College of Naturopaths of Ontario

Protecting the public.
Supporting safe practice.

2025-26 Annual Report

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Our role

The College of Naturopaths of Ontario (the College) regulates naturopaths in Ontario to protect the public and support patients' rights to receive safe, competent and ethical naturopathic care.

The College is a health regulatory authority established under the *Naturopathy Act, 2007*, the *Regulated Health Professions Act*, 1991 (RHPA), the Health Professions Procedural Code (Schedule 2 of the RHPA) and the regulations made under each of those statutes.

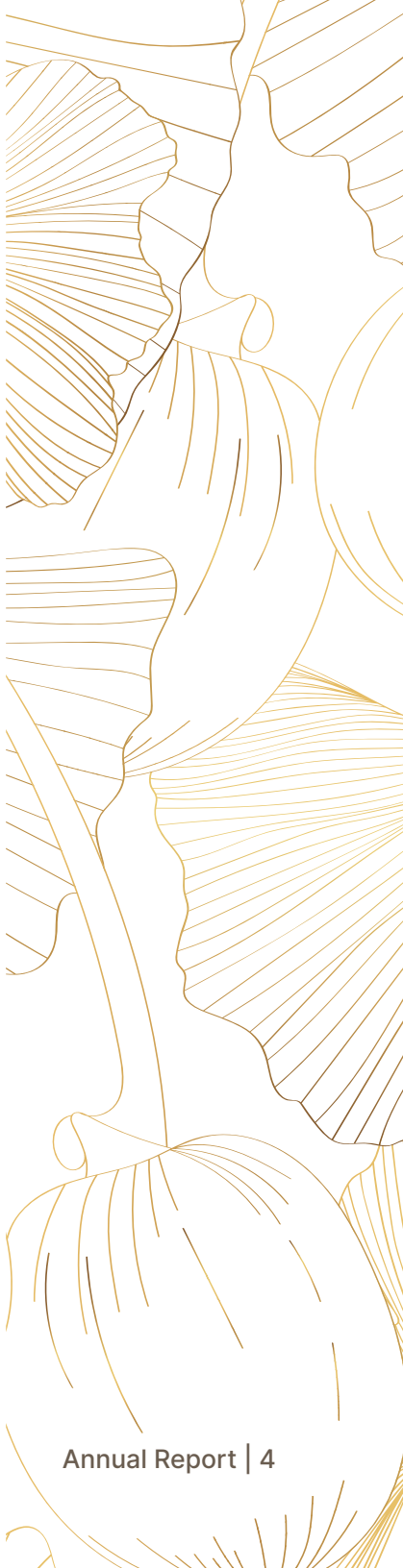
As Ontario's naturopathy regulator, it's our role to set standards for the profession, register qualified naturopaths, support continuing competence, and address complaints and concerns about registrants in the public interest.

Protecting the public and supporting safe practice

The College's primary responsibility is to protect the public interest and support safe, competent and ethical naturopathic care in Ontario.

As part of our public protection role, the College:

- establishes requirements for entry to practice and registers qualified naturopaths
- develops, establishes, and maintains standards of practice and professional ethics
- supports continuing competence, quality assurance, and professional improvement
- establishes standards of knowledge, skill, and judgment related to controlled acts in collaboration with other health regulators
- supports registrants in responding to changes in practice environments, advances in technology, and emerging issues
- responds to complaints and concerns raised by patients and the public
- conducts fair and transparent discipline processes where required
- provides regulatory education and guidance to registrants
- supports interprofessional collaboration within Ontario's health system



College governance

The College is governed by a board of directors referred to as Council and supported by the executive leadership team and staff.

Our Council includes up to eight College registrants from across Ontario and up to seven members of the public appointed by the Government of Ontario. As the governing body, Council ensures the College fulfills its legislative mandate, sets the strategic direction, and appoints and oversees the CEO's performance against established priorities.

The executive leadership team oversees the College's operations and supports the delivery of our regulatory programs and public protection mandate.

2025-26 Council

The Council is made up of registrants of the College (Professional members) and Public appointees appointed by the Lieutenant Governor in Council. The following individuals served on the Council for all or part of the April 1, 2025 to March 31, 2026 period. The Executive Committee of the Council is made up of five members of the Council and includes the Council Chair, Council Vice-Chair, and three Officers-at-Large.

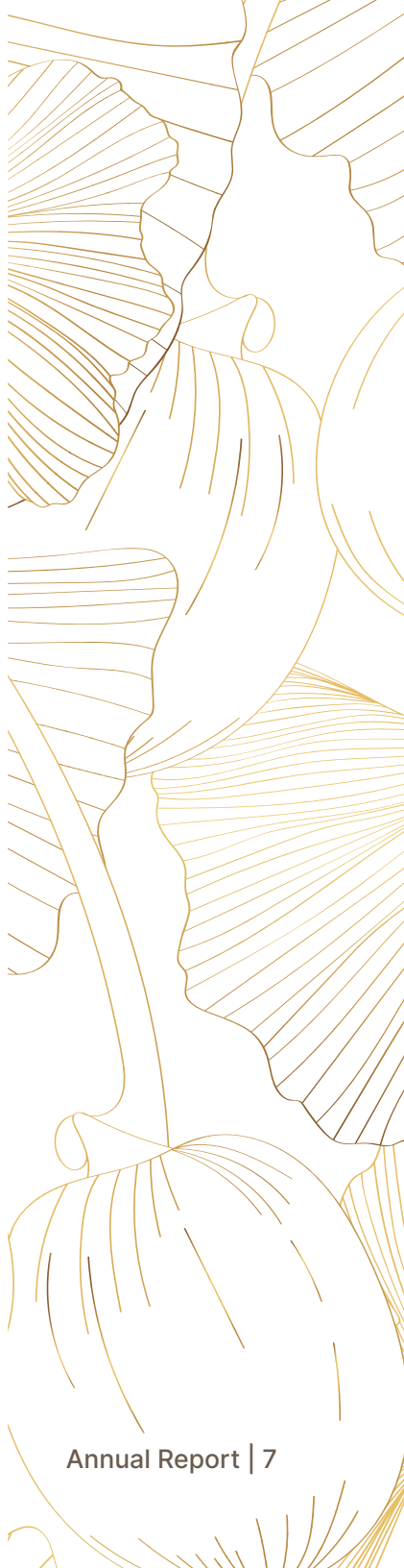
Officer-at-Large, **Dr. Amy Armstrong, ND** (Professional member, May 31, 2023 to present)
Council member, **Dr. Felicia Assenza, ND** (Professional member, May 29, 2024 to present
Council member, **Mrs. Naomi Bussin** (Public appointee, October 23, 2025 to present)
Council Vice Chair, **Mr. Dean Catherwood** (Public appointee, January 31, 2020 to present)
Officer-at-Large, **Ms. Lisa Fenton** (Public appointee, May 16, 2019 to present)
Council member, **Mrs. Sarah Griffiths-Savolaine** (Public appointee, August 13, 2020 to present)
Council Chair, **Dr. Brenda Lessard-Rhead, ND** (Inactive), (Professional member, May 29, 2024 to present)
Officer-at-Large, **Dr. Denis Marier, ND** (Professional member, May 25, 2022 to present)
Council member, **Ms. Marija Pajdakovska** (Public appointee, November 28, 2024 to present)
Council member, **Mr. Paul Philion** (Public appointee, July 8, 2021 to present)
Council member, **Dr. Erin Psota, ND** (Professional member, May 29, 2024 to present)
Council member, **Dr. Jacob Scheer, ND** (Professional member, May 29, 2019 to present)
Council member, **Dr. Jordan Sokoloski, ND** (Professional member, May 31, 2017 to August 29, 2025)
Council member, **Mrs. Amy Twydell** (Public appointee, May 29, 2025 to November 20, 2025)

Executive leadership

The College's day-to-day operations are overseen by the Senior Management Team.

Andrew Parr, Chief Executive Officer
Jeremy Quesnelle, Deputy Chief Executive Officer, Regulation
Erica Laugalys, Deputy Chief Executive Officer, Registrant & Corporate Services
Maryam Katozian, Director, Registration & Examinations
Agnes Kupny, Director, Operations
Natalia Vasilyeva, Director, Regulatory Affairs

The Senior Management Team is supported by a group of dedicated and talented individuals with extensive experience in the regulatory sector.



Council Chair's message

Throughout the past year, Council focused on strengthening the governance framework that supports effective oversight, informed decision-making, and accountability in the public interest.

One of Council's key priorities was developing and approving a Skills, Expertise, and Diversity Policy to identify the knowledge, experience, and perspectives needed for strong governance. Council also completed an assessment of its composition to better understand its current strengths and identify opportunities to strengthen its collective skills and expertise.

Using the results of this assessment, the Governance Committee identified the knowledge, skills, and experience to guide the 2026 Council election process. Council also consulted on and approved changes to the election by-laws to support the Skills, Expertise, and Diversity Policy and remove electoral districts. These initiatives will continue to help ensure the Council has the knowledge, skills, and experience needed for effective governance.

In 2025-26, Council strengthened its approach to accountability by approving a performance assessment policy for Council members. Implemented at the end of the Council cycle, the policy establishes clear indicators of good governance and provides a framework for ongoing performance evaluation and continuous improvement.

The progress Council has made this year provides a strong foundation for the future. These initiatives strengthen our ability to provide effective oversight, make informed decisions, and ensure the College continues to fulfill its mandate of regulating naturopathy in the public interest.

Dr. Brenda Lessard-Rhead, ND (Inactive)
Council Chair

CEO's message

From advancing risk-based regulation to engaging in meaningful consultation and planning for long-term sustainability, our work in 2025-26 remained focused on our mandate to serve and protect the public interest

As part of our advancement of risk-based regulation, this year marked the first collection and analysis of data from registrants who met the Standard of Practice for Therapeutic Prescribing. Along with information related to intravenous infusion therapy, controlled acts, and adverse occurrences, this data helps the College better understand practice trends, identify potential risks, and make informed regulatory decisions in the public interest.

The College also continued the consultation program through both formal and informal consultations. Consultation topics included specialties and testimonials, prescribing authority, laboratory testing, by-law amendments, and fee changes. Consultation is an important part of effective regulation as it provides us with valuable perspectives that inform the College's regulatory decision-making.

At Council's request, the College undertook a review of our long-term financial sustainability to ensure it remains well-positioned to respond to changing practice environments, increasing operational demands, and emerging risks. The review resulted in changes to the College's fee structure that will strengthen reserve funds and help ensure the organization has the resources needed to continue to fulfill our mandate effectively and responsibly in the years ahead.

Looking ahead to 2026-27, the College will continue to strengthen clear, accessible, and timely communication about our role, regulatory responsibilities, and decision-making processes. Improving understanding of how regulation protects the public is an important part of fulfilling our mandate.

Thank you to Council, committee members, staff, and everyone who contributed their time, expertise, and perspectives throughout the year. Your commitment and expertise help the College continue to regulate naturopathy in the public interest.

As always, we welcome your comments and questions. Please feel free to contact me at ceo@collegeofnaturopaths.on.ca.

Andrew Parr, CAE
Chief Executive Officer

Strategic framework

The College's Strategic Framework, established by Council in January 2023, sets out our vision, mission, desired outcomes, and key priorities. It guides the organization's direction and provides a shared understanding of our purpose and goals

Mission, vision and values

Our mission

The College proactively regulates naturopathic doctors to ensure safe, ethical and competent naturopathic care for the people of Ontario.

