Payment Plan Program for annual fees) ⁴	N/A	1.5%
NSF/NSC	\$35	\$100
Notice (for every formal notice issued by the CEO (or their delegate) ⁵	\$50	\$150
Banking Information Change	N/A	\$65

DISCUSSION POINTS:

The Council has been clear that the reason it requested the Financial Sustainability Report was because of projected deficits in the coming years and not because it believed that the College's finances were not being properly managed. The Council needs to be aware that we have become aware of a small group of registrants who have taken a different view of matters and believe that the most recent Auditor's Report and Audited Financial Statements suggest that the Council and/or senior management of the College are mismanaging funds and hiding information from the registrants. Release of this report and the pending consultation on the by-laws and fee changes will only serve to increase the volume of these individuals.

Within the Financial Sustainability Report is a discussion about the costs of the discipline program, in particular the costs of the most recent cases and the amount of ordered costs the College has been unable to recover from former registrants. The impact of these matters has been to prevent the Council

¹ Peer & Practise Assessments are determined by random selection and are conducted online. Individuals can request an in-person assessment for an additional fee.

² For an assessment or re-assessment ordered by the QA Committee or a panel thereof except for an assessment that occurs as a result of a random-type selection.

³ Depending on the Council's policy considerations, all or part of this may be refunded if the accommodation is granted. Alternative, the Council may determine not to charge this fee.

⁴ Interest is charged monthly on the outstanding balance, including any outstanding interest charges applied prior.

⁵ Includes Notice of Non-compliance, Notice of Intent to Suspend and Notice of Intent to Revoke a Certificate of Authorization, Notice of Revocation of CoA.

from increasing its reserve funds to levels that the majority of other Colleges have available to them. This has resulted in a recommendation to increase registration fees by \$250 with those added revenues being moved directly into the reserve funds rather than general revenues.

The Council can expect that soon after the release of the Report and certainly upon launch of the mandatory by-laws consultation and new fee structure, it will hear from the profession. That voice will be loud and may very well be unconstructive, not as professional as you may wish and may include similar or more unfounded accusations to those we have already begun to see.

In response to these issues as they are raised, the Council should be open and transparent:

- The change in approach to shorter timeframes, fewer reminders, and fewer individual engagements is simply because the current approach is not producing results. It continues to require more and more of the College's resources.
- Registrants who are not abiding by the rules by complying with regulatory requirements and those who have pushed the envelope by challenging regulatory framework are why registration fees must be increased and why other new fees need to be instituted.

ANALYSIS

Risk Assessment –The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Reference Materials for the Council meeting. Only those risks that have been identified will be addressed.

- Operational risk:
 - Process – adding fees in the manner proposed will result in a change to College processes as fees need to be added to registrants' account and monitoring for payment. Staff have advised that adding these fees to a portal are not seen as particularly onerous.
 - Systems – the College's database will require updating to create the new products and new/changes in pricing.
- Financial risk:
 - Price risk – to some degree, some pricing levels set in the recommendations could carry a risk of no longer receiving requests for that service. This might include CE Credit applications and certificate of authorizations for Professional Corporations.
- Strategic risk:
 - Economic environment – the economic environment is currently uncertain given the US tariffs and the impact on the Canadian economy. However, it is for that reason that most fees are based on situations where not all registrants are effected and at the same time.
 - Political – While it is unlikely to do so, this report could draw the attention of the sitting government to the College's efforts and may be seen as contrary to their cutting red tape approach.
 - Reputation – Reputational risk is pervasive in the work of the College. Registrants of the College will not likely be supportive to the change in approach and the increasing costs. Many system partners will raise concerns on their members/student base. While the general public will remain unaffected, patients may be concerned about NDs passing added costs to them and losing access to services.

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 Reference Materials for the Council meeting. Transparency is accomplished through the release of the report publicly, the discussion being held in open Council and streamed live on-line and through the subsequent consultation process that will be undertaken.

Financial Impact – The financial impact has been included in the Financial Sustainability Report itself. To summarize, the increase in registration fees is expected to add approximately \$462,250 to the reserve funds annually over the next ten years and approximately \$429,355 to the general revenues.

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. As is often the case, the public interest is served by two overarching principles: good governance, which would include financial governance of the organization, and long term sustainability of the College.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered; however, this will be a part of the consultation process to be undertaken to learn and understand the impact.

RECOMMENDATIONS

Overall, it is recommended that the Council adopts the Financial Sustainability Report, in principle. Doing so will give the Council's approval to proceed with a consultation on the proposed by-law and fee changes.

Andrew Parr, CAE
Chief Executive Officer
September 2025



The College of Naturopaths of Ontario

Financial Sustainability Report

1. INTRODUCTION

At the request of the Council of the College, the Chief Executive Officer has undertaken a review of the financial sustainability of the College. There are two factors that underpin this request. The first is the costs faced by the College as the result of two recent contested discipline matters. The second is the tabling of the College's budget for the current fiscal year (2025-26) with estimates for the following two fiscal years that identified significant deficits for each of the three years.

The Council has asked that the review consider both opportunities for savings as well as opportunities for additional revenue, including potential new revenue sources for the College. It is noted that the Council has previously considered the question of alternative revenues and decided that it did not wish to entertain activities such as advertising, sponsorship, or educational programming that might negatively impact its system partners who rely on these sources of revenue and might potentially cause the Canada Revenue Agency to call into question the not-for-profit status of the College¹. Such a ruling by the CRA might result in the College paying income tax on programs that the CRA determines to be for-profit activities.

The Council has been clear that it considers the strategic objectives and priorities set out in the current strategic plan sacrosanct as the Council remains committed to the initiatives set out in the plan.

2. APPROACH

In approaching this review, all College programming was examined in terms of where costs savings might be achieved, including reducing workflows to reduce staffing pressures, as well areas where revenues might be increased, whether through existing fees or new fees. Consideration was not given to programming that might be deemed to be intended to generate profit nor was consideration given to reducing programming whose intended purpose was to fulfill the College's mandate to serve and protect the public interest and public safety.

Additionally, while undertaking this review, consideration has been given to programming that is mandatory for a registrant, such as annual renewal, as opposed to programming that a registrant is not required to participate in but from which they may derive a benefit, an example being professional corporations. In so doing, the intent is not eliminating such programs as the College is required to provide them, but to ensure that they are operating cost effectively for the College.

¹ The College is designated as a corporation without share capital (not-for-profit) pursuant to section 2 of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act 7657.

3. LEGISLATIVE AUTHORITY FOR CHARGING FEES

The ability of the Council on behalf of the College to establish fees is vested in the Health Professions Procedural Code which is Schedule 2 to the Regulated Health Professions Act?7657. Subsection 94(1) of the Code authorizes Council to charge and set various fees to be charged to registrants, applicants or persons via by-law. However, the ability to establish fees is not unfettered. The by-law making authority establishes specific areas in which the Council can establish fees.

3.1 Relevant By-law Making Authority

The by-law making authority of the Councils is established in section 94(1) of the Code which begins with:

94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,

(s) requiring members to pay annual fees, fees upon application for a certificate and upon registration and fees for examinations, appeals from examinations, election recounts and continuing education programs and for anything the Registrar or a committee of the College is required or authorized to do and requiring members to pay penalties for the late payment of any fee;

(t) specifying the amount of any fee or penalty required under clause (s);

(t.2) requiring the payment of fees upon application for a certificate of authorization and for the issue or renewal of a certificate of authorization and specifying the amount of such fees;

(u) requiring persons to pay fees, set by the Registrar or by by-law, for anything the Registrar is required or authorized to do;

(v) requiring members to pay specified amounts to pay for the program required under section 85.7, including amounts that are different for different members or classes of members and including amounts,

(i) that are specified in the by-law,

(ii) that are calculated according to a method set out in the by-law, or

(iii) that are determined by a person specified in the by-law;

It is important to note that paragraphs (s), (t), and (t2) relate to registrants and non-registrants of the College while paragraph (u) applies to any person which presumably means members of the public or candidates for registration, although arguably might also apply to registrants. Additionally, paragraph (v) relates to funding for counselling and therapy under the Patients Relations Program and is not relevant for this discussion given its scope.

3.2 Streams in which Fees Can Be Applied

Given the by-law making authority in the Code, certain streams exist in which fees can be applied. The Council and the College will eliminate or reduce a risk of fee challenges if it can be clearly articulated that the fee is authorized. In other words, the fees must stay within the areas of authority carved out in the Code. Those streams include:

- i. Establishing and setting the amount of Annual fees,
- ii. Establishing and setting the amount of fees for an application for registration,
- iii. Establishing and setting the amount of fees for becoming registered,
- iv. Establishing and setting the amount of fees for examinations
- v. Establishing and setting the amount of fees for examination appeals and examination deferrals,
- vi. Establishing and setting the amount of fees for election recounts,
- vii. Establishing and setting the amount of fees for Continuing Education Programs,
- viii. Establishing and setting the amount of fees for anything the Registrar or a committee of the College is required or authorized to do,
- ix. Requiring and setting the amount of any fee or penalty for late payments,
- x. Establishing and setting the amount of fees for applications and issuance and renewal of certificates of authorization for corporations
- xi. Requiring persons (who are not registrants) to pay fees, set by the Registrar or by by-law, for anything the Registrar is required or authorized to do.

It should be noted that there is and will always be some degree of interpretation of the meanings of the terms in these by-laws meaning that the risk of challenge can be reduced but never fully eliminated.

Council will want to ensure that any interpretation of any power to implement a fee, is through the lens of (a) public interest and (b) fair to the registrant, applicant or person. This will assist the College should it be challenged in court for any such interpretation.

Later in this document, the Schedule of Fees is being provided with proposed changes. In that table, the stream of fee will be identified to ensure the validity of the fee.

3.3 Fees and the Council's Governance Model

Under the Council's modified policy governance approach, the establishment and charging of fees would typically be considered operational in nature and delegated exclusively to the CEO to determine. However, given that fees are essentially written into the Code under the by-law making authority of the Council and given that the "Registrar" or CEO as in the case of CoNO, does not have

the ability to make by-laws, determining when fees shall be charged and how the amount that will be charged must be established by the Council.

4. REVIEW FINDINGS

As part of this review, the CEO has met with each relevant program area of the College to examine current registrant engagement practices that are a currently a routine part of operations. As noted above, the intention of these program meetings was to determine the processes being followed and opportunities to reduce costs or develop additional revenue streams.

Below, each program area of the College will be reviewed, however, some high-level findings became evident very quickly.

First, the number of times the College “engages” individual registrants through all its processes is excessive. What began as a process of alerting a registrant to any requirement and providing a reminder, primarily to satisfy the courts if challenged that the College has given fair and due process to registrants became a process of repetitive reminders to provide the College what it requires at any given time. This approach has filtered its way through nearly all College activities from registration, quality assurance, inspections and beyond.

The impact of this is clear. Considerable staff time is required to support this approach and the more the approach was fostered and increased, the more staffing the College requires to maintain and support the processes. As expected, this increased costs and continues to do so.

Second, the College already has in place opportunities to pass on its added costs to registrants but has not always used them appropriately. For example, the College by-laws allow for a notice fee to be charged when notices must be issued; however, in the interests of “good relations” with the profession, the College has not done so. A second example relates to the Payment Plan program whereby a registrant is allowed a single default of a payment and should a second default occur, the person is removed from the program. Registrants have been permitted two or three defaults before being removed from the payment plan. Chasing these payments consumes staff time and results in added banking costs to the College.

Finally, certain program areas have been considered almost untouchable. The two most notable being quality assurance and complaints/reports. Quality Assurance is, understandably, considered a supportive program for registrants intended to avoid potential future complaints by ensuring enduring competency among the registrants. While this program is supportive, questions remain as to what degree it must support and at what cost to the College.

Similarly, the College views the complaints and reports program as a major pillar of its foundational role. Clearly the intent and purpose of this program area is crucial. However, there may be costs

that could be minimized without jeopardizing the efficacy and purpose of the program. For example, significant College resources are expended following up with certain registrants about deadlines and ensuring that registrants are in compliance with any ICRC decisions.

With these in mind, the following sections will set out the findings of this review for each program area of the College where all major workflows have been analyzed and recommendations for change to reduce work or added fees to increase revenue have been recommended. There are also several opportunities for adding fees to offset added work that cross program lines which is where this report will begin.

4.1 Financial Administration Program

The Finance and Administrative program, as it relates to registrants of the College, administers the various payment processing for the College. The single largest aspect of this interaction is the Payment Plan program.

Payment Plan Program – Although this is associated with annual renewal of registration, it is primarily operated by the College’s finance team. The Payment Plan Program (PPP) is a direct debit of a registrant’s bank account by the College for a set portion of the annual fee over 10 payments.

With respect to this program:

- There is currently no cost associated with joining the PPP, although enrollment fees existed previously as a way of ensuring the administrative work of the College to support the program was taken into consideration.
- When enrolling in the program, registrants provide their detailed banking information which the College staff entering into our banking system.
- Initial payment processing (i.e., the initial payment) requires first that the bank confirms the banking information provided, this generally results in many errors with the information submitted by registrants which then results in the need for Finance and Administrative staff to obtain correct bank details.
- Over the course of the year, there will be a number of instances where the College will be unable to obtain the funds. The program allows for one default before the individual is removed from the program.

Recommended changes include:

- Reinstating an **Enrollment** fee that is embedded in the 10 payments as a means of offsetting the staff work involved in administering the program.
- Increasing the fees charged to registrants when they have insufficient funds in their account to make the payment. This would offset the staff work involved in following up to obtain these funds and, where necessary, remove the registrant from the program.

- Adding a fee for changing banking information during the year as many registrants do so and administrative work is required on the part of the College.
- Enforcing the program policies which allow for a single default per registrant and removal from the program upon a second default. This has not been strictly enforced.

4.2 Registration program

The registration program, which administers annual registrant renewals, PLI renewal, CPR renewal, class changes, name changes, professional corporations and the currency audit engages with registrants in numerous ways.

Program staff identified 45 individual workflows that relate to their overall areas of responsibility. Each workflow included the number of steps from its start to completion and, where available, the revenues associated with the workflow. As might be expected, the single largest workflow relates to registrants' annual renewal which may require 16 steps or engagements over a two-year period from renewal through to revocation for individuals who fail to renew.

Other significant workflows included:

- CPR certificates – which could result in 14 steps or engagements,
- PLI renewal – which could result in 12 steps or engagements,
- Photo updating – which could result in 16 steps or engagements.

Consistently in these processes, registration staff would:

- Send the initial request,
- Send 3 or 4 follow up emails,
- Make a call to the registrant,
- Send a notice of intent to suspend,
- Send 3 or 4 follow up emails,
- Make a call to the registrant,
- Send a suspension letter.

This might be considered very customer-service oriented in approach; however, it raises questions about whether it is appropriate or should be necessary for a regulatory body and whether investment of time, human and financial resources is prudent given the financial return to the College.

4.2.1 Annual Renewals – This program is fundamental to the College and generates the majority of revenue. It also involves every registrant who is required to provide information to the College and to pay their annual fees.

With respect to this program:

- Initial Newsletter alerts are provided in December and January that renewals will launch mid-February.
- Notice of any changes in fees due to inflation in early January.
- A direct email to each registrant on launch day indicating renewals are opened.
- A banner is launched on the website indicating renewals are underway which remains until the March 31st deadline.
- Renewal messaging is also delivered to each registrant when they log in to the registrant portal and included in the February and March newsletter.
- Three email reminders are also sent to registrants while the renewal process is open.
- Registrants who do not pay their fees or provide their information return by the deadline are issued a Notice of Intent to Suspend.

Recommended changes include:

- The number of reminder notices will be reduced and changes made to those notices to improve their effectiveness.

4.2.2 Cardiopulmonary Resuscitation Certification – As set out in the Registration Regulation, it is a term, condition and limitation on the certificate of registration for every registrant of the College in the General and Emergency classes that they are required to maintain a valid certification in CPR at the health care provider level that is less than two years old.

With respect to this program, an initial informal notice is sent 60-days in advance of the expiry of the certificate and reminders are sent throughout this period until the deadline is reached. A notice of intent to suspend is sent to those who do not provide their updated certificate by the deadline.

Recommended changes include:

- The timeframe for advising the registrant that their certificate will expire will be reduced from 60-days to 30-days to ensure that the timeframe instills a sense of urgency.
- A single courtesy reminder will be sent two weeks prior to the deadline as opposed to several.
- On the date of expiry of the certificate, a **Notice of Non-Compliance** will be issued, which will carry a notice fee. It will inform the registrant that they are not compliant with the TCL in the regulation, will be placing patients at risk should they practice without a CPR certificate and that the matter will be raised with the Inquiries, Complaints and Reports Committee.
- A request to the ICRC to appoint an investigator will be issued.
- The inability of the College to suspend individuals whose CPR certificate has expired will be incorporated into the review of the statutory framework.

4.2.3 Professional Liability Insurance – Registrants are required to maintain professional liability insurance at the levels set out in the by-laws. While many registrants renew their insurance around the time of their annual registration, this is not uniform. The College's database tracks the date

each registrant's PLI certificate is due for renewal. Unlike CPR, PLI must be always maintained, and the CEO can suspend a registrant on the day that there is no insurance coverage.

With respect to this program, an informal notice is sent 30-days in advance of the expiration of insurance and several reminders are issued up to the deadline. As the deadline approaches, one or more calls will be made to the registrant. Once the deadline has been met, a Notice of Suspension is issued.

Recommended changes include:

- The number of reminders will be reduced to one from three.
- The Notice of Suspension will not carry a notice fee as subsequent reinstatement carries a fee.

4.2.4 Photo Update – Every three years, as set out in the College by-laws, registrants are required to update the photo that is used in the Public Register. This photo enhances public protection by allowing patients to identify the practitioner they are using to ensure they are registered and that the name and registration number are not being used fraudulently.

With respect to this program, an informal notice is sent 60-days ahead of a deadline for a new photo, several reminders are issued along with at least one phone call to the registrant. After the deadline has passed, a Notice of Intent to Suspend is issued allowing 30-days to comply. Several reminders of the intent to suspend are issued and one or more calls made to the registrant.

Recommended program changes include:

- The informal notice will be sent 30-days in advance rather than 60-days to instill a sense of urgency to the matter.
- A single courtesy reminder will be issued.
- Immediately following the deadline, a **Notice of Intent to Suspend** will be issued and will include the notice fee. This will allow the registrant 30-days to provide the photo and pay the fee before being suspended.
- No reminders will be issued once the Notice of Intent to Suspend is sent and at the noted deadline, the Registrant will be suspended.
- Suspended registrants are required to cure the reason for the suspension and pay the reinstatement fee in order to return to practise.

4.2.5 Currency Audit – Each year as part of their renewal, registrants provide information relating to the number of hours they have practised the profession in the prior year. Section 6(1) of the Registration Regulation places a term, condition and limitation on every certificate of registration in the General Class that the registrant practices the profession for a minimum of 750 hours over each three-year period. At the end of the renewal period, the database will flag individuals who in the most recent year and two prior reporting years, have not met the 750 hours requirement.

Section 6(2) of the Regulation provides the registrant with options with respect to resolving the deficiency in the number of hours practised. The section requires the Registrar to refer the registrant to the Quality Assurance Committee unless the registrant has:

- Successfully completed a refresher program approved by the Registration Committee,
- Given the College an undertaking acceptable to the Registrar not to practise (a Non-clinical TCL), or
- Resigned or moved to the inactive class.

With respect to this program, registrants are sent an informal letter indicating that they did not meet the requirements and the options for them moving forward. They are given 30-days to determine which approach they wish to follow during this time, and several reminders are sent to them.

Recommended program changes include:

- The informal notice will be changed to a **Notice of Non-compliance** with the TCL. The notice, which will carry a notice fee while the notice will continue to provide the options and require the registrant to provide information by the specified date.
- Registrants who, based on the notice, wish to correct their hours reported, will be levied a **Correction fee** which will allow the College to recover the costs of amending the data entered into the database by the registrant.
- Registrants who decide to have a Non-clinical TCL applied to their certificate of registration will be charged an **Add/Vary/Remove TCL** fee, which will offset the staff time required to enter the database and update the registrant's data and re-assess their currency status.
- Registrants who do not respond to the **Notice of Non-compliance** or who fail to provide necessary information for the Registration Committee to consider with respect to their refresher program, will be referred to the QAC.

4.2.6 Professional Corporations – Naturopathic Professional Corporations are issues a Certificate of Authorization (CoA) by the College which permits them to practise the profession. An ND is not required to have a professional corporation and those that do expect to realize financial benefit through tax savings. The College is required to offer the CoA's in accordance with the regulations made under the RHPA.

There are several workflows related to professional corporations which relate to their set up, the annual renewal, and dissolution.

4.2.6.1 Establishing a Professional Corporation

To establish a professional corporation, registrants must provide the College with detailed information as set out in Regulation 39/02 made under the RHPA and as also enunciated in the College's Professional Corporations handbook.

Currently, registrants will submit the application and provide the supporting documentation required. The application fee is paid following which the College reviews the application. In many instances, deficiencies are identified and the applicant informed. Once all materials are in order, the application is approved and the CoA is issued upon payment of an issuance fee.

Recommended program changes include:

- The **Application fee** will be increased to offset the staff time required to process the application.
- The **Issuance fee** will be increased to offset the staff time to prepare the Certificate and delivery it to the registrant.
- A **Correction fee** will be instituted for situations where staff need to obtain additional or clarify information on the applications when it is prudent to do so rather than rejecting the application, i.e, for minor errors or deficiencies.

