

**DRAFT AGENDA**  
**Council Meeting**  
**College of Homeopaths of Ontario**

February 7, 2018 from 10:00 a.m. to 12:47 p.m.  
163 Queen Street East, Toronto, Fourth Floor

Teleconference: 416-212-8014 or 1-866-500-5845 Password: 2810386#

	ITEM	ACTION	FORMAT	WHO	MIN	TIME
1	<b>Call to Order</b>	Information	Verbal	B. Sharma	1 min	10:00
	1.1 Introduction of New Council Members	Information	Verbal	B. Sharma	5 min	10:01
2	<b>Agenda</b>					
	2.1 Adoption of Agenda	Decision	Written	B. Sharma	2 min	10:06
	2.2 Consent Agenda	Decision	Written	B. Ziv	5 min	10:08
3	<b>Declaration of Conflict of Interest</b>	Decision	Verbal	B. Sharma	2 min	10:13
4	<b>Approval of minutes</b>					
	4.1 Meeting minutes dated October 25, 2017	Decision	Written	B. Sharma	5 min	10:15
5	<b>Registrant Survey and Report: Phase II</b>					
	5.1 Survey Results	Information	Written	K. Harvey	15 min	10:20
	5.2 Phase II Report to the Ministry	Information	Written	B. Ziv/K. Harvey	15 min	10:35
	5.3 Next Steps: Process for developing/updating a vision, mission and strategic plan	Discussion	Verbal	B. Ziv/B. Sharma	20 min	10:50
<b><i>in camera</i></b>						
<i>As permitted by the Regulated Health Professions Act, 1991, Schedule 2, section 7.2 there are times when it is appropriate for Council to discuss matters in camera. These include matters of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a meeting held in camera is not open to the public.</i>						
6	<b>Approval of <i>in camera</i> minutes</b>					
	6.1 <i>in camera</i> meeting minutes dated October 25, 2017	Decision	Written	B. Sharma	5 min	11:10
7	<b>Finances</b>					
	7.1 Statement of Operations	Decision	Written	B. Ziv	10 min	11:15
8	<b>Bylaw Changes</b>					
	8.1 Bylaw 19.03 Consideration of 60-day consultation feedback	Discussion	Written	K. Harvey/B. Ziv	20 min	11:25
	8.2 Decision on Bylaw 19.03	Decision	Written	B. Ziv	10 min	11:45

	ITEM	ACTION	FORMAT	WHO	MIN	TIME
	8.3	Bylaw 9 and 10 Council Seats and Special Election	Decision	Written	B. Sharma/B. Ziv	15 min 11:55
<b>9</b>	<b>Reports</b>					
	9.1	President's Report	Information	Verbal	B. Sharma	5 min 12:10
	9.2	Registrar's Report	Information	Verbal	B. Ziv	5 min 12:15
<b>10</b>	<b>Election</b>					
	10.1	Election update and timing	Information	Written	K. Harvey	5 min 12:20
<b>11</b>	<b>Committee Appointments</b>					
	11.1	Patient Relations	Decision	Written	J. Blanchard	5 min 12:25
<b>12</b>	<b>Council Meeting Dates, 2018-19</b>	Decision	Verbal	B. Ziv	10 min 12:30	
<b>13</b>	<b>Other Business</b>	Discussion	Verbal	B. Sharma	5 min 12:40	
<b>14</b>	<b>HBS – Preparation Time</b>	Decision	Verbal	B. Sharma	2 min 12:45	
<b>15</b>	<b>Adjournment</b>	Decision	Verbal	B. Sharma	2 min 12:47	

Next Meeting: TBD

**NOTE:**

Please be reminded that all meeting materials, discussions and decisions are confidential to the College and cannot be copied or shared until they are made public.

This is a scent-free environment. Please do not wear scented products to meetings. For more information staff would be happy to provide you with a copy of Health Force Ontario's policy on scent-free work environments. You can also find more information at [http://www.ccohs.ca/oshanswers/hsprograms/scent\\_free.html](http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html). Your cooperation is sincerely appreciated and required.

COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

MEETING/DATE:	COUNCIL, FEBRUARY 7, 2018	DECISION	X
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input type="checkbox"/>
DATE:	FEBRUARY 5, 2018		
ITEM NAME:	CONSENT AGENDA		
PRESENTED BY:	B. SHARMA		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

1. To identify items to be addressed via the consent agenda.
2. To request that Council move to adopt the consent agenda.

BACKGROUND (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number):

At its February 26, 2016 meeting, Council approved the following motion:

**BE IT RESOLVED THAT** Council adopt the following policy statement as Governance Policy 16:  
That a consent agenda may be presented by the president at the beginning of a meeting. Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the assembly.

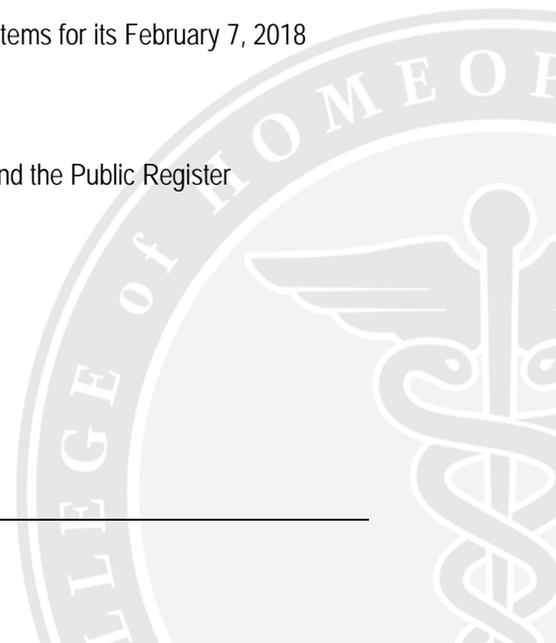
OPTIONS:

1. Adopt the consent agenda as presented.
2. Modify the consent agenda by adding, removing, or identifying items for discussion.

PROPOSED RESOLUTION:

**BE IT RESOLVED THAT** Council approve the following consent agenda items for its February 7, 2018 meeting:

- 2.2.1 Feedback on Phase I report to Ministry
- 2.2.2 Practice Management Program Module 4: Transparency and the Public Register
- 2.2.3 FHRCO Legislative Update, January 2018



COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

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MEETING/DATE:	COUNCIL, FEBRUARY 7, 2018	DECISION	<input type="checkbox"/>
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input checked="" type="checkbox"/>
DATE:	FEBRUARY 1, 2018		
ITEM:	Feedback on Phase I Report to the Ministry		
PRESENTED BY:	KATHRYN HARVEY		

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OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

To share with Council feedback offered on the Phase I report to the Ministry, *"More than just a matter of choice: How integrating homeopathy will increase efficiency, improve outcomes, reduce costs, and respect patient preferences in Ontario's health-care system."*

BACKGROUND:

Council approved the Phase I report in October 2017, after which it was distributed widely. Readers were invited to comment via online survey.

CONSULTATION FEEDBACK

14 responses were received, all from individual registrants.

COMMENTS (AS RECEIVED, UNEDITED)

I fully support your work and would love to assist anyway I can for homeopaths to have a more active role in our healthcare system.

