AGENDA

Council Meeting
College of Homeopaths of Ontario

Thursday, February 20, 2025 10:00 a.m. – 12:19 p.m.
by teleconference

		ITEM	ACTION	MATERIAL	WHO	START TIME	DURATION
1		**Call to Order**	**Information**		**B Sharma**	**10:00**	**2 min**
2		**Welcome to Guests**	**Information**		**B Sharma**	**10:02**	**2 min**
3		**Agenda**					
	3.1	Consent Agenda* and Committee Reports 3.1.1 Update on Action Items 3.1.2 Membership Scorecard 3.1.3 Governance Panel Report 3.1.4 Executive Committee Report 3.1.5 Health Canada Letter 3.1.6 SML Grey Areas	**Information**		**B Ziv**	**10:04**	**5 min**
	3.2	Adoption of Agenda	**Decision**	**3.2**	**B Sharma**	**10:09**	**3 min**
4		**Declaration of Conflict of Interest**	**Decision**	**4.1**	**B Sharma**	**10:12**	**3 min**
5		**Approval of minutes September 26, 2024**	**Decision**	**5.1**	**B Sharma**	**10:15**	**5 min**
6		**Operational Goals and Objectives**					
	6.1 6.2	2025-2026 OPGO Update on Triad	**Decision** **Information**	**6.1**	**B Ziv**	**10:20**	**20 min**
7		**Council Self-Assessment and Third-Party Evaluation**	**Decision**	**7.1.1 & .2**	**K Harvey**	**10:40**	**20 min**
8	 8.1 8.2	**Rebranding/Engagement Strategy Update** Scope of Practice Project Communications Strategy	**Discussion**		**K Harvey**	**11:00**	**10 min**
9		**Health Professions Discipline Tribunals**	**Discussion**	**9.1**	**B Ziv**	**11:10**	**20 min**

		ITEM	ACTION	MATERIAL	WHO	START TIME	DURATION
IN CAMERA							
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 issues 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 conference held* in-camera *is not open to the public.*							
10		**Approval of *in camera* minutes– September 26, 2024**	**Decision**	**10.1**	**Chair**	**11:30**	**5 min**
11		**Statement of Operations**	**Decision**	**11.1**	**B Ziv**	**11:35**	**10 min**
12		**Registrar's Performance Assessment Report from Executive Committee**	**Decision**	**12.1**	**B Sharma**	**11:45**	**20 min**
13		**Other Business and Action Items Arising**	**Discussion**		**Chair**	**12:05**	**10 min**
14		**HBS – Preparation Time**	**Information**		**Chair**	**12:15**	**2 min**
15		**Adjournment**	**Decision**		**Chair**	**12:17**	**2 min**

* A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:

Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants Council discussion? Is this item for information only? Or is it needed for another meeting agenda issue?

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.

College of Homeopaths of Ontario

Council Member Declarations

re: Conflict of Interest as of February 2025

Statement

Annually, CHO Council members complete a written declaration of Conflict of Interest which acknowledges and agrees to the premise that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfill its public interest mandate. Council members review the College's Bylaws and conflict of interest policies and agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and. If one cannot be avoided, Council members are required, in advance and at each meeting, to declare any real, perceived or potential conflict of interest and to remove him- or herself from any consideration of the matter in issue.

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Akhlaq Ahmad	✓	Ontario Homeopathic Medical Association, Director 2017-2021 (resigned upon assuming seat on Council)	None
Ayinde Azeez	✓	Licensed Financial Advisor	None
Heather Broadhead	✓	Rotary Club of London, member, ongoing Institute of Corp. Directors, member, ongoing Vimy Ridge Legion, member, ongoing	None
Kerri Flood	✓	CCHM, contract teacher, 2020-2021	None
Gifty Kaur Jassal	✓	Registered with Delhi Homeopathic Board, India	None

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Catherine Kerr	✓	None	None
Kamika McLean	✓	None	None
Sanjeev Nayyar	✓	Member, Ontario Homeopathic Medical Association	None
Bhupinder Sharma	✓	LIGA Homeopathica Medicorum Internalis, NVP Canada, 2009-present Ontario Homeopathic Medical Association, member, 2017-present Canadian Homeopathic Medical College, Dean, teaching homeopathy, 2016-present Past affiliations: Community Advisory Council, William Osler Health, Brampton General Hospital, member, 2009-2019 Community Care Access Centre, board member, 2009-2017 Homeopathic Medical Educational Center of Canada, teacher, 2006-2008	None
Yen Tran	✓	None	None
Angela Vani	✓	Registrant, College of Opticians of Ontario	None
Paridhi Wasal	✓	Board of Directors, Ontario Homeopathic Medical Association, 2022-2024 (resigned upon election to Council)	None

DRAFT

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Thursday, September 26, 2024
by telephone and video conference

Present

Council

Bhupinder Sharma	Professional (Chair)
Akhlaq Ahmad	Professional
Ayinde Azeez	Public
Heather Broadhead	Public
Kerri Flood	Professional
Gifty Jassal	Professional
Catherine Kerr	Public
Kamika Mclean	Public
Sanjeev Nayyar	Professional
Yen Tran	Public
Angela Vani	Professional
Paridhi Wasal	Professional

Staff

Kathryn Harvey	Communications Officer (recorder)
Basil Ziv	Registrar and CEO

Guests

Tiffany Mak	Health Workforce Regulatory Oversight Branch, Ministry of Health
Kyungsoo Yoon	Welch LLP (item 7.1 only)

1 Call to Order

The President called the meeting to order at 10:02 a.m. and conducted a roll call.