4.2.6.2 Professional Corporation Annual Renewals

Professional Corporations are required to renew their Certificate of Authorization annually. Currently, the registrant is sent an informal notice to renew within 30-days. Two reminders are sent during this period. Most registrants respond and complete the renewal properly, which includes paying the annual fee. For those registrants who do not respond, a Notice of Intent to Revoke the CoA is sent allowing 60-days (set in Regulation) before revocation can occur.

Recommended program changes include:

- The **Annual Renewal** fee should be increased to offset the extensive work undertaken in support of the renewal process.
- The initial notice of renewal will remain informal and will not carry a fee; however, the number of courtesy reminders will be reduced from three to one.
- Failure to renew by the stated deadline will result in the issuance of a **Notice of Intent to Revoke the CoA**, which will carry the notice fee and will require action within 60-days².
- No reminders will be issued after the intent to revoke notice as registrants should take action upon receipt of a notice. If the registrant wishes to avoid revocation, they can dissolve the corporation.
- If the renewal is not completed by the revocation deadline, the College will issue a formal **Notice of Revocation of the CoA** (which will include the notice fee) with a sign back indicating that they have ceased using the professional corporation for professional services. The sign back will cite section 20.12 of the by-laws making it a demand for information which will enable administrative suspension provisions if it not provided.

² This is a requirement set out in the Certificates of Authorization regulation, Ontario Regulation 39/02, made under the RHPA.

- If the sign back is not completed or if the various fees associated with the notices are not paid, the Registrant will be issued a **Notice of Intent to Suspend** for failure to provide information or pay fees owed to the College which will also carry a notice fee.
- If no action is taken by the registrant to sign back the acknowledgement, they will be suspended.

4.2.6.3 Dissolving a Professional Corporation

Finally, the dissolution process is very streamlined as it is done at the request of the registrant.

Recommended program changes include:

- Requiring the payment of a **Dissolution Application fee** when seeking to dissolve a professional corporation to offset the costs for the multistep process the College must follow.
- Issuing a **Correction fees** for incomplete or inaccurate dissolution information.
- A new provision should be added to section 20.13 requiring registrants to provide information to the College within seven days whenever changes are made to the corporation, including the issuance of a Certificate of Dissolution issued by the Ontario Government.

4.2.7 Other Registration Matters - The registration team handles profile updates, name changes, class changes, requests for a certificate of good standing, resignation and life registrant applications, requests to relinquish the standard of practice or request to add/vary/remove the TCL.

Recommended program changes include:

- Increasing the **Class Change Application fees**.
- Instituting a fee for a Request to **Add, Vary or Remove a TCL**.
- Instituting a fee for a request to **Add/Vary/Remove the Standard of Practice** for Therapeutic Prescribing and IVIT.
- Instituting **Correction fees** for incomplete or inaccurate applications or information.

4.3 Regulatory Guidance and Education Program

The College provides advice and guidance on legislation, regulations, standards of practice, practice guidelines and by-laws through two programs. The first is regulatory guidance where staff of the College respond to telephone and email inquiries from registrants and the public.

Approximately 600 inquiries are received in this program each year.

The second is the regulatory education program where registrants and members of the public register for and attend webinars on relevant regulatory topics of importance. This program was initiated as a direct result of the Council's strategic objectives and priorities. In 2023-24, 5 sessions were held accommodating 404 attendees while in 2024-25, 8 sessions were held accommodating 1,389 attendees.

4.3.1 Regulatory Guidance – In considering the workflow of this area, regulatory guidance is a reactive program initiated when individuals contact the College. It typically involves one or several emails or telephone inquiries and internal review and consideration of issues as warranted. The program is not overly time consuming, and it is important to remain available to provide this type of support. For this reason, no recommendations are offered in terms of added revenues as the College does not want to deter any person or registrant from making such inquiries.

4.3.2 Regulatory Education Program – This program is more labour intensive as it requires development, planning and promotion of the event, addressing registrations, tracking attendance and providing CE certificates. On the other hand, given its relevance to the strategic plan, introducing processes that suppress registrations, and attendance could be working against the strategic priorities of the Council. As a result, although registration fees have been considered, they are not being recommended at this time.

One recommended program change includes:

- Instituting a **CE Certificate Production** fee for those who do not download the certificate when advised to do so (they have seven days to do so) and require the College to provide them at a certificate at a later date.

4.4 Quality Assurance

The Quality Assurance Program includes three components, self-assessment, continuing education and Peer & Practice Assessments. All registrants (other than those in the Inactive Class) must participate. The program is generally seen as being supportive and preventive in nature. It is important to note that a registrant who does not complete any of the components they are required to complete, may be referred by the Quality Assurance Committee to the ICRC for failure to comply with the program, which may be deemed to be professional misconduct. This is at the discretion of the QAC and will not be addressed in this report.

4.4.1 Self-assessments - Each registrant is to complete one or more self-assessments as part of the renewal process.

Currently, notices are included in the iNformed newsletter and individual registrants in the General Class receive an informal notice to complete one or more self-assessments within 60-days. Two reminder notices are sent individually along with reminders in the newsletter. Once the deadline has passed, a failure to comply notice is sent, however, no fees are associated with this notice. A courtesy phone call is also made to each registrant.

For the most part, in order to retain the supportive nature of the program, few changes are recommended with the following exceptions:

- Once the deadline has passed, the College will issue a formal **Notice of Non-compliance**, which carries a notice fee, The notice will indicate that if they do not provide missing information by a deadline, the matter will be brought before the QAC for an ordered PPA.
- Individuals who do not provide the information (complete the self-assessments) will be referred to QAC.

4.4.2 Continuing education – Annually, approximately one third of all registrants must submit their Continuing Education Logs to the College and over a three-year period, all registrants will have done so.

Current program parameters include issuing an informal notice to all effected registrants 60-days in advance of the deadline. Extension/Deferral Requests are received and processed by the College and several reminders are sent. A failure to comply notice is sent to all who fail to submit and a 2nd Notice of failure to comply is sent to all who remain outstanding two weeks later. Notices of Compliance or Discrepancies are sent to those who submitted with a deadline for discrepancies to be cured and two reminders are sent prior to the deadline. Registrants who fail to provide their logs are reviewed by the QAC.

Recommended program changes include:

- The informal notice will be sent 30-days in advance rather than the current 60-days to provide a sense of urgency on the part of the registrant.
- A Deferral/Extension fee will be instituted.
- A single courtesy reminder will be sent.
- Following the deadline, a **Notice of Non-compliance**, which carries a notice fee, will be issued indicating that the failure to comply will be brought before the QAC for consideration of ordering a Peer & Practise Assessment.
- Individuals who provide incomplete or incorrect information will be issued a **Correction Notice** which will also have a fee associated with it. The notice will indicate that the matter will be brought before the QAC for consideration of ordering a PPA if the missing/corrected information is not received by a deadline.
- A single courtesy reminder will be issued.
- Failure to provide the outstanding or corrected information by the deadline will result in a **Notice of Non-compliance**, which will carry a notice fee, and indicate that the matter will be brought before the QAC.

A related component to this program relates to courses being eligible for Continuing Education Credits. Various course providers submit their courses for a review, a process that can typically several hours of staff and committee work. Recommended program changes include:

- Instituting a **CE Credit Application fee** for each application for recognition of a course. The fee will offset part of the staff time and volunteer time to review these materials.

4.4.3 Peer & Practice Assessments – A group of approximately 130 registrants are randomly selected for a Peer & Practice Assessment (PPA) each year. Further, registrants are required to complete a PPA if they fail to provide sufficient information about the self-assessment and CE activities, or fail to address currency deficiencies. But for the purposes of this report, we will focus on registrants who are randomly selected to participate.

Currently, an informal notice of having been selected for a PPA are sent and require the registrant to complete a form on-line. Once completed and reviewed, an informal Notice of the appointment of an Assessor is sent which requires that forms used in their practice and a group of patient records be provided to the College. The Assessor reviews the records and forms, arranges a virtual meeting with the registrant and conducts the assessment (virtually, although a registrant can request it be in person). The assessor completes an assessment report and provides it to the College which is then provided to the registrant with an opportunity to respond if they wish. At its conclusion, a completion letter is sent.

Recommended program changes include:

- Instituting a **Peer & Practice Assessment** fee for all Peer & Practice Assessments to assist in covering program costs, which include per diems for assessors and committee members as well as staff costs for overseeing the program. This fee will be refunded if the PPA is deferred or cancelled within appropriate timeframes.
- Instituting an **In-person Surcharge** for individuals who request an in-person assessment rather than the standard virtual assessment. This will cover the added travel and staff costs to make the necessary arrangements. This fee will be refunded if the PPA is deferred or cancelled within appropriate timeframes.
- Instituting a **Deferral** fee for registrants who wish to defer the assessment which will off set the staff time to remove the registrant from the process. This fee will be deducted from the refund of the assessment fee.
- The initial notice of having been selected and requiring declarations of potential conflicts of interests with assessors will remain an informal notice; however, individuals who fail to complete the forms will be issued a **Notice of Non-compliance**, which will carry a notice fee and indicate that non-compliance may result in a referral by the QAC to the ICRC.
- The notice of assessor will also remain an informal notice asking the registrant to provide the necessary materials for the assessment; however, individuals who fail to complete the forms will be issued a **Notice of Non-compliance**, which will carry a notice fee and indicate that non-compliance may result in a referral by the QAC to the ICRC.
- Instituting a **Correction fee** for situations where registrants provide incomplete or incorrect information that is required but not indicative of intent to not comply.
- Instituting a **Late Cancellation** fee for individuals who cancel their assessment less than 72 hours prior or who fail to attend their assessment. This offsets the costs to the College to reschedule the assessment. This fee is applied in addition to the loss of the funds paid for the Assessment which would not be refunded in this situation.

- Individuals who fail to attend the assessment without having cancelled will be issued a **Notice of Non-compliance**, which carries a notice fee, and will be advised that the matter may be referred to the ICRC at the discretion of the QAC.

4.5 Inspections

The Inspection Program is established in the General Regulation made under the Naturopathy Act? 866. Its intent is to establish requirements for locations (premises) where compounding for and/or the administration of substances by intravenous infusion therapy are provided. In establishing this program, the Council intended that the program would be self-financing. In other words, the revenues from inspections and other fees would pay for the costs of delivering the program. Unfortunately, when factoring in human resource costs, the program has not achieved that goal. For the purposes of this report, the program will be broken into five components.

4.5.1 Premises Registration – A clinic that wishes to offer either compounding for the purposes of IVIT or the administration of substances by IVIT must first register and have an inspection. Presently, a registration fee of \$100 is charged; however, that fee is deducted from the costs of the initial inspection. The rationale for this approach is not to recover all staff costs with the initial registration of a premises but to minimize the number of premises that initially register but withdraw prior to undergoing the inspection.

Recommended program changes include:

- Increasing the **Premises Registration** fee to an amount comparable to other application fees to cover staff costs for this aspect of the program.
- No longer deducting the registration fee from the inspection fee in order to offset the costs of processing the registration and setting up the premises in the register.

4.5.2 - Inspections

Initial Inspections – Once a premises is registered, the initial inspection can be undertaken. There has been some give and take where a premises is scheduled to be inspected but is not ready by the date or not fit for inspection when the Inspector arrives so long as the inspection occurs within the regulatory timeframe. The process requires the completion of pre-inspection forms, an initial inspection, an inspection report and if passed, the premises can open, and the second inspection occurs.

Five-Year Anniversary Inspections – These inspections occur in the fifth year following the initial inspection. Unlike the initial inspection, the inspector only visits the location once; however, the workflow is very similar to the initial inspection process and the issues that arise can be similar.

Recommended program changes for both initial and Five-Year inspections include:

- Increasing the **Inspection fees** to offset program and human resource costs.
- The Notice of Inspection requires the Designated Registrant to provide pre-inspection information and materials within a specified timeframe. This notice should include reference to the new paragraph of section 20.12 of the by-laws. Citing the by-laws allows access to the administrative suspension provisions of the Code.
- If the materials are not received, a **Notice of Intent to Suspend** the Designated registrant for failure to provide information is sent. This carries a Notice fee. Issuing the notice will spur the designated registrant into action. Reinstating the notice fee will offset the costs of preparing and issuing the notice.
- Designated registrants who do not provide the information by the date set in the **Notice of Intent to Suspend** will be suspended pursuant to section 13(1) of the Registration Regulation.
- An informal notice of assigned inspector is sent along with an invoice for the inspection fees with a deadline for payment.
- If the inspection fees are not paid by the deadline, a **Notice of Intent to Suspend** for failure to pay a fee to the College will be issued pursuant to section 24 of the Code allowing 30 days to pay the fee.
- Section 20.12 of the by-laws should be amended to include a paragraph that references information relating to the inspection program established in the General Regulation.

4.5.3 Occurrence Reporting – Designated registrants in premises providing IVIT procedures are required to report information specified in the General Regulation. This includes Type 1 occurrence reports, when specified adverse events occur due to the administration of IVIT, and Type 2 occurrence reports, statistical data required to be provided by May 1st annually. Type 1 occurrence reports are provided only if an adverse event happens. No fees are associated with the Type 1 occurrence reports and none is proposed to be added as it might result in a deterrence to the report being filed. Type 2 occurrence reports happen on an annual schedule and no fees are currently associated with this process.

Recommended program changes include:

- Section 20.12 of the by-laws should be amended to include a reference to the inspection program established in the General Regulation.
- The Notice that the Type 2 occurrence reports are required and the date by which they are to be received will include a reference to the new amended paragraph of section 20.12. Citing the by-laws allows access to the administrative suspension provisions.
- Designated registrants who fail to provide the Type 2 occurrence reports by the deadline will be issued a **Notice of Intent to Suspend** if the information is not provided within 30 days, a notice which also carries a notice fee.
- Designated registrants who do not provide the information by the time set in the Notice of Intent to Suspend will be suspended pursuant to section 13(1) of the Registration Regulation.

4.5.4 Program Administration Services – These services relate to the on-going management of the program and posting of information on the Public register. None of these services currently require the payment of a fee. Recommended program changes include:

- Section 20.13 of the by-laws sets out the nature and timing of information that registrants must provide the College of their own accord and within specified timeframes. These requirements establish the situations where changes occurring in their practices require updates to be given to the College. A new provision should be added setting out that the information the College requires relating to premises and services in premises must be provided to the College within 7 days.
- Instituting an **Adding a Procedure** fee to be charged when a premises wishes to add a new procedure to the premises.
- Instituting a **Change in Personnel fee** to be charged for the processing of changes to personnel at the premises including but not limited to the designated registrant and NDs that practice at the location. This offsets the costs of time to update the register.
- Instituting a **Cease to Perform** fee to be charged when a premises is reporting that they are stopping the performance of one or both of compounding for or administration of IVIT.
- Instituting an Inspection Deferral fee to be charged to a premises where an inspection is scheduled and they subsequently report that they are not ready and ask to defer the inspection.
- Where a premises is scheduled for its initial inspection and the Inspector arrives and determines that the premises is not ready for inspection, e.g., construction is on-going, the premises will be issued a Notice of Non-compliance, which will carry the notice fee. Additionally, the inspection fee paid will be forfeited.

4.6 Examinations

The Examinations Program delivers two kinds of examinations. The first are the entry-to-practise examinations of which there are four: Ontario Clinical Sciences Exam, Ontario Biomedical Exam, Ontario Clinical (Practical) Exam and the Ontario Jurisprudence Exam. The second are “post-registration” examinations for extended services of which there are two: Ontario Therapeutic Prescribing Exam and Ontario Intravenous Infusion Therapy Exam.

Overall, the Council has asked that the Examinations Program be self-financing, i.e., its revenue offsets all delivery costs. In the 2024-2025 fiscal year, Examination Revenues were \$288,120 and Examination Expenses were \$230,052 resulting in a surplus of \$58,068; however, human resource costs to operate the program are not included in these lines in the financials statements due to privacy concerns. Once factored in, the overall results indicate that the exam program is not self-financing.

Additionally, an analysis of the workflows does indicate some inequities in the process that should be addressed.

4.6.1 Ontario Clinical Sciences Exam – In the last fiscal year, when all expenses are factored in, the OCSE operated at a small net surplus. As a result, no changes are proposed to the examination fee itself. The examination is primarily offered online through Meazure; however, recently an increased number of request to sit the examination at a test centre have been received. Using a test centre to deliver the exam increases the College’s costs.

Recommended program change:

- Instituting a **Testing Centre Surcharge** fee for sitting the examination in a Test Centre.

4.6.2 Ontario Biomedical Exam - In the last fiscal year, when all expenses are factored in, the OBME operated at a significant deficit of based on the fee of \$450 per candidate for the initial and any retake of the examination. Like the OCSE, this examination is also primarily offered online through Meazure; however, recently an increased number of requests to sit the examination at a test centre have been received. Using a test centre to deliver the exam increases the College’s costs.

Recommended program changes include:

- Increasing the Examination fee to off set costs incurred in its delivery.
- Instituting a **Testing Centre Surcharge** fee for sitting the examination in a Test Centre.

4.6.3 Ontario Clinical (Practical) Exam - In the last fiscal year, when all expenses are factored in, the OCPE operated on a break-even basis based on a fee of \$370 for the examination and \$170 for a retake of any of the components. Although the breakeven point was reached, there are added cost pressures being faced by the College. Recommended program changes include:

- Increasing the Examination fee to slightly to offset inflationary costs incurred in its delivery.

4.6.4 Ontario Therapeutic Prescribing Exam – In the last fiscal year, when all expenses are factored in, the exam operated at a significant deficit based on revenue of \$500 for each exam candidate, including retakes. A large portion of examination fees are paid out to a third-party provider which results in added operational costs to the College for running the registration process.

Recommended program changes include:

- Increasing the initial and retake fees to offset the costs incurred by the College.

4.6.5 Ontario Intravenous Infusion Therapy Exam - In the last fiscal year, when all expenses are factored in, the exam operated at a significant deficit of based on the fees of \$650 for the initial and any retakes of the examination.

Recommended program changes include:

- Increasing the initial and retake fees to offset the costs incurred by the College.

4.6.6 General Program Changes – There are several program fees that might be updated to remain consistent with the effort the work requires and other proposed fees of the College. Recommended program changes include:

- Increasing the **Exam Appeal** fee to catch up to recent inflationary increases to ensure it off sets the work required.
- Instituting an **Exam Review** fee to be applied when individuals are seeking additional information relating to their examination results. This fee off sets the substantial work done by the exam team to review exam results for a candidate in detail and provide in greater detail an understanding of why they failed.
- Increasing the **Exam Deferral** fee to catch up to recent inflationary increases to ensure it off sets the work required.
- Instituting a new **Exam Withdrawal** fee to be levied for individuals who decide to defer sitting of the exam while the exam registration process is open. Withdrawing a candidate while exam registration is open takes the same amount of work as after registration closes. In the latter scenario, the candidate forfeited the exam fee. The withdrawal fee off sets the work required.
- Instituting a new **Exam Transcript** fee levied for individuals who require the exam outcomes to be transmitted to another regulatory body. As the CoNO exams became more recognized across Canada, an increased number of transcripts to be sent to other regulators has occurred. This fee off sets the work required to produce the transcript and provide them to another regulator.

4.7 Complaints & Reports

The Complaints & Reports program is more complex than one generally assumes. It involves not only processing complaints and CEO “Registrar” Investigations in concert with the Inquiries, Complaints and Reports Committee, but also monitoring outcomes from the ICRC’s Decision and Reasons and dealing with individuals holding themselves out as NDs. There are presently no fees associated with the program.

4.7.1 Complaints and Reports Processing – Although the workflows within this area are significant, they provide little real opportunity for new revenue streams. The work also falls more properly within committee support work than program work. Therefore, no changes are being recommended.

4.7.2 Complaints and Reports Outcomes Monitoring – When the ICRC issues a Decision & Reasons on a file where there are statutorily defined outcomes (noting the ICRC does not make findings) such as a Specified Continuing Education and Remediation Program (SCERP), Oral Caution, TCL, Essay, Meeting with an expert, an inspection, there is considerable work involved on the part of program staff to ensure compliance.

Recommended program changes include:

- Establishing an **ICRC Monitoring Fee** to be levied on each identified outcome to offset the College's costs in monitoring compliance.
- Issuing a **Notice of Non-Compliance**, which carries the notice fee, when a registrant is not compliant with an outcome required by the ICRC.
- It is recommended that section 20.12 of the by-laws be amended to include information relating to ICRC outcomes to allow the College to issue a 30-day demand for information pursuant to the by-laws and failure to comply results in issuance of a Notice of Intent to Suspend the registrant for failure to provide information. This is an administrative suspension that could result in the registrant being unable to practice until they comply and pay reinstatement fees. The Notice of Intent to Suspend would also incur the Notice fee.

4.8 Discipline Program

This Discipline Program is administered (supported and funded) by the College but overseen by the Discipline Committee, which is independent of the College and its Council. The Discipline Committee controls the Rules of Procedure wherein it could set out tariffs that it will order as form of cost recovery. The Council cannot interfere in that process or in the Rules.