I am full time practicing homeopathy, trying best to accommodate expenses with current situation. I am doing only because of love and passion with homeopathy. If i can not get enough patient or money it is hard to survive. and that is reality . Thanks.

This report is one of the most thorough, detailed, precise, utterly honest and extensive reports I have ever read. Anyone reading this report with an open mind should unquestionably want to explore how homeopathic medicine can be integrated into health services for the taxpayers of Ontario.

The concept of Patient centred care is the basis of Homeopathy too, which is what the Ministry is trying to incorporate. Integration will help enforce it. Achieving this is only possible if all benefit plans includes Homeopaths, this will help patients make their choices.

It has been proven time and again that Homeopathy is one of the safest and effective treatment . Every effort should be made to create an awareness among general public and other health professionals like other countries so as patients can be benefited their suffering can be reduced.

Dear Mr. Sharma and Mr. Ziv.

Thank you for this wonderful document/report regarding the issues and concerns relating to both (a) the accessibility of homeopathy as a preferred entry point in the “Patients First” Action Plan (should the patient so desire) in their total Health Care options, as well as (2) the obstacles to a potential “first choice” entry point as it relates to the role of the Homeopath within that Plan.

I feel that you have accurately assessed and articulated the impediments that need to be addressed regarding access (ex. patient financial disincentives), connection (ex. the preponderance of “solo” work in isolated homeopathic offices, and the need for a more integrated approach, in order to optimize what each profession can bring to the table in patient care), and information /education (ex. engaging the patient by sharing information regarding living an “individualised” healthy lifestyle with individualised homeopathic support as necessary).

Quite honestly, I was ready to “give up” and had been seriously considering the possibility of not renewing my license come April, but this document has given me renewed hope that homeopaths such as myself will have a “space” in Ontario. I moved to Nepean from Quebec about 4 years ago – one of the reasons being that I was excited to be part of the establishment of homeopathy as a self-regulated profession, but since coming here, I find that there are important obstacles to a satisfying practice, especially as a part-time homeopath ... the rural community isolation, the lack of public knowledge and even skepticism as to what homeopathy is, the media debasement of the profession, the absence of the recognition of homeopathy as a separate profession within an integrated approach, largely due to the lack of a clear delineation of the profession within the umbrella framework of naturopathy, and even the rules and regulations within the College itself (for example, the number of hours needed to be in good standing as a part-time homeopath, 750 hrs. within the 3-year program – even if one augments the hours with continuing education, how much more does one have to spend when one is making just a little more than what is required to cover the costs of license, insurance, office, etc.?) Of course, one can solve this problem by charging exorbitant amounts to the patient who does choose homeopathy, but does that really make sense when one of our strongest arguments is the low-cost of the homeopathic choice?

I realize that the angst that I am feeling is probably part of the birthing pangs of the process of finding one's space, both collectively (as the homeopathic profession is now doing in Ontario) and individually (as a member of that profession). As mentioned previously, I was almost ready to give it up --- not give up homeopathy, of course, but give up the right to practice in Ontario, which is one of the reasons that I moved here. But also as mentioned previously, your document/report has given me renewed hope that you, Messrs. Sharma and Ziv, both recognize and appreciate some of the afore-mentioned concerns. Also from your report, in its summary of survey responses, I have come to understand that other members are probably feeling much of the same discouragements that I am feeling for much of the same reasons. But even more importantly, after reading your report and letter to Minister Hoskins, I now feel that there is a definite forward movement towards allowing Homeopathy to take its place as a “visible and viable” choice within the public consciousness in health care, thanks largely to an excellent President and Registrar who are most professionally and eloquently addressing those birthing pangs. Thank you!!

This document has been well thought out. It is concise, identifies areas in the act requiring clarification and most importantly, provides solutions that the MOH didn't know it had available.

Well done! I am looking forward to have Homeopathy included in the Canadian National Health System. Together we are Stronger!

I hope that soon homeopathy will be a greater choice of health care of all Canadians. Congratulations on a well-presented report. It was clearly written and did an excellent job of summarizing what was obviously quite a lot of survey data. The list of complaints for which people sought out a homeopath

was impressive! Equally, the section showing the costs saved by the provincially funded health system made an effective point. Many thanks to all involved in pulling together this report. I hope it finds traction. Cho, It is highly appreciated the research feed back. In addition to ascertain, to gain confident , or to make sure , how far homeopathy can cure, maintain health, prevent from other diseases which otherwise are outcome of other mal treatment, which leads later on to emergency. Homeopathy treatment avoids emergency condition . At least one hundred approx. patients from all ailments may be treated from each homeopath referred by govt. for research and reduce public fund load. Also may help find interprofessional research . Thanks

I HAVE FILLED OUT A QUESTIONNAIRE ABOUT THIS BEFOR AND I WOULD LIKE TO KNOW THE ROLE THAT HOMEOPATHY WILL BE PLAYING IN WESTERN MEDICINE. IT IS TIME FOR HOMEOPATHY TO BE RECOGNIZED IN WESTERN MEDICINE, CANADIAN MEDICINE. HOMEOPATHY SHOULD BE PART OF OHIP JUST LIKE ALLOPATHIC MEDICINE. WITHOUT THIS HOW CAN HOMEOPATHS GET SUFFICIENT PATIENTS TO LIVE, PAY THE GOVERNMENT THEIR REGISTRATION FEES, INSURANCE ETC.

Based on the CHO Report to Minister of Health and Long Term Care I have considered, that the CHO has done a great job analyzing the opinion of homeopaths about role of homeopathy and integration of homeopathy in the broader health-care system. As a homeopath, I understand the importance of all the issues discussed on the conference based on feedback provided via the survey. I am ensure, that is important to raise the role of homeopaths in health care system by creation opportunity for homeopaths to work in hospitals, nursing homes and other health facilities to make homeopathy more accessible to people. Patients really will benefit from Integration of homeopathy in the broader health care system, and actually can lead to cutting health-care costs through the prevention and treatment of acute and chronic ailments. Thank you.



# transparency

## the public register



practice management  
resources  
public protection  
results

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# Changes to the Public Register

This issue of the CHO Practice Management Program is part 4 of a 4-part series.

- Part 1 Stopping Sexual Abuse of Patients
- Part 2 Protecting Patients Act, 2017
- Part 3 Mandatory Reporting
- Part 4 Transparency: The Public Register

## Immediate Changes under RHPA effective May 30, 2017

Bill 87, which was passed in May 2017, is an important piece of legislation for Ontario's patients and for all health regulatory colleges who regulate Ontario's health professions in the public interest.

Bill 87, the *Protecting Patients Act* strengthens the sexual abuse and transparency provisions in the *Regulated Health Professions Act (RHPA)*, and changes how the Colleges move forward in the complaints, investigation and discipline processes.

### Increased Transparency

Changes to *Code s. 23, 94(1)(l.2)* increase the amount of information available about registrants on the College's public register. This will include details about certain types of outcomes from the Inquiries, Complaints and Reports Committee (ICRC), and the outcome of a discipline hearing, even if no finding<sup>1</sup> is made against a registrant. This type of information provides the public with a transparent means of determining if their health-care provider has any allegations<sup>2</sup> of complaints, reports, incompetency, or incapacity, and will provide the public with open access to information about the status of complaints, investigations and referrals to the Discipline Committee until the matter has been resolved.