Our vision

Trust in naturopathic doctors through effective regulation.

Our values

The College of Naturopaths of Ontario will govern the profession, and its own activities based on its values.

We will:

- be fair, equitable, transparent, and accountable
- act with honesty and integrity
- work collaboratively with others
- value diversity, foster inclusivity and belonging
- accept diverse perspectives and value healthy debate
- be respectful and professional
- treat all human resources as a key asset
- ensure that our standards and processes are evidence-informed
- respect the health of the individual and the environment
- be courageous, bold, and innovative

Strategic objectives and priorities

The strategic objectives and priorities form the foundation of Council's strategic framework. They outline the outcomes Council wants the College to achieve and the areas of focus that guide its work.

To support these priorities, the College's Chief Executive Officer (CEO) develops an annual operational plan that identifies the activities needed to achieve them. Key operational initiatives are highlighted throughout this report.

Strategic objectives	Related strategic priorities
Strategic objective #1 The College engages its system partners and interested parties, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.	• The College engages its system partners to further their understanding and trust in the College and the profession. • The College engages its registrants and the public to further their understanding and trust in the College and the profession. • The College relies on a risk-based approach to proactively regulate the profession.
Strategic objective #2 Naturopathic Doctors are trusted because they are effectively regulated.	• Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial, and free of bias and discrimination. • Registrants and the public are aware of and adhere to the standards by which NDs are governed. • Registrants are held accountable for their decisions and actions. • Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care. • The College examines the regulatory model to maximize the public protection benefit to Ontarians.

Strategic objective #1 – Activities and outcomes

The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.

Strategic priority	Identified operational activities
The College engages its system partners to further their understanding and trust in the College and the profession.	• Individual system partner engagement
The College engages its registrants and the public to further their understanding and trust in the College and the profession.	• In Conversation With Program • Regulatory Guidance • Regulatory Education Program • Consultation Program • Corporate communications
The College relies on a risk based approach to proactively regulate the profession.	• Risk-based Regulation Program

System partner engagement

The College engages regularly with system partners and interested parties to support informed decision-making and effective regulation. Engagement takes many forms, including one-to-one meetings, consultations, and ongoing communication.

The summary below highlights one-to-one meetings held with several key organizations during the reporting year.

Organization	2024-25	2025-26
System partners		
Canadian Alliance of Naturopathic Regulatory Authorities	12	10
Health Profession Regulators of Ontario	4	5
Ministry of Health (Ontario)	2	3
Interested parties		
Canadian Association of Naturopathic Doctors	0	3
Canadian College of Naturopathic Medicine	0	0
Ontario Association of Naturopathic Doctors	6	7

In Conversation With Program

Through the College's In Conversation With (ICW) program, we engage registrants and members of the public in a focused, town hall-style question-and-answer format.

ICW registrations

Session	Attendance
Classes of registration preliminary consultation	45
Volunteering	15
Specialization	38

Registrations by program year

	2024-25	2025-26
# of sessions	3	3
Average attendance	87	33
Total attendees	261	98

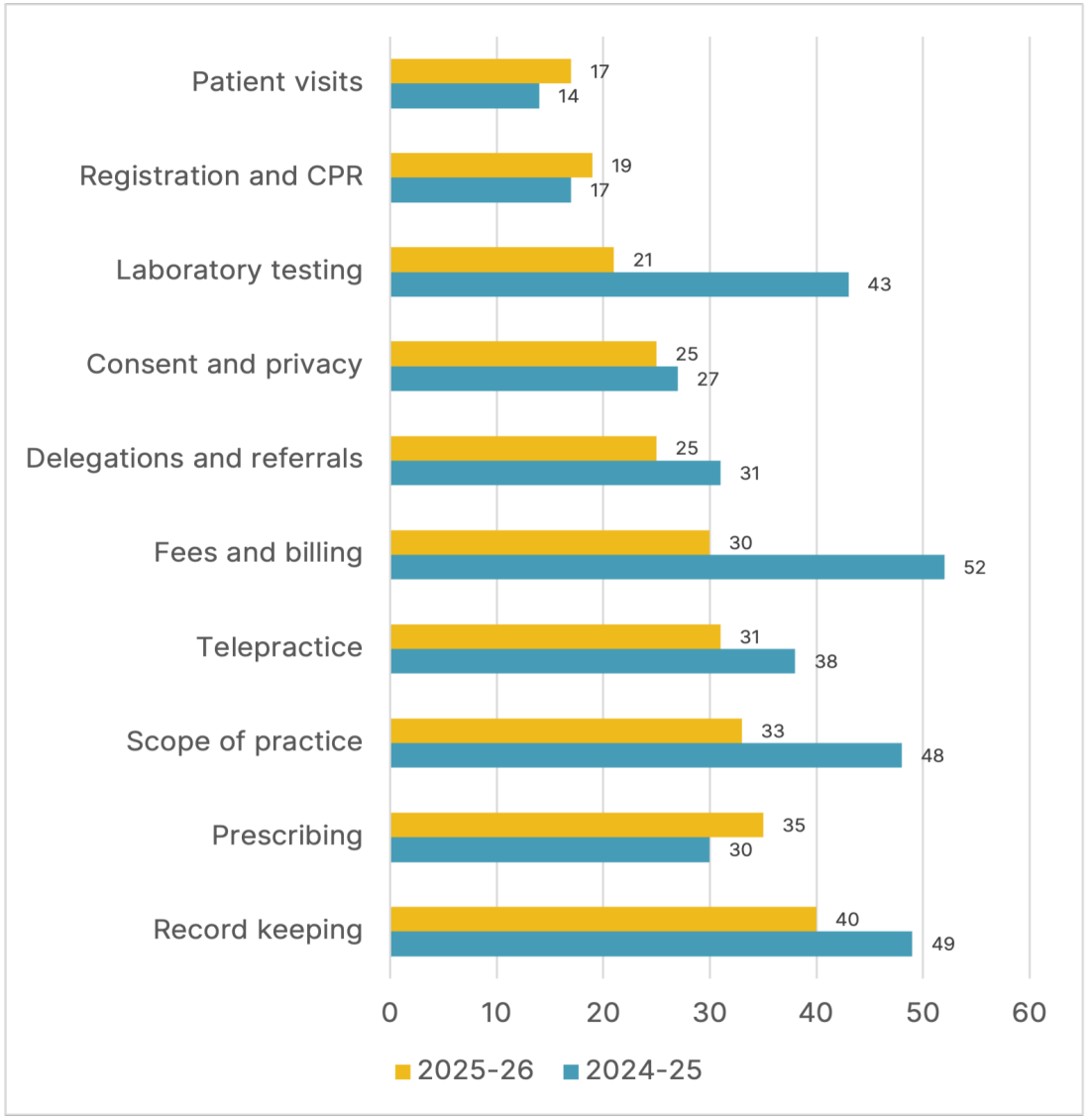
Regulatory Guidance Program

Our Regulatory Guidance program addresses inquiries from naturopaths, the public, insurance companies, other regulators, and professional associations to provide clarity on regulations, standards of practice, guidelines, and policies related to the regulation of naturopathy in Ontario.

Number of inquiries received

	2024-25	2025-26
By Email	348	265
By Phone	252	176
Total	600	441

2025-26 top 10 frequently asked topics



Regulatory Education Program

Launched in 2023–24, the College's Regulatory Education Program (REP) provides no-cost continuing education on key regulatory topics. The program helps registrants and members of the public understand applicable legislation, regulations, and standards, and supports greater compliance across the profession.

REP attendance

Session	Attendance
Fees and Billing Related to Record Keeping	144
Understanding ETP Requirements in Ontario	58
Sexual Abuse 201 – Boundaries, Ethics and Patient Management	165
The Use of Technology in Modern Day Record-Keeping	182
Currency Requirements and Practising the Profession 2.0	186
Regulatory Requirements for Lab Testing	179

Attendance by program year

	2024-25	2025-26
# of sessions	8	6
Average attendance	173	152
Total attendees	1,389	914

Consultation Program

The College's Consultation Program provides valuable perspectives that help inform Council's decision-making. Throughout 2025-26, the College conducted both informal and formal consultations with registrants, system partners, interested parties, and the public.

Informal consultations sought feedback on emerging regulatory issues, including specialties and testimonials. Formal consultations focused on proposed changes to the election by-laws, the fee structure, the addition of oral micronized progesterone to the list of drugs that may be prescribed, and a framework for evaluating laboratory testing changes for the profession.

Find Consultation Program materials, both past and present, on the College's website.

2025-2026 consultations

Consultation name	Launch date	Number of responses
Classes of Registration – Preliminary Consultation[1]	March 12, 2025	27
Naturopathic Specialties – Preliminary Consultation	May 14, 2025	20
Oral Micronized Progesterone	June 30, 2025	139
Testimonials – Preliminary Consultation	September 9, 2025	16

1 Consultation began in the prior year with a submission deadline in the current year.

Consultation name	Launch date	Number of responses
By-law Amendments – fees	September 25, 2025	115
By-law Amendments - election	September 25, 2025	30
Framework for the Evaluation of Laboratory Test Submissions	September 25, 2025	5
Oral Micronized Progesterone Amendment	January 2, 2026	179

Overall consultation engagement

	2024-25	2025-26
# of consultations	3	8
Average responses	360	66
Total responses	1,079	531

Corporate communications

The College prioritizes timely, transparent, and accessible communication to help the public, registrants, and interested parties better understand its role, regulatory responsibilities, and decisions. Maintaining a bilingual online presence across the College's website and social media channels remains an important priority.

Communication Channel	2024-25		2025-26	
	Number sent/ posted	Views/open rate	Number sent/ posted	Views/open rate
INformeD newsletter	12	77%	12	71%
Emails	62,876	76%	58,621	75%
News articles published (in English and French)	17/6	N/A	16/6	N/A
LinkedIn	1,199 followers	4,914 impressions	1,351 followers	6,481 impressions
Facebook	88 followers	1,766 impressions	98 followers	2,000 impressions
Website unique views	324,000	N/A	279,181	N/A

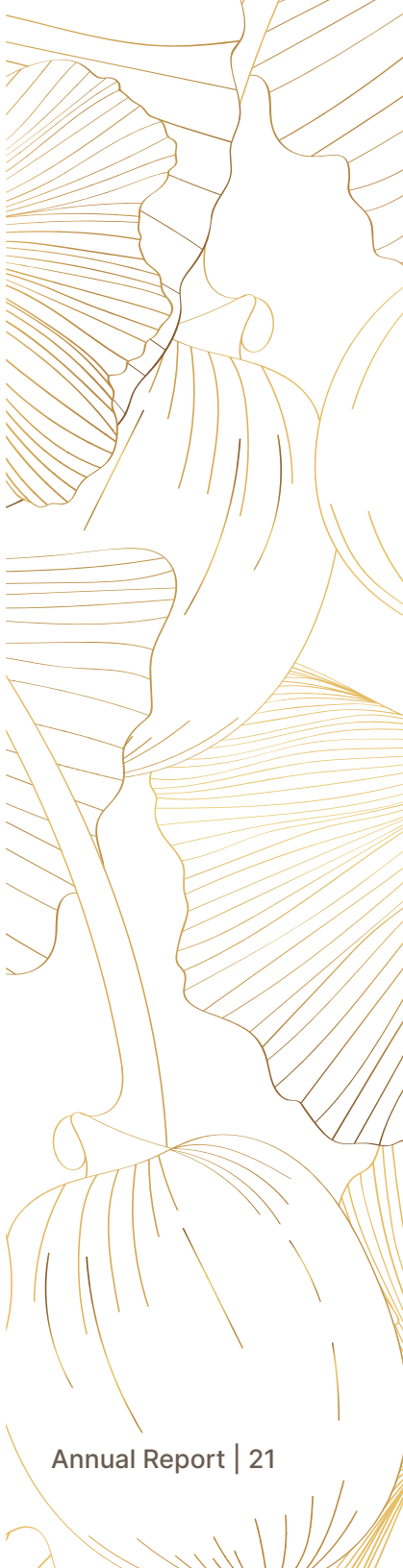
Risk-based regulation

Risk-based regulation remains one of Council's strategic priorities. It enables the College to better understand practice trends, identify potential risks, and make informed regulatory decisions that support public protection.