4.8.1 Costs Orders

The College is a party to discipline proceedings and, as part of the process, puts forward the costs that it wishes to have ordered by a panel of the Discipline Committee. Recommended changes to the College's approach include:

- Requiring the registrant provide a **certified cheque** when paying costs in full. A certified cheque ensures the funds are available to the College as they have been set aside by the registrants bank.
- Requiring the registrant provide the College with collateral (on consent) when entering into a payment plan with the College. Collateral would increase the likelihood of the College receiving any ordered costs.
- Requiring the registrant to pay interest on the outstanding amount owed to the College.
- Including a reference that the order is subject to such administrative and programs fees as set out in Schedule 3 to the by-laws.

For reference of the Council, in an uncontested matter, the issue of costs is resolved between the College and the registrant through our respective legal counsel. As such, when uncontested, the most likely scenario is the presentation of a joint submission on costs wherein the registrant will have agreed to the College's approach.

In a contested matter, these provisions would be a matter of discussions between the College and the registrant and consent may be obtained as an order is prepared for use by the panel.

4.8.2 Penalty Orders

Penalty orders, when a finding of incompetence or professional misconduct is made by a panel of the Discipline Committee are the purview of the panel; however, the College makes submissions on the penalty it would like to see imposed. It is recommended that the following changes be made to the College's approach:

- That suspension end dates to be less prescriptive or indicate that the end date is subject to the registrant complying with other requirements of the by-law. As such, the intent would be that in order to be reinstated, the registrant would be required to pay a reinstatement fee and provide proof of insurance etc.
- Including a reference that the order is subject to such administrative and programs fees as set out in Schedule 3 to the by-laws. This is intended to ensure that all the other fees set out in the by-laws also apply to discipline matters.
- When issuing an order that includes terms, conditions and limitations on a registrant's certificate of registration, imposing a **Discipline Monitoring** fee similar to those set out above relating to complaints and reports. A TCL will include such elements as remedial actions (courses), inspections, meetings with experts and other similar elements. Following up on these activities requires tedious and often extensive work on the part of College staff.
- It is recommended that section 20.12 of the by-laws be amended to include information relating to Discipline Panel orders to allow the College to issue a 30-day demand for information pursuant to the by-laws and failure to comply results in issuance of a Notice of Intent to Suspend the registrant for failure to provide information. This is an administrative suspension that could result in the registrant being unable to practice until they comply and pay reinstatement fees. The Notice of Intent to Suspend would also incur the Notice fee.

Once again, in an uncontested matter, the Penalty Order is the subject of negotiation between the College and the registrant through our respective legal counsel. Typically, the penalty is agreed upon and part of a Joint Submission on Penalty which are accepted by the panel unless the penalty is deemed not in the public interest or would bring the administration of justice into disrepute.

In a contested situation, the College makes its own submission on penalty to the panel. The panel or their Independent Legal Counsel may ask the College to draft an order in consultation with counsel of the registrant. In other cases, Independent Legal Counsel may draft the order in consultation with both parties. Regardless, the College has the opportunity to influence the outcome through these legal processes.

4.9 General Fees across all Program

General fees are those that are levied by the College within multiple programs and therefore are not associated with one program area specifically. These fees typical result from activities that require follow up or advising a registrant that they are not in compliance or at some degree of risk.

4.9.1 Notice fee – this is a fee charged when any program issues a formal notice that requires action. Examples include but are not limited to:

- Notice of Intent to Suspend,
- Notice of Non-compliance,
- Notice of Intent to Revoke a Certificate of Authorization,
- Notice of Revocation of a Certificate of Authorization.

Presently, the College has the authority in the by-laws to charge this fee but has not been doing so in the interests of good relations with the profession. It is recommended that this fee be re-instituted and increased.

4.9.2 Accommodation Request fee – this is a new fee that might be charged whenever a person is seeking an accommodation from the College. Accommodations are typically sought as part of the examination, registration, and renewals processes. Processing accommodations has become labour intensive for the College as they have and continue to increase in number and complexity with a wide range of reasons being set out to support the accommodations. The College has recently had to revamp the accommodation process to require more relevant and detailed information for the purposes of evaluating the requests. The College has also retained an expert, third-party, to provide advice when needed. Presently, this advice does not incur costs; however, this may change in the future. Recommended program changes include:

- Instituting a nominal Accommodation Application fee to offset part of the costs of processing the requests. This fee could also be made refundable, in whole or in part, if the accommodation is granted. That is a policy consideration for the Council.

4.9.3 Correction fee – The College does not currently charge corrections fees. The proposed change is to establish this fee in the by-laws and apply it whenever an individual has submitted an application for anything and has either failed to provide the information required or has provided incorrect information that must be corrected. Recommended program changes include:

- Institute a Correction Fee in the by-laws to be levied against any individual who has not provided the necessary information as set out in various guides to allow the College to complete its work or has provided incorrect information to the College.

4.10 Drugs/Substances and Laboratory Test Reviews

The College receives submissions from individual practitioners, system partners and patient advocates for changes or additions to the:
list of laboratory tests that can be performed and ordered by Naturopathic Doctors, and

the list of drugs that can be prescribed, dispensed, compounded and sold as well as the list of substances that can be administered by inhalation or injection, including IVIT.

The College conducts reviews of these submissions to ensure that the Council has sufficient data to be able to evaluate the submission that has been received and make a recommendation to the Ministry of Health with respect to laboratory testing or to submit a proposed regulation change relating to the drugs and substances. In order to complete its work and to meet the requirements of the Ministry, the College must obtain external expert drug review advice. The College has established a process working with the University of Toronto to provide this advice.

The recent review of proposed laboratory tests included a review of 62 tests. The external expert conducted research and prepared a report on each of the requested lab tests. Using this, the College can establish a per laboratory test fee to be charged when submissions are received.

The external expert review of the recent submission on Oral Micronized Progesterone carried a much more significant cost to the College as the review is significantly more extensive. The College cannot reasonably collect sufficient funds to cover these costs, as well as the costs to the College for staff and working group review time. However, it is hoped that by charging a fee that is indicative of the kinds of costs incurred by the College, external parties will ensure that their requests are reasonable and manageable.

Therefore, to accommodate the process for submissions and the time and costs to the College, it is recommended that the College charge the following fees:

- \$145 for each laboratory test included in the submission for review,
- \$395 for each drug/substance including in the submission for review.

5. DISCIPLINE UNRECOVERED COSTS

Unfortunately, despite its best efforts to recover ordered costs from its registrants who have been the subject of discipline, the College has a rather large amount of money that it has not and will likely not be able to recover. Most of this was covered in a briefing presented to the Council in July 2025; however, at the time, it was noted that further recommendations related to recouping unrecovered costs should be addressed in this report.

As noted in the July briefing, there are currently \$616,129 in ordered costs, of which \$121,938 has been recovered. This is a recovery rate of 19.8% of ordered costs. Prior to the two most recent decisions, the recovery rate for ordered costs was 75% which suggests greater success earlier in the College's history. A copy of the original appendices from that briefing is attached to this report as Appendix 1.

Moving forward, we believe that if the program changes recommended above are implemented, the risk of costs not being recovered can be lessened although never eliminated. However, this leaves

outstanding what to do about the money already lost. It also begs a much larger and broader question about how the College prepares for future cases that are similar and breadth and scope to the two most recent contested hearings (Prytula and Um).

The Council has established an Investigations and Hearings Fund which is intended to ensure that future investigations and hearings do not render the College unsustainable. This fund is current set in EL17 to have between \$1 million and \$2 million dollars in it. According to the unaudited financial statements at March 31, 2025 (Q4), the fund had \$1,009,100 available in it.

The purpose of these funds is to cover variable or unforeseen costs and expenses in key areas of College activity. Given the two most recent matters which combined carried cost of \$679,420, it may be questionable as to whether this fund is set at a proper amount in EL17.

EL17 states that “The CEO shall not fail to ...

- 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

Based on the unaudited statements at the end of Q4 for the last fiscal year, the following line items are impacted:

Line Item	Budget	Actual	Difference
Legal fees (Discipline)	\$95,000	\$287,875	\$192,422
Hearings	\$19,595	\$35,919	\$16,324
			\$208,746

To implement this, the staff transferred \$208,746 from the Fund to cover the overspending in these line items. This resulted in the College generating a surplus of \$255,346 in the fiscal year. According to the policy, 5% of that surplus or \$12,767 was returned to the fund.

At the start of the new fiscal year on April 1, 2025, the Investigations and Hearing Fund was at \$813,121, far below the amount anticipated by the Council EL17 policy. It is recommended that the best approach to shoring up the College’s overall long-term sustainability, in addition to reducing costs and increasing revenues, is to ensure that the reserves identified by the Council are in place.

On April 1, 2025, the reserve funds were at the following levels:

Fund	Amount	Max. Level	Difference
Business Continuity	\$1,114,684	\$4,000,000	\$2,885,316
Investigations and Hearings	\$810,452	\$2,000,000	\$1,189,548
Succession Planning	\$52,110	\$50,000	(\$2,110)

Patient Relations	\$90,385	\$100,000	\$9,615
			\$4,082,369

This table is identifying that at the current levels, the reserve funds are well below the maximum levels identified by the Council. Additionally, with the next three years budgeting anticipating deficits, not only do the issues set out above in this report need to be addressed, so too do the amounts of funds held in reserve by the College.

There is only one source from which these revenues can be gleaned, the registrants of the College. As of April 1, 2025, there were 1686 registrants in good standing in the General Class and 170 registrants in the Inactive class in good standing. Every \$100 increase in fees results in approximately \$185,600. If the Council were to add \$100 to the registration fees, it would take 22 years to top up the funds.

The \$4,082,369 that the reserve funds are short should be addressed over the next 10 years, which would be accomplished by:

- Adding an amount of \$250 to the registration fee for each class of registration that would be moved directly into the reserve funds rather than general operations,
- The added revenues of \$421,000 annually would result in the reserve funds being topped up in approximately 10 years.

After the funds are topped up, the fees will be reviewed to determine whether they are then considered part of general revenues or to be lowered back to 2025 amounts (plus CPI).

Although it may be tempting to add a higher amount that would be moved into reserves thus topping them up more quickly, the rate of \$250 is based on:

- The current economic uncertainty surrounding tariffs, and a possible recession make a larger increase for a shorter period difficult for registrants.
- Spreading the intent of the increase over a longer period allows the Council to adjust as needed and recognizes the existing economics of the profession.
- The longer-term goal allows the Council to ensure that current and future referrals do not cause further financial harm to the College and impact its sustainability.

Recommended program changes are as follows:

- Adjust the reserve fund levels in EL17. The Reserve Fund amounts set out in policy should be changed to lower the Business Continuity Fund to \$2,500,000 and increase the Investigations and Hearings Fund to \$3,000,000. This does not change the overall total of the reserve funds.
- Increase the annual registration fee for all classes of registration by \$250, the revenue from which would be directed to the reserve funds.

6. RESEARCH FROM OTHER REGULATORY COLLEGES IN ONTARIO

Staff of the College undertook a search of the by-laws and other relevant documents for the other Ontario health regulatory bodies for the purposes of comparison. This determined that the approach to fees is as diverse as the professions themselves making direct comparisons in a table impossible.

Given the inability to draw direct comparisons between the Colleges, the research has focused on innovative, creative or notable approaches to fees. The highlights include:

- **College of Audiologists and Speech Language Pathologists** – CASLPO has a Reminder fee of \$50 applied every time the College reminds a registrant that there is something that they have yet to do or complete.
- **College of Chiropractors of Ontario** – CCO has a SCERP fee where a registrant must pay a fee set by the Registrar when they are required to complete one; they also have a reminder fee of \$52 like CASLPO; they also charge a \$750 fee for reinstatement of a certificate of registration that has been revoked or suspended by the Discipline or Fitness to Practise Committees.
- **College of Dental Hygienists of Ontario** – CDHO has a set of evaluation fees where the College charges \$3,225 for a professional competency assessment for re-entry to practise and \$2,650 for clinical competency for entry-to-practise.
- **College of Dental Technologists of Ontario** – CDTO has an administrative fee for notices where the first notice is \$60 and all subsequent notices are \$118 each; the Letter of Standing fee is \$130.
- **College of Denturists of Ontario** – CDO charges \$4,000 for its Qualifying Examination, \$800 for the MCQ portion and \$3,200 for the OSCE portion for subsequent attempts.
- **College of Midwives of Ontario** – CMO charges interest of 1.5% per month on any fee that is owed and unpaid as of the due date.
- **College of Opticians** – COO charges a \$50 late fee for a registrants professional portfolio and \$100 for an incomplete or deficient professional portfolio; a fee of \$850 is charged for on-site Peer and Practice Assessments and \$450 for remote assessments.
- **College of Physicians and Surgeons of Ontario** – CPSO has a provision enabling an interest charge of 18% per annum on any fee that is unpaid on the date it is due.
- **College of Physiotherapists of Ontario** – CPO charges \$1,985 to sit the clinical examination.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario** – CTCMPAO levies an examination fee of \$1,295 for TCM and \$942 for Acupuncture.

When considering this information, caution should be exercised as the manner in which the Colleges approach various functions and related fees will vary.

7. OUTCOMES

This review is suggesting a dramatic change in the way in which the College functions in respect to the regulatory programs. Underlying this change is the idea that a registrant is permitted to practice only if they are in compliance with all of the regulatory requirements. The onus is on the registrant to be aware of those requirements and to ensure that they act in a timely way to maintain their registration. While the College has a responsibility to inform registrants when their attention is needed and while the College also has a responsibility to provide appropriate reminders, the College should not be required to intervene with the frequency that it does.

There is an underlying philosophy to this report which is that those individuals who respond to the College and provide the College with the funds and information it needs to perform its role, should be given the best available rate for the sustainability of the College. Those registrants who do not respond to the College and do not pay on time or submit their information on time should be required to pay the costs associated with the extra regulatory processes being undertaken.

In Appendix 2, College staff have provided estimates of the financial impact of the fee changes on the College. These estimates are based on the 2024/25 fiscal year and, for each program, using real or estimated data based on known interactions with registrants. A summary of the overall financial impact is provided on Page 3 of Appendix 2. Overall, the results suggest that \$462,250 would have been added to the reserve funds while an additional \$429,355 would have been added to general operations. These numbers suggest that the reserve funds would be maximized within 10 years, as noted earlier in this report. The numbers also suggest that the budgeted deficits for each of the next three years, as presented to Council in March 2025, would be significantly reduced.

Budget Year	Current Deficit (\$)	Updated Deficit
2025-26	522,862	93,507
2026-27	582,908	153,553
2027-28	719,940	290,585

These estimates should be used as a guide and not a guarantee as to a large degree, the change in approach is hoped to result in a change in registrant behaviour.

8. NEXT STEPS

The Council is being asked to adopt this report in principle. Doing so will allow the College to proceed with the next steps which will be to circulate proposed by-law amendments, including an updated Schedule 3, for consultation for 60 days. A draft of those changes is attached as Appendix 3.

Andrew Parr, CAE
Chief Executive Officer

Appendix 1
Summary of Discipline Costs and Funds Recovered

Matter	Contested Uncontested	Decision Date	Legal Costs	Investigation Costs	Hearing Costs	Total Costs	Ordered Costs	Ordered as %	Actual Recovered	Notes
Um	Contested	May 29, 2025	\$250,612	\$11,764	\$22,614	\$284,990	\$189,993	67%	\$0	2
Prytula	Contested	May 28, 2025	\$351,168	\$19,082	\$24,180	\$394,430	\$262,953	67%	\$0	1
Marjerrison	Uncontested	Sept 12, 2023	\$30,269	\$7,245	\$886	\$30,400	\$7,500	19%	\$937.50	3
Dodd	Contested	Feb 14, 2023	\$80,911	\$25,535	\$3,810	\$110,256	\$77,283	70%	\$0	4
Dhanani (2)	Uncontested	Nov 8, 2022	\$42,255	\$9,849	\$610	\$52,714	\$11,000	21%	\$11,000	--
Dhanani (1)	Uncontested	Nov 8, 2022	\$19,719	\$5,466	\$610	\$25,795	\$6,000	23%	\$6,000	--
Cohen (3)	Contested	Nov 4, 2022	\$12,540	\$0	\$970	\$13,510	\$8,000	59%	\$0	5
Stauffert	Uncontested	Oct 11, 2022	\$48,015	\$10,030	\$1,697	\$59,742	\$7,500	13%	\$7,500	--
Bortnick	Uncontested	May 16, 2022	\$54,218	\$12,371	\$1,870	\$68,459	\$0	0%	\$0	6
Turner	Uncontested	May 2, 2022	\$28,218	\$3,771	\$640	\$32,629	\$0	0%	\$0	6
Turner	Uncontested	Oct 29, 2021	\$22,146	\$0	\$1,425	\$23,571	\$5,000	21%	\$5,000	--
Rodak (2)	Contested	June 21, 2021	\$59,224	\$1,542	\$9,375	\$70,141	\$5,000	7%	\$5,000	7
Rodak (1)	Uncontested	June 21, 2021	\$25,757	\$1,780	\$1,230	\$28,767	\$5,000	17%	\$5,000	--
Blaszczyk	Uncontested	Apr 5, 2021	\$18,290	\$3,934	\$1,990	\$24,214	\$0	0%	\$0	6
Deshko	Uncontested	Mar 1, 2021	\$29,215	\$16,970	\$3,902	\$50,087	\$11,000	23%	\$11,000	--
Cohen (2)	Uncontested	Oct 27, 2020	\$18,746	\$7,040	\$3,227	\$29,013	\$3,500	12%	\$0	5
Cohen (1)	Uncontested	Oct 28, 2020	\$10,363	\$0	\$1,229	\$11,592	\$3,500	30%	\$0	5
Ali	Uncontested	Aug 19, 2020	\$14,171	\$4,017	\$2,958	\$21,146	\$6,400	30%	\$6,400	--
Ee	Uncontested	Apr 24, 2020	\$27,175	\$4,304	\$3,152	\$34,631	\$6,500	19%	\$6,500	--
			\$1,143,012	\$144,700	\$86,375	\$1,366,087	\$616,129	45%	\$121,938	8

Notes:

1. This matter has been appealed to Divisional Court. Therefore, payment of costs is stayed.
2. This matter has been appealed to Divisional Court. Therefore, payment of costs is stayed.
3. The registrant in this matter was also ordered to pay for funding for therapy; however, the registrant is now deceased and no costs will be recovered.
4. The College pursued these costs to no avail. The registrant has since died and no costs will be recovered.
5. The registrant has declared bankruptcy. No costs will be recovered.

6. No costs were ordered and none were sought by the College in exchange for an agreement for the registrant to resign and agree to never apply for a certificate again.
7. This matter was contested; however, the College was unable to prove all allegations against the registrant. As a result, a joint submission was made on penalty and costs on the allegations that were upheld. The penalty and costs portion of the initial matter was addressed on the same day as the second, uncontested matter.
8. At this time with the two most recent ordered costs stayed, the College has collected 19.7% of ordered costs. If the Um and Prytula matters are excluded, the College has collected 74.7% of ordered costs.