The mandatory, universal content of the Colleges' public register has been expanded to include:

- The date a former member died;
- Oral (but not written) cautions<sup>3</sup> (reprimands);
- Specified Continuing Education or Remediation Program<sup>4</sup>;
- The date and status of referrals to discipline;
- A copy of the specified allegations;
- Acknowledgements<sup>5</sup> and undertakings<sup>6</sup> as long as they remain in effect; and

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<sup>1</sup> What is a finding? A finding of misconduct means "a determination, based on a preponderance of the evidence, that misconduct has occurred." [www.uslegal.com](http://www.uslegal.com)

<sup>2</sup> What is an allegation or specified allegation? Allegation is the act of alleging something, a positive assertion especially of misconduct, or it may be an assertion unsupported and by implication regarded as unsupportable. (Merriam-Webster Dictionary) In the case of a regulatory health environment, a specified allegation must specify the aspects of the complaint being referred to the Discipline Committee for review. Specified allegations refer to the matter in principle and cite sections of the Act or a profession's professional misconduct regulation.

<sup>3</sup> What is an oral or written caution? A caution is educational in nature; it is not a sanction. It is advisory in nature and intended to be remedial. (R. Steinecke, *A Complete Guide to RHPA*, 5-55)

<sup>4</sup> What is a Specified Continuing Education or Remediation Program or SCERP? A SCERP has the potential to address minor practice concerns through non-disciplinary means and is consistent with the College's public interest mandate. ...the word "specified" suggests that the direction should set out the substantive elements of the program. Also the upgrading should relate to the concerns identified by the Inquiries Complaints and Reports Committee (R. Steinecke, *A Complete Guide to RHPA*, 5-57, 5.58)

- The result of disciplinary decisions/findings, including a synopsis of the finding (even where no finding was made) and of the content of the reprimand. Where the discipline panel finds the allegations against a member have not been proven, the reasons must be posted on the public register for 90 days unless the member asks for it to be kept on longer.

In fitness-to-practice cases, the public register must show any finding of incapacity and the order made (subject to the limitations on publishing personal health information about members found in s. 23(8) of the *Code*).

The “pardon” provision has been amended to prevent the removal from the public register of any findings of sexual abuse (i.e., including behaviour, remarks and touching). As such these items become a permanent part of the registrant’s public record. (Code 23(11)).

Also, the Minister will be able to make a regulation requiring additional information to be placed on the public register (RHPA section 43(1)t).

The College has an explicit duty to post all information promptly. The Registrar has a duty to correct information about professional negligence or malpractice findings where the registrant demonstrates to the Registrar that the information is incomplete or inaccurate.

## Future RHPA Changes - Transparency

### New Mandatory Self-Reporting Obligations for Registrants upon proclamation of changes to Code s. 85.6.3 and 85.6.4

Two new self-reporting obligations have been created:

- a) The first requires registrants to report in writing all other regulatory bodies with which they are registered and any findings of professional misconduct or incompetence (but not incapacity) made by those bodies. (This will work in conjunction with section 5 of the CHO Registration Regulation 18/14.)
- b) The second requires registrants to report in writing all charges for an offence and any resulting bail conditions or other similar restrictions. RHPA does not distinguish between minor (e.g., speeding) and serious offences. It is the role of the College to review the materials provided and determine if the charges impact the registrant’s ability or suitability to practice the profession safely and competently. (This will work in conjunction with CHO Bylaw 21.11.)

Upon proclamation of these changes, RHPA will require registrants to report the following to the College:

- any registration in other professions or regulatory body
- any findings of professional misconduct against them with any other body
- information about offences, and
- information about bail conditions.

<sup>5</sup> What is an acknowledgement? Conceptually, acknowledgement is closely related to confession, admission, avowal, and recognition. <http://restorativejustice.org/> original source: What Is Acknowledgement and Why Is It Important? Source: (2003) In Carol A.L. Prager and Trudy Govier, *Dilemmas of Reconciliation: Cases and Concepts*. Waterloo, ON: Wilfrid Laurier University Press. Pp. 65-89.

<sup>6</sup> What is an undertaking? ICRC may negotiate an undertaking from the member as to his or her future conduct. (R. Steinecke, *A Complete Guide to RHPA*, 5-59) It may set out expectations and a commitment from the registrant to follow through on the commitment.

In addition to requirements related to reporting information about themselves, every registrant must also adhere to mandatory reporting requirements as they relate to other professionals and to patient care. These reporting obligations include sexual abuse, offences and professional negligence or malpractice, and professional misconduct, incompetence and incapacity by a registrant of this or any other regulated health-care profession. Additionally, every registrant has the obligation to report any case of suspected child abuse or neglect or suspected abuse of a senior citizen or elder. Refer to CHO Practice Management Program part 3 on Mandatory Reporting, as well as the full CHO Professional Practice Standard 12 Mandatory Reporting on Patient Care for full details of your obligations.



College of Homeopaths of Ontario  
163 Queen Street East, Fourth Floor  
Toronto, Ontario M5A 1S1

(416) 862-4780

(844) 862-4780

[programs@collegeofhomeopaths.on.ca](mailto:programs@collegeofhomeopaths.on.ca)

[www.collegeofhomeopaths.on.ca](http://www.collegeofhomeopaths.on.ca)



*Prepared by Richard Steinecke*

**In this Issue:**

- Controlled act of psychotherapy proclaimed into force as of December 30, 2017, see p. 1
- Diagnostic Medical Sonographers regulated as of January 1, 2018, see p. 1

**Bonus Features:**

- Cross-Border Internet Practice, see pp. 2-3
- Proving Patterns, see p. 3
- You Gotta Come to the Party to Dance, see p. 4
- Inferences vs. Speculation, see pp. 4-5
- Short Term Gain for Long Term Pain, see p. 5

**Ontario Bills**

(See [www.ontla.on.ca](http://www.ontla.on.ca))

The Legislature was not in session during January.

**Proclamations**

(See [www.ontario.ca/en/ontgazette/gazlat/index.htm](http://www.ontario.ca/en/ontgazette/gazlat/index.htm))

There were no relevant proclamations gazetted this month.

**Regulations**

(See [www.ontario.ca/en/ontgazette/gazlat/index.htm](http://www.ontario.ca/en/ontgazette/gazlat/index.htm))

**Psychotherapy** – A regulation has been made providing a general exemption from performing the controlled act of psychotherapy for two years and to exempt social work and social service work students who are performing psychotherapy in the course of their training (O. Reg. 570/17 - Gazetted January 6, 2018).

**Diagnostic Medical Sonographers** – As reported in the last issue, the registration regulation enabling the registration of diagnostic medical sonographers, effective January 1, 2018, and the related authorized act regulation have been enacted (O. Reg. 564/17 and 565/17 – Gazetted January 6, 2018). In addition, the controlled acts regulation under the *RHPA* has been amended to authorize such procedures and exempting midwives and nurses in some circumstances (O. Reg. 566/17 – Gazetted January 6, 2018).

### **Proposed Regulations Registry**

(See <http://www.ontariocanada.com/registry>)

There are no relevant consultations pending.