During 2025-26, the College reached an important milestone by collecting the first data from registrants who met the Standard of Practice for Therapeutic Prescribing. This data quantifies the number of drugs prescribed, dispensed, compounded, and sold, as well as the number of administrations by inhalation and injection. Information relating to adverse occurrences also provides valuable insight into the safety of these practices.

The College also continued to collect and assess data relating to intravenous infusion therapy, adverse occurrences associated with that practice, and the controlled acts performed by registrants. Together, this information helps the College better understand practice trends and supports evidence-informed regulatory decision-making.

Review summary data in the profile of the profession section.



Strategic objective #2 – Activities and outcomes

Naturopathic Doctors are trusted because they are effectively regulated.

Strategic priority	Identified operational activities
Effective regulation of the profession.	• Good governance • Properly constituted • Volunteer Program • Human resource management and planning • Sound financial management • Transparency and accountability • Commitment to oversight requirements
Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.	• Examinations Program • Entry-to-Practise Program • PLAR Program

Strategic priority	Identified operational activities
Registrants and the public are aware of and adhere to the standards by which NDs are governed.	• Inspection Program • Standards Program • Regulatory Education Program
Registrants are held accountable for their decisions and actions.	• Registration Program • Professional Corporations Program • Patient Relations Program • Complaints and Reports Program • Hearings Program
Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.	• Quality Assurance Program • Audit of currency hours
The College examines the regulatory model to maximize the public protection benefit to Ontarians.	• Consultation Program • Review/update of Regulations, Standards, and By-laws

Adherence to the principles of good governance

Effective regulation depends on good governance. To fulfill its public protection mandate, the College and its Council must operate with strong governance, sound decision-making, and accountability. Maintaining these principles is fundamental to serving the public interest.

Proper composition of Council and Committees

Under the *Naturopathy Act, 2007*, the College must have between six and nine registrants of the College who are elected and between five and eight members of the public appointed by the Government of Ontario.

The College By-laws set out that there will be seven registrants elected to the Council. In consultation with the Ministry of Health, the College seeks up to seven members of the public to be appointed to the Council.

Election of professional members to Council

In 2025–26, Council approved changes to the by-laws that eliminated the seven districts used to elect registrants to Council and established a single district for Ontario. To help ensure Council reflects Ontario's diverse population, Council adopted a new Skills, Expertise, and Diversity Policy that sets out the desired attributes of Council members. The policy was used to identify attributes not currently represented on Council, which became a focus of the election process that began in early 2026. The desired attributes included:

- A registrant whose practice is located outside of the Greater Toronto Hamilton Area, meaning that they practise in any of Eastern, Northern, Southern or Southwestern Ontario, or if Inactive, they reside in one of these areas
- A registrant who is a member of the Black, BIPOC or 2SLGBTQ+ community or a registrant who has lived experiences in these communities and can bring broad and diverse knowledge of them to the Council deliberations
- A registrant who has been practising the profession for less than seven years

Three candidates came forward seeking election for two positions. At the conclusion of the election process, Dr. Amy Armstrong, ND of Belleville, Ontario was re-elected, and Dr. Kathy Van Zeyl, ND of Ottawa, Ontario was elected.

Appointment of public members to Council

At the start of 2025-26, the Lieutenant Governor in Council had appointed five individuals to sit on the Council as representatives of the public. During this period, a sixth Public member, Naomi Bussin of Toronto was also appointed.

The business of governing

During the reporting period, Council held six regular meetings to oversee the College's regulatory and financial activities, receive reports from Council committees, review governance policies, consider strategic and regulatory matters, and participate in governance and legislative education. In May 2025, Council elected the College's Officers and appointed 39 individuals to ten statutory and non-statutory committees.

The College's committees include:

Statutory	Non-statutory
• Disclipline Committee • Executive Committee • Fitness to Practise Committee • Inquiries, Complaints, and Reports Committee • Patient Relations Committee • Quality Assurance Committee • Registration Committee	• Examination Appeals Committee • Finance, Audit and Risk Committee • Governance Committee • Inspection Committee • Standards Committee

Human resources management and planning

Under the Council's governance model, the Chief Executive Officer (CEO) is the College's only employee who reports to Council. The CEO is responsible for managing the College's staff and day-to-day operations.

Council ensures the College has the human and financial resources needed to deliver its regulatory programs and fulfill its strategic priorities.

Each March, Council reviews the College's operational plan including the human resource plan and operating and capital budgets needed to support the organization's work.

Volunteer Program

The College's Volunteer Program plays an important role in the regulatory process. Volunteers serve as examiners, assessors, inspectors, and committee members, contributing professional and public perspectives to regulatory decision-making.

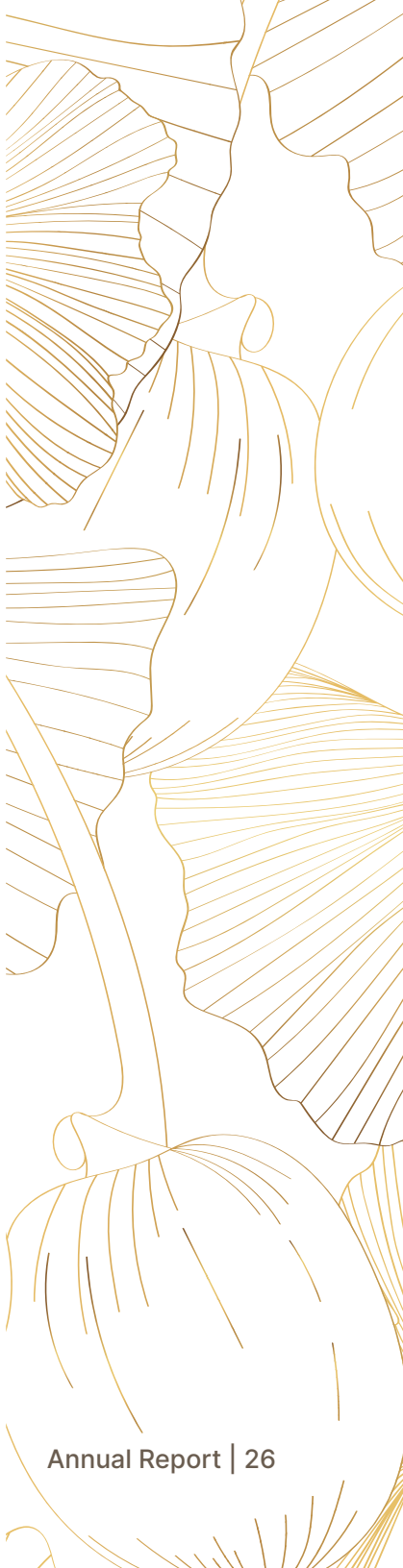
The College recruits, trains, and supports volunteers through a competency-based program. Appointments to committees are made annually by Council.

Sound financial management

Good governance also means that the organization employs sound management principles, ensuring that the College has the financial resources necessary to sustain its long-term viability.

During 2025-26, at Council's direction, the College undertook a review of its long-term financial sustainability. The review considered increasing operational demands, disciplinary program costs, and other emerging regulatory challenges. As a result, Council approved changes to the College's fee structure to strengthen the College's reserve funds and support its long-term financial sustainability.

Throughout the year, Council monitored the College's financial performance through quarterly financial statements and variance reports. An independent external auditor also completed the annual audit of the financial statements. The audited financial statements for 2025-26 are included in this report.



Transparency and accountability

The College's commitment to transparency and accountability has been met and maintained during this past year. Council meeting materials are released publicly through the College's website one week prior to the meeting. Council meetings are open to the public and are live streamed, apart from human resource matters which are properly excluded.

The Council has maintained its annual conflict of interest questionnaire, a summary of which is included in each meeting package. A full report of annually declared Council conflicts of interest is made available on the College's website.

Commitment to oversight requirements

The College and its Council have been and remain committed to the oversight requirements of the Ontario Government and its various agencies.

Office of the Fairness Commissioner of Ontario (OFC): In 2025-26, the College submitted its annual Fair Registration Practices Report with the OFC. Review the 2025 report.

Health Professions Appeal and Review Board (HPARB): HPARB serves as an independent body established by provincial legislation to monitor the activities of the Registration Committee and the Inquiries, Complaints and Reports Committee to ensure these committees fulfill their duties in the public interest and as mandated by the legislation. HPARB has jurisdiction over appeals related to:

- all decisions of the Registration Committee, except for a decision directing the CEO to issue a certificate of registration
- decisions concerning complaints made by the Inquiries, Complaints, and Reports Committee (ICRC)

Either the person who files a complaint, or a registrant who was the subject of a complaint, can request HPARB to review the ICRC's decision on a complaint within 30 days of receipt of the decision, except if the decision is to refer the matter for to the Discipline Committee for a hearing.

Matters before HPARB

	2024-25	2025-26
Registration Committee		
Appealable decisions	3	6
Decisions appealed	0	2
Inquiries, Complaints and Reports Committee		
Appealable decisions	17	23
Decisions appealed	2	3
Outcomes	1	2

Divisional Court, Superior Court of Justice

In June 2025, two appeals of decisions of panels of the Discipline Committee were filed with the Divisional Court of the Superior Court of Justice. The first was in the matter of the College and Michael Prytula and the second was in the matter of the College and Michael Um. In both cases, the panels of the Discipline Committee found that the registrants had committed several acts of professional misconduct and ordered penalties and awarded costs to the College. Details of these cases may be found on the College's website.

Although just beyond the period of this report, on April 24, 2026, the Divisional Court upheld the decisions of both panels and ordered the individuals to pay costs to the College. Presently, Mr. Prytula is seeking leave of the Ontario Court of Appeal to appeal the decision of the Divisional Court. Granting the appeal is a decision of the Court of Appeal and is not automatic.

Examinations Program

The College administers these four entry-to-practice examinations to determine whether an individual possesses the necessary competencies to enter the profession:

- the Ontario Clinical Sciences Examination
- the Ontario Clinical (Practical) Examinations
- the Ontario Biomedical Examination
- the Ontario Jurisprudence Examination

Except for the Jurisprudence examination (a low-stakes, open book exam), three attempts are provided for successful completion of examinations with mandatory remediation, as determined by a panel of the Registration Committee, required after two unsuccessful attempts.

Entry-to-Practise examinations data

	2024-25			2025-26		
Examination	**Candidates**	**Sittings**	**Pass rate**	**Candidates**	**Sittings**	**Pass rate**
Clinical sciences	126	2	73%	134	2	74%
Biomedical	130	2	65%	148	2	63%
Clinical (practical)	119	3	67%	133	2	81%
Jurisprudence	70	--	100%	101	--	96%

The College administers two post-registration examinations:

1. **The Ontario Prescribing and Therapeutics Exam:** For NDs wishing to meet the Standard of Practice for Therapeutic Prescribing to perform the controlled acts of prescribing, dispensing, compounding, selling drugs, and/or administering substances by non-IVIT injection or inhalation.