Appendix 2 Estimated Financial Impact of Fees

Examinations	Candidates	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
Clinical Sciences Exam	126	\$850	\$107,100	\$850	\$107,100	\$0
Biomedical Exam	130	\$450	\$58,500	\$700	\$91,000	\$32,500
Clinical (Practical) Exam	119	\$370	\$44,030	\$400	\$47,600	\$3,570
Testing Centre Surcharge	5	\$0	\$0	\$75	\$375	\$375
Jurisprudence Exam	70	\$75	\$5,250	\$125	\$8,750	\$3,500
IVIT Exam	32	\$650	\$20,800	\$1,350	\$43,200	\$22,400
Prescribing Exam	95	\$500	\$47,500	\$875	\$83,125	\$35,625
Exam Appeals	2	\$90	\$180	\$125	\$250	\$70
Exam Deferrals	16	\$60	\$960	\$100	\$1,600	\$640
Exam Review Fee	7	\$0	\$0	\$125	\$875	\$875
Exam Transcripts	2	\$0	\$0	\$75	\$150	\$150
Exam Withdrawal	5	\$0	\$0	\$100	\$500	\$500
<i>Total Examinations</i>			\$284,320		\$384,525	\$100,205

Registration	Registrants	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
General Class Registrants	1669	\$1,885	\$3,146,065	\$2,135	\$3,563,315	\$417,250
Inactive Class	180	\$946	\$170,280	\$1,196	\$215,280	\$45,000
Emergency Class	0	\$102	\$0	\$352	\$0	\$0
Correction fees	84	\$0	\$0	\$75	\$6,300	\$6,300
Late Renewal Fee	40	\$333	\$13,320	\$500	\$20,000	\$6,680
Reinstatement Fee	26	\$290	\$7,540	\$575	\$14,950	\$7,410
CC-GC to IN	33	\$100	\$3,300	\$250	\$8,250	\$4,950
CC-IN to GC (<2 yrs)	5	\$100	\$500	\$250	\$1,250	\$750
CC-IN to GC (>2 yrs)	1	\$275	\$275	\$425	\$425	\$150
Relinquish SoP	16	\$0	\$0	\$250	\$4,000	\$4,000
Reinstate SoP	0	\$0	\$0	\$250	\$0	\$0
Life Reg. Application	3	\$0	\$0	\$250	\$750	\$750
Add TCL to Certificate	3	\$0	\$0	\$250	\$750	\$750
Remove TCL	0	\$0	\$0	\$252	\$0	\$0
Resignation App.	18	\$0	\$0	\$250	\$4,500	\$4,500
Name Change	8	\$50	\$400	\$150	\$1,200	\$800
Certificate of Standing	16	\$25	\$400	\$75	\$1,200	\$800
Details of Registration	5	\$0	\$0	\$75	\$375	\$375
Notice of Intent to Suspend-Renewal	29	\$0	\$0	\$150	\$4,350	\$4,350
Currency Audit Notice	16	\$0	\$0	\$150	\$2,400	\$2,400
<i>Total Registration</i>			\$3,342,080		\$3,849,295	\$507,215

Professional Corporations	Registered	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
Application fee	13	\$485	\$6,305	\$650	\$8,450	\$2,145
Correction fee	1	\$0	\$0	\$75	\$75	\$75
Issuance fee	13	\$305	\$3,965	\$500	\$6,500	\$2,535
Amending fee	0	\$0	\$0	\$500	\$0	\$0
Annual Renewal Fee	126	\$250	\$31,500	\$1,100	\$138,600	\$107,100
Application for dissolution	2	\$0	\$0	\$350	\$700	\$700
Notice of Intent to Revoke.	2	\$0	\$0	\$150	\$300	\$300
<i>Total Professional Corporations</i>			\$41,770		\$154,625	\$112,855

Complaints & Reports	Number	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
Monitoring Fee	33	\$0	\$0	\$250	\$8,250	\$8,250
Notice of Non-compliance	5	\$0	\$0	\$150	\$750	\$750
<i>Total Complaints & Reports</i>			\$0		\$9,000	\$9,000

Inspection Program	Number	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
Premises Registration fee	20	\$100	\$2,000	\$250	\$5,000	\$3,000
New Premises Inspections	19	\$2,000	\$38,000	\$3,000	\$57,000	\$19,000
5 year inspections	10	\$2,000	\$20,000	\$3,000	\$30,000	\$10,000
Committee Ordered Inspect.	0	\$2,500	\$0	\$3,000	\$0	\$0
Adding a procedure	1	\$0	\$0	\$50	\$50	\$50
Change in personnel	80	\$0	\$0	\$50	\$4,000	\$4,000
Cease to perform IVIT	16	\$0	\$0	\$50	\$800	\$800
Inspection deferral	3	\$0	\$0	\$100	\$300	\$300
Compliance Advisory fee	1	\$0	\$0	\$75	\$75	\$75
Notice Fee - Occurrence Reports	15	\$0	\$0	\$150	\$2,250	\$2,250
<i>Total Inspection Program</i>			\$60,000		\$99,475	\$39,475

Quality Assurance Program	Number	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
In-person PPAs	5	\$0	\$0	\$150	\$750	\$750
QAC Ordered Assessments	15	\$500	\$7,500	\$750	\$11,250	\$3,750
Deferral fee	7	\$0	\$0	\$100	\$700	\$700
CE Credit Application fee	328	\$0	\$0	\$75	\$24,600	\$24,600
Notice Fee	2	\$0	\$0	\$150	\$300	\$300
<i>Total QA</i>			\$7,500		\$37,600	\$30,100

Regulatory Education Program	Number	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
CE Certificate Requests	25	\$0	\$0	\$25	\$625	\$625
<i>Total Regulatory Education Program</i>			\$0		\$625	\$625

General Fees Not Included Above	Number	24-25 Fees	24-25 Revenue	New Fees	New Reven.	Fee Difference
Accommodation Requests	24	\$0	\$0	\$125	\$3,000	\$3,000
NSF/NSC	45	\$35	\$1,575	\$100	\$4,500	\$2,925
Payment Plan Enrollment	707	\$0	\$0	\$120	\$84,840	\$84,840
Bank Information Change fee	21	\$0	\$0	\$65	\$1,365	\$1,365
<i>Total General Fees</i>			\$1,575		\$93,705	\$92,130

Summary			
Program	24-25 Revenue	New Reven.	Fee Difference
Examinations	\$284,320	\$384,525	\$100,205
Registration Program	\$3,342,080	\$3,849,295	\$507,215
Professional Corporations	\$41,770	\$154,625	\$112,855
Complaints & Reports	\$0	\$9,000	\$9,000
Inspection Program	\$60,000	\$99,475	\$39,475
Quality Assurance Program	\$7,500	\$37,600	\$30,100
Regulatory Education Program	\$0	\$625	\$625
General/Finance Fees	\$1,575	\$93,705	\$92,130
	\$3,737,245	\$4,628,850	\$891,605
		To reserves	\$462,250
		General Rev.	\$429,355

**Appendix 3
Proposed By-law Changes**

Current Provision	Proposed Change	Rationale/Explanation
<p>20.03 Clinic or Business Information A Registrant’s clinic or business information in the register shall be:</p>	<p>In the event that the Registrant is not providing naturopathic services in Ontario, the location designated by the Registrant or any other address approved by the CEO</p>	<p>Out of province registrants who are not practising in Ontario should have a contact address available but not necessarily a clinic location.</p>
<p>(iii) In the event that the Registrant is not providing naturopathic services in Ontario, the location designated by the Registrant or any other address approved by the CEO</p>		

Current Provision	Proposed Change	Rationale/Explanation
<p>20.11 Registrant Information about Premises and Inspections Pursuant to paragraph 20 of subsection 23(2) of the Code? the register shall contain the following information with respect to Registrants’ premises and inspections of those premises, which is designated as public information:</p>	<p>the date on which the Registrant began providing services at that location and whether they are the Designated Registrant for that premises;</p>	
<p>(i) the clinic name, address, telephone number and e-mail address of the premises in which the Registrant provides services;</p>		
<p>(ii) the date on which the Registrant began providing services at that location;</p>		
<p>(iii) for every inspection conducted pursuant to</p>		

Part IV of Ontario Regulation 168/15 made under the Act, either directly or through the Inspection Report, including:

- a) the name and address of the premises inspected;
 - b) the date and purpose of the inspection;
 - c) the status of the inspection, including but not necessarily limited to whether it is pending, has been conducted and a report is pending, the report has been received by the College and is under review by the Inspection Committee;
 - d) the names of the Registrants performing procedures within the premises and their qualifications;
 - e) the results of the inspection;
 - f) a summary of the reasons for the results of an inspection where a premises either failed or passed with conditions;
 - g) a summary of any deficiencies identified by the inspection;
 - h) any conditions that apply to the premises; and
 - i) whether a subsequent inspection is necessary and, if so, the estimated date that inspection will be conducted; and
- (iv) for every inspection report any changes in conditions or remedy of any deficiencies.

Current Provision	Proposed Change	Rationale/Explanation
<p>20.12 Information Requests from College</p> <p>The College may forward to its Registrants requests for information in printed or electronic form approved by the CEO. Each Registrant shall accurately and fully complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for Registrant information may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (i) information required to be maintained in the register in accordance with subsection 23(2) of the Code and these by-laws; (ii) information for the purpose of compiling statistical data; (iii) information establishing the Registrant’s electoral district, for the purposes of elections to the Council; (iv) the Registrant’s areas of practice, including but not necessarily limited to the authorized acts the Registrant incorporates into their practice and categories of clients seen; (v) the Registrant’s previous employers and previous practice locations; (viii) whether the Registrant acts in the capacity of a preceptor or practice supervisor as part of their practice; (ix) the Registrant’s gender, date of birth and 		

- languages in which they provide services;
- (x) the Registrant's currency hours and activities, including but not limited to Patient Interactions;
- (xi) information pertaining to the Registrant's compliance with the College's Quality Assurance program;
- (xii) proof of professional liability insurance including:
 - (a) the name of the insurer (underwriter), broker and the policy number;
 - (b) the name of the insured that matches the name of the Registrant;
 - (c) the address of the insured;
 - (d) the policy period; and
 - (e) any other documents specified by the CEO with respect to professional liability insurance coverage;
- (xiii) the Registrant's primary e-mail address that is checked personally by the Registrant on a regular basis; and
- (xiv) a colour passport-type photograph taken within three months of the College's request.
- (xv) Proof of cardiopulmonary resuscitation (CPR) certification, including the:
 - (a) name of the course provider;
 - (b) level of certification; and
 - (c) the date the certification was issued.
- (xvi) Where a Registrant holds an Emergency

Class certificate of registration, or a General Class certificate of registration with a term, condition or limitation on their certificate of registration requiring them to be supervised while practising the profession, the:

- (a) name or names of individuals who have supervised their practice;
 - (b) location or locations of practice;
 - (c) controlled acts that the Registrant has performed and under whose delegation or supervision;
 - (d) number of completed Patient Interactions undertaken at each location in a defined period; and
 - (e) number of hours of practice at each location in which the Registrant is practising.
- (xvii) Where a Registrant holds a General Class certificate of registration and supervises another Registrant in their practice, the
- (a) name or names of Registrants they have or are supervising;
 - (b) location or locations in which the supervision has occurred or is occurring;
 - (c) controlled acts that the Registrant has delegated or supervised the performance of by the supervisee;
 - (d) number of completed Patient

- (e) Interactions undertaken by the supervisee in a defined period; and number of hours of practice the supervisee has undertaken at the location(s).

(xviii)

Information relating to or relevant to the maintenance and delivery of the inspection program established in accordance with Part IV of the General Regulation, including but not necessarily limited to:

- a) **Information relating to the premises and health providers working within the premises,**
- b) **Information regarding occurrence reports,**
- c) **Information relating to the services provided in the premises, and**
- d) **Information relating to compliance of the premises and its personnel with the program.**

(xix)

Where a registrant was subject to a Decision issued by the Inquiries, Complaints & Reports Committee, information relating to compliance with any

- (xx) requirements set out in the decision, including information relating to a SCERP, inspection, oral caution, meetings with an expert, an essay or other such outcomes established by the Committee.
Where a registrant was subject to an order of a panel of the Discipline Committee, information relating to compliance with any requirements set out in the order, including information relating to a TCLs, a SCERP, inspection, oral caution, meetings with an expert, an essay or other such outcomes established by the panel.

Current Provision	Proposed Change	Rationale/Explanation
<p>20.13 Information Requests from College The Registrant shall notify the College, in writing, of any changes to the following information:</p> <ul style="list-style-type: none"> (i) within fourteen days of the effective date, any change to the information published on the register as set out in articles 20.01 through 20.11 of these bylaws inclusive; (ii) within fourteen days of the effective date, 	<p>within seven days of the effective date, any change to the information published on the register as set out in articles 20.01 through 20.11 of these bylaws inclusive;</p>	<p>In today’s world where change happens very frequently, the 14 day period leaves a potential gap between reality and what appears on the register. Given that the College offers on-line forms for filing of information, there is no longer any concern of delays due to mail delivery.</p>

information about any finding of incapacity or similar finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:

- (a) the finding;
 - (b) the name of the governing body that made the finding;
 - (c) the date the finding was made;
 - (d) a summary of any order made; and
 - (e) information regarding any appeals of the finding; and
- (iii) within two days, any change to the information set out in paragraph (xii) of article 20.12 of these by-laws regarding the Registrant's professional liability insurance.
- (iv) within two days, for any Registrant who practices under supervision, any change in the status of any of their supervisor(s).

(v)

where the Registrant is a designated registrant for a premises, within seven days, any change in:

- a) the registrant acting in the capacity of designated registrant,**
- b) the names of registrants**

(vi)

providing IVIT services in the premises,
c) the names of other persons providing services in the premises for which they are the designated registrant and their qualifications.

Where the registrant is a shareholder of a professional corporation that has been issued a certificate of authorization by the College, within seven days:

- a) any change in the name of the professional corporation,
- b) any change in the articles of professional incorporation,
- c) any change of the names of the shareholders, directors and officers of the professional corporation,
- d) a copy of the certificate of dissolution and the articles of dissolution submitted by or on behalf of the shareholders.

**Schedule 3
Fees**

	Product/Service	Current Fee	Proposed New Fee	By-law Stream¹
Fees Relating to Examinations				
	Written Clinical Sciences Examination, and each retake - Online	\$850	\$850	(iv)
	Written Biomedical Sciences Examination, and each retake - Online	\$450	\$700	(iv)
	Retake of the written Clinical Sciences Examination	\$850		(iv)
	Retake of the written Biomedical Sciences Examination	\$450		(iv)
	Examination Testing Centre Surcharge	N/A	\$75	(iv)
	Clinical Practical Examination	\$370	\$400	(iv)
	Retake of any Clinical (Practical) Exam Component	\$170	\$200	(iv)
	Jurisprudence Examination	\$75	\$125	(iv)
	Therapeutic Prescribing Examination, and each retake	\$500	\$875	(iv)
	Retake of the Therapeutic Prescribing Examination	\$500		(iv)
	IV Infusion Therapy Examination, and each retake	\$650	\$1,350	(iv)
	Retake of IV Infusion Therapy Examination	\$650		(iv)
	Examination Appeal (each appeal)	\$90	\$125	(v)
	Examination Deferral (each deferral)	\$60	\$100	(v)
	Examination Review (each review)	N/A	\$125	(viii)
	Examination Transcript (per exam)	N/A	\$75	(viii)
	Examination Withdrawal (each withdrawal)	N/A	\$100	(viii)
Fees Relating to Entry-to-Practice				
	Application for Initial Registration	\$275	\$275	(ii)
	Prior Learning Assessment and Recognition (PLAR) – Paper Based Review	\$300	\$300	(viii)
	Administrative Reconsideration of PLAR Paper Based Review	\$300	\$300	(viii)
	PLAR Written Examination #1 (Biomedical Examination, and retakes - online)	\$450	\$700	(iv)

¹ Refers to the Streams of fees authorized in by-law making authority as described in section 3.2 of the Report.

	Product/Service	Current Fee	Proposed New Fee	By-law Stream¹
	PLAR Written Examination #2 (Clinical Sciences Examination, and retakes - online)	\$850	\$850	(iv)
	Examination Testing Centre Surcharge	N/A	\$75	(iv)
	Request for Administrative Reconsideration – Paper Based Review	\$300	\$300	(viii)
	Appeal of PLAR – Paper Based Review	\$75	\$125	(viii)
	PLAR Demonstration-based Assessment Interview (and retakes)	\$450	\$600	(viii)
	PLAR Demonstration-based Simulated Patient Case Review and Interactions (and retakes)	N/A	\$600	(viii)
	PLAR Demonstration-based Standardized Patient Assessment (and retakes)	\$1,300		(viii)
	Appeal of PLAR – Demonstration Component	\$75	\$125	(viii)
Fees Relating to Registration				
	Annual Registration Fee – General Class	\$1,885	\$2,135	(i)
	Annual Registration Fee – Inactive Class	\$946	\$1,196	(i)
	Annual Registration Fee – Emergency Class	\$102	\$352	(i)
	Late Renewal Fee – All Classes	\$333	\$500	(ix)
	Reinstatement Fee – All Classes	\$290	\$575	(viii)
	Class Change – General Class to Inactive Class	\$100	\$250	(viii)
	Class Change – Inactive Class to General Class (Less than 2 years)	\$100	\$250	(viii)
	Class Change – Inactive to General Class (2 years or more)	\$275	\$425	(viii)
	Class Change – Emergency Class to General Class (Less than 2 years)	\$100	\$250	(viii)
	Class Change – Emergency Class to General Class (2 years or more)	\$275	\$425	(viii)
	Add/Vary/Remove Standard of Practice (TP or IVIT)	N/A	\$250	(viii)
	Life Registrant Application	N/A	\$250	(viii)
	Add/Vary/Remove TCL on Certificate of Registration	N/A	\$250	(viii)
	Resignation Application	N/A	\$250	(viii)
	Name Change Application	\$50	\$150	(viii)
	Certificate of Standing (Registrants)	\$25	\$75	(viii)
	Details of Registration Request (Former registrants)	N/A	\$75	(viii)
	Payment Plan Program Enrollment Fee	N/A	\$120	(xi)

	Product/Service	Current Fee	Proposed New Fee	By-law Stream¹
Fees Relating to Professional Corporations and Certificates of Authorization				
	Application for Certificate of Authorization	\$485	\$650	(x)
	Issuance of a Certificate of Authorization	\$305	\$500	(x)
	Amending a Certificate of Authorization	N/A	\$500	(xi)
	Annual Renewal of Certificate of Authorization	\$250	\$1,100	(x)
	Application for Dissolution of Corporation	N/A	\$350	(xi)
Fees Relating to Complaints and Reports				
	Monitoring Fee (per outcome ordered by ICRC)	N/A	\$250	(viii)
Fees Relating to Discipline				
	Monitoring Fee (per outcome ordered by a panel)	N/A	\$250	(viii)
Fees Related to the Inspection Program				
	Premises Registration	\$100	\$250	(viii)
	Regularly Scheduled 5-year Inspection	\$2,000	\$3,000	(viii)
	Inspection ordered by the Inspection Committee	\$2,000	\$3,000	(viii)
	Inspection of a new premises	\$2,500	\$3,000	(viii)
	Adding a Procedure	N/A	\$50	(viii)
	Change in Personnel	N/A	\$50	(viii)
	Cease to Perform	N/A	\$50	(viii)
	Inspection Deferral	N/A	\$100	(viii)
Fees Relating to the Quality Assurance Program				
	Peer & Practice Assessment ² – Online	N/A	\$100	(viii)

² Peer & Practise Assessments are determined by random selection and are conducted online. Individuals can request an in-person assessment for an additional fee.

	Product/Service	Current Fee	Proposed New Fee	By-law Stream¹
	Peer & Practice Assessment – In person Surcharge	N/A	\$150	(viii)
	QAC Ordered Assessment ³	\$500	\$750	(viii)
	Deferral/Extension Request	N/A	\$100	(viii)
	CE Credit Application (per course/session)	N/A	\$75	(viii)
	Late Cancellation	N/A	\$350	(viii)
Fees Relating to the Regulatory Education Program				
	CE Certificate Production	N/A	\$25	(xi)
Fees Relating to Drug and Laboratory Testing Review				
	Review of Laboratory Test Submission (per test)	N/A	\$145	(xi)
	Review of Drug/Substance Submission (per drug/substance)	N/A	\$395	(xi)
General Fees Applied to All College Programs and Activities				
	Accommodation Request ⁴	N/A	\$125	(viii)
	Correction	N/A	\$75	(xi)
	Interest (charged monthly on outstanding balances except while enrolled in the Payment Plan Program for annual fees) ⁵	N/A	1.5%	(ix)
	NSF/NSC	\$35	\$100	(ix)
	Notice (for every formal notice issued by the CEO (or their delegate) ⁶	\$50	\$150	(xi)
	Banking Information Change	N/A	\$65	(xi)

³ For an assessment or re-assessment ordered by the QA Committee or a panel thereof except for an assessment that occurs as a result of a random-type selection.

⁴ Depending on the Council's policy considerations, all or part of this may be refunded if the accommodation is granted. Alternative, the Council may determine not to charge this fee.

⁵ Interest is charged monthly on the outstanding balance, including any outstanding interest charges applied prior.

⁶ Includes Notice of Non-compliance, Notice of Intent to Suspend and Notice of Intent to Revoke a Certificate of Authorization, Notice of Revocation of CoA.



The College of Naturopaths of Ontario

BRIEFING NOTE

Committee Chair Appointment

PURPOSE: To seek an appointment by the Council to the position of Chair of the Discipline Committee and Fitness to Practise Committee.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Discussion and decision		
Results:	Decision		
Overall Timing:	10 minutes		
Steps/Timing:	1.	Overview by the CEO	3 minutes
	2.	Discussion and questions	5 minutes
	3.	Decision	2 minutes

BACKGROUND:

Effective August 29, 2025, Dr. Jordan Sokoloski, ND, elected professional member for District 8 resigned from the Council and all Committees to which he had been appointed. Dr. Sokoloski's resignation was mandated pursuant to section 16.11 Employment Positions of the by-laws as he was applying for employment with the College. This section states:

A Council, Committee member or In-field Volunteer may not hold employment with the College while serving as a Council, Committee member or In-field Volunteer. Where Council, Committee members or In-field Volunteers wish to be considered for any employment position with the College, they must first resign their position and agree to an undertaking not to seek election or appointment to Council or a Committee for a period of two years after they cease to be employed or from the date they are informed in the event that they are unsuccessful in their application for employment by the College.

In light of this resignation, the Council has a vacancy for the position of Discipline Committee Chair. Staff have canvassed the Committee to determine whether any sitting Committee members might be interested in assuming a leadership role. The following individuals have expressed their interest:

- Jamuna Kailash, ND interested in serving as Chair,
- Denis Maurier, ND interested in serving as Chair or Vice Chair, and
- Dean Catherwood, Public member, interested in serving as Chair.

DISCUSSION POINTS:

Role of Chair

In addition to the typical duties as a Committee Chair, the Discipline Committee Chair is also responsible for appointing panels of the Committee to hold hearings into allegations of professional misconduct or incompetence. As Chair of the Fitness to Practise Committee, the Chair would appoint panels to hold hearings into the capacity of registrants. The Chair is often called upon to determine what, if any, information is shared with the various panels and with the Committee should events occur subsequent to a hearing.

Composition

There is no composition requirement set out in the code for either of these committees, however, there are detailed composition requirements for panels conducting hearings. For example, a panel of the Discipline Committee must have at least two Public members (appointed by the Government) and at least one professional member who is also a member of the Council. There are no requirements that the Chair need be a professional member, either from the Council or not or a Public member.

Recommended Appointments

The College is fortunate to have these individuals willing to move into a leadership role with these Committees and with the capable support of Rebecca Mendez (nee McBride) and Natalia Vasilyeva, each could readily perform the role.