### **Bonus Features**

(Includes excerpts from our Blog and Twitter feed found at [www.sml-law.com](http://www.sml-law.com))

### **Cross-Border Internet Practice**

An important decision was rendered recently by the Ontario Superior Court on the cross-border internet practice of professions. In *College of Optometrists of Ontario v. Essilor Group Canada Inc.*, 2018 ONSC 206, two regulators (the College of Opticians of Ontario was also a party) obtained an injunction against a major internet supplier of contact lenses and eyeglasses requiring it to comply with Ontario rules relating to dispensing eyewear. Essilor (the parent of Clearly and Coastal) operated out of British Columbia. Essilor tried to portray the application as turf protection to guard the commercial interests of optometrists and opticians. The Court viewed that argument as irrelevant; the issue was whether the cross-border, online dispensing of lenses and eyeglasses was permitted by the legislation.

The Court first addressed whether the actions of Essilor breached the Ontario legislation by “dispensing” eyewear, which is a controlled act. The Court noted that while the controlled act scheme in the legislation was designed to prevent harm, one had to interpret the language of the provision and not conduct a risk-assessment of the specific conduct in the case. The Court concluded “that ‘dispensing’ is not a singular act but a series of acts that encompass the making, adjustment (fitting) and delivery of” eyewear. Under the Essilor business model, no Ontario-registered practitioner was responsible for performing these functions. That outcome was contrary to the purpose of the provisions (i.e., ensuring the provision of proper health care by qualified and authorized professionals). It was evident to the Court that Essilor was making and delivering contact lenses and eyeglasses.

The second issue was whether Ontario legislation applied in circumstances where almost everything Essilor did occurred in British Columbia. The Court indicated that it should not take an “old-world understanding of place and time”. The location of the action should not be assessed on a purely commercial transaction basis (i.e., which determines for insurance purposes where the point of “delivery” occurs), as is done under the Civil Code in Quebec. Rather, location should be determined in a manner consistent with the purpose of the provisions. Under this approach the Court looked for whether there was a “sufficient connection” between the conduct and Ontario. The Court said that a “purposive analysis of the legislation demonstrates that this situation is best characterized not as a contract for the sale of eyeglasses, but as the delivery of health care.”

The Court engaged in a fascinating discussion of the location of events over the internet. It cited authorities viewing such interactions as occurring “both here and there” and sometimes even

“everywhere”. The Court concluded that where the order was placed by an individual in Ontario and the eyewear was received in Ontario, presumably to be used in Ontario, there was a sufficient connection to Ontario. “To find otherwise would mean the eyeglasses are provided without obligation to adhere to Ontario regulation.” The Court was also not swayed by the fact that ordering lenses and eyeglasses online was permitted in British Columbia; such a change in the law in Ontario should be done by the legislature, not the courts.

In passing, the Court noted that the regulatory rules of Ontario also applied to internet practice within Ontario. Internet providers that are based in Ontario and dispense eyewear to Ontario clients need to comply with all Ontario rules.

This case provides some urgently needed clarity on the issue of cross-border internet practice.

### **Proving Patterns**

One of the most difficult allegations to prove during discipline is regarding conduct that is only misconduct if done cumulatively. For example, being rude on one occasion is rarely conduct deserving of sanction. However, a pattern of rude conduct may demonstrate a lack of professionalism particularly where the practitioner knows that there have been concerns and particularly where they are warned about it. Then the conduct moves from the category of inadvertence or a slip into the classification as deliberate or, at least, indifference to professional duties.

In *MacLeod v Alberta College of Social Workers*, 2018 ABCA 13, a social worker was alleged to have engaged in a pattern of rudeness towards clients, their families and colleagues along with a specific example on a specific day. The Court was concerned that the allegations were not sufficiently particularized to enable the practitioner to know the case he had to meet. In addition, even though the pattern of behaviour had been confined to a two-year window, evidence relating to his entire 25-year career was introduced without consideration as how the unalleged events should be used during the hearing. In fact, the Court was concerned that the finding made by the panel appeared to relate to conduct that was not contained in the notice of hearing, as broad as it was. The Court said:

Those findings might be supported by inferences drawn from evidence of related events, but those related events could not independently support a finding of professional misconduct, or expand the scope of the charges.

While the Court does not appear to be requiring that a pattern of behaviour list every incident with specificity, regulators should be careful not to make general allegations of a pattern of vague conduct (i.e., “rudeness”) without ensuring that the practitioner is in a position to have a fair sense of the case they have to meet. And disciplinary tribunals should clearly identify how they have used unalleged conduct in assessing the alleged events.

## You Gotta Come to the Party to Dance

A self-represented practitioner did not attend their discipline hearing in *Lum v. College of Physiotherapists of Ontario*, 2018 ONSC 567. They then tried to appeal the decision finding them guilty of professional misconduct for failing to attend a caution before the Inquiries, Complaints and Reports Committee. The Divisional Court held that failing to attend the hearing to raise the procedural concerns was sufficient to deny the appeal. This was so even though the practitioner was self-represented (“Ignorance of the law is not an excuse”). The Court also held that the grounds of appeal were without merit:

1. That the hearing panel composition overlapped with the panel hearing a motion to exclude prejudicial evidence was neither unfair nor contrary to the panel’s rules of procedure permitting a separate panel to conduct preliminary motions;
2. There is nothing prejudicial or unfair in the hearing panel referring to the history of the proceedings, including the practitioner’s attempts to obtain an injunction to prevent the hearing from proceeding;
3. There is no duty on the regulator to specify which portions of the disclosure it will rely upon at the discipline hearing; and
4. The sanction for failing to attend at the caution was a reprimand, a suspension until a particular course was successfully completed and costs of \$4500 was “a very reasonable one, having regard to the seriousness of the misconduct”.

## Inferences vs. Speculation

In a number of recent cases the courts have said that regulators should base their conclusions on evidence rather than speculation. What is often left unaddressed is the differences between inferences from the evidence (which is permitted), and speculation from the facts (which is not permitted). In *Finkelstein v. Ontario Securities Commission*, 2018 ONCA 61, the Court of Appeal in Ontario stated that reviewing courts should not intervene when a tribunal makes an inference from the evidence even if it is not the inference that the court would have made. That case dealt with insider tipping in the stock market where cases are almost always established through circumstantial evidence.

The Court then went on to accept the following definition of what constitutes an “inference”:

“An *inference* is a deduction of fact that may logically and reasonably be drawn from another fact or group of facts found or otherwise established in the proceedings. It is a conclusion the trier of fact *may*, but not *must*, draw in the circumstances.”: David Watt, *Watt’s Manual of Criminal Evidence*, 2017 (Toronto: Thomson Reuters, 2017), §12.01.

The Court of Appeal reviewed the Divisional Court’s handling of the evidence and the reasons of the tribunal and concluded:

The function of a reviewing court, such as the Divisional Court, is to determine whether the tribunal’s decision contains an analysis that moves from the evidence before it to the conclusion that it reached, not whether the decision is the one the reviewing court would have reached: *Ottawa Police Services*, at para. 66. With due respect to the Divisional Court, it failed to do so in the case of the Panel’s decision about Cheng. Instead, it impermissibly re-weighted the evidence and substituted inferences it would make for those reasonably available to the Panel. That was an error. The findings of fact made and inferences drawn by the Panel in respect of Cheng were reasonably supported by the record.