2. **The Ontario Intravenous Infusion Therapy (IVIT) Exam:** For NDs wishing to meet the Standard of Practice for IVIT to perform the controlled acts of administering a substance by intravenous injection, and/or compounding a substance for administration by intravenous injection.

Post-registration examinations data

	2024-25			2025-26		
Examination	**Candidates**	**Sittings**	**Pass rate**	**Candidates**	**Sittings**	**Pass rate**
IVIT	32	2	63%	34	2	56%
Prescribing & Therapeutics	95	2	47%	100	2	55%

Examination Appeals Committee

The Examination Appeals Committee develops policies and procedures governing the appeal process for College-administered examinations. It also reviews appeals filed by candidates related to failed entry-to-practise and post-registration examinations. Grounds for appeals are limited to procedural or environmental irregularities or a perception of undue bias which a candidate believes negatively impacted their ability to successfully complete the exam.

Appeals

	2024-25	2025-26
Appeals filed	2	0
Appeals granted	2	0
Appeals denied	0	0

Entry-to-practise

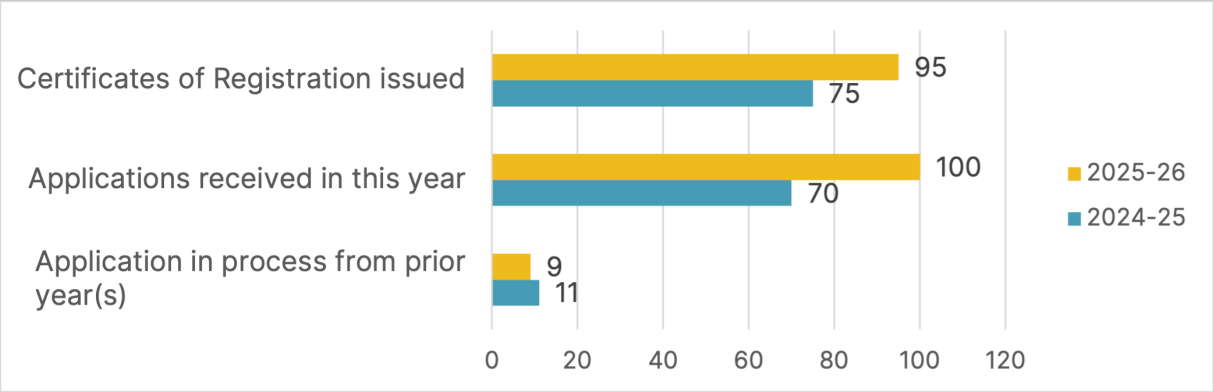
The entry-to-practise program is the primary vehicle through which the College registers safe, competent, and ethical individuals to practise naturopathy in Ontario.

Although individuals can make an application for registration at any time, it is recommended that applications be submitted only after an individual has successfully completed:

- a program in naturopathy accredited by the Council on Naturopathic Medical Education (CNME) or the College's Prior Learning Assessment and Recognition (PLAR) program; and
- all entry-to-practise examinations.

An individual who meets all the entry-to-practise requirements set out in the Registration Regulation made under the *Naturopathy Act, 2007*, and the Registration Policies established by the Registration Committee are granted a certificate of registration. Individuals who, in the opinion of the Chief Executive Officer, raise doubts about whether they meet the requirement or who do not meet the requirements, or where limitations on practise are recommended, are referred to a panel of the Registration Committee for evaluation.

Entry-to-Practise data



Registration Committee

Panels of the Registration Committee consider applications for registration referred by the CEO when they:

- have doubts on reasonable grounds that the applicant fulfils the registration requirements,
- believe that a term, condition or limitation should be imposed on the applicant's certificate of registration, or
- propose to deny issuance of a certificate of registration.

Common referral indicators include reasonable doubt related to an applicant's:

- currency of knowledge and skills, having exceeded the timeline set out in Regulation for completion of entry-to-practise requirements
- practice of the profession in another Canadian jurisdiction (labour mobility)
- good character/past conduct
- ability to practise safely and competently in relation to a physical or mental condition or disorder

When an application is being referred to a panel of the Registration Committee, applicants are advised that the referral is being made and the reasons for the referral. They are invited to make submissions for the consideration of a panel of the Registration Committee at point of review.

At the conclusion of the review, the panel will do one, or more, of the following:

- direct the CEO to issue a certificate of registration to the applicant
- direct the CEO to issue a certificate of registration only after the applicant has successfully completed one or more of additional examinations or education and training
- direct the CEO to issue a certificate of registration with terms, conditions or limitations (TCLs) on the certificate (practice of the applicant)
- deny the applicant a certificate of registration

Except for decisions to grant a certificate of registration, Registration Committee decisions may be appealed to the Health Professions Appeal and Review Board (HPARB).

Referrals to the Registration Committee

	2024-25	2025-26
Number of referrals	6	14
Decision to issue a certificate	3	8
Decision to issue a certificate with TCLs	0	0
Decision to issue a certificate after additional examinations	0	1
Decision to issue a certificate after additional education or training	2	5
Denied certificate	1	0

Prior Learning Assessment and Recognition (PLAR) Program

This multi-stage assessment process of an individual's knowledge and skills for 'substantial equivalency' to that of a CNME-accredited program graduate is comprised of five assessment stages which are a mix of paper-based, knowledge-based and demonstration-based components. To be accepted for assessment in the PLAR program, individuals must have sufficient language proficiency and have a minimum of a Canadian Bachelor's degree or equivalent in a healthcare discipline reasonably related to naturopathy.

In 2025-26, one application for the PLAR Program remained in process.

Inspection Program

The College's Inspection Program ensures the safety and quality of Intravenous Infusion Therapy (IVIT) provided by naturopaths in Ontario. Due to the inherent risks of IVIT procedures, such as administering substances via IVIT or preparing customized therapeutic products, strict standards are enforced.

According to the General Regulation under the *Naturopathy Act, 2007*, all new IVIT premises must pass an inspection before offering IVIT procedures. Existing premises were required to be inspected by March 1, 2019, when the Regulation came into effect. The Inspection Program has fulfilled this requirement, with subsequent inspections scheduled every five years from the initial inspection date.

Premises data

	2024-25	2025-26
Premises registered at start of year	158	160
New premises registered	20	24
Premises that ceased providing procedures	16	12
Premises at the end of the year	162	172
Estimated number of compounds created in premises	89,752	92,235
Estimated number of IVIT administrations in premises	85,992	89,147

New premises inspections

New premises registering to be able to provide an IVIT procedure undergo a two-part inspection program.

- **Part I Inspection:** The initial part of the inspection ensures that a clinic meets all IVIT program requirements before starting IVIT procedures, confirming its readiness for safe, competent care.
- **Part II Inspection:** The second part of the inspection occurs after IVIT procedures have begun being provided at the new clinic, involves direct observation of the procedures and review of patient records related to IVIT.

Five-year anniversary inspections

These inspections are conducted approximately five years after the initial inspection and every five years thereafter. They confirm continued compliance with Inspection Program requirements through observation of IVIT procedures and a review of related patient records.

Inspections data

Inspection type	2024-25	2025-26
Existing premises five-year	10	13
New premises – Part I	19	25
New premises – Part II	16	19

Inspection Committee

The Inspection Program is supported by an Inspection Committee composed of IVIT-qualified naturopaths and a public member. The Committee reviews inspection reports, assesses outcomes, and determines whether a premises can open or continue providing IVIT services. It also reviews occurrence reports, deciding necessary follow-up actions for Type 1 occurrences.

During this reporting period, the Committee delivered 69 final outcomes, demonstrating its active role in ensuring the safety and quality of IVIT services.

Occurrence reports

Under the Inspection Program, registrants must report events, known as occurrences reports, to the College. There are two types of occurrence reports that are required.

Type 1 occurrence reports

These reports are required to be filed with the College within 24 hours of the registrant becoming aware that one of the following events has occurred. While most type 1 occurrence reports are filed by a registrant directly involved in the treatment, every registrant who becomes aware of the event is required to report the occurrence.

The following six events that are subject to these reporting requirements:

- death of a patient on-site at the clinic or within five days of the IVIT procedure
- referral of a patient to emergency services within five days of the IVIT procedure
- performing a procedure on the wrong patient
- administration of an emergency drug immediately following the IVIT procedure
- diagnosis of shock or convulsions of a patient within five days of the IVIT procedure
- diagnosis of post-procedure infections in a patient within five days of the IVIT procedure

Type 2 occurrence reports

All premises conducting IVIT must monitor and report Type 2 occurrences to the College annually including infections, unscheduled treatments within five days of an IVIT procedure, and adverse drug reactions following IVIT procedures.

Outcomes from occurrence reports

When a Type 1 occurrence is reported, the College gathers relevant information and presents the case to the Inspection Committee. The Inspection Committee's ability to address issues and to refer matters to other regulatory processes within the College plays a crucial role in integrating our regulatory programs, enhancing public protection and ensuring patient safety.

All Type 1 occurrence reports are reviewed by the Inspection Committee to determine whether any follow-up inspections might be warranted. Having reviewed the circumstances surrounding these reports, the Committee was satisfied that no further action was necessary. This is due to the fact that the circumstances would have been within the normal risk tolerance inherent in the procedures themselves.

Type 1 occurrence report data

Basis for reporting	2024-25	2025-26
Death of a patient on-site at the clinic or within five days of the IVIT procedure	1	1
Referral of a patient to emergency services within five days of the IVIT procedure	12	14
Performing a procedure on the wrong patient	0	1
Administration of an emergency drug immediately following the IVIT procedure	4	1

Basis for reporting	2024-25	2025-26
Diagnosis of shock or convulsions of a patient within five days of the IVIT procedure	0	0
Diagnosis of post-procedure infections in a patient within five days of the IVIT procedure	0	0
Total type 1 reports received	17	17

Type 2 occurrence data is submitted to both the Inspection Committee and the Council of the College. The Inspection Committee analyzes this information to detect trends that might necessitate additional guidance for premises and registrants performing IVIT. This data also supports the review and enhancement of standards governing premises, with the aim of further strengthening public safety.

Type 2 occurrence reports were received from the 176 premises performing IVIT procedures during this reporting period.

Type 2 occurrence reports data

Basis for reporting	2024-25	2025-26
Infections	0	3
Unscheduled treatments within five days of an IVIT procedure	22	15
Adverse drug reactions following IVIT procedures	170	319

Standards Program

The College is required under the RHPA to develop, establish, and maintain standards of practice for naturopaths. These standards set out the level of performance expected of all NDs in specific areas of practice and help ensure they provide safe, quality care. The public should feel confident that NDs are held to high standards when providing naturopathic care.

The Standards of Practice guide the professional knowledge, skills and judgement needed to practise naturopathy safely and set the minimum expectations that must be met by any ND in any setting. The College has established and maintains 28 standards of practice and 11 practice guidelines. These documents are consistently updated to incorporate current legislative and health care system requirements.

The Standards of Practice and related guidelines are overseen by the College's Standards Committee. Established by Council, the Standards Committee has a high degree of independence to review and update standards and develop new standards as needed.