Mr. Catherwood is a long serving member of the Discipline Committee, has completed several iterations of the training sessions conducted by Independent Legal Counsel and has sat on many panels.

Dr. Marier, ND is also has also served on the Discipline Committee for several years, has completed one training session, and has sat on at least two hearing panel.

Dr. Kailash, ND is a new appointee to the Committee in 2025 and has not yet completed the training although it is scheduled for this fall. She has also not yet sat on a discipline hearing panel.

Having the experience of sitting on a panel and having completed the training is very important to understand the issues that arise in the administration of the Committee. Additionally, 2025 was the first year in several where the Council had not appointed a Vice Chair and, interestingly, was the year in which we needed one. The absence of a Chair or Vice Chair is presently delaying the appointment of a panel for a hearing later this fall.

Based on these factors, it would be our recommendation that Dean Catherwood be appointed as Chair and Denis Maurier be appointed as Vice Chair.

ANALYSIS

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

- Hazard risk: There are no immediate hazard risks.
- Operational risk: There are no immediate operational risks.
- Financial risk: There are no immediate financial risks.
- Strategic risk: There are no immediate strategic risks

Privacy Considerations – There are no privacy considerations related to 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. When it comes to the Committee compositions, the Council does not disclose the names of individuals appointed to Committees in deference to their privacy rights; however, the names of panel members are released as part of their Decisions & Reasons.

Financial Impact – There is minimal financial impact based as the role of Vice Chair is afforded a higher per diem amount when the Committee meets for training this fall.

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.

- In this instance the public interest relates to good governance of the College and as such, the Committees require a Chair to be able to fulfill their responsibilities. Having a Vice Chair ensures coverage if the Chair is away or unable to fulfil their duties.

Andrew Parr, CAE
Chief Executive Officer
September 2025



The College of Naturopaths of Ontario

BRIEFING NOTE Vacancy in District 8

PURPOSE: To seek the direction of Council with respect to the filling of the Council member vacancy in District 8.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Discussion and decision		
Results:	Decision		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Overview by the CEO	3 minutes
	2.	Discussion and questions	10 minutes
	3.	Decision	2 minutes

BACKGROUND:

Effective August 29, 2025, Dr. Jordan Sokoloski, ND, elected professional member for District 8 resigned from the Council and all Committees to which he had been appointed. Dr. Sokoloski's resignation was mandated pursuant to section 16.11 Employment Positions of the by-laws as he was applying for employment with the College. This section states:

A Council, Committee member or In-field Volunteer may not hold employment with the College while serving as a Council, Committee member or In-field Volunteer. Where Council, Committee members or In-field Volunteers wish to be considered for any employment position with the College, they must first resign their position and agree to an undertaking not to seek election or appointment to Council or a Committee for a period of two years after they cease to be employed or from the date they are informed in the event that they are unsuccessful in their application for employment by the College.

In light of this resignation, the Council has a vacancy for the representative from District 8. Section 10.33 of the by-laws sets out the options for the filling of this position by the Council. It states:

10.33 Filing of Vacancies

If the seat of a Registrant elected to Council becomes vacant, Council may,

- (i) leave the seat vacant;
- (ii) appoint a Registrant who meets the criteria for eligibility for election set out in article 10.05; or
- (iii) direct the CEO to hold a by-election in accordance with these by-laws.

DISCUSSION POINTS:

Composition Requirements

Currently, the Council has six professional members remaining and five active Public members. This constitutes the minimum number of individuals necessary on the Council for it to be properly constituted. As such, there is no immediate urgency for this position to be filled.

Election Schedule

Election of professional members to the Council is undertaken annually but on a staggered scheduled basis to ensure that not all Council members retire at the same time. The 2026 elections will include Districts 7 and 8 with a Call for Nominations issued in January 2026. As such, the election for this district is scheduled for early next year with the new representative taking their position at the May Council meeting. Dr. Sokoloski was ineligible for re-election having reached the maximum of nine consecutive years on the Council.

Need for Regional Representation

Although the *Naturopathy Act, 2007* does set out the minimum and maximum numbers of elected and appointed individuals on Council, and although it does set out the requirement that the professional members be elected to the Council, the Act does not stipulate the process for the election. This power is granted to the Council in its by-law making authority in the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*.

In light of the intention of the College to undertake a consultation on proposed by-laws changes with respect to fees, this might be an opportunity for the Council to consider other important changes, including changes to the representation of professional members on the Council.

In both Provincial and Federal parliaments, the elected representatives are expected to speak on behalf of their constituents. This is not the case under the regulatory model. Instead, when elections are held, registrants are asked to elect the person they believe can best serve and protect the public interest. Given that the elected professional members do not “represent” their constituents, it may not be necessary to have a regional breakdown to the election process.

Competencies

Over the last several years, and with the nudging of the Ministry of Health through the College Performance Measurement Framework, a competency-based process has been established for both the election of Council members and appointment of Committee members. Applying the competency-based approach to an election that is based on districts or regional representation is highly challenging as the individuals who come forward through the nomination process is typically one if any, and there is no guarantee that they will meet the competencies.

If the approach were to be taken that there will be seven professional members on the Council, elected by the entire registrant population, there would likely be a larger pool of potential candidates both for the competency screening and potential election.

In the current situation, this would mean that the College would seek two candidates to fill two vacancies in 2026 and those individuals could come from anywhere in the Province.

Demographic Considerations

Besides regional representation, there are often other demographic considerations the Council might like to consider that get overruled because the by-laws require regional representation

based on the districts. For example, the Council might wish to consider the gender composition of the Council, EDIB considerations might be important, urban and rural considerations might also be important as might IVIT and prescribing backgrounds. Presently, even if stipulated, the election process must respond based on who can be nominated in each district.

If the election no longer required regional representation, the Council could address any demographic considerations through policy and the call for nominations/competency framework.

By-law Changes

A draft of changes to section 10 of the by-laws to move forward with the elimination of regional representation is attached for the Council's consideration and, if approved in principle, consultation. When presented to the Council for final approval, a review of all consequential changes in other provisions will be undertaken.

Impact of the Proposed Changes on Council

As this is not the first time a district has been eliminated, the by-laws already contained provisions to ensure that existing Council members would remain in place until their next regularly schedule election. Additionally, the updated election schedule ensures that existing Council members positions would come up for election in the appropriate timeframe.

ANALYSIS

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

- Hazard risk: There are no immediate hazard risks, and the approach enunciated ensures that existing Council members may continue in their roles.
- Operational risk: There are no immediate operational risks. Additionally, the approach is consistent with a mitigation strategy to ensure that the College Council has the right people among its members to continue to lead the organization through the stronger application of the competency framework and introducing Council-driven demographic considerations.
- Financial risk: There are no immediate financial risks.
- Strategic risk: There are some strategic risks primarily in demographics and reputation. The proposed changes are intended to address potential demographic concerns relating to the composition of the Council. Reputationally, some individuals may see this as attempting to reduce influence of regions on the Council; however, decisions have seldom if ever had a regional aspect to them.

Privacy Considerations – There are no privacy considerations related to 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. The largest transparency issue will be why these changes at this time which will be addressed as part of the consultation process.

Financial Impact – There is no immediate financial impact for this matter as the number of Council members does not change.

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.

- In this instance the public interest relates to good governance of the College. The proposed changes are designed to allow the Council to bring individuals who meet the competency

and any demographic requirements identified by the Council to make it a more effective deliberative body. Regional representation requirements do not always result in the best qualified individuals coming forward.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered in that the new approach enables the Council to consider EDIB matters as part of the recruitment process. Council can identify attributes it is seeking and that can be reinforced in the Call for Nominations and recruitment process.

RECOMMENDATIONS

There are two recommendations at this time:

1. That the position for District 8 be left vacant at this time.
2. That the Council approve the by-law changes relating to the election of Council members in principle to allow the CEO to initiate a 60-day consultation process.

Andrew Parr, CAE
Chief Executive Officer
September 2025



The College of Naturopaths of Ontario

Proposed By-law Changes
Removal of Regional Representation

10. ELECTION OF REGISTRANTS TO COUNCIL

10.01 Electoral Districts

There shall be one electoral district for the purposes of electing Registrants to the Council and that district shall be the Province of Ontario.

~~The following electoral districts are established for the purposes of electing Registrants to Council (with necessary modifications by the CEO to ensure any missing or new postal codes are added to the district they believe is most appropriate such that the entire province is covered and that there is no overlap of districts):~~

- ~~Electoral district 1, the West composed of communities served by the postal codes beginning with "N", excluding the following postal codes: N0A, N0C, N0E, N0G, N0H, N1A, N2Z, N3L, N3P, N3R, N3S, N3T, N3V, N3W, N3Y, N4B, N4K, N4L, N4N, N4W;~~
- ~~Electoral district 2, the South composed of communities served by the postal codes: L0J, L0P, L0R, L0S, L2A, L2E, L2G, L2H, L2J, L2M, L2N, L2P, L2R, L2S, L2T, L2V, L2W, L3B, L3C, L3K, L3M, L4T, L4V, L4W, L4X, L4Y, L4Z, L5A, L5B, L5C, L5E, L5G, L5H, L5J, L5K, L5L, L5M, L5N, L5P, L5R, L5S, L5T, L5V, L5W, L6H, L6J, L6K, L6L, L6M, L6P, L6R, L6S, L6T, L6V, L6W, L6X, L6Y, L6Z, L7A, L7C, L7G, L7J, L7K, L7L, L7M, L7N, L7P, L7R, L7S, L7T, L8E, L8G, L8H, L8J, L8K, L8L, L8M, L8N, L8P, L8R, L8S, L8T, L8V, L8W, L9A, L9B, L9C, L9G, L9H, L9K, L9T, M7R, N0A, N0E, N1A, N3L, N3P, N3R, N3S, N3T, N3V, N3W, N3Y, N4B;~~
- ~~Electoral district 3, the Toronto West composed of communities served by the postal codes: M2R, M3H, M3J, M3K, M3L, M3M, M3N, M3R, M4R, M4V, M5G, M5H, M5J, M5K, M5L, M5M, M5N, M5P, M5R, M5S, M5T, M5V, M5X, M6A, M6B, M6C, M6E, M6G, M6H, M6J, M6K, M6L, M6M, M6N, M6P, M6R, M6S, M7A, M8V, M8W, M8X, M8Y, M8Z, M9A, M9B, M9C, M9L, M9M, M9N, M9P, M9R, M9V, M9W;~~
- ~~Electoral district 4, the Toronto East composed of communities served by the postal codes: M1B, M1C, M1E, M1G, M1H, M1J, M1K, M1L, M1M, M1N, M1P, M1R, M1S, M1T, M1V, M1W, M1X, M2H, M2J, M2K, M2L, M2M, M2N, M2P, M3A, M3B, M3C, M4A, M4B, M4C, M4E, M4G, M4H, M4J, M4K, M4L, M4M, M4N, M4P, M4S, M4T, M4W, M4X, M4Y, M5A, M5B, M5C, M5E, M5W, M7Y;~~
- ~~Electoral district 5, Repealed;~~
- ~~Electoral district 6, the North Central composed of communities served by the postal codes: L0A, L0B, L0C, L0E, L0G, L0H, L0K, L0L, L0M, L0N, L1A, L1B, L1C, L1E, L1G, L1H, L1J, L1K, L1L, L1M, L1N, L1P, L1R, L1S, L1T, L1V, L1W, L1X, L1Y, L1Z, L3P, L3S, L3R, L3T, L3V, L3X, L3Y, L3Z, L4A, L4B, L4C, L4E, L4G, L4H, L4J, L4K, L4L, L4S, L4M, L4N, L4P, L4R, L6A, L6B, L6C, L6E, L6G, L7B, L7E, L9J, L9L, L9M, L9N, L9P, L9R, L9S, L9V, L9W, L9Y, L9Z, N0C, N0G, N0H, N2Z, N4K, N4L, N4N, N4W;~~

~~Electoral district 7, the East composed of communities served by the postal codes beginning with "K"; and~~

~~Electoral district 8, the North composed of communities served by the postal codes beginning with "P".~~

10.02 Number of Registrants Elected per Electoral District

There will be ~~one~~ **seven** Registrants elected to the Council from ~~each~~ **the** electoral district.

10.03 Election Date

Election of Registrants to Council shall be held on a date determined by the CEO between February and April, inclusive, of each year, according to the following schedule:

- (i) there shall be an election of **three positions on Council** ~~electoral districts 2 (South), 4 (Toronto East), and 6 (North Central)~~ in ~~2015~~ **2027** and every third year thereafter;
- (ii) there shall be an election of **two positions on Council in** ~~for electoral districts 1 (West) and 3 (Toronto West), in 2015, again in 2016~~ **2028** and every third year thereafter; and
- (iii) there shall be an election **of two positions on Council in** ~~for electoral districts 7 (East) and 8 (North) in 2015, again in 2017~~ **2026** and every third year thereafter.

10.04 Number of Registrants Elected

The number of Registrants elected to Council each year shall correspond to the sum of:

- (i) the number of Registrants whose terms of office have expired or will expire on the day of the first Council meeting after the elections; and
- (ii) the number of Registrants whose seats have become vacant and have not been filled.

10.04.1 Reduction of Districts

In the event that the Council should reduce or eliminate one or more districts set out in article 10.01, the incumbent Registrant shall retain their seat on Council until ~~the earlier of:~~

- ~~(i) the term that the Registrant was serving at the time the district was eliminated expires; or~~
- ~~(ii) the Registrant is nominated to run for election in the new district to which they are assigned, at which point they shall be deemed to have resigned from the district to which they were first elected.~~

10.05 Eligibility for Election

A Registrant is eligible for election to Council if the Registrant has been nominated in accordance with these by-laws, the Registrant has completed and returned the Election Package and if, on the deadline for the receipt of nominations and up to and including the date of the election, the Registrant:

- (i) holds a certificate of registration in the General Class or Inactive Class;
- (ii) is principally engaged in the practise of the profession **in Ontario** ~~in the electoral district for which they are nominated~~ or, if they hold a certificate of registration in the Inactive Class of Registration, they principally reside in the **Province of Ontario** ~~electoral district for which they are nominated;~~
- (iii) is not in default of payment of any fees **or other amounts owed** to the College;
- (iv) is not the subject of any disciplinary or incapacity proceeding;
- (v) has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three years;

- (vi) has not had their certificate of registration revoked or suspended in the preceding six years for any reason other than non-payment of fees or failure to return information to the College;
- (vii) holds a certificate of registration that is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;
- (viii) has not held any position such as director, owner, board member, officer or employee ~~that the Registrant held~~ with a professional association relating to naturopathy for a minimum of two years prior to seeking election;
- (ix) has not held any position such as director, owner, board member, or officer that ~~the Registrant holds~~ with an educational institution relating to naturopathy for a minimum of two years prior to seeking election;
- (x) has not been disqualified from Council within the preceding three years;
- (xi) is not a member of a council of any other college regulated under the RHPA;
- (xii) is not an employee of the College;
- (xiii) does not have any real or perceived conflict of interest as defined in these by-laws and as determined by the CEO or has agreed to remove any such conflict of interest before taking office;
- (xiv) has substantially complied with the Election Guidelines of the College;
- (xv) is not in ~~any~~ default of returning any required form or information to the College; ~~and~~
- (xvi) has no concerning social media posts relating to any regulated profession;
- (xvii) has not initiated, joined, materially contributed or continued a legal proceeding against the College or any Committee or representative of the College; and
- (xviii) meets the competencies required and has successfully completed any qualifying process established by the Council.

10.06 Eligibility to Vote

A Registrant is eligible to vote in a Council election if, on the day of the election, the Registrant:

- (i) holds a certificate of registration;
- (ii) has their principal place of practice or, if they hold a certificate of registration in the Inactive Class of Registration, their principal place of residence, in the **Province of Ontario** ~~electoral district for which an election is being held~~;
- (iii) is not in default of any fees or other amounts owed to the College; and
- (iv) is not in default of returning any required form or information to the College.

10.07 Disputes

Any disputes regarding a Registrant's eligibility to vote in an election shall be decided by the Governance Committee.

10.08 Notice of Election and Nominations

At least seventy-five days before the date of an election, the CEO shall notify every Registrant of the date of the election and of the nomination procedure, including the deadline for submitting nominations to the College.

10.09 Nomination Deadline

The nomination of a Registrant for election to Council shall be on a form prescribed by the CEO and shall be received by the CEO at least forty-five days before the date of the election. The form prescribed by the CEO may be an electronic form at the discretion of the CEO.

10.10 Signed Nominations

The nomination form shall be signed by at least two Registrants eligible to vote ~~in the electoral district in which the Registrant intends to run~~ and shall also be signed by the Registrant being nominated as a signal of their consent to the nomination. If the CEO uses an electronic form, the signatures required may be in the form of a digital signature or attestations at the discretion of the CEO provided the form clearly signals the intent of Registrants to support the nomination and the intent of the Registrant being nominated to consent to the nomination.

10.11 Confirmation of Eligibility

The CEO shall request every Registrant who is being nominated to confirm their eligibility for election to Council in writing and any Registrant who fails to provide such confirmation in the manner and by the deadline set by the CEO shall be deemed to ~~be~~ not ~~be~~ nominated for election.

10.12 Election Package

The CEO shall request every Registrant who is being nominated to complete and return the Election Package and any Registrant who fails to complete and return the election package in the form and by the deadline set by the CEO shall be deemed to ~~be~~ not ~~be~~ nominated for election.

10.12.1 Confirmation as a Candidate for Election to Council

After the nomination deadline has passed, the CEO shall review the nomination of and the Election Package submitted by a Registrant who is being nominated to determine their eligibility to stand for election. The CEO shall inform Registrants who have been nominated, in writing, whether they are, ~~or are not~~, a candidate for election.

10.13 Personal Statement

The CEO shall invite every candidate to provide a biography and a personal statement for use by the College as part of the election. The biography and personal statement shall be in a form and be of content that is acceptable to the Governance Committee, which has the sole discretion to exclude or modify a biography and personal statement as it deems necessary. Any biography and personal statement, or portions thereof, that are not acceptable to the Governance Committee, or that are not received by the deadline set by the CEO, shall not be included with the materials sent to Registrants under article 10.17.1.

10.14 Withdrawal of Candidacy

A candidate may withdraw from an election by giving notice, in writing, to the CEO and paying the fee specified in Schedule 3. Upon receiving written notice of a candidate's withdrawal from the election, the CEO shall make reasonable efforts to remove the name of the candidate from the ballot and, if the CEO is unable to remove the name of the candidate from the ballot in a sufficient and timely manner, the CEO shall make reasonable efforts to notify the Registrants eligible to vote that the candidate has withdrawn from the election.

10.15 Acclamation

If, following the confirmation of eligibility, the CEO determines that the number of candidates is equal or less than the number of positions to be filled ~~only one candidate is nominated for an electoral district~~, the CEO shall declare that candidate to be elected by acclamation and shall notify the candidate and the Registrants of this result in a manner the CEO deems most expedient and practical.

10.16 CEO's Electoral Duties

The CEO or, if the CEO so requests, the CEO with the assistance of the Governance Committee, shall supervise and administer the election of candidates and, without limiting the generality of the above, the CEO may, subject to these by-laws:

- (i) appoint returning officers and scrutineers;
- (ii) establish procedures and any necessary deadlines including procedures and deadlines relating to the receipt of nominations, biographies and personal statements and ballots (or equivalent if voting is done electronically);
- (iii) establish procedures for the opening and counting of ballots (or equivalent if voting is done electronically);
- (iv) provide for the notification of the results of the election to all candidates and Registrants;
- (v) provide for the destruction of ballots (or equivalent if voting is done electronically) following an election; and
- (vi) do anything else that the CEO deems necessary and appropriate to ensure that the election is fair and effective.

10.16.1 Supplemental Election Procedures

If no or **insufficient** nominations are received ~~in an electoral district~~ by the deadline referred to in article ~~10.03~~ **10.09**, there shall be a supplementary election **for any positions not filled by acclamation** and:

- (i) the provisions of these by-laws that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications;
- (ii) the term of office of a Registrant elected to the Council in a supplementary election shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in article 9.04 ~~for a Registrant elected in the electoral district in which that Registrant was elected~~; and
- (iii) the necessity for a Supplemental Election shall not prevent the election of the Officers of the College at the time set out in article 6.02 of these by-laws.

10.16.2 Further Supplemental Election Procedures

If no nominations are received ~~in an electoral district~~ by the deadline set in a supplemental election held in accordance with article 10.16.1, Council may:

- (i) appoint a Registrant who is eligible for election set out in article 10.05; or
- (ii) direct the CEO to hold another supplemental election in accordance with article 10.16.1.

10.17 Ineligibility Process

No later than thirty days before the date of an election, the CEO shall inform Registrants who are ineligible to vote in the election that they are ineligible and the reason for their ineligibility. Ineligible Registrants will be afforded 14 days to cure the reason for their ineligibility or to file an appeal of their ineligibility with the Governance Committee.

10.17.1 Balloting Process

No later than fifteen days before the date of an election, the CEO shall inform Registrants eligible to vote in the election the names of eligible candidates, the biography and personal statement accepted **or modified** by the Governance Committee of every eligible candidate who has submitted one by the deadline established by the CEO, and a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

10.18 Ballot Verification

Ballots (or equivalent if voting is done electronically) returned to the College must be received by the College at or before the date and time specified for the election in order to be counted in the vote.