The difference between drawing valid inferences and engaging in speculation is a subtle one.

### **Short Term Gain for Long Term Pain**

When there is a public outcry about extremely inappropriate behaviour alleged against a practitioner, the regulator often feels compelled to reassure the public that such conduct is not acceptable. However, those public statements can then be used to raise issues about prejudgment when the regulator deals with the concerns through its investigation and discipline process. That is what occurred in *Calandrini v. Canada (Attorney General)*, 2018 FC 52. The conduct in issue related to reported acts of nudity and sexual harassment and even assault by an RMCP police officer towards his male colleagues. When the media picked up on the issue, the Deputy Commissioner of the RCMP said:

When this came to our attention, we were appalled at what the allegations were. I found it hard to believe that in this day and age that this kind of behaviour would take place in our organization or anywhere else. It is completely unacceptable behaviour. It is abhorrent. The kind of behaviour that was alleged is completely in opposition to our core values.

The Court applied the following test as to whether these comments created an appearance of bias:

To find that discretion has been fettered, the facts before the Court must give rise to a reasonable apprehension that the decision-maker treated another individual’s views as binding or conclusive, without the need to consider any other factors or to conduct an independent analysis.

The issue was complicated by the fact that the concerns had already been addressed informally. That informal resolution was subject to review. During that review process the media raised concerns about the case. The officer conducting the review referred the concerns to a discipline hearing. However, in reviewing the entire file (including the steps taken before the media outcry, the notes by the screening person indicating that they did not discuss the matter with the Commissioner and the documentation about the processing of the concerns), the Court was satisfied that there was no fettering of discretion despite the comments made by the Commissioner.

**Council Meeting**  
**College of Homeopaths of Ontario (CHO)**  
**Minutes**

**Wednesday, October 25, 2017**  
**163 Queen Street East, Toronto**

**Present**

**Council**

Bhupinder Sharma	Professional (Chair)
Sajeev Ampadi (until 3:05 p.m.)	Professional
Anna Berger	Professional
Anna Cardozo	Professional
Eden Gajraj	Public
Gary Kapelus	Public
Sanjeev Nayyar	Professional
Myrna Tulandi	Public

**Staff and Guests**

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Basil Ziv	Registrar
Raj Manchanda (via Skype, item 6)	Director General of India's Central Council on Research in Homeopathy
Kathy Steffan (item 7.1)	Auditor, Welch LLP
Abu Jammeh (item 7.1)	Auditor, Welch LLP

**Regrets**

Haroula Battista	Professional
Clare Beckton	Public
Shirelle Goodman	Public
Mark Heller	Public
Ananda More	Professional

**Observers**

Melissa Chase (9:30 to 11:45)	Ministry of Health and Long-Term Care
Natasha Zarubin (9:30 to 11:45)	Registrant

**1 Call to Order**

The Chair called the meeting to order at 9:40 a.m. and conducted a roll call. The Chair acknowledged receipt of letters of resignation from Clare Beckton and Haroula Battista. Two new public members have been identified by the Health Board Secretariat and will be joining Council in the coming months.

**1.1 Welcome and Introduction of New Council Member**

The Chair introduced new public member Gary Kapelus.

**2.1 Adoption of Agenda**

*(Appendix 2.1 Agenda, Council Meeting, October 25, 2017)*

**Motion # 1: To adopt the agenda as presented.**

Moved by M. Tulandi, seconded by A. Berger

**That Council adopt the agenda.**  
*CARRIED*

**2.2 Adoption of Consent Agenda**

*(2.2.1 Annual Report, 2016-2017)*

*(2.2.2 Practice Management Program Module 1: Protecting Patients Act 2017 - Stopping Sexual Abuse)*

*(2.2.3 Practice Management Program Module 2: Protecting Patients Act 2017 - Ministerial Powers, Transparency, Immunization)*

*(2.2.4 Practice Management Program Module 3: Mandatory Reporting)*

**Motion # 2: To adopt the consent agenda as presented.**

Moved by E. Gajraj, seconded by A. Cardozo

**That Council adopt the consent agenda.**

*CARRIED*

**3 Declaration of Conflict of Interest**

None declared.

**4 Approval of Minutes**

**4.1 Approval of Minutes, June 5, 2017**

*(Appendix 4.1 Minutes, Council Meeting, June 5, 2017)*

The minutes were reviewed.

**Motion # 3: To approve the minutes of June 5, 2017**

Moved by A. Cardozo, seconded by S. Nayyar

**That Council adopt the minutes of the June 5, 2017 meeting as presented.**

*CARRIED (G. Kapelus abstaining)*

**5 Reports**

**5.1 Registrar's Report**

*(Appendix 5.1 Registrar's Report: Health Canada Consultation)*

The Registrar acknowledged the work of staff in meeting challenges related to transparency and Bill 87 as well as dealing with such operational issues as finding new space. New Council member G. Kapelus was recognized for his experience and welcomed. The Registrar described his involvement in Health Canada's consultation on product labelling, during which he has represented the College's position and mandate, stressing the importance of accessibility to remedies. As well, it was noted that the OHA and HMAAC have begun the process of amalgamation.

**5.2 President's Report**

The President described a number of meetings he had attended with the associations and Health Canada, as well as ongoing work with College committees and staff.

**6 Memorandum of Understanding**

**Secretary's note:** *R. Manchanda joined the meeting by Skype for the duration of item 6.*

- 6.1 MOU – The essence of interprofessional collaboration, homeopathy’s place within mainstream health care
- 6.2 Research - Establishment of joint projects, children’s diseases, senior care, mental health
- 6.3 Health care in remote areas

Dr. Raj. Manchanda joined the meeting by Skype to provide Council with an overview of homeopathy in India and an update on the Memorandum of Understanding between the CHO and India’s Central Council on Research in Homeopathy.

## 7 Finances

### 7.1 Audited Financial Statements

*(Appendix 7.1 Audited Financial Statements)*

Kathy Steffan and Abu Jammeh of Welch LLP presented the 2016-2017 audited financial statements, noting that the audit had been completed with the full cooperation of the College..

**Motion # 4: To approve the 2016-2017 audited financial statements for posting.**

Moved by M. Tulandi, seconded by S. Ampadi

**That Council approve the 2016-2017 audited financial statements for posting on the College’s website.**

*CARRIED*

**Motion # 5: To appoint Welch LLP Chartered Professional Accountants as auditor for 2017-2018.**

Moved by E. Gajraj, seconded by A. Cardozo

**That Council appoint Welch LLP Chartered Professional Accountants as auditor for 2017-2018.**

*CARRIED*

#### **Secretary’s note:**

*As permitted by the Regulated Health Professions Act, 1991, Schedule 2, section 7.2 there are times when it is appropriate for Council to discuss matters in camera. These include matters of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a meeting held in camera is not open to the public.*

**Motion # 6: To move *in camera***

Moved by Sajeev Ampadi, seconded by A. Cardozo

**That Council move *in camera* at 12:10 p.m.**

*CARRIED*

## 9 Governance

### 9.1 Committee Reorganization

*(Appendix 9.1 Report Form: Committee Reorganization)*

The proposed slate of committee appointments was reviewed. A. Berger volunteered to take the ICRC position vacated by H. Battista.