Registrant currency

Through the Registration Program, the College ensures registrants maintain their certificate of registration in accordance with applicable sections of the College's by-laws, the Registration Regulation and registration policies. This includes administering the annual registration renewal process, collecting required information and fees, and auditing reported practice hours to help ensure registrants maintain their knowledge and skills.

Registration by class (2021-2025)

	2021	2022	2023	2024	2025
General class	1,550	1,613	1,677	1,699	1,731
Inactive class	168	171	172	180	192
Life registration	23	24	28	31	32
Total registrants	1,741	1,808	1,867	1,910	1,955
Change (±)	8	67	59	43	45

Note: Totals may vary from year to year due to new registrations, changes in registration class, resignations and revocations of certificates of registration.

Annual renewals

The College's registrants are required to renew their certificate of registration annually. Registration renewal opens in mid-February, and registrants must submit an information return form and pay their annual registration fee by March 31. Registrants who do not meet the deadline are charged a late fee and issued a Notice of Intent to Suspend their Certificate of Registration. If the required information and fees are not received within 30 days of the notice being issued, the registrant's certificate of registration is suspended.

Renewal data

	2024-25	2025-26
Renewed by deadline	96%	97%
Resignations	18	37
Late fees applied	40	65
Suspensions for non-renewal	10	8

Changes to registrant class and status

	2024-25	2025-26
Class change: From the General class to the Inactive class	33	41
Class change: From the Inactive class to the General class (under two years)	5	7
Class change: From the Inactive class to General class (over two years)	1	3
Class change: Any class to Life Registrant status	3	2
Resigned	18	37
Revoked	11	8
Suspended (excluding non-renewal)	29	26
Reinstated (suspension lifted)	26	13

Registrants may change between registration classes for various reasons, most commonly between the General and Inactive classes (e.g., to accommodate a maternity/parental leave). Suspensions will occur if a registrant does not renew their annual registration or fails to maintain the requirements associated with their certificate of registration, such as professional liability insurance or cardiopulmonary resuscitation (CPR) certification.

Currency requirement

Under the Registration Regulation, the College's registrants are required to practise the profession for a minimum of 750 hours over each three-year period. As part of the annual renewal process, registrants provide the data for the number of hours practiced in the preceding calendar year. The College combines this information with the previous two years to determine whether the registrant has met the minimum practice hour requirement.

Currency audit data

Registration year of currency audit	2024-25	2025-26
Three-year audit period	2021-2023	2022-2024
Number of registrants	1,667	1,699
Number who met currency	1,622	1,676

The College works with registrants who do not meet the currency requirements to discuss their options and develop a plan to help them meet the requirements.

A registrant may:

- successfully complete a refresher program approved by the Registration Committee
- enter into an agreement with the College to not practise the profession (i.e., agrees to a "non-clinical" term, condition or limitation on their certificate of registration)
- resign their certificate of registration with the College
- undergo a Peer and practice assessment through the Quality Assurance Committee

Currency outcome data

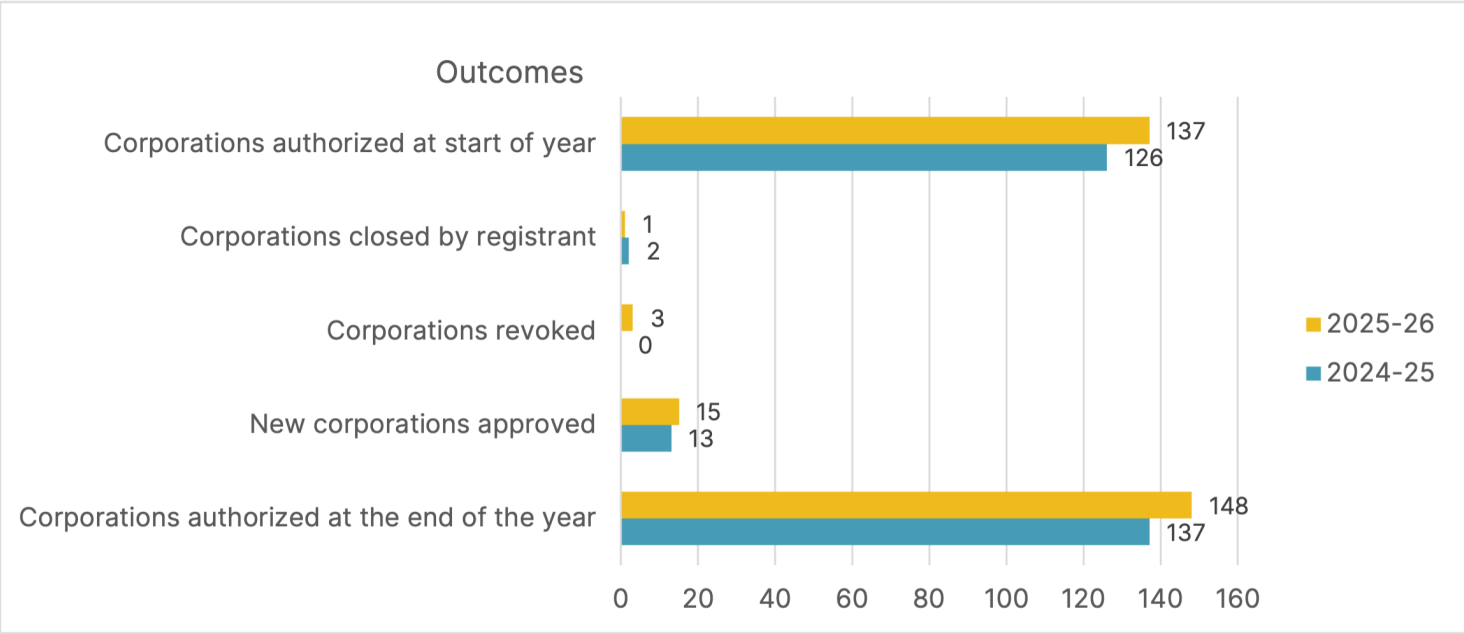
Outcome	2023-24	2025-26
Refresher program	14	6
Non-clinical TCL	3	1
Resigned	2	0
Peer and practice assessment	16	9
Class change (General class to Inactive class)	10	7

Note: These processes take some time to complete; the data reported is delayed by one year.

Professional corporations

Regulated health professionals, including naturopaths, can incorporate their practices under the *Business Corporations Act* to practise their profession only when authorized to do so by the health regulatory college. Registrants must apply for and receive a Certificate of Authorization from the College, which involves both an application and evaluation process, and these certificates must be renewed annually.

Professional corporations data



Patient Relations Program

Under College's governing legislation, the mandated Patient Relations Program focuses on preventing and addressing patient sexual abuse. It achieves this by:

- setting educational standards for registrants
- establishing conduct guidelines for patient interactions
- training College staff
- disseminating information to the public

The program, overseen by the Patient Relations Committee, also includes funding for therapy and counselling to support patients who may have experienced sexual abuse by a naturopathic doctor.

To date, the Committee has approved funding in the amount of $49,215.60 for counselling and therapy for Ontario patients of NDs. Additionally, the Committee revised its policies to align with program objectives, developed boundary scenarios for professional communications, and initiated a review to potentially extend funding eligibility periods.

Funding for therapy provided by the College

Each approved application is eligible for funding of up to $20,500 for counselling. Actual amounts paid are based on the needs of the patient as determined by their counsellor.

	2024-25	2025-26
Ongoing approved funding	1	1
New applications received	0	0
New applications approved	0	0
Funding provided	$5,090	$2,110

Complaints, reports, and fitness to practice

Complaints and reports

The College receives and investigates complaints and reports about the practice and conduct of naturopaths. The Inquiries, Complaints, and Reports Committee (ICRC) reviews all complaints, and at the CEO's request, may approve and conduct investigations if there are reasonable grounds to believe a naturopath has engaged in professional misconduct or is incompetent.

Following an investigation, the ICRC may, among other things, decide to:

- take no action
- mandate educational or remedial activities
- refer the case to the Discipline Committee or the Fitness to Practise Committee for a hearing

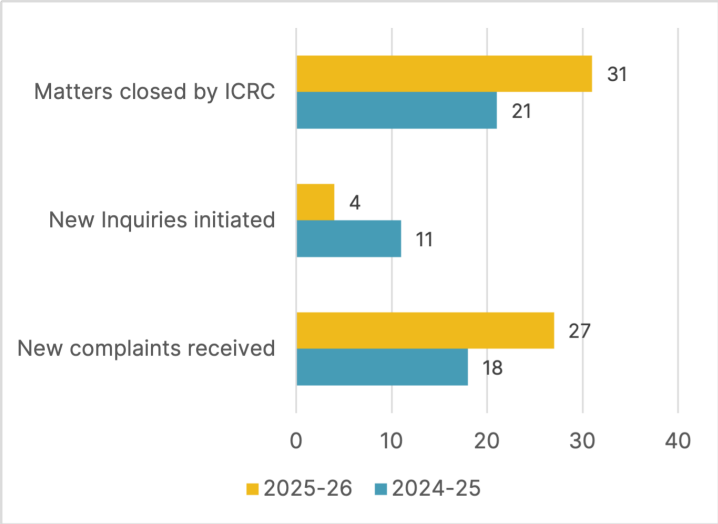
The ICRC's important role with the College ensures accountability and maintains high standards within the naturopathic profession. By thoroughly investigating complaints and reports, the College protects the public from potential harm caused by professional misconduct or incompetence. The ICRC plays a crucial role in safeguarding patient safety and trust in naturopathic care by addressing concerns and taking appropriate actions. This process not only promotes ethical and competent practice but also reinforces the College's commitment to upholding the integrity and reputation of the profession. In our commitment to transparency, our website includes anonymized summaries of outstanding investigations. We are the first health regulatory college in Ontario to publish such summaries.

In response to the complaints and reports reviewed, the ICRC may take any of the following decisions:

- take no further action if evidence is insufficient
- issue a Letter of Counsel
- require completion of continuing education or a remediation program
- require the registrant to appear before the ICRC for a caution
- accept an undertaking to improve or restrict practice
- accept an undertaking to resign and never reapply for registration
- refer allegations of professional misconduct or incompetence to the Discipline Committee
- refer the matter to another ICRC panel for incapacity proceedings if there's concern about the registrant's capacity

All complaint decisions made by the ICRC, except a decision to refer a matter to the Discipline Committee, can be appealed to the Health Professions Appeal and Review Board (HPARB).

Overall complaints and reports data



Origins of CEO inquiries

CEO inquiries are initiated upon approval of the ICRC and are requested based on information received by the College that is not the subject of a formal complaint.