10.19 Number of Votes Cast

A Registrant may cast one ballot **(or equivalent if voting is done electronically) for each available position** ~~(or equivalent if voting is done electronically)~~ in an election.

10.20 Results

As soon as practicable after the ballots (or equivalent if voting is done electronically) have been counted, the CEO shall advise each candidate of the results of the election, the number of votes they received and of their right to request a recount in accordance with article 10.22. After the period to request a recount has passed and no request is received, or after any recounts have been concluded as the case may be, the CEO shall advise the Registrants of the results of the election, including the number of votes each candidate received, in a manner deemed appropriate by the CEO.

10.21 Tie Votes

In the event that a winner cannot be declared because two or more candidates have received the same number of votes, the CEO shall break the tie by lot.

10.22 Request for Recount

A candidate may require a recount by delivering a written request to the CEO no more than seven days after the date they are notified of the result of the election and by paying the fee specified in Schedule 3.

10.23 Manner of Recount

If a request for a recount is made, ~~t~~The CEO shall hold a recount no more than four days after **the deadline set out in article 10.22** ~~and the deadline for receipt of a written request for a recount.~~ The recount shall be conducted in as transparent a manner as the voting system and protection of the privacy rights of Registrants in relation to for whom they may have voted, reasonably permits.

10.24 Change in Results

In the event that the recount changes the election outcome, the candidate **requiring that requested** the recount is entitled to reimbursement of the fee required under article 10.22.

10.25 Proxy Voting

A Registrant cannot vote in an election by means of a proxy.

10.26 Referral of Disputes to Governance Committee

If the Council is of the opinion that there are reasonable grounds to doubt or dispute the validity of the results of the election of any Registrant, the Council shall refer the matter to the Governance Committee.

10.27 Report and Recommendation of Governance Committee

Where a matter has been referred to the Governance Committee under article 10.26, the Governance Committee shall hold an inquiry into the validity of the election and, following the inquiry, shall make a report and recommendation(s) to Council.

10.28 Options Available to Council

Council may, after reviewing the report and recommendation(s) of the Governance Committee and subject to article 10.29, do one of the following:

- (i) declare the election result in question to be valid; or
- (ii) declare the election result in question to be invalid; and either:
 - (a) declare another candidate to have been elected; or

- (b) direct that another election be held.

10.29 Minor Irregularities Not Fatal

Council shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these by-laws or a procedure established by the CEO and/or the Governance Committee.

10.30 Disqualification of Elected Registrants

Council shall disqualify a Registrant elected to Council, if they:

- (i) resign from Council;
- (ii) cease to hold a certificate of registration;
- (iii) are in default of payment of any fee, **other amounts owed to the College**, or information return prescribed by these by-laws for a period of more than sixty days;
- (iv) are found to have committed professional misconduct or to be incompetent by a panel of the Discipline Committee;
- (v) are found to be incapacitated by a panel of the Fitness to Practise Committee;
- (vi) obtain a responsible position such as director, owner, board member or officer or retain employment or becomes an employee of any professional association relating to naturopathy;
- (vii) become a member of a council of any other college regulated under the RHPA;
- (viii) fail, without reasonable cause, to attend two consecutive meetings of Council;
- (ix) are convicted of a criminal offence which is of a nature that warrants disqualification;
- (x) fail to discharge properly or honestly any office to which they have been elected or appointed;
- (xi) fail, without **reasonable** cause, to attend three consecutive meetings of a Committee to which they are appointed;
- (xii) fail, without **reasonable** cause, to attend a hearing or review panel for which they have been selected;
- (xiii) cease to either practise or reside in Ontario;
- (xiv) obtain a responsible position such as a director, owner, board member or officer of any educational institution relating to naturopathy;
- (xv) in the opinion of Council, breaches the conflict of interest provision(s) for Council and Committee members;
- (xvi) breaches section 36 of the RHPA which, in the opinion of Council, is of a nature that warrants disqualification; or
- (xvii) initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College.

10.31 CEO's Receipt of Information

If the CEO receives information that suggests that a Registrant elected to Council meets one or more of the criteria for disqualification set out in article 10.30, the CEO shall follow the procedure set out in article 15.02. Where the CEO has reasonable and probable grounds to believe that a Registrant elected to Council meets the criteria for disqualification and no one else has made a complaint, the CEO shall make a complaint in writing.

10.32 Effect of Disqualification

A Registrant elected to Council who is disqualified by Council ceases to be a Council member and ceases to be a member of any Committee to which they have been appointed.

10.33 Filing of Vacancies

If the seat of a Registrant elected to Council becomes vacant, Council may,

- (i) leave the seat vacant;
- (ii) appoint a Registrant who meets the criteria for eligibility for election set out in article 10.05; or
- (iii) direct the CEO to hold a by-election in accordance with these by-laws.

10.34 By-Election Required

Repealed (November 29, 2023)

10.35 Manner of Holding By-Elections

A by-election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.

10.36 Term of Office for Registrants Filling Vacancies

The term of office of a Registrant appointed or elected to fill a vacancy shall commence on the day of the appointment or election, as the case may be, and shall continue until the date that the former Council member's term would have expired.



Voice of the Patient: Results Presentation

September 24, 2025

Presented by: Pivotal Research



College of
Naturopaths
of Ontario

Key Goals and Objectives

The College is responsible for supporting patients' rights to receive safe, competent and ethical naturopathic care by regulating naturopathic care profession, holding naturopaths accountable, setting qualification standards, and establishing professional and ethical guidelines. The College commissioned Pivotal Research Inc. to conduct public opinion polling research across Ontario to achieve the following objectives:



Ascertain perceptions of the general public in Ontario regarding their experiences with naturopathic care



Explore levels of knowledge and awareness of naturopathic services



Understand awareness and perceptions of the profession's regulation

Data Collection Methodology

- Online survey fielded to province-wide online panel of Ontario residents ages 18 years+.
- In total **663 surveys** were completed between June 5 and July 4, 2025.
- The survey sample included the following two groups:
 - **Patients:** Individuals who had received naturopathic care or were responsible for accompanying dependants who received such services within the 24 months leading up to the survey period.
 - **Non-patients:** : Individuals who had either never accessed naturopathic care or had done so more than 2 years ago.
- **38% patients (n=253) and 62% non-patients (n=410)** completed the survey.



Survey Results

Who is Visiting the Naturopath?



Nine in ten (92%) respondents visited the naturopath as patients themselves in the last 24 months.



Six in ten (59%) indicated they visited a private clinic with insurance covering all or part of the cost.



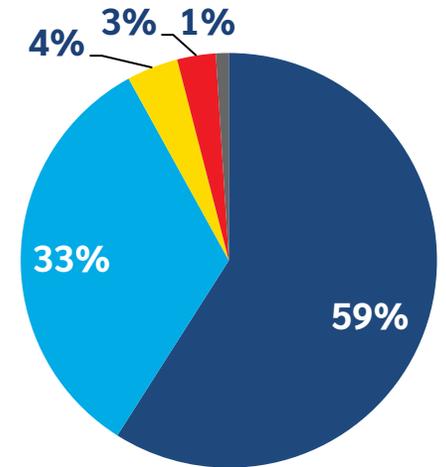
Two-thirds (68%) of patients had visited their naturopath more than once.



Payment Method for Most Recent Naturopath Visit

(select all that apply)
n=253

- Private clinic – insurance covered
- Private clinic – self-paid
- Fully covered by government
- Partially covered by government
- Unsure how the services were paid for.



Key Decision Factors

Close to six in ten opted for naturopathic care because they believed a naturopath would take a more **holistic or whole-person approach** (59%) or provide more **personalized care** (55%).

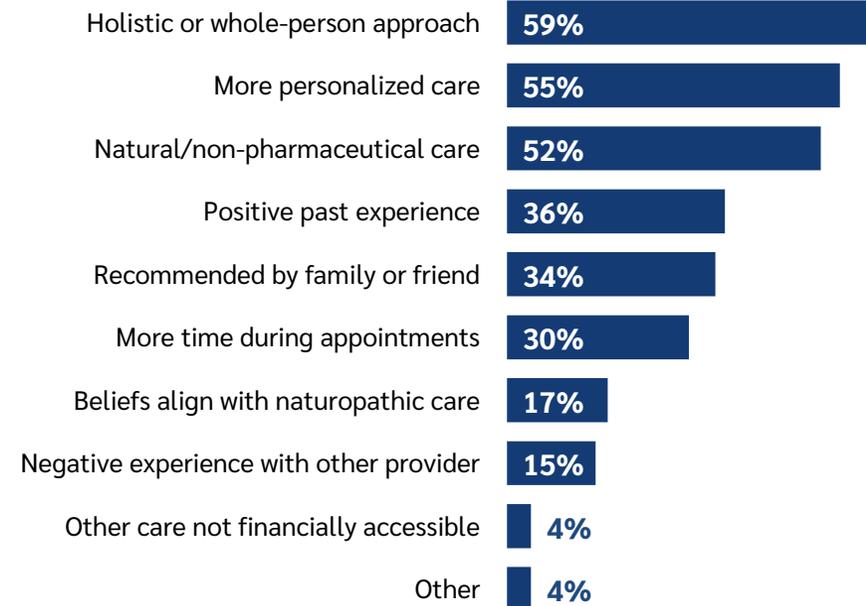
Most patients either chose to see a naturopath **on their own** (43%) or were **referred by a family member, friend, or colleague** (43%).

The most common reason for seeking care was for women's health and/or hormonal issues (29%), followed by general wellness (23%)

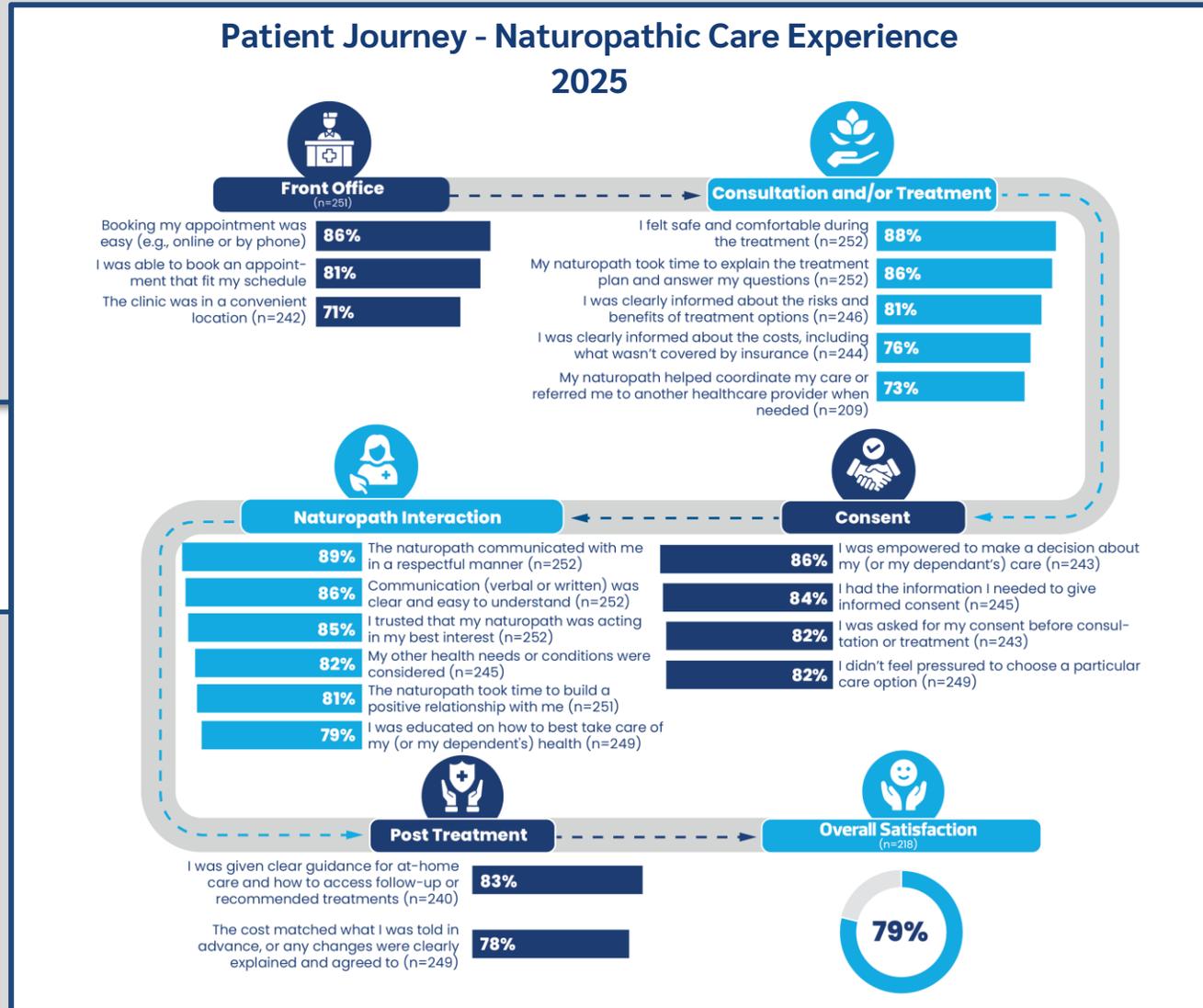
Reason(s) for Choosing Naturopathic Care

(select all that apply)

n=253



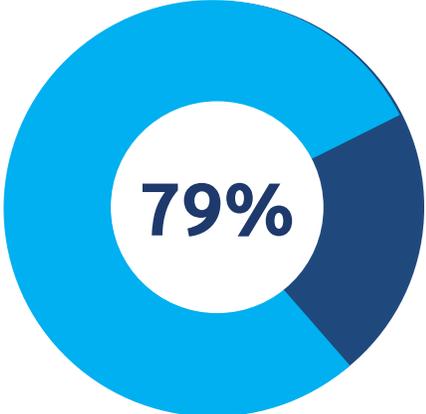
Key Insights – Patient Journey Outcomes



Key Insights – Overall Satisfaction



Overall Satisfaction
(Top Two Box)



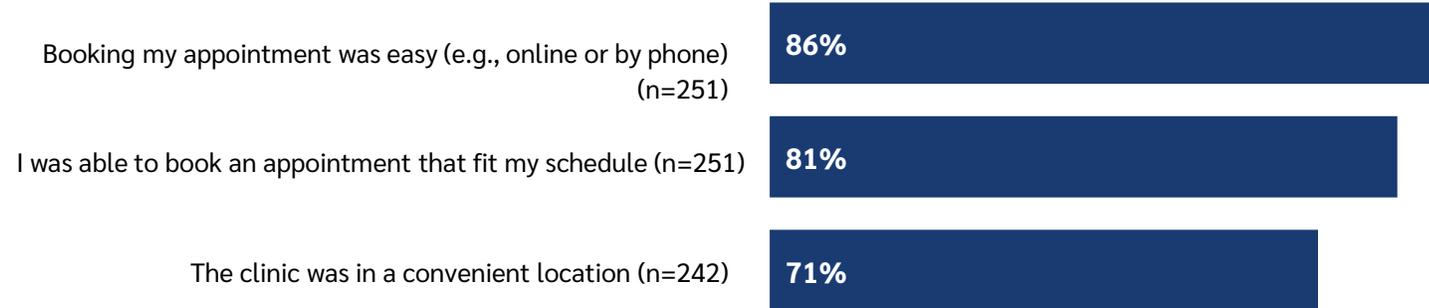
- Majority of patients (79%) reported being satisfied or very satisfied with their overall naturopathic care experience.
- Patients ages between 18-35 and those whose first language is not English reported lower satisfaction.

Front Office

- Majority (86%) of patients were satisfied with the process of booking their appointment, whether by phone or online. Those whose first language is not English were less likely to report satisfaction.
- While still high, only 71% of patients were able to find a clinic in a convenient location.
- Female patients reported higher satisfaction than males with the ability to book an appointment that fits their schedule and to find a clinic in a convenient location.



Front Office

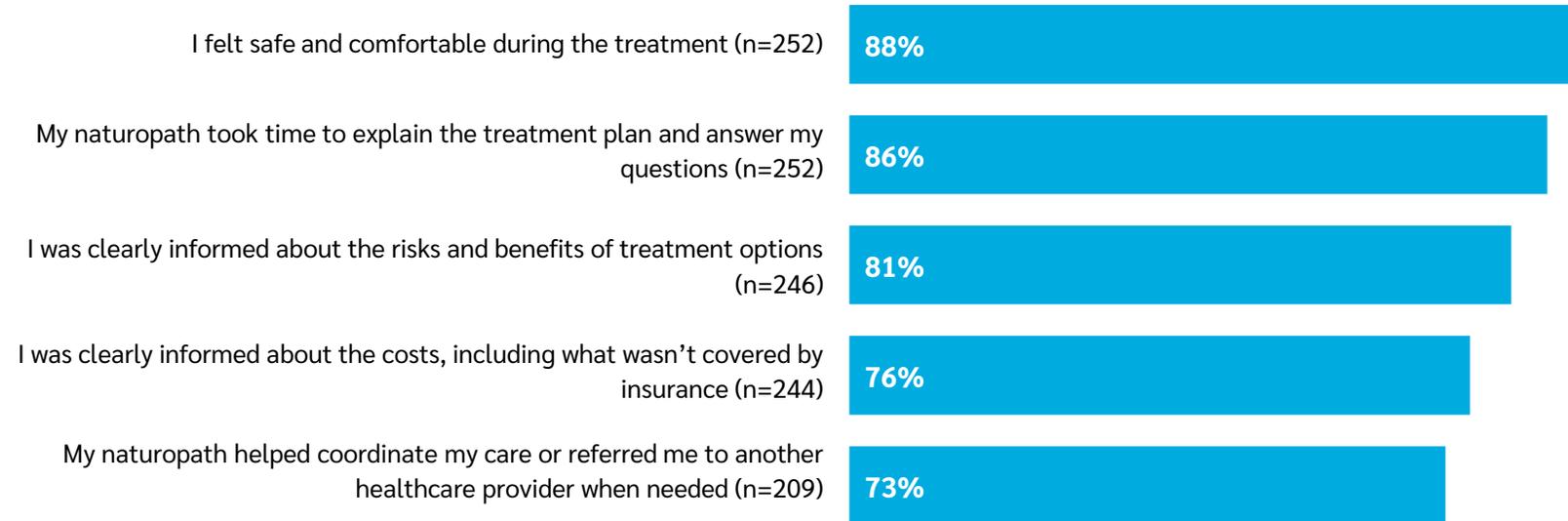


Consultation/ Treatment

- Patients expressed the **highest satisfaction with feeling safe and comfortable during treatment (88%)** as well as the **time naturopaths spent explaining treatments and procedures and answering their questions (86%)**.
- **Female patients were more likely** than males to report satisfaction in the areas mentioned above, while patients **aged 26–35 were less likely** to be satisfied compared to other age groups.



Consultation and/or Treatment



Consent

- Empowerment to make decisions (86%) and access to information (84%) received the highest satisfaction ratings. Those whose first language is not English were less likely to report positive experiences.
- Patients aged 26–35, male respondents, and those who paid the full cost of their visit out of pocket were less likely to report satisfaction that they did not feel pressured to choose a particular care option.



Consent

I was empowered to make a decision about my (or my dependant's) care (n=243)

86%

I had the information I needed to give informed consent (n=245)

84%

I was asked for my consent before consultation or treatment (n=243)

82%

I didn't feel pressured to choose a particular care option (n=249)

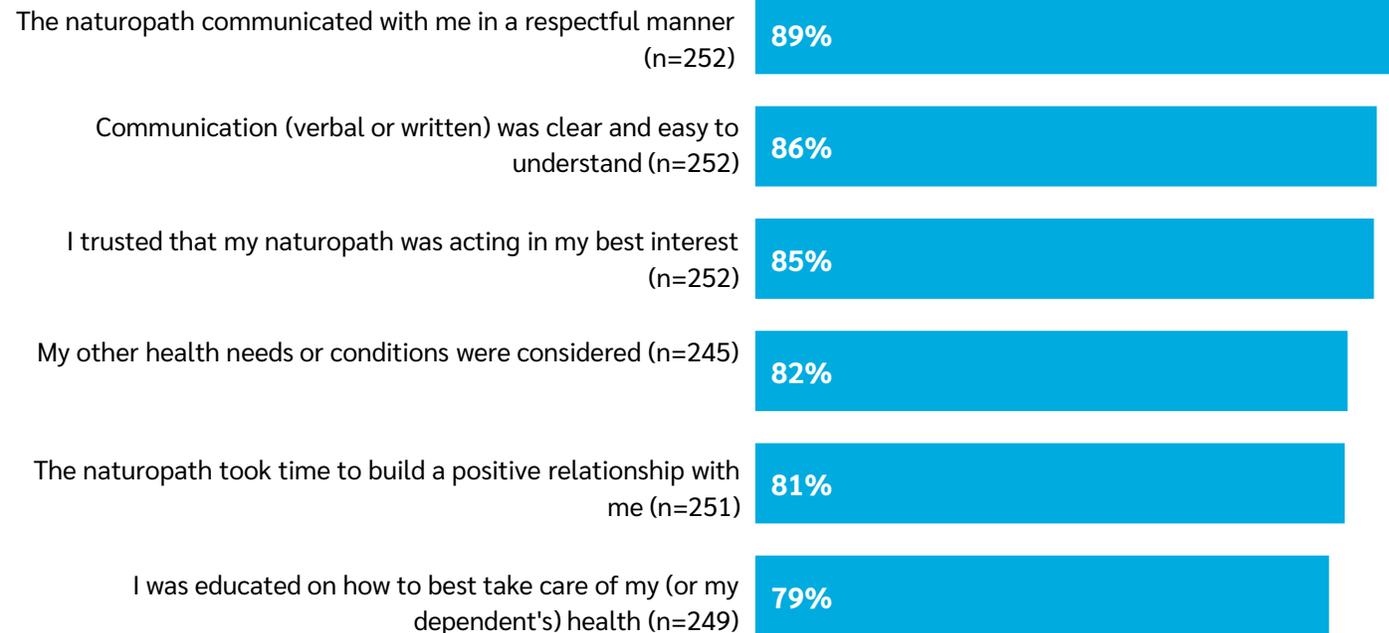
82%

Naturopath Interaction

- Majority of patients were satisfied with all attributes about the interactions they have with their naturopath.
- Patients whose second language is English were less likely to report satisfaction with the attributes regarding communication.
- Satisfaction was higher among patients with insurance coverage regarding the education they received to best care for their/dependant's health.