**Motion # 11: To approve proposed committee appointments**

Moved by M. Tulandi, seconded by E. Gajraj

**That Council approve the new slate of committee appointments as presented.**

*CARRIED*

**10 Consultation/Communications**

**10.1 60-Day Consultation on Proposed Bylaw Change**

*(Appendix 10.1: Consultation Package)*

Council members reviewed the consultation package outlining the rationale for increasing the annual renewal fee.

**Motion # 12: To approve the consultation package as presented.**

Moved by G. Kapelus, seconded by A. Cardozo

**That Council approve for distribution the material outlining the proposed revision to Bylaw 19.03.**

*CARRIED*

**10.2 Integration Report to Ministry**

*(Appendix 10.2: More than Just a Matter of Choice: How integrating homeopathy will increase efficiency, improve outcomes, reduce costs, and respect patient preferences in Ontario's health-care system)*

Council reviewed the Phase I report based on registrant input gathered via conference panel discussions and registrant surveys.

**Motion # 13: To approve the integration report as presented.**

Moved by S. Ampadi, seconded by A. Cardozo

**That Council approve for distribution the report *More than Just a Matter of Choice: How integrating homeopathy will increase efficiency, improve outcomes, reduce costs, and respect patient preferences in Ontario's health-care system.***

*CARRIED*

**10.3 Update on Bill 87**

*Addressed as part of Registrar's Report.*

**11 Quality Assurance Update**

*Deferred*

**12 Other Business**

None.

**13 HBS Meeting and Preparation Time**

One full day preparation, one full day meeting

Start time: 9:40 a.m.

End time: 3:18 p.m.

14     **Adjournment**

**Motion # 14: To adjourn**

Moved by E. Gajraj, seconded by A. Cardozo

**That Council adjourn at 3:18 p.m.**

*CARRIED*

The Chair agrees these minutes are an accurate reflection of the meeting.

---

Bhupinder Sharma, Chair

Date

COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

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MEETING/DATE:	COUNCIL, FEBRUARY 7, 2018	DECISION	X
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input type="checkbox"/>
DATE:	FEBRUARY 1, 2018		
ITEM:	Change to Bylaw 19.03 Annual Renewal Fee		
PRESENTED BY:	BASIL ZIV		

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OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):  
To follow up on consideration of a change to bylaw 19.03.

BACKGROUND:

Council approved the bylaw change in principle in October 2017 and, as required, the College conducted a 60-day public consultation. The consultation period ended on January 24, 2018. [See Appendix 8.1.]

RECOMMENDATION

Implement as approved in principle.

PROPOSED RESOLUTION

Be it resolved that Council increase the annual renewal fee for registrants in the Grandparented and Full classes to \$1250, effective February 15, 2018.



COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

MEETING/DATE:	COUNCIL, FEBRUARY 7, 2018	DECISION	X
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input type="checkbox"/>
DATE:	FEBRUARY 1, 2018		
ITEM NAME:	BYLAWS 9 AND 10 REDUCTION OF COUNCIL SEATS AND REMOVAL OF BY-ELECTION REQUIREMENT		
PRESENTED BY:	B ZIV / B SHARMA		

**SUMMARY**

In 2016, Council moved to increase the number of professional Council members from seven to nine (which would also necessitate a corresponding increase in public members from six to eight) to ensure Council is duly constituted at all times. Consideration was given to the means by which these seats might be added in light of the fact that the initial two elections were based on terms of differing lengths. (That is, some seats were initially elected for three years, some for two years, while others were elected for one year, allowing for staggered turnover and greater continuity.) Subsequently, the College has assessed all sections of its budget and in an effort to avoid increasing costs, is recommending that the size of Council remain at its minimum operating level.

**OBJECTIVE OF THIS REPORT** (relevance to the business of Council, potential impact/outcome of decision):

1. To provide Council with background on the items considered in amendments to Bylaws 9.03, 9.04, 10.02, 10.03 and deletion of Bylaw 10.02.1 – Reduction of Council Seats.
2. To seek Council's approval of the proposed bylaw change which would result in the maintaining of the status quo. [Note in accordance with *section 94(2) of Schedule 2, Regulated Health Professions Act, 1991 (the Code)*, this change does not require 60-day circulation to members. Additionally, CHO Bylaw 25.02 gives the Council the power to amend or revoke any section of the Bylaws with a simple majority.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College, which is a reflection of the fundamental components of our mandate. In the public interest the CHO will:

- X **Infrastructure**  
Establish an infrastructure that allows for the efficient and effective regulation of the profession of homeopathy in Ontario.
- X **Protection of Public**  
Protect, promote and advance homeopathy through the development of bylaws, regulations, standards, guidelines, etc.
- Membership**  
The College can only be truly effective if it has the support of the profession; something that requires consultation and communication. This priority addresses the need for the development of content, information and education to be provided to members.
- Transparency**  
Decisions must abide by the transparency principles adopted by the College in November 2014.

**GUIDING LEGISLATION:**

*Regulated Health Professions Act, 1991, Schedule 2, Health Professions Procedural Code section 94 (Bylaws), subsection (1) and (2) Circulation of Certain Bylaws.*

### By-laws

- 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,
- (d.1) respecting the election of Council members, including the requirements for members to be able to vote, electoral districts and election recounts;
  - (d.2) respecting the qualification and terms of office of Council members who are elected;
  - (d.3) prescribing conditions disqualifying elected members from sitting on the Council and governing the removal of disqualified Council members;
  - (e) providing procedures for the election of the President and Vice-President of the College, the selection of the chairs of the committees, the filling of a vacancy in those offices, and setting out the duties and powers of the President, Vice-President and the chairs;

### Circulation of certain by-laws

(2) A by-law shall not be made under clause (1) (l.2), (l.3), (s), (t), (v), (w) or (y) unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council. 1998, c. 18, Sched. G, s. 22 (5).

### Exception

(2.1) Despite subsection (2), the Council may, with the approval of the Minister, exempt a by-law from the requirement that it be circulated or abridge the 60-day period referred to in subsection (2) to such lesser period as the Minister may determine. 1998, c. 18, Sched. G, s. 22 (5).

CHO Bylaws, Council General section 9 and Election of Council Members section 10.

### CHO Bylaw 25.02 – Amendments

The bylaws of the College or any section thereof may be enacted, amended, or revoked by a simple majority of the Council Members present and voting at a meeting of Council called for that purpose.

### LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

Population of Council and Election processes.

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number):

### From June 22, 2015 Council Minutes (Open Session)

#### 7 Bylaw Changes (Part 1)

##### 7.1 Addition of two professional Council seats (Sections 9.04, 10.02, 10.02.1 and 10.03)

*(Appendix 7.1.1 Report Form: Proposed bylaw changes for addition of professional member seats to Council)*

*(Appendix 7.1.2 Draft election bylaw changes: Combined comments from CHO staff and legal counsel)*

The Ministry has requested an increase in the number of professional members on Council from seven to nine to ensure the business of the Council can continue smoothly. This change requires a bylaw change and a special election to be held on account of this increase.