	2024-25	2025-26
Public inquiries	6	3
Matters reported by registrants	0	0
Matters reported by other programs	2	0
Referral from ICRC to CEO	1	1
Referral from the QA Committee	2	0
Referral from another regulator	0	0

Complaints and CEO investigations topics

Outcome	2023-24	2025-26
Advertising	11	10
Billing and fees	5	5
Communication	3	13
Competence/patient care	12	15
Fraud	0	0
Professional conduct and behaviour	6	6
Record keeping	1	4
Sexual abuse, harassment, boundaries	1	1
Delegation	1	1
Unauthorized Practice/outside their scope	9	7
Failure to cooperate or comply with an order	0	0
Inappropriate/ineffective treatment	2	5
Conflict of interest	2	0
Lab testing	2	2
QA Program compliance	2	0
C&D compliance	0	0
Failure to cooperate	0	0
Practising while Inactive/Suspended	0	1
Unprofessional, unbecoming conduct	0	5
Breach of privacy	3	0

Inquiries, Complaints & Reports Committee decisions

Decision	2024-25	2025-26
Take no further action	3	3
Letter of Counsel	4	11
Oral caution	4	1
SCERP	4	3
Oral caution and SCERP	2	5
Letter of Counsel and SCERP	3	1
Acknowledgement and Undertaking	3	2
Referral to FTPC	0	0
Referral to DC	0	3
Frivolous and vexatious	0	2
Resolved through ADR	1	2
Withdrawn by complainant	0	0
Total decisions	24	33

Certain decisions of the ICRC are mutually exclusive of others, for example, to take no further action, accept a withdrawal request, determining a matter is frivolous or vexatious, or a referral to the Discipline or Fitness to Practice Committees. Other outcomes may be done alone or in combination, these include a Letter of Counsel, an oral caution, a Specified Continuing Education and Remediation Program (SCERP) and an Acknowledgement and Undertaking.

Investigation timelines

Under the College's governing legislation, complaints must be resolved within 150 days. If this timeframe cannot be met, the complainant, the registrant, and HPARB are notified every 30 days.

	2024-25	2025-26
Average length of time	230	253
Shortest duration	89	92
Longest duration	408	542

Costs for matters resolved by ICRC

The cost of an investigation includes the College's legal expenses, fees for formal investigators and experts (where required), ICRC per diems, and mailing costs.

	2024-25	2025-26
Average cost	$4,266	$4,992
Highest expenses incurred	$14,134	$21,817
Least expenses incurred	$300	$300

Fitness to practice

When the College receives information suggesting that a naturopath may be incapacitated, the CEO investigates and reports to a Health Inquiry Panel of the ICRC. The Panel may conduct inquiries, including independent medical examinations, and may refer the matter to the Fitness to Practise Committee if appropriate. The ICRC may also refer formal complaints to a separate Health Inquiry Panel.

Incapacity, as defined in the *Regulated Health Professions Act, 1991*, refers to a physical or mental condition or disorder that warrants imposing terms, conditions, or limitations on a registrant's practice or revoking their ability to practise in the public's interest.

As of March 31, 2026, the ICRC had no active inquiries into the potential incapacitation of registrants. In addition, no referrals to the Fitness to Practise Committee were made during the reporting period.

Hearings

Hearings of the College may be held under the auspices of one of two independent Committees, the Discipline Committee and the Fitness to Practice Committee.

The Discipline Committee holds hearings to determine whether a registrant of the College has committed an act of professional misconduct or was incompetent. The Fitness to Practice Committee holds hearings to determine whether a registrant of the College is incapacitated, that is, suffers from physical or mental condition or disorder that would make it desirable in the public interest that the registrant should no longer practice or should practice under certain terms, conditions and limitations placed on them by the panel of the Committee.

Hearings conducted by the College

	2024-25	2025-26
Fitness to practice hearings		
Referred in prior years	0	0
Referred in current year	0	0
Matters heard	0	0
Hearings completed	0	0
Discipline hearings		
Referred in prior years	2	0
Referred in current year	0	3
Matters heard	2	1
Hearings completed	0	1

Outcomes of Discipline Committee Panels

	2024-25	2025-26
Discipline matters heard	2	1
Number of hearing days convened	11	1
Discipline matters completed	0	3
Referrals from the ICRC	0	3

Hearing summaries for concluded matters

College & Michael Prytula (CoNO file DC22-04)

Hearing dates:	11
Decision & reasons:	February 11, 2026
Outcome:	Registrant found to have committed acts of professional misconduct
Legal costs:	$351,168
Investigation costs:	$19,082
Hearing costs:	$24,180

Total College costs:	$394,430
Ordered costs:	$262,953.29
Ordered costs as %	66.6%
Division Court appeal	Yes
Appeal Hearing date	February 11, 2026
Appeal decision	April 24, 2026
Appeal outcome	Panel decision upheld

Summary of allegations:

- Refusal to co-operate with investigator.
- Breaching an Undertaking with the College.
- Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, including but not limited to the following:
  - Advertising Standard of Practice;
  - Compounding Standard of Practice;
  - Injection Standard of Practice;
  - IVIT Standard of Practice;
  - Performing Authorized Acts Standard of Practice;
  - Record Keeping Standard of Practice;
  - Scope of Practice Standard of Practice; and/or
  - Sections 3(1) and/or 13(3) of Regulation 168/15.

The Discipline Panel found that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing.

Order

The Discipline Panel imposed an order:

1. Requiring the Registrant to appear before the discipline Panel to receive a reprimand.

2. Directing the Chief Executive Officer to revoke the Registrant's certificate of registration, as of June 9, 2025.

3. Requiring the Registrant to pay to the College two thirds of all investigative, legal and hearing costs and expenses, which amounts to **$262,953.29**, within 24 months of the date of the order on the following schedule:

    - $10,956.32 due one month from the date of the order; and
    - $10,956.39 due every month thereafter until paid in full.

The Panel concluded that the proposed penalty was reasonable and in the public interest, and that it satisfied the principle of public protection.

Professional misconduct and appeal

The allegations of misconduct as set out in the Notice of Hearing were contested. Following the release of the Decisions and Reasons and the Order, Mr. Prytula appealed the Panel's findings of professional misconduct, as well as the penalty and cost orders, to the Divisional Court pursuant to section 70 of the *Health Professions Procedural Code*. On April 24, 2026, the Divisional Court issued its Decision and Reasons, confirming that Mr. Prytula's appeal was dismissed. Mr. Prytula has since sought leave (permission) to appeal the decision issued by the Divisional Court.

College & Michael Um (CoNO file DC22-05)

Hearing dates:	8
Decision & Reasons on findings:	November 14, 2024
Decision & Reasons on motions, penalty & costs:	May 1, 2025
Outcome:	Registrant was found to have committed acts of professional misconduct.
Legal costs:	$250,612
Investigation costs:	$11,764
Hearing costs:	$22,614
Total College costs:	$284,990
Ordered costs:	$189,993.49
Ordered costs as %	66.6%
Division Court appeal	Yes
Appeal Hearing date	February 11, 2026
Appeal decision	April 24, 2026
Appeal outcome	Panel decision upheld

Summary of allegations:

- Refusal to co-operate with investigator
- Breaching an Undertaking with the College
- Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, including but not limited to the following:
  - Advertising Standard of Practice;
  - Compounding Standard of Practice;
  - Injection Standard of Practice;
  - IVIT Standard of Practice;
  - Performing Authorized Acts Standard of Practice;
  - Prescribing Standard of Practice;
  - Record Keeping Standard of Practice;
  - Scope of Practice Standard of Practice; and/or
  - Sections 3(1) and/or 13(3) of Regulation 168/15.

The Discipline Panel found that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing.

Order

The Discipline Panel imposed an order:

1. Requiring the Registrant to appear before the discipline Panel to receive a reprimand, to be scheduled within 30-days of this order becoming final.

2. Directing the Chief Executive Officer (CEO) to suspend the Registrant's certificate of registration for eighteen months, to commence one month after the date of the order, four months of which shall be remitted if the Registrant complies with the provisions in paragraph 4 below, no later than twelve months from the date of the order.

3. Directing the CEO to impose the following specified terms, conditions and limitations ("**TCLs**") on the Registrant's certificate of registration indefinitely and all of which the Registrant shall complete at the Registrant's expense and to the CEO's satisfaction:

    a. The Registrant shall not perform, delegate, or accept a delegation (except in accordance with Part III of the General Regulation, O. Reg. 168/15) of the authorized act of administering, by injection or inhalation, a prescribed substance on any person unless the substance is specified in Tables 1 or 2 of the General Regulation made under the *Naturopathy Act, 2007*;

    b. The Registrant shall not perform, delegate, or accept a delegation (except in accordance with Part III of the General Regulation, O. Reg. 168/15) of the authorized act of administering, by injection or inhalation, a prescribed substance on any person unless the route of administration is specified in Table 1 or 2 of the General Regulation made under the *Naturopathy Act, 2007*;

    c. The Registrant shall not perform, delegate, or accept a delegation (except in accordance with Part III of the General Regulation, O. Reg. 168/15) of the authorized act of prescribing, dispensing, compounding or selling a drug designation in the regulation to any person unless the drug is specified and in compliance with any limitations listed on Tables 3, 4, 5, or 6 of the General Regulation made under the *Naturopathy Act, 2007*;

    d. The Registrant shall not recommend any product to any person unless the product has been approved by Health Canada for patient use and does not contain any restriction (e.g., for research purposes, etc.);

    e. The Registrant shall ensure that no injections to any person, other than injections using substances, in accordance with the limitations, specified in Table 2 of the General Regulation made under the *Naturopathy Act, 2007*, are advertised by the Registrant and/or his clinic;

    f. The Registrant shall post a sign, acceptable to the College, in a prominent and visible location in the waiting room and each of the examination/treatment rooms of the Registrant's place(s) of practice, and on the Registrant's professional website, that states that:

        1. The Registrant is not authorized to perform, delegate, or accept delegation (except in accordance with Part III of the General Regulation, O. Reg. 168/15) for the controlled act of administering a substance by injection to any person, other than a substance, in accordance with the limitations, specified in Table 2 of the General Regulation made under the *Naturopathy Act, 2007*; and

2. The Registrant shall ensure that every patient he treats or offers to treat, sign a form, acceptable to the College, confirming that they are made aware that the Registrant is not authorized to perform, delegate or accept delegation (except in accordance with Part III of the General Regulation, O. Reg. 168/15) for the controlled acts of administering a substance by injection to any person, other than a substance, in accordance with the limitations, specified in Table 2 of the General Regulation made under the *Naturopathy Act, 2007*.

4. Directing the CEO to impose the following specified TCLs on the Registrant's certificate of registration, all of which the Registrant shall complete at the Registrant's expense and to the CEO's satisfaction within twelve months of the date of the order:

    a. Requiring the Registrant to unconditionally pass the PROBE ethics course;

    b. Requiring the Registrant to successfully complete the College's Jurisprudence course;

    c. Requiring the Registrant to review, and confirm same with the CEO, the following:

        I. All standards of practice (as set out in the General Regulation, O. Reg.168/15, and issued by the College) that were determined to have been contravened by the Discipline Committee;

        II. All College guidelines related to the above noted standards of practice; and

        III. Professional Misconduct Regulation (O. Reg. 17/14).

    d. Requiring the Registrant to meet and cooperate with a Regulatory Expert selected by the College for a minimum of one and a maximum of three times, at the discretion of the Regulatory Expert, to discuss the Registrant's completion of subparagraphs 4(a) through 4(c) above and the Decision and Reasons of the Discipline Committee:

        I. The Registrant shall undertake to have the Regulatory Expert deliver a report to the CEO, that is deemed to be satisfactory to the CEO, setting out the Regulatory Expert's opinion as to whether the Registrant has developed insight into the Discipline Committee's findings and whether the Registrant will incorporate learnings from the hearing and subparagraphs 4(a) through 4(c) above into his practice, within one month of the final meeting or at any other time that the Regulatory Expert feels is appropriate; and

e. Requiring the Registrant to send a letter, subject to the approval of the CEO, to all clients of the Registrant who were/are members of the Pastoral Medical Association (PMA), that states:

I. The Registrant erred in advising that:

1. The College could not access PMA member records; and

2. The Registrant was authorized to provide the services provided to them pursuant to the PMA agreement;

II. The Registrant has been found to have engaged in professional misconduct; and

III. Neither the Registrant nor his clinic will be providing the unauthorized services on a go forward basis.

5. Directing the CEO to impose the following specified TCLs on the Registrant's certificate of registration, all of which the Registrant shall complete at the Registrant's expense and to the CEO's satisfaction, and shall commence once the Registrant completes his suspension as set out in paragraph 2 and shall continue indefinitely until the Practice Monitor and the CEO determine that the TCLs in paragraph 3 above are no longer required:

a. Requiring the Registrant to meet and cooperate with a Practice Monitor selected by the College, for a minimum of one and a maximum of three times every two months, at the discretion of the Practice Monitor, to allow the Practice Monitor to inspect and observe the Registrant's clinic, clinic website, client charts and the Registrant's interaction with clients in light of the findings made by and the reasons issued by the Discipline Committee:

I. The Registrant shall undertake to have the Practice Monitor deliver a report to the CEO, that is deemed acceptable by the CEO, after each visit setting out:

i. The Practice Monitor's opinion as to whether the Registrant is:

1. Complying with the findings of the Discipline Committee; and
2. Complying with the TCLs as set out in paragraph 3;

ii. A summary of the client charts reviewed; and

iii. Any recommendations provided to the Registrant and whether the Registrant implemented such recommendations.