Naturopath Interaction



Post Treatment

- Most patients were satisfied with **post-treatment guidance** (83%) and **clarity of costs** (78%).
- Satisfaction was higher among patients whose first language is English across both attributes.
- Satisfaction was higher among female patients for receiving clear guidance on at-home care and follow-up treatments.



Post Treatment

I was given clear guidance for at-home care and how to access follow-up or recommended treatments (n=240)

83%

The cost matched what I was told in advance, or any changes were clearly explained and agreed to (n=249)

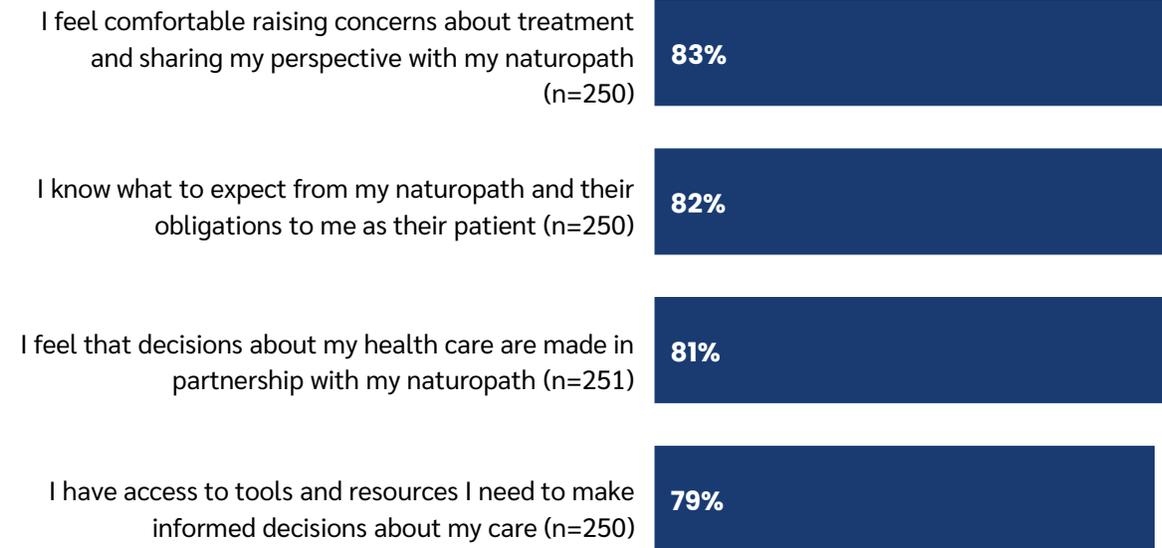
78%

Key Drivers of Patient Satisfaction

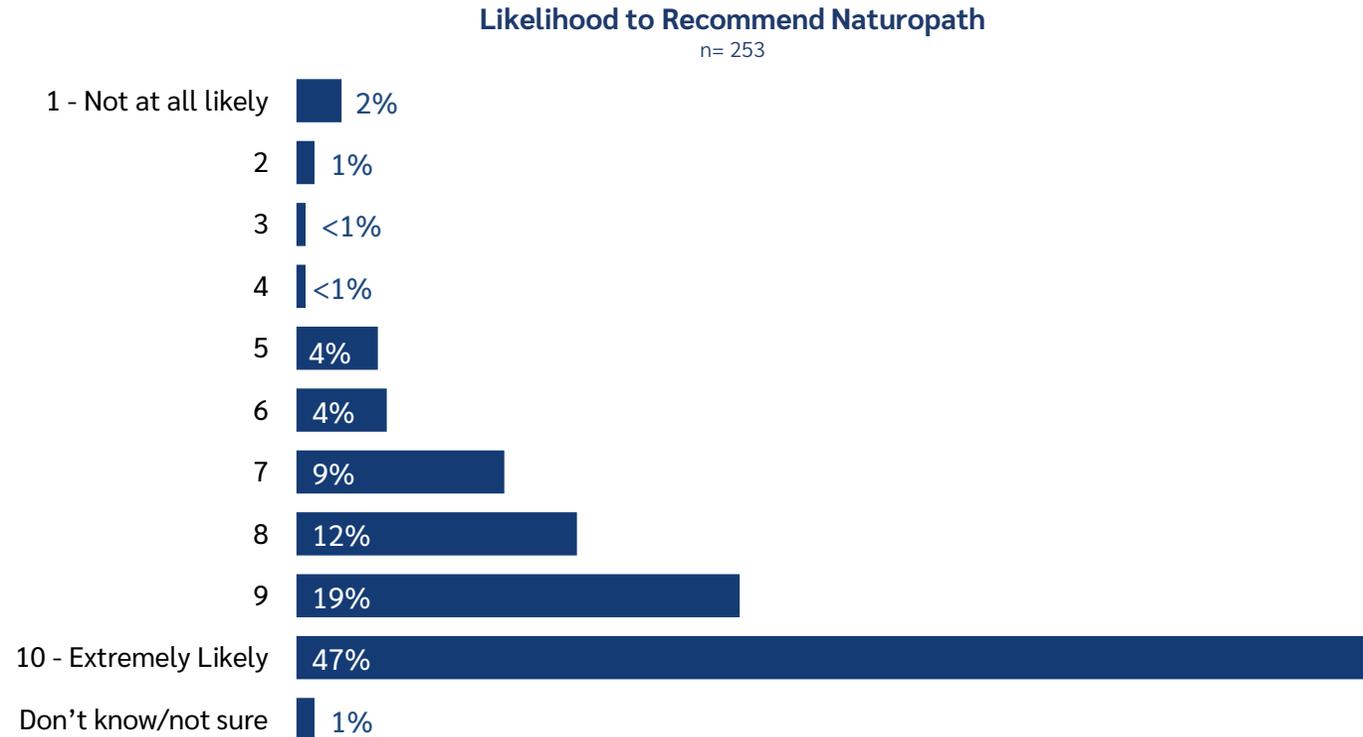
To better understand the naturopathic care experience in Ontario, a key driver analysis was conducted to identify the attributes that are critical to overall satisfaction but are currently underperforming relative to others.

Attribute	Patient Journey	Agreement Score
The clinic was in a convenient location.	Front Office	71%
The cost matched what I was told in advance, or any changes were clearly explained and agreed to.	Post Treatment	78%
The naturopath took time to build a positive relationship with me.	Consultation and/or Treatment	81%
I was clearly informed about the risks and benefits of treatment options.	Consultation and/or Treatment	81%
My other health needs or conditions were considered.	Naturopath Interaction	82%

Patient Perceptions



- **Patients reported high levels of comfort and collaboration with their naturopaths**, with over four in five agreeing they felt comfortable, understood what to expect, and felt decisions were made in partnership.
- Female and retired patients were more likely to view their care as collaborative.



- Two thirds (66%) of patients were **likely or extremely likely to recommend** using a naturopath to someone considering healthcare options.
- The Net Promoter Score (NPS) score is high at 56.

*NPS is calculated by subtracting the percentage of ‘detractors’ (rated < 6) from the percentage of ‘promoters’ (rated 9 or 10).

Why Are Non-patients Not Seek Naturopathic Care?



Among those who had accessed naturopathic care but not within in the last two years, over half (55%) indicated their last visit was more than 5 years ago.



Overall, a quarter (25%) felt they did need naturopathic care or it would have been helpful within the last two years.



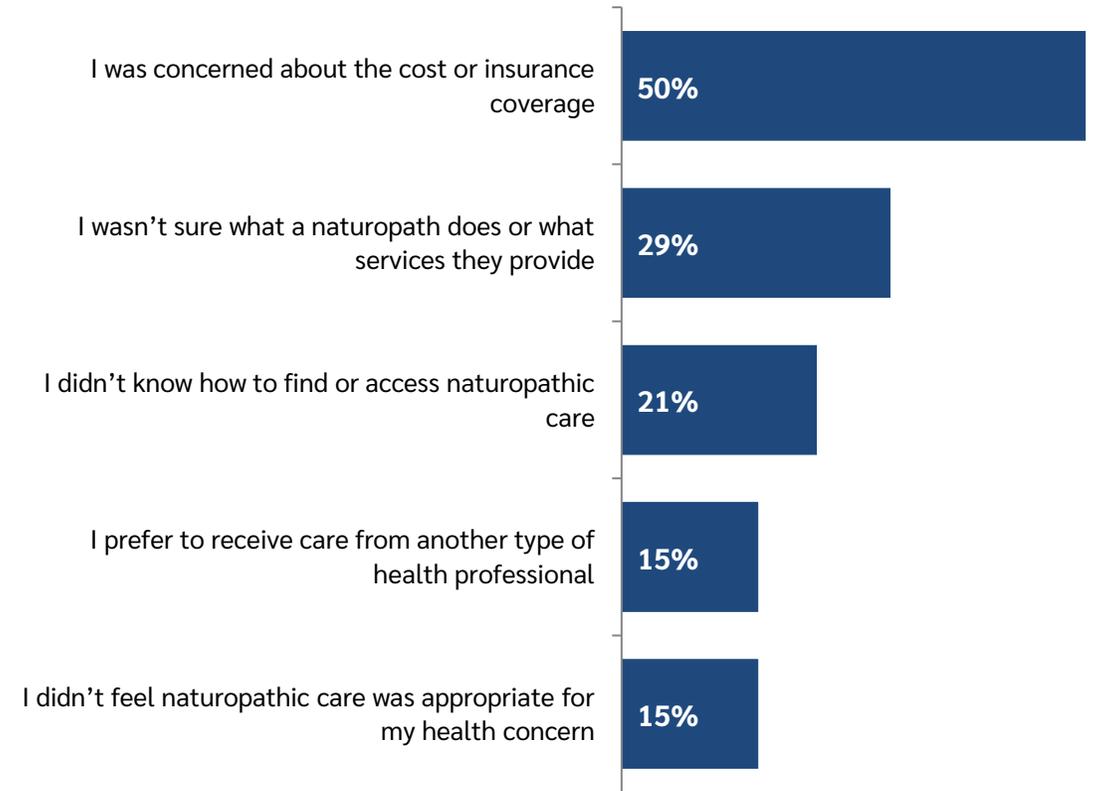
Half (50%) were concerned about the cost or insurance. This concern was shared by both those whose last visit was over two years ago and those who had never accessed naturopathic care.



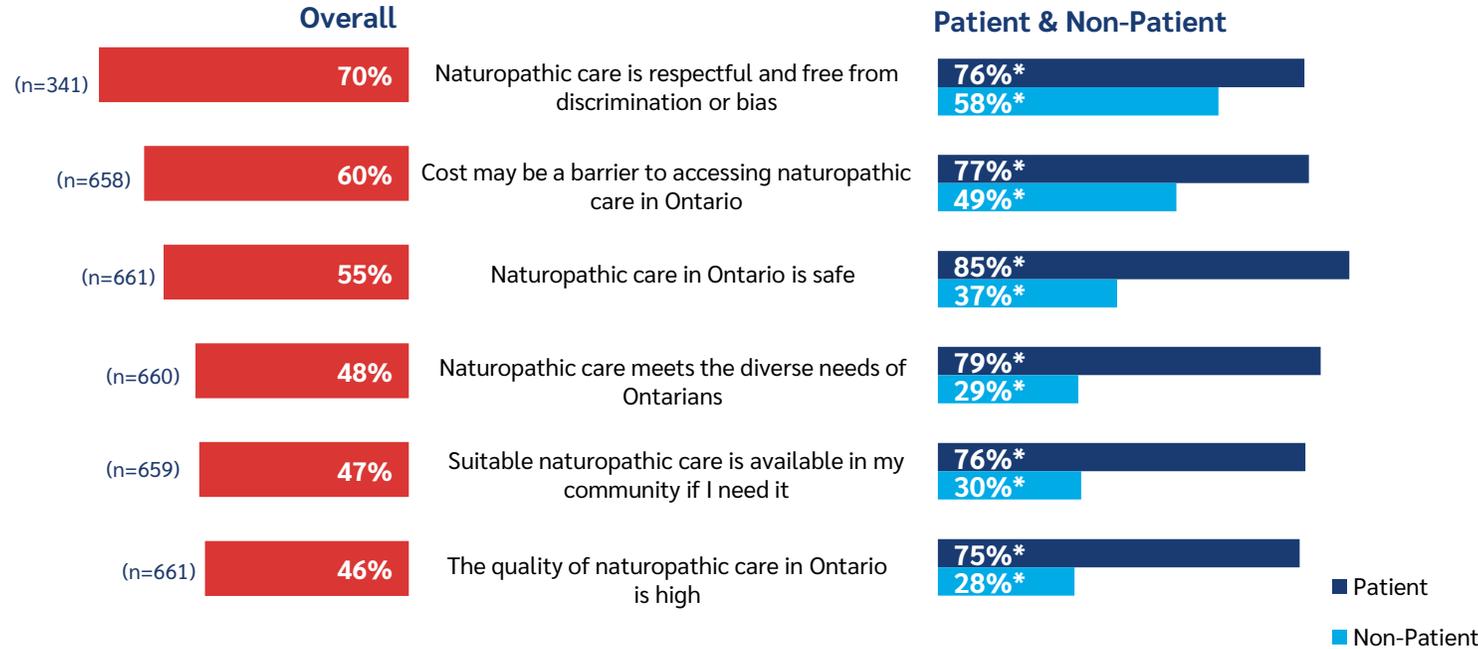
Reasons for Not Choosing Naturopath Care

(select all that apply)

n=189



General Perceptions of Naturopathic Care



- 85% of patients agree **naturopathic care is safe**, and over three-quarters find the care they receive **meets diverse needs** (79%), is **accessible** (77%), **respectful** (76%), and **high-quality** (75%).
- Most **non-patients responded neutrally**, indicating uncertainty or limited familiarity with naturopathic care.

Knowledge of the Profession



Prior to the survey, 67% of respondents were aware of the profession with majority hearing about naturopathic care through word of mouth.



The most recognized naturopathic services were **prescribing herbal/natural remedies (75%)** and **recommending lifestyle or dietary changes (71%)**.



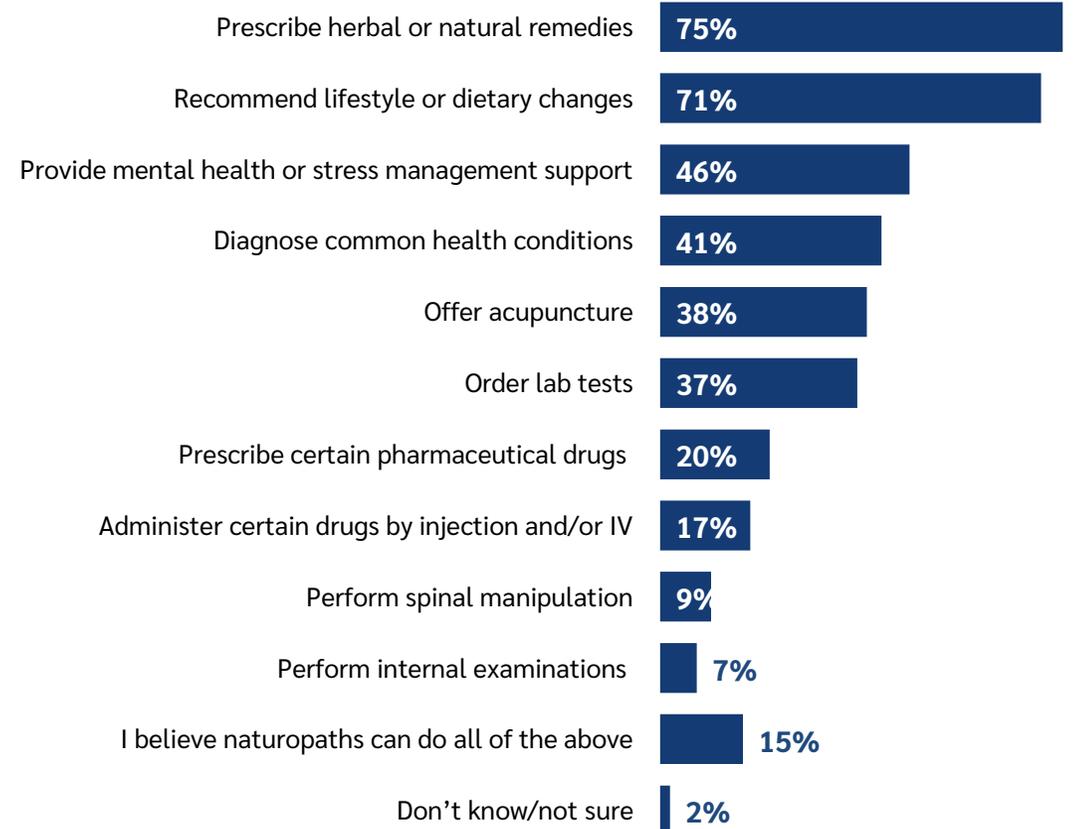
Only 15% **correctly identified all services**, with patients more likely than non-patients.



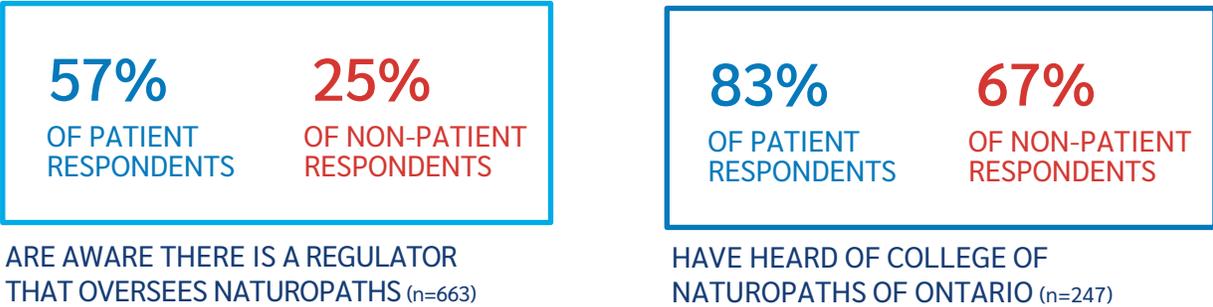
Knowledge of Services Provided

(select all that apply)

n=443



Key Insights – Awareness of Regulator and the College



- Overall two in five (37%) respondents were aware that there is a regulator that oversees naturopaths, with patients (57%) being more familiar than non-patients (25%).
- Among those who were aware of a regulator, 83% of patients and 67% of non-patients had specifically heard of the College of Naturopaths of Ontario.

Perceptions of the Regulator



- Around four in five patients believed the College was effective in establishing **high standards of care** (82%), ensuring all those entering the profession were **competent and qualified** (82%), and **maintaining that competence** throughout their careers (81%).
- While agreement was lower among non-patients, more than half still shared these positive perceptions.