**Motion #5: To approve the proposed bylaw change for circulation**  
Moved by Jim Dunsdon, seconded by Wangari Muriuki

**That Council approve for circulation the proposed changes to bylaws 9.04, 10.02, 10.02.1 and 10.03.**  
*CARRIED*

From February 26, 2016 Council Minutes

**9.3 Bylaws 9 and 10: Addition of Council Seats and By-Election**  
(*Appendix 9.3.1: Report Form – Bylaws 9 and 10 Addition of Council seats and by-election*)

**Motion # 20: To approve bylaw changes related to the addition of Council seats**  
Moved by Myrna Tulandi, seconded by Mark Heller

**That Council approve, as final, amendments to bylaws 9.03 Composition of Council, 9.04 Term of Office, 10.02 Election Date, 10.03 Number of Registrants Elected and the addition of Bylaw 10.02.1 Special Election.**  
*CARRIED*

**Change in number of Council Seats, requiring changes to Bylaws 9.03, 9.04, 10.02, 10.03 and the addition of Bylaw 10.02.1.**

The Homeopathy Act, 2007 outlines the

**Council**

5. (1) The Council shall be composed of,
  - (a) at least six and no more than nine persons who are members elected in accordance with the by-laws;
  - (b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,
    - (i) members,
    - (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or
    - (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*. 2007, c. 10, Sched. Q, s. 5 (1).

In 2016, Council moved to increase the number of professional Council members from seven to nine (which would also necessitate a corresponding increase in public members from six to eight) to ensure Council is duly constituted at all times. Consideration was given to the means by which these seats might be added in light of the fact that the initial two elections were based on terms of differing lengths. (That is, some seats were initially elected for three years, some for two years, while others were elected for one year, allowing for staggered turnover and greater continuity.) Subsequently, the College has assessed all sections of its budget and in an effort to avoid increasing costs, is recommending that the size of Council remain at its minimum operating level.

This proposed change impacts Bylaws 9.03, 9.04, 10.02, and 10.03 and allows for the deletion of Bylaw 10.02.1 as follows:

**Bylaw 9.03:** The composition of Council moves from nine to seven to professional Council members. This is within the range set by the government.

**Bylaw 9.04:** The proposed change to terms of office reflects currency and allows new Council members to take their seats at the first Council meeting following the election.

**Bylaw 10.02:** This proposed change reflects currency.

**Deletion of Bylaw 10.02.1:** The deletion of this Bylaw removes the requirement for a special election to put the two new Council members in place. If this requirement had been fulfilled this bylaw would have automatically expired.

**Bylaw 10.03:** Changing the number of registrants elected results in removing the planned additional seat in each of District Peel and District Ontario. This Bylaw has not yet been implemented.

Bylaw	Current Wording	Proposed Wording	Rationale
<b>9.03 – Composition of Council</b>	Council shall be composed of <b>nine (9)</b> Registrants and as many Public Members as are appointed by the Lieutenant Governor in Council in accordance with subsection 5(1) of the Act. This provision does not apply to the transitional Council. Despite this provision, Council remains properly constituted despite any vacancies.	Council shall be composed of <b>seven (7)</b> Registrants and as many Public Members as are appointed by the Lieutenant Governor in Council in accordance with subsection 5(1) of the Act. This provision does not apply to the transitional Council. Despite this provision, Council remains properly constituted despite any vacancies.	This number is within the range required by the <i>Homeopathy Act, 2007</i> .
<b>9.04 – Term of Office</b>	Except for those elected in 2016, in which case the terms are as described in articles 10.02 and 10.02.1 respectively, the term of office of an elected member of Council shall commence at the first Council meeting scheduled after the election and shall continue for approximately three (3) years until his or her successor takes office in accordance with these bylaws, or until he or she resigns his or her office or is removed from Council, or until such other time designated by Council, whichever occurs first.	<del>Except for those elected in 2016, in which case the terms are as described in articles 10.02 and 10.02.1 respectively,</del> The term of office of an elected member of Council shall commence <b>at the first Council meeting scheduled</b> after the election and shall continue for approximately three (3) years until his or her successor takes office in accordance with these bylaws, or until he or she resigns his or her office or is removed from Council, or until such other time designated by Council, whichever occurs first.	Deletion removes dated references.
<b>10.02 – Election Date</b>	Except for the first election, which shall take place as soon as possible after section 6 of the Act is proclaimed into force, and the special election described in section 10.02.1, an election of members to Council	<del>Except for the first election, which shall take place as soon as possible after section 6 of the Act is proclaimed into force,</del> <b>and the special election described in section 10.02.1,</b> An election of members to Council	Deletion removes dated references.

Bylaw	Current Wording	Proposed Wording	Rationale
	<p>shall be held on a date determined by the Registrar between March and May, inclusive, of each year according to the following schedule:</p> <p>(i) there shall be an election for the East and North electoral districts in 2017, and every third year after 2017;</p> <p>(ii) there shall be an election for the Peel and Toronto electoral districts in 2018 and every third year after 2018; and</p> <p>(iii) there shall be an election for the Southwest and Ontario electoral districts in 2017, 2019 and every third year after 2019.</p>	<p>shall be held on a date determined by the Registrar between March and May, inclusive, of each year according to the following schedule:</p> <p>(i) there shall be an election for the East and North electoral districts in 2017, and every third year after 2017;</p> <p>(ii) there shall be an election for the Peel and Toronto electoral districts in 2018 and every third year after 2018; and</p> <p>(iii) there shall be an election for the Southwest and Ontario electoral districts in 2017, 2019 and every third year after 2019.</p>	
<p><b>10.02.1 – Special Election</b></p>	<p>There shall be an election for two Registrants for the Ontario electoral district in 2016 (hereafter referred to as the “Special Election”);</p> <p>(i) the Special Election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications as determined by the Registrar, including but not limited to, reducing the time limits set out in sections 10.07, 10.08 and 10.16 in order to ensure that the Special Election takes place in 2016; and</p> <p>(ii) The term of office of a person elected in the Special Election shall commence on the day of the election and shall continue until his or her successor takes office.</p>	<p><del>There shall be an election for two Registrants for the Ontario electoral district in 2016 (hereafter referred to as the “Special Election”);</del></p> <p><del>(i) the Special Election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications as determined by the Registrar, including but not limited to, reducing the time limits set out in sections 10.07, 10.08 and 10.16 in order to ensure that the Special Election takes place in 2016; and</del></p> <p><del>(ii) The term of office of a person elected in the Special Election shall commence on the day of the election and shall continue until his or her successor takes office.</del></p>	<p><b>Delete.</b> A special election is not longer required.</p>
<p><b>10.03 – Number of Registrants Elected</b></p>	<p>For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.</p>	<p>For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.</p>	<p>The reduction in the number of seats is within the range of requirement of the <i>Homeopathy Act, 2007</i>.</p> <p>The addition of the phasing in item 10.03 (i) creates consistency with bylaw 9.04 and allows Council members to serve until the first</p>

Bylaw	Current Wording		Proposed Wording		Rationale
	Column 1	Column 2	Column 1	Column 2	
	East	1	East	1	Council meeting following the election, thereby reducing the disruption to the College.
	Peel	2	Peel	<del>2</del> -1	
	Toronto	2	Toronto	2	
	North	1	North	1	
	Southwest	1	Southwest	1	
	Ontario	2	Ontario	<del>2</del> -1	
	The number of Council Members elected each year shall correspond to the sum of,		The number of Council Members elected each year shall correspond to the sum of,		
	(i) the number of Council Members whose terms of office have expired or will expire on the day of the elections, and		(i) the number of Council Members whose terms of office have expired or will expire <u>in conjunction with</u> <del>on</del> <del>the day of</del> the elections, and		
	(ii) the number of Council Members whose seats have become vacant and have not been filled.		(ii) the number of Council Members whose seats have become vacant and have not been filled.		