6. Requiring the Registrant to pay to the College two thirds of all investigative, legal and hearing costs and expenses, which amounts to **$189,993.49,** within 24 months of the date of the order on the following schedule:

    a. $7,916.29 due one month from the date of the order; and

    b. $7,916.40 due every month thereafter until paid in full.

The Panel concluded that the proposed penalty was reasonable and in the public interest, and that it satisfied the principle of public protection.

Professional misconduct and appeal

The allegations of misconduct as set out in the Notice of Hearing were contested. Following the release of the Decisions and Reasons and the Order, Dr. Um, Nd appealed the Panel's findings of professional misconduct, as well as the penalty and cost orders, to the Divisional Court pursuant to section 70 of the *Health Professions Procedural Code*. On April 24, 2026, the Divisional Court issued its Decision and Reasons, confirming that Mr. Um's appeal was dismissed.

College & Sestan (CoNO file DC25-01)

Number of Hearing Days:	1
Decision & Reasons:	February 11, 2026
Outcome:	Registrant found to have committed act of professional misconduct
Legal costs:	$21,918
Investigation costs:	$7,594
Hearing costs:	$9,754
Total College costs:	$39,267
Ordered costs:	$7,500
Ordered costs as %	19%
Division Court appeal	No

Summary of allegations:

- Sexual abuse of a patient, more specifically sexual intercourse or other forms of physical sexual relations between the Registrant and the patient.
- Failure to maintain the standard of practice of the profession, including the College's Code of Ethics and the College's Standard on Therapeutic Relationships and Professional Boundaries.
- Engaging in conduct relevant to the practice of the profession that would reasonably be regarded by naturopaths as disgraceful, dishonourable or unprofessional.

The Agreed Statement of Facts had been agreed upon prior to the hearing. The Discipline Panel found that the Registrant committed acts of professional misconduct as admitted by the Registrant.

Admission of professional misconduct

A Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The parties submitted that the public was protected because the Registrant had accepted responsibility for their actions and had agreed to an appropriate penalty.

Order

The Discipline Panel imposed an order:

1. Requiring the Registrant to appear before a Panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College.

2. Directing the Chief Executive Officer ("CEO") to revoke the Registrant's Certificate of Registration immediately, commencing on the date of this order.

3. Directing the Registrant to reimburse the College for any amount paid for funding for therapy and counselling provided to the patient under the program established under 85.7 of the Code up to the maximum allowable amount of $17,940.00.

4. Directing the Registrant to pay the College's costs in the amount of $7,500.00 by certified cheque made payable to the College of Naturopaths of Ontario.

The Panel concluded that the proposed penalty was reasonable and in the public interest, and that it satisfied the principle of public protection.

Unauthorized practice

The College monitors and addresses cases where individuals advertise themselves as naturopaths or naturopathic doctors or offer naturopathic services without being registered with the College. These individuals, termed "unregulated" or "unauthorized" practitioners, are practising illegally. The College responds by issuing cease and desist letters, a letter outlining the concerns and asking the individual to stop practising and to sign the letter back committing that they have done so. The College may also pursue legal action through the courts such as seeking an injunction from the court to stop the individual from holding themselves out as an ND. Additionally, the names of unauthorized practitioners are published in the Unauthorized Practitioner Register to inform the public and safeguard against illegal practice.

Unauthorized practice: Cease and desist letters and court injunctions

	2024-25	2025-26
Cease and desist letters	16	7
Sign back received	4	3
Injunction sought	0	0
Court issued injunctions	1	0

Quality Assurance Program

The College's Quality Assurance (QA) Program, overseen by the Quality Assurance Committee (QAC), ensures that naturopaths stay current to provide quality care for Ontarians. The program also supports naturopaths in improving their practice through remedial activities when needed. All General class naturopaths must participate in the program, demonstrating a commitment to ongoing learning and improvement.

Quality Assurance (QA) Program components

Self-assessment

This component helps naturopaths reflect on their skills in relation to the core competencies and standards of practice. The College's registrants are required to complete one or more self-assessments annually as part of the annual renewal process.

Self-assessment data

	2024-25	2025-26
Registrants required to report	1,672	1,677
Number of completed reports	1,548	1,581
Completed reports as percent	92.6%	94.3%

Continuing competency and professional development

General class naturopaths must participate in 70 hours of continuing education (CE) every three years, through a mix of Category A (i.e., structured learning activities that address the core clinical competencies approved by the College) and Category B courses (i.e., self-directed learning activities of any type and in any area the registrant chooses). Those providing IVIT must complete an additional six credits of clinical learning. Registrants can also undertake additional credits to further their professional development.

Each year, approximately one-third of the College's General class registrants are required to provide their CE-long for the past three years to the College. The year they report is based on the year in which their certificate of registration was issued.

Continuing education data

	2024-25	2025-26
Registrants in reporting group	530	526
Reports received by deadline	519	520
Reports as a percent	98%	98.8%
Number of reports with deficiencies	88	130
Deficiencies as a percent	16.6%	24.7%

Peer and practice assessment

Each year, a group of General class registrants is randomly selected for an objective review of their knowledge and performance by trained assessors, who are also practicing naturopaths. Peer and practice assessments may also be conducted based on recommendations from the QAC, particularly for registrants who have not met CE requirements or registrants who have not met the currency requirements set out in the Registration Regulation.

Peer and practice assessments required

	2024-25	2025-26
Pool of registrants randomly selected	150	130
Assessments deferred/removed	13	11
QAC ordered assessments	15	9
Assessment required	152	128
Peer and practise assessments completed	150	128

Peer and Practice Assessors evaluate registrants on a set of criteria. That assessment results in a determination of whether the registrant has demonstrated the knowledge, skill and judgment to meet the standards. Those who do not must undergo a review by the QAC.

Peer and practice assessment outcomes

	2024-25	2025-26
Demonstrated the knowledge, skill, and judgment to meet the standards	140	123
Fell below the standards in at least one component of the assessment and were referred to the QAC	10	5

The QAC reviews peer and practice assessments where deficiencies have been identified by the assessor, along with submissions from the registrant. The QAC will then decide whether the registrant has the knowledge, skill and judgement or requires a term, condition, or limitation (TCL) on their certificate of registration.

QAC review outcomes

	2024-25	2025-26
Knowledge, skill and judgement deemed satisfactory	10	5
TCL imposed by QAC	1	0

Continuing education course reviews

The Quality Assurance Committee also assumes responsibility for reviewing and approving courses submitted by individuals or organizations who wish to have their course recognized by the Continuing Education Program for Category A credits.

Category A credits are awarded to courses related to the core activities of naturopathy. These are structured activities focused on the clinical competencies of the profession. They should be relevant to the practice of naturopathy and enhance a naturopath's competence and understanding of professional standards. For Category A, one hour of Continuing Education equals one credit.

Continuing education credit applications

	2024-25	2025-26
Applications received	328	405
Approved for Category A	247	342
Approved as a percentage	73%	84%

Breakdown of CE accredited courses by category

	2024-25		2025-26	
	Number	%	Number	%
General Category A	168	68	220	64
Category A – prescribing/pharmacology	62	25	91	27
IVIT	10	4	15	4
Jurisprudence	7	2	16	5

Breakdown of CE accredited courses by delivery type

	2024-25		2025-26	
	Number	%	Number	%
Webinar	32	13	33	10
In-person/live	215	87	309	90

Review of Regulations, By-laws and Standards

As part of the College Council's strategic plan, the second strategic objective is that "Naturopathic Doctors are trusted because they are effectively regulated." One of the supporting strategic priorities is to examine the regulatory model to maximize the public protection benefit to Ontarians.

Examining the regulatory model to maximize its public protection benefit is not a small endeavour. It essentially requires the College to examine two distinct areas, areas where regulations, standards and policies exist to ensure that they are accomplishing what is intended and areas where no regulation exists but the authority to create regulation has been given to the College Council in statute.

In support of this strategic priority, the College initiated several consultations:

- Classes of Registration – Preliminary Consultation
- Naturopathic Specialties – Preliminary Consultation
- Testimonials – Preliminary Consultation
- Framework for the Evaluation of Laboratory Test Submissions.

Profile of the profession

During the 2026 annual renewal process, the College collected practice information from registrants for the period January 1, 2025, to December 31, 2025. This marks the third consecutive year this information has been collected, providing the College with a growing understanding of the breadth and scope of naturopathic practice in Ontario and allowing for year-over-year analysis of trends in the profession.

Controlled acts

Controlled acts are high risk procedures that are restricted to regulated health professions that are authorized in their legislation to perform them. In the case of naturopathic doctors, section 4 of the *Naturopathy Act, 2007*, authorizes NDs to perform certain controlled acts. Of the registrants in the General class, 1,490 reported performing at least one controlled act in 2025; however, we asked registrants to indicate which they perform as part of their practice.

Controlled acts data

	2024		2025	
	Number	%	Number	%
Naturopathic manipulation	233	15	206	11
Acupuncture	1,312	87	1,322	70
Internal examinations	220	15	191	10
Administer a substance by inhalation	202	13	180	9
Administer a substance by injection	561	37	597	31
Administer a substance by intravenous infusion	256	17	266	14
Prescribing a designated drug	760	50	813	43
Dispensing a designated drug	236	16	201	11

	2024		2025	
	Number	%	Number	%
Compounding a designated drug or substance	276	18	268	14
Selling a designated drug	237	16	209	11
Taking blood samples in office	95	6	94	5

Therapeutic prescribing

In Ontario, when a health professional prescribes, dispenses, compounds or sells a drug or when they administer any substance by injection or inhalation, they are performing a high-risk procedure that is restricted and authorized only to qualified regulated health professionals.

For a naturopathic doctor to prescribe, dispense, compound or sell a drug and to administer a substance by injection or inhalation, they must first have met the Standard of Practice for Therapeutic Prescribing (TPS). This standard requires the ND to have completed an approved course and successfully completed an examination. In 2025, 909 College registrants met the standard.

In early 2026, registrants began reporting to the College on the number of drugs that they had prescribed, dispensed, compounded or sold and the number of substances that they had administered by injection or inhalation in the period January 1, 2025, to December 31, 2025. They also reported the number of adverse events that have occurred by performing these procedures on patients and the nature of those adverse events.