2 Welcome to New Council Members

The Chair welcomed Tiffany Mak from the Ministry of Health.

3 Agenda

3.1 Consent Agenda and Committee Reports

3.1.1 Update on Action Items
3.1.2 Membership Scorecard
~~*3.1.3 Discipline Cttee Report*~~ *(deferred)*

3.1.4 Letter to Health Canada re: Importation of Remedies
3.1.5 Health Professions Discipline Tribunals
3.1.6 SML Grey Areas

Motion # 1: To adopt the consent agenda
Moved by H. Broadhead, seconded by K. Flood
That Council adopt the consent agenda.
CARRIED

3.2 Adoption of Agenda
(Appendix 3.2 Council Agenda)

Motion # 2: To adopt the agenda
Moved by H. Broadhead, seconded by K. Flood

That Council adopt the agenda.
CARRIED

4 Declaration of Conflict of Interest
(Appendix 4.1 Council Member Declarations re: Conflict of Interest)

None declared.

5 Approval of Minutes

5.1 June 19, 2024
(Appendix 5.1 Minutes, June 19, 2024 Council meeting)

Motion # 3: To approve the minutes of June 19, 2024
Moved by H. Broadhead, seconded by K. Flood

That Council approve the minutes of its June 19, 2024 meeting.
CARRIED

6 Staff Update
The Registrar reported that Heidi Mayer has been promoted to Manager, Registration and that Kathryn Harvey will assume the role of Deputy Registrar. The staff complement will remain at three, with excess or specialized tasks outsourced as needed.

7 Audit

7.1 2023-2024 Annual Financial Audit
(Appendix 7.1 Audited Financial Statements, 2023-2024)

Kyungsoo Yoon, Senior Manager at Welch LLP, presented the audited financial statements, noting that it was a clean audit and that the Registrar had been particularly helpful during the process.

Motion # 4: To approve the 2023-2024 audited financial statements
Moved by H. Broadhead, seconded by A. Azeez

That Council approve the 2023-2024 audited financial statements as presented.
CARRIED

7.2 Appointment of Auditor for 2024-2025
(Appendix 7.2 Report Form: Appointment of Auditor, 2024-2025)

Motion # 5: To reappoint Welch LLP as the College's auditors for 2024-2025.
Moved by H. Broadhead, seconded by K. Flood

That Council reappoint Welch LLP as the College's auditors for 2024-2025.
CARRIED

8 Rebranding/Engagement Strategies Update
i) Scope of Practice Project
ii) Interprofessional Collaboration
iii) Insurance Benefits Strategy

Staff presented an overview of a number of public protection projects aimed at enhancing access to care. All are in progress and further details will be presented at the February 2025 meeting. Council members engaged in discussion of these proposals, providing strategic direction in each.

9 Unregistered Practitioners
Council discussed both the implications of people practising without being registered and the cost and complications inherent in trying to address the issue. Further work on this issue will continue, including an examination of how other regulators identify and deal with unregistered practitioners.

10 Quality Assurance Update
Staff presented an overview of the history and current status of the QA program. Plans to launch the first phase of the program were described.

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 C. Kerr, seconded by A. Azeez

That Council move *in camera* at 12:13 p.m.
CARRIED

13 Other Business and Action Items Arising

The Registrar indicated that committee meetings would be planned over the coming months at a rate of one committee per month in order to establish current status and workplans for the next year. The President reported that the Registrar's annual performance review had been completed and would be considered by the Executive Committee.

14 HBS Preparation Time

Half day preparation, half day meeting
Start time: 10:02 a.m.
End time: 12:24 p.m.

15 Adjournment

Motion # 10: To adjourn
Moved by H. Broadhead, seconded by G. Jassal

That Council adjourn at 12:24 p.m.
CARRIED

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

Chair **Date**

A LIST

Key Result Area 1: CHO Effectively Delivers its Legislative & Legal Mandate

The College's activities are outlined in the Objects under section 3 of the Health Professions Procedural Code, embedded as Schedule 2 of the *Regulated Health Professions Act*. The Objects give structure to the College's role to safeguard public protection by ensuring that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. These programs come in the form of registration, quality assurance, patient relations, inquiries/complaints and reports, fitness-to-practice and disciplines. [CPMF Domain 7 Std 14.3]

KRA 1 - Objectives

1A) Office of the Fairness Commissioner

Domain 6 – Suitability to Practice includes completion of requirements under Office of the Fairness Commissioner of Ontario Cycle 3 assessment report improvements. [CPMF Std 9.3] Complete outstanding OFC requirements.