**KEY CONSIDERATIONS:**

1. Financial impact of additional Council members
2. Human resources requirements to service a larger Council

**RESOURCE IMPLICATIONS:**

1. Human resources
2. Financial impact of additional Council members

**DEADLINES AND NEXT STEPS:**

If Council approves the bylaw changes they will become effective immediately and would be implemented in the Spring 2018 election of professional Council members.

**OPTIONS:**

1. Approve amendments to bylaws 9.03, 9.04, 10.02, 10.03 and the deletion of Bylaw 10.02.1 as presented.
2. Approve amendments to bylaws 9.03, 9.04, 10.02, 10.03 and the deletion of Bylaw 10.02.1 with further proposed amendments.
3. Refer amendments to bylaws 9.03, 9.04, 10.02, 10.03 and the deletion of Bylaw 10.02.1 to committee for further review and return to Council at a future date.
4. Reject the amendments to bylaws 9.03, 9.04, 10.02, 10.03 and the deletion of Bylaw 10.02.1.

**RECOMMENDATIONS:**

1. Approve amendments to bylaws 9.03, 9.04, 10.02, 10.03 and the deletion of Bylaw 10.02.1 as presented

**PROPOSED RESOLUTION:**

1. **BE IT RESOLVED THAT** Council approve, as final, amendments to bylaws 9.03 Composition of Council, 9.04 Term of Office, 10.02 Election Date, 10.03 Number of Registrants Elected and the deletion of Bylaw 10.02.1 Special Election.

COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

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MEETING/DATE:	COUNCIL, FEBRUARY 7, 2018	DECISION	<input type="checkbox"/>
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input checked="" type="checkbox"/>
DATE:	FEBRUARY 1, 2018		
ITEM:	2018 Election Schedule		
PRESENTED BY:	KATHRYN HARVEY		

---

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

To inform Council of the planned 2018 election schedule.

RESOURCE IMPLICATIONS:

Engagement of on-line voting service at a cost of approximately \$200 for each district in which an election is being held.



PROPOSED SCHEDULE (REVISED)

Date	Activity
February 15, 2018	Notice of Election and Nominations Package Sent to All Registrants Eligible to Vote.
March 15, 2018	Nominations Deadline. Nominations close at midnight. <b>Undertaking to the CHO Registrar from Candidate (Form A) and Candidate Nomination (Form B) must be sent to the Registrar by email or mail.</b> Final day to be registered as a member of the College in order to run as a candidate in the 2018 election.
March 22, 2018	CHO to notify candidates that their names have been accepted for nomination and request candidates' statements.
April 9, 2018	Deadline for candidates to send completed <b>Biographical Summary and Personal Statement (Form C)</b> and <b>Conflict of Interest Questionnaire (Form D)</b> . Final date for candidates to withdraw their nominations.
April 16, 2018	CHO to distribute Notice of Election, candidate biography information, and voting instructions to all Eligible voters.
May 15 – 17, 2018	Voting opens for a period of 3 days.
May 18, 2018	Unofficial Election results sent to candidates by email. Announcement of unofficial results.
May 25, 2018	Deadline for requests for recounts
June 11, 2018	Election results confirmed. Official Election results posted online



COLLEGE OF HOMEOPATHS OF ONTARIO  
REPORT FORM

MEETING/DATE:	COUNCIL/FEBRUARY 7, 2018	DECISION	X
		DISCUSSION	<input type="checkbox"/>
		INFORMATION	<input type="checkbox"/>
DATE:	JANUARY 31, 2018		
ITEM NAME:	Committee Appointment		
PRESENTED BY:	B ZIV / J BLANCHARD		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):

1. To request Council's approval of a recommended appointment for a new Public Council member to a seat on the Patient Relations Committee.

**STRATEGIC DIRECTIONS:** This initiative fits with the strategic direction of the College, which is a reflection of the fundamental components of our mandate. In the public interest the CHO will:

- Infrastructure**  
Establish an infrastructure that allows for the efficient and effective regulation of the profession of homeopathy in Ontario.
- Protection of Public**  
Protect, promote and advance homeopathy through the development of bylaws, regulations, standards, guidelines, etc.
- Membership**  
The College can only be truly effective if it has the support of the profession; something that requires consultation and communication. This priority addresses the need for the development of content, information and education to be provided to members.
- Transparency**  
Decisions must abide by the transparency principles adopted by the College in November 2014.

**GUIDING LEGISLATION:**

CHO Bylaws and internal appointment process

**Bylaw 13.07 – Patient Relations Committee**

The Patient Relations Committee shall be composed of:

- (i) at least one (1) Registrant who is a member of Council;
- (ii) at least two (2) Public Members who are members of Council; and
- (iii) two (2) or more Registrants who are not members of Council if Council so wishes.

**Bylaw 13.08 – Appointment of Committee Members**

Unless otherwise stated in the bylaws, every Committee member shall be appointed by Council, with the exception of the Executive Committee, whose members shall be elected to office.

**STRUCTURE:**

Council members are assigned to committees and panels on an annual basis. This activity usually occurs in the Spring, however may occur as required.

**BACKGROUND** (history/pertinent info/stakeholder groups consulted/government directives/research findings/best practices. When conducting research provide full references including web links, document title, author, source, page number):

There is opportunity to add one Public Council member to the Patient Relations Committee, replacing the seat currently held by Gary Kapelus. Public appointee Patricia Wilson joined Council in late November 2017.

The addition of new Council members means that some of the workload can be spread out among more hands and minds. This allows each Public appointee to sit on at least one or two committees.

Following communication with Ms. Wilson she has indicated a willingness to participate in the said committee. The recommendation being put forward for consideration would be in place until Spring 2019.

If approved, the Patient Relations Committee composition would include:

- Shirelle Goodman (Public)
- Patricia Wilson (Public) **NEW**
- ~~Gary Kapelus (Public)~~
- Vacant (Professional – to be assigned following the 2018 election of professional members)

**KEY CONSIDERATIONS:**

1. Pairing Council member interests and available time with College requirements.
2. Balance of public and professional representation on committees.
3. Compliance with CHO Bylaws.
4. Ensuring quorum.

**OPTIONS:**

1. Approve appointment as recommended.
2. Amend appointment.
3. Post-pone appointment.
4. Reject appointment.

**RECOMMENDATION:**

1. Approve appointment as recommended.

**RESOLUTION:**

Be it resolved that Patricia Wilson be appointed to the Patient Relations Committee until Spring 2019.