Key Insights – Future Communications with the Public



66%
Social Media



62%
Print materials in a
healthcare
offices/clinics



56%
Online advertisement

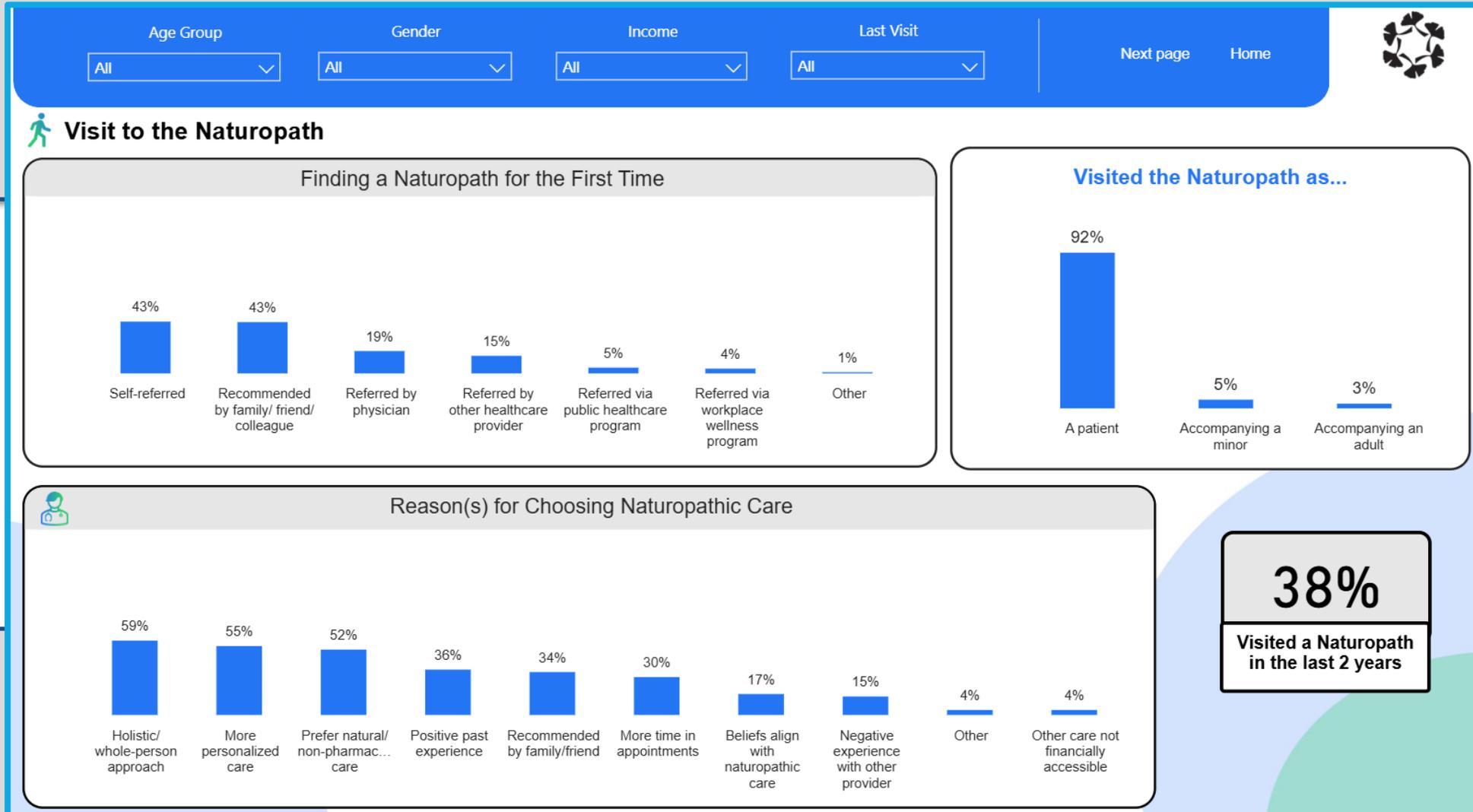


48%
College website



44%
TV

- Respondents were asked to select all the channels the College should use to communicate with the public.
- Two-thirds (66%) indicated **social media**, followed by **printed materials** in healthcare offices or clinics (62%) and **online advertisements** (56%).





Enhance Public Awareness of the Profession and the College

The College should consider developing public awareness campaigns to highlight the benefits of naturopathic care and the College's role in ensuring safe, high-quality services. Leveraging trusted communication channels, such as social media, clinic materials, and online ads, can help increase visibility, build public trust, and strengthen confidence in the profession and the regulator.



Support Clear Communications on Cost and Insurance Coverage

The College should consider addressing public uncertainty around cost and insurance coverage by supporting clear, upfront communication. This could include encouraging naturopaths to explain expected fees and coverage before treatment begins and developing public-facing resources.



Promoting Equitable, Culturally Responsive Care and Address Gaps in Awareness

The College should consider supporting naturopaths in delivering more culturally responsive care to improve experiences for groups with lower satisfaction or awareness by offering guidance and professional development to improve communication, accessibility, and inclusive engagement.



Address Disparities in Satisfaction

The College should consider targeting key areas of the patient journey that impact satisfaction, including clinic access, cost clarity, rapport-building, communication of risks and benefits, and attention to other health needs or conditions.

Q&A



Suite 700, 10339 – 124 Street NW
Edmonton, AB T5N 3W1

Contact Information:
E: info@pivotalresearch.ca
P: 877-421-1199

Pivotal Research is headquartered on the ancestral land of the Nêhiyawak (Cree), Anishinaabe (Saulteaux), Niitsitapi (Blackfoot), Métis, Dene and Iyāhé Nakoda (Nakoda Sioux) in Treaty 6 Territory and Métis Region 4.



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Quality Assurance Program

BACKGROUND

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

The College achieves its mandate by performing four key functions.

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

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

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

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

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

Quality Assurance Program

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

The Quality Assurance program promotes ongoing improvement through:

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

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

Self-Assessment

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

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

Continuing Education

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

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

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

we have confirmed their reported continuing education activities, Registrants are issued a certificate of completion.

Peer and Practice Assessment

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

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

Once the group is identified, the College notifies the Registrants by email and provides an online pre-assessment questionnaire to be completed and returned. This questionnaire collects information relating to the type and size of practice and any potential conflicts of interests and allows the College to assign a trained assessor who best matches the Registrant and their type of practice. Registrants also receive a comprehensive peer and practice assessment package that includes the worksheets that the Registrant will need to complete before the assessment. Once an assessor is assigned, the Registrant and assessor will schedule a mutually convenient time to conduct the assessment which includes to:

- A premises review,
- Patient Chart review,
- Review of professional portfolio,
- Standards and Guidelines discussion, and
- An in-depth patient case discussion.

Following the assessment, the peer assessor submits a report to the Quality Assurance Committee. The report is also provided to the Registrant along with a letter outlining the areas for improvement as noted by the assessor. Where there are more significant areas needing improvement the Registrant is invited to provide information outlining the actions they have taken to address the issues and improve their practice.

Powers of the Committee

The *Regulated Health Professions Act, 1991*, and the *Quality Assurance Regulation*, made under the *Naturopathy Act, 2007*, outline the powers of the Quality Assurance Committee where a Registrant's knowledge, skill and judgement are deemed to be unsatisfactory or where a Registrant fails to comply with the program. These include such actions as:

- Require a Registrant to undergo an ordered peer and practice assessment, at their own cost, when they fail to comply with the self-assessment or continuing education components of the program.
- Require a Registrant, after undergoing a peer and practice assessment, whose knowledge, skill and judgment are deemed to be unsatisfactory to participate in a SCERP (Specified Continuing Education and Remediation Program).
- Direct the Registrar to impose or remove terms, conditions or limitations on a certificate of registration.

- Disclose the name of the Registrant and allegations to the Inquiries, Complaints and Reports Committee if a Registrant has failed to participate in the QA Program or if the Registrant may have committed acts of professional misconduct, may be incompetent or incapacitated.

Importance of this Program

The College's Quality Assurance program is one of the primary methods by which College can be proactive (rather than reactive as in the complaints and discipline processes) and address potential issues before they become a future complaint or investigation. As the program takes a supportive and proactive approach staff involvement to encourage and assist Registrants in meeting their obligations can be onerous and time consuming.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO - Regulation



The College of Naturopaths of Ontario

**Council Meeting
September 24, 2025**

**Video Conference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (3:3)		Ms. Sarah Griffiths-Savolaine (0:3)
Dr. Amy Armstrong, ND (3:3)		Ms. Amy Twydell (0:2)
Mr. Dean Catherwood (3:3)		
Ms. Lisa Fenton (3:3)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (3:3)		
Dr. Denis Marier, ND (3:3)		
Ms. Marjia Pajdakovska (2:3)		
Mr. Paul Phillion (3:3)		
Dr. Erin Psota (3:3)		
Dr. Jacob Scheer, ND (3:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Mr. Barry Sullivan, Governance Committee, Vice-Chair		
Ms. Doha Melham, Pivotal Research		
Ms. Hafsah Ali, Pivotal Research		

1. Call to Order and Welcome

The Chair, Dr. Brenda Lessard-Rhead, ND (Inactive), called the meeting to order at 9:15 a.m. and 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. The Chair requested Item 2.01 (iv) be moved out of the Consent Agenda and into the Main Agenda for discussion as Item 8.01 Management Disclosures.

MOTION:	To approve the Consent Agenda as amended.
MOVED:	Erin Psota
SECOND:	Paul Philion
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 noted the newly added Item 8.01 Management Disclosures.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Jacob Scheer
SECOND:	Erin Psota
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 was included in the Council package to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework Report (CPMF) launched by the Ministry of Health.

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Amy Armstrong

SECOND:	Paul Phillion
CARRIED.	

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

The Report on Regulatory Operations at August 31, 2025, from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations at August 31, 2025, from the CEO.
MOVED:	Erin Psota
SECOND:	Dean Catherwood
CARRIED.	

4.03 Unaudited Financial Statements at Q1

A copy of the Variance Report and Unaudited Financial statements ending June 30, 2025 (Q1) were included in the materials circulated in advance of the meeting. Ms. Erica Laugalys, Deputy CEO, Registrant & Corporate Services, provided highlights of the Variance Report of the Statements and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and the Unaudited Financial Statements at June 30, 2025, as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Council-CEO Linkage Policies

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

5.01(ii) Governance Process Policies

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

5.01(iii) Ends Policies

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

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

Mr. Barry Sullivan, Governance Committee Vice-Chair, provided the Council with a detailed presentation reviewing the survey responses and comments submitted by Council members in

relation to the Executive Limitations Policies (Part 2 – EL09 through EL17) review, and highlighted each policies directive.

Council members were also asked if there were any members who wished to discuss the grouping of policies, and Mr. Sullivan and Mr. Parr responded to questions that arose during the discussion.

The Chair thanked Mr. Sullivan for his presentation to Council.

5.03 Proposed Policy Amendments

Mr. Sullivan, Governance Committee Vice-Chair, highlighted proposed amendments to various Executive Limitations (EL) Policies as provided in a memorandum circulated in advance of the meeting. Mr. Sullivan and Mr. Parr responded to questions that arose during the discussion.

MOTION:	To adopt the recommended policy changes as presented.
MOVED:	Jacob Scheer
SECOND:	Amy Armstrong
CARRIED.	

6. Business

6.01 Framework for Evaluation of Laboratory Test Submissions

A Briefing Note explaining the purpose of creating a framework for the evaluation of laboratory test submissions was circulated to the Council in advance of the meeting. Mr. Parr highlighted that the framework was developed to ensure transparency in the evaluation process, have a clear understanding as to which tests are approved, as well as to support the mandate of the Council and the College.

Mr. Parr responded to questions that arose during the discussion.

MOTION:	To adopt the Framework for the Evaluation of Laboratory Test Submissions, in principle, to allow the CEO to initiate a consultation process.
MOVED:	Denis Marier
SECOND:	Jacob Scheer
CARRIED.	

6.02 Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) – Strategic Considerations

A Briefing Note that mentioned CANRA's next strategic discussions are being held in November 2025 and requested feedback from its members on various topic areas was provided to Council in advance of the meeting.

The Chair requested the input from the Council members, to be shared with CANRA during their November 2025 meeting. Discussion was elicited by the Chair and Council members provided feedback on the questions posed.

6.03 Financial Sustainability Report

A Briefing Note and accompanying Financial Sustainability Report presenting findings and recommendations related to budgeting deficits, prepared at the request of Council, was circulated to the Council in advance of the meeting.

After a fulsome discussion, the Council agreed to adopt the Financial Sustainability Report, in principle. By doing so, the College can proceed with a consultation on the proposed by-law amendments, including those related to Schedule 3 (Fees).

Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To adopt the Financial Sustainability Report and to approve the proposed by-law amendments, in principle, to allow the CEO to initiate a mandatory 60-day consultation period.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

6.04 Discipline Committee Chair/CANRA Representative

The Chair advised the Council that as of August 29, 2025, Dr. Jordan Sokoloski, ND, elected professional member for District 8 resigned from the Council and all Committees to which he had been appointed. Dr. Sokoloski's, ND's, resignation was mandated pursuant to section 16.11 Employment Positions of the by-laws. Therefore, a new Chair is required for the Discipline Committee and Fitness to Practise Committee. A Briefing Note providing information of those who expressed their interest in becoming Chair was circulated in advance of the meeting.

The Chair, as well as Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To appoint Dean Catherwood as Chair and Dr. Denis Marier, ND, as Vice-Chair of the Discipline and Fitness to Practice Committees.
MOVED:	Paul Phillion
SECOND:	Lisa Fenton
CARRIED.	

In addition, Dr. Denis Marier, ND, will now be the CANRA Representative, Mr. Parr advised him he will reach out to him with further information about the role and responsibilities.

6.05 Filling Vacancy in District 8 (by-laws s.10.33)

Mr. Parr informed the Council that considering the resignation of Dr. Sokoloski, ND, the Council now has a vacancy for the representative from District 8. As per section 10.33 of the by-laws, there are some options for the filling of this position; (i) leave the seat vacant, (ii) appoint a Registrant who meets the criteria for eligibility for election set out in article 10.05; or (iii) direct the CEO to hold a by-election in accordance with these by-laws.

After a fulsome discussion, the Council agreed to leave the position for District 8 vacant until the March 2026 election and to approve the by-law changes relating to the election of Council members in principle, which will allow the CEO to initiate a consultation process.

MOTION:	To adopt the recommendation to leave the District 8 position vacant until the next election and to approve, in principle, the proposed by-law amendments to allow the CEO to initiate a mandatory 60-day consultation period.
MOVED:	Dean Catherwood
SECOND:	Erin Psota
CARRIED.	

7. Council Education

7.01 Voice of the Patient Report

Ms. Doha Melhem and Ms. Hafsah Ali from Pivotal Research Inc., provided a presentation to the Council on the commissioned Ontario-wide public opinion polling research project conducted by their organization which collected data and information on the perceptions of the general public in Ontario regarding their experiences with naturopaths, and awareness and understanding of naturopathy and the regulation thereof.

Ms. Melham and Ms. Ali highlighted key research findings and responded to questions that arose following the presentation.

7.02 Program Briefing – Quality Assurance Program

The Council members asked to have this Agenda Item deferred to the next Council meeting to ensure adequate time would be available to fully understand the education being presented.

8. Other Business

8.01 Management Disclosures

The Chair thanked the College staff for including this information in the meeting materials and asked why there is no reference to WSIB remittances, Mr. Parr advised the Council the College is not required to be enrolled in WSIB due to the nature of the work, and that if something should happen, staff would be covered by their College benefits provided through Canada Life.

9. Meeting Evaluation and Next Meeting

9.01 Meeting Evaluation

The Chair advised the Council members that the newly adopted method to complete the meeting evaluation via a Zoom survey will take place again and that the survey will appear on each Council member's screen.

The Chair asked each Council member to take a few moments to complete the survey. The Chair reviewed the results of the survey, and an area of concern was raised. The Chair spoke to this and asked, if the people are comfortable in doing so, to reach out to her and provide more detail.

9.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for December 10, 2025, to accommodate the consultations. This meeting will be a full-day meeting held virtually via video conference.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:49 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Jacob Scheer
SECOND:	Dean Catherwood

Recorded by: Monika Zingaro
Human Resources Coordinator
September 24, 2025

Approved: December 10, 2025



The College of Naturopaths of Ontario

COUNCIL MEETING #49
September 24, 2025
9:15 a.m. to 11:45 p.m.
APPROVED AGENDA

Sect/No.	Action	Item	Page	Responsible
0	Pre-Meeting Networking (8:45 am to 9:15 am)			
	Networking	Information networking for Council members (8:45-9:15am)	--	All
1	Call to Order and Welcome			
1.01	Procedure	Call to Order	--	B Lessard-Rhead
1.02	Procedure	Meeting Norms	4-6	
1.03	Discussion	"High Five" – Process for identifying consensus	7	
2	Consent Agenda			
2.01	Approval	i. Draft Meeting Minutes of July 30, 2025	8-14	B Lessard-Rhead
		ii. Draft in-camera minutes of July 30, 2025	15-16	
		iii. Land Acknowledgement	17-20	
		iv. Disclosures	21	
		v. Committee Reports	22-33	
		vi. Information Items	34	
3	Approval of Agenda and Conflicts of Interest			
3.01	Adopt	Review of Main Agenda	3	B Lessard-Rhead
3.02	Discussion	Declarations of Conflict of Interest	175-176	
4	Monitoring Reports			
4.01	Acceptance	Report of the Council Chair	177	B Lessard-Rhead
4.02	Acceptance	Report on Regulatory Operations at August 31, 2025	178-190	A Parr
4.03	Acceptance	Variance Report and Unaudited Financials at Q1	191-199	E Laugalys
5	Council Governance Policy Confirmation			
5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹	--	B Sullivan
5.02	Review	Detailed Review – Executive Limitations 09-17	--	
5.03	Adopt	Proposed Policy Amendments	200-213	
6	Regular Business			
6.01	Adopt	Framework for Evaluation of Laboratory Test Submissions	214-221	A Parr
6.02	Discussion	CANRA Strategic Considerations	222-233	A Parr
6.03	Adopt	Financial Sustainability Report	234-287	A Parr
6.04	Appointment	Discipline Committee Chair/CANRA Representative	288-290	A Parr
6.05	Approval	Filling Vacancy in District 8 (By-laws s.10.33)	291-303	A Parr
7	Council Education			
7.01	Education	Voice of the Patient Report – Pivotal Research	304-330	D Melham
7.02	Education	Program Briefing – Quality Assurance Program	331-334	J. Quesnelle
8	Other Business			
8.01	TBD	Management Disclosures	21	A Parr
9	Evaluation and Next Meeting			
9.01	Discussion	Meeting Evaluation	--	Chair
9.02	Discussion	Next Meeting – November 26, 2025 (Video Conference)	--	
10	Adjournment			
10.01	Decision	Motion to Adjourn	--	Chair

¹ Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance policies (Ends, Governance Process, CEO-Council Linkage, Executive Limitations policies)

Council Highlights
September 24, 2025 (Meeting #49¹)

The Council of the College of Naturopaths of Ontario met on Wednesday, September 24, 2025, from 9:15 a.m. to 12:49 p.m.; all elected professional members and four of the six public appointed by the Lieutenant Governor in Council. Also in attendance was General Legal Counsel Ms. Rebecca Durcan of the law firm Steinecke Maciura LeBlanc, Mr. Barry Sullivan, Governance Committee Vice-Chair, as well as Ms. Hafsah Ali and Ms. Doha Melham of Pivotal Research. The agenda and supporting materials for the meeting were released via the College's website on September 17, 2025, and continue to be available on the [College's website](#).

In addition to its regular routine business and receipt of reports from the Council Chair and the Chief Executive Officer, the Council considered several important matters which have been highlighted below.

Land Acknowledgment Statement – The Council reviewed and adopted the Land Acknowledgement statement developed by the Governance Committee in conjunction with College staff that will be shared on the [College's website](#).

Report on Regulatory Operations – The Council reviewed and accepted the Report on Regulatory Operations at August 31, 2025. This report provides the Council with the assurance that the regulatory activities of the College are being undertaken in compliance with legislation.

Unaudited Financial Statement for Q1 – The Council reviewed and accepted the Unaudited Financial Statement ending June 30, 2025 (Q1).

Detailed Review – Executive Limitations Policies – Part 2 – Mr. Barry Sullivan, Vice-Chair of the Governance Committee, presented the Council's survey results and questions that were completed and submitted in advance of the meeting in relation to the detailed review of the Executive Limitations Policies – Part 2 (EL09-EL17). This was followed by Mr. Sullivan sharing recommendations made by the Governance Committee for amendments to various policies. The Council reviewed and approved the proposed amendments. The updated policies and all other Council policies can be [found here on our website](#).

Framework for Evaluation of Laboratory Test Submissions – The Council received and adopted the framework highlighting the purpose of the evaluation of lab test submissions in principle to allow for a consultation process to be undertaken. The consultation materials can be found [here on the College's website](#).

Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) Strategic Considerations – The Council held a fulsome discussion providing their insights and feedback to be shared at CANRA's next strategic discussions in November 2025.

Financial Sustainability Report – The Council reviewed and adopted the Report and proposed by-law amendments relating to the information to be provided by registrants and the fees paid in order to ensure the future sustainability of the College to allow for a 60-day consultation process to be

¹ This is the 49th meeting of the Council dating back to its first meeting held following proclamation of the *Naturopathy Act, 2007* on July 1, 2015.

undertaken on amendments to the by-laws and fee changes. The consultation materials can be found [here on the College's website](#).

Committee Chair Appointment – The Council reviewed the provided information from current committee members who expressed their interest in becoming the new Chair of the Discipline Committee and Fitness to Practise Committee. After careful consideration, the Council appointed Dean Catherwood as Chair and Dr. Denis Marier, ND, as Vice-Chair of the Discipline and Fitness to Practice Committees. In addition, Dr. Denis Marier, ND, has become the CANRA representative.

District 8 Vacancy – The Council was informed of a resignation of former Council member Dr. Jordan Sokoloski, ND, District 8 representative and reviewed the possible options regarding the vacancy as per section 10.33 of the by-laws and decided to leave the District 8 position vacant until the next election taking place in March 2026, and to approve, in principle, the proposed by-law amendments to allow a mandatory 60-day consultation period. The consultation materials can be found [here on the College's website](#).

Council Education – As a part of the College and its Council's commitment to good governance, the Council received an educational briefing and presentation about the 'Voice of the Patient Report' from Ms. Hafsa Ali and Ms. Doha Melham at Pivotal Research Inc. They conducted public opinion polling research across Ontario to achieve the following objectives in relation to Naturopathy; learn the perceptions of the general public in Ontario regarding their experiences with naturopathic care, explore the levels of knowledge and awareness of naturopathic services, and to understand the awareness and perceptions of the profession's regulation. The results of the survey can be [found here on our website](#).

Readers who have questions are invited to contact the College by e-mail at general@collegeofnaturopaths.on.ca.

Andrew Parr, CAE
Chief Executive Officer
September 29, 2025