Performing the Controlled Acts

Category	No.	%	Explanation
Total registrants	1,731	88.5	Total number of individuals registered with the College in the General class, in good standing.
Registrants met TPS	909	52.5	Number of registrants who have met the standard.
Performed no procedures	69	7.6	Number of registrants who have met the standard and reported that they did not perform any of the procedures reported in this data.
Performed one or more procedures	840	92.4	Number of registrants who have met the standard and reported that they did perform any of the procedures reported in this data.
Prescribing registrants	230	27.4	Number of registrants who reported only having prescribed, dispensed, compounded or sold drugs to patients.
Injecting registrants	28	3.3	Number of registrants who reported only having administered substances by injection.
Inhalation registrants	0	0	Number of registrants who reported only having administered substances by inhalation.

Drugs

Category	No.	%	Explanation
Prescriptions issued	116,780	--	Number of prescriptions given to patients by an authorized ND
Drugs dispensed	15,888	13.6	Number of drugs dispensed by an authorized ND from their own dispensary
Drugs compounded	15,850	13.6	Number of drugs compounded or mixed with other drugs or substances
Drugs sold	17,284	14.8	Number of drugs sold by an authorized ND
Adverse events	281	0.2	Number of adverse events reported

Administration by Injection

Category	No.	%	Explanation
Injections given	90,027	--	Number of injections administered by an authorized ND
Adverse events	114	0.1	Number of adverse events reported due to an injection

Administration by Inhalation

Category	No.	%	Explanation
Inhalations given	1,345	--	Number of administrations of a substance by inhalation by an authorized ND
Adverse events	10	0.7	Number of adverse events reported due to an injection

Adverse occurrences from prescribing, dispensing, compounding or selling drugs

An adverse occurrence is a situation where any of the following occurs following the performance of a controlled act:

- Referral of a patient to emergency services within 5 days
- Administering an emergency drug
- Diagnosis of shock or convulsions within 5 days
- Condition did not improve or worsened
- Unscheduled treatments of the patient were required
- An adverse reaction occurred

An adverse reaction is considered to be any of the following: anxiety, dizziness, headache, fatigue, low back strain, muscular spasms, or pneumonia.

Category	No.	%	Explanation
Total number of prescriptions	112,447	--	Total number of prescriptions issued
Adverse occurrences reported	279	0.25	Total number of adverse occurrences reported among patients

The following is a breakdown of the 279 reported adverse occurrences relating to prescribing, dispensing, compounding, or selling a drug within naturopathic practice.

Category	No.	%	Explanation
Referral to emergency services within 5 days	4	1.4	Total number of reported instances where the patient was referred to emergency services after taking a prescribed drug
Administering an emergency drug	1	0.4	Total number of reported instances where the patient was administered an emergency drug after taking a prescribed drug
Diagnosis of shock or convulsions within 5 days	0	0	Total number of reported instances where the patient was diagnosed with shock or experienced convulsions after taking a prescribed drug
Conditions did not improve or worsened	101	36.2	Total number of reported instances where the patient's condition did not improve or worsened following a prescription
Unscheduled treatment	17	6.1	Total number of reported instances where a patient was required to undergo an unscheduled treatment after taking a prescribed drug
Adverse drug reactions	116	41.5	Total number of reported instances where the patient reported an adverse reaction following taking a prescribed drug

Adverse occurrences from administering a substance by injection

In this section, the College is reporting data relating to the administration of a substance by intramuscular or subcutaneous injection. For information on adverse occurrences from administering a substance by intravenous infusion therapy, please refer to the Inspections Program section of this report.

Category	No.	%	Explanation
Total number of Injections	88,698	--	Total number of administrations by injection
Adverse occurrences Reported	114	0.13	Total number of adverse occurrences reported among patients after an injection

Noting that a single adverse occurrence could have more than one explanation, the following is a breakdown of the 114 adverse occurrences reported

Category	No.	%	Explanation
Referral to emergency	7	6.1	Total number of reported instances where the patient was referred to emergency services after an injection
Administering an emergency drug	2	1.7	Total number of reported instances where an emergency drug had to be administered to the patient after an injection
Diagnosis of shock or convulsions	2	1.7	Total number of reported instances where a patient was diagnosed with shock or experienced convulsions after an injection

Category	No.	%	Explanation
Conditions did not improve or worsened	20	17.5	Total number of reported instances where the patient's condition did not improve or worsened following an injection
Infection	1	0.87	Total number of reported instances where the patient experienced an infection after an injection
Unscheduled treatment	2	1.7	Total number of reported instances where a patient was required to undergo an unscheduled treatment after an injection
Adverse reaction to substance	87	76.3	Total number of reported instances where the patient reported an adverse reaction following an injection

Adverse occurrences from administering a substance by inhalation

Category	No.	%	Explanation
Total number of Inhalations	1,345	--	Total number of administrations by inhalation
Adverse occurrences reported	10	0.74	Total number of adverse occurrences reported among patients after an inhalation

The following is a breakdown of the ten adverse occurrences reported.

Category	No.	%	Explanation
Referral to emergency services within five days	0	0	Total number of reported instances where the patient was referred to emergency services after an inhalation
Administering an emergency drug	0	0	Total number of reported instances where an emergency drug had to be administered to the patient after an inhalation
Diagnosis of shock or convulsions within 5 days	0	0	Total number of reported instances where a patient was diagnosed with shock or experienced convulsions after an inhalation
Condition did not improve or worsened	1	0.9	Total number of reported instances where the patient's condition did not improve or worsened following an inhalation
Infection	0	0	Total number of reported instances where the patient experienced an infection after an inhalation
Unscheduled treatment(s)	0	0	Total number of reported instances where a patient was required to undergo an unscheduled treatment after an inhalation
Adverse reaction to substance	10	90.1	Total number of reported instances where the patient reported an adverse reaction following an inhalation

Patient base

The College asked registrants to report on the following relating to their patient base in 2025:

- **Estimated number of patients:** 561,855 Ontarians are patients of NDs, representing an average of 325 patients per registrant.
- **Patient visits in 2025:** 1,245,821 patient visits were reported, representing an average of 722 patient visits per registrant.

Patient base data

2024		2025
535,716	Number of patients in ND practices	561,855
325	Average patients per ND	325
1,215,821	Total number of patient visits	1,245,821
722	Average number of patient visits per ND	722

Practice type

While many NDs may practise at more than a single location, they are required to designate one location as their primary practice location. Their primary practice location is typically where they provide services the most often.

Practice type data

	2024		2025	
	Number	%	Number	%
Independent practice (brick and mortar clinic)	453	27	482	25
Independent practice (telepractice)	176	11	191	10
Clinic practice with other NDs	419	25	415	22
Multi-disciplinary clinic	586	36	614	32
Non-clinical practice (did not see patients)	38	2	57	3

The College’s volunteers

Our volunteers come from several sectors, most of whom are naturopaths from both the General and Inactive classes of registration. Our public representatives and public members appointed by government generally come from the finance, marketing, and non-profit sectors.

Without our volunteers, the College could not perform all its required regulatory roles. To maintain the integrity of our regulatory processes and protect volunteer privacy, we do not identify individual volunteers by name, except those elected or appointed to the Council.

On behalf of the Council and staff, we extend our deepest gratitude to all our volunteers for their dedicated work in reviewing materials, attending meetings, conducting assessments, and providing valuable feedback.

Financial statements

The following is an abridged version of the Audited Financial Statements for the period April 1, 2025, to March 31, 2026.

Report on the audit of the financial statements

Opinion

We have audited the financial statements of The College of Naturopaths of Ontario, which comprise the statement of financial position as at March 31, 2026, and the statements of changes in net assets, operations, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The College of Naturopaths of Ontario as at March 31, 2026, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of The College of Naturopaths of Ontario in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KRIENS~LAROSE, LLP
Chartered Professional Accountants
Licensed Public Accountants
Toronto, Ontario

July 29, 2026

Summary Statement of Financial Position (As of March 31, 2026)

Assets

Assets – current	2026 ($)	2025 ($)
Cash and cash equivalent	4,132,991	4,142,634
Accounts receivable	1,830,511	1,607,174
Prepaid expenses	130,198	148,037
Loan receivable	32,532	
TOTAL	**6,126,232**	**5,897,845**

	2026 ($)	2025 ($)
LOAN RECEIVABLE	129,339	--
EQUIPMENT	34,075	44,354

TOTAL ASSETS	**6,289,646**	**5,942,199**

Liabilities

Current	2026 ($)	2025 ($)
Accounts payable and accrued liabilities	297,276	272,304
Deferred revenue	3,920,664	3,312,844
HST payable	436,756	371,676
TOTAL	**4,654,696**	**3,956,824**

Net Assets

Current	2026 ($)	2025 ($)
Unrestricted net assets	(431,561)	(82,265)
Patient Relations	91,375	90,385
Business Continuity	1,114,684	1,114,684
Investigations & Hearings	810,452	810,452
Succession Planning	50,000	52,110
TOTAL	**1,634,950**	**1,985,375**

TOTAL LIABILITIES	**6,289,646**	**5,942,199**

Statement of changes in net assets (for year ended March 31, 2026)

	2026 ($)	2025 ($)
Balance, beginning of year	1,985,375	1,988,612
Balance, end of year	1,634,950	1,985,375

Summary Statement of operations (for year ended March 31, 2026)

Revenues

	2026 ($)	2025 ($)
Registration and member renewal fees	3,485,020	3,377,642
Examination fees	322,770	288,120
Inspection and hearing fees	108,100	66,200
Investment Income	59,400	98,066
Incorporation fees	53,529	43,339
Misc Income	--	45
Total Revenues	**4,028,819**	**3,873,412**

Expenses

	2026 ($)	2025 ($)
Salaries and Benefits	2,747,083	2,353,444
Rent and utilities	176,056	171,493
Exam fees and expenses	253,332	230,052
Consulting fees		
Complaints & Inquiries	130,806	86,912
General	14,103	35,259
Assessors/inspectors	50,560	60,656
Legal fees		
Discipline	145,938	287,875
Complaints	72,648	50,155
General	31,230	40,435
Council fees and expenses	194,641	67,118
Office and general	123,683	181,791
Public education	136,083	59,863

	2026 ($)	2025 ($)
License	72,046	78,914
Equipment maintenance	52,582	47,252
Translation	18,195	21,938
Insurance	34,961	32,924
Audit fees	19,883	17,996
Travel accommodation and meals	14,514	12,132
Education and training	10,707	2,934
Discipline & FTP Committee	9,892	9,016
Amortization	23,056	13,961
Patient relations fund expenses	1,120	4,810
Website	7,141	7,269
Printing and postage	2,599	1,434
Patient Relations Committee	885	786
Risk programs	35,500	--
Total Expenses	**4,379,244**	**3,876,419**

Net Results

	2026 ($)	2025 ($)
Total Revenues	4,028,819	3,873,412
Total Expenses	4,379,244	3,876,419
Excess (Deficiency) of Revenues Over Expenses for the Year	(350,425)	(3,007)

To access the full Audited Financial Statements, including the notes, please visit the College's website.

Disclaimer: Every effort has been made to accurately duplicate the Audited Financial Statements in this Annual Report. In the event of discrepancies between the financial statements in the Annual Report compared to the Audited Financial Statements, the Audited Financial Statements prevail.