Deliverable:

1. Complete outstanding OFC requirements.

1B) Quality Assurance Program (Self-Assessment Process)

To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program. // Domain 6 – Suitability to Practice includes full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. *[CPMF Std 10.2; Std 10.3]*.

Deliverables:

1. Launch the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements.
2. Roll out three educational modules over the course of the year.

Key Result Area 2: CHO to Practice Good Governance

It is important for the College's Council (which acts as a Board of Directors) to manage its Governance. The CHO creates efficiency in the work they do, and with current resources, they meet their statutory objects and regulatory mandate. With the oversight provided, the legal and ethical standing that they maintain, they uphold the reputation on behalf of the College.

On behalf of the College, the Public and Registrants, the CHO Council practices good governance allowing it to flag potential issues and respond efficiently and appropriately. Council makes decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, and monitoring programs and activities under its legislative and legal mandate. The CHO imparts transparent communication about its performance and the College strives to effectively manage its activities, keep its stakeholders informed and fulfil its mandate. [CPMF D7 Std 14.3]

KRA 2 - Objectives

2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices. Primary focus will be in the areas that the Ministry of Health has identified as Benchmark Evidence standards under the CPMF related to: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Management; Domain 7 – Measurement, reporting and improvement.

Deliverables:

1. Domain 2 Resources – The College ensures there are operating policies/strategies/plans related to succession and contingency planning that allows the Council to demonstrate responsible stewardship of College financial and human resources to achieve its statutory objectives and regulatory mandate. (CPMF Std 4.1 c Benchmark Evidence)
2. Domain 1 Governance – The College implements its competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b Benchmark Evidence)
3. Domain 1 Governance – The College undertakes a third-party assessment of Council's effectiveness for the purpose of developing continuous learning approach to good governance. (CPMF Std. 1.2 b)
4. Domain 1 Governance – The Governance Panel completes review of and, as necessary, refreshes Council's Code of Conduct and 'Conflict of Interest' policy. (CPMF Std. 2.1)

2B) Technology Infrastructure Enhancements to Support Regulatory Functions

To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete (CPMF Std 7.1 Benchmark Evidence): Implementation of mitigation efforts to enhance cybersecurity.

Deliverable:

1. Implement mitigation efforts to enhance cybersecurity.

2C) Financial

Maintain financial continuity of the College.

Deliverable:

1. To maintain ongoing financial stability and create a continuity plan for operations of the College.

2E) Diversity, Equity and Inclusion (DEI)

To embrace and ensure diversity, equity and inclusion in all aspects of the organization, including in philosophy and policy. (CPMF Domain 1, Stds 1.2 c.iii, 2.1 a.i, and 3.3 a/b/c)

Deliverable:

1. Develop a DEI position statement for integration across the organization.

Key Result Area 3: CHO to Achieve Growth
(Growth = Profession, Supporting Institutions, CHO Membership Levels)

The College strives to achieve the growth of its membership along with keeping the organization and registrant base strong and viable. In addition to delivering its legislative and legal mandate, it practices good governance. The College endeavors to work with other Colleges and system partners, where appropriate, to help execute its mandate in an effective, efficient and/or coordinated manner to ensure it is responsive to changing public expectations. Embedded in these activities, is the added intent to improve patient access to quality care and advance the College's ability to protect the public. [CPMF D7 Std 14.3]

KRA 3 - Objectives

3A) Membership Levels

The CHO will encourage and attract new registrants and optimize the retention of current registrants.

Deliverable:

1. The CHO will strive to achieve a membership level which will ensure sustainability of the College throughout the fiscal year.

3B) Strengthen the Triad (Ontario)

As part of a triad of institutions (Regulatory College, Education, Profession membership organization) supporting professional growth and practice excellence in homeopathy in Ontario, the CHO will contribute to the unified growth and advancement of the profession. This collaboration will be done through an environment of trust and mutual respect between partners. CHO will contribute, as possible, within its mandate of public protection.

Deliverable:

1. Develop a plan with the triad leadership (regulatory college, educational bodies and professional associations) to contribute to the cohesive and coordinated growth of the profession through the important and unique role of each perspective member of the triad leading to increased access by the public of regulated homeopaths.

3D) Strengthen Relationships with International Counterparts (MOU with CCRH)

To realize the agreement with the Central Council for Research in Homeopathy (CCRH) to create and implement a work plan to achieve the stated objectives through the College operational activities.

Deliverable:

2. Facilitate the initiation of a research project between the CCRH and one or more Ontario system partners.

3E) Rebranding of College

In order to maximize both recruitment and retention of registrants thereby ensuring that everyone practicing homeopathy in Ontario is registered with the College, there is a need to be more active in demonstrating the positive implications of registration to practitioners, patients both current and potential, other health-care professionals, and policy-makers. The public needs to be aware that homeopaths are subject to all of the standards and accountabilities that apply to every other regulated profession, and other providers must recognize its equivalence. To further this understanding, the CHO will implement a multifaceted communications and education plan targeting a variety of audiences in the context of limited health-care resources and access to care as a key tenet of public protection.

Deliverables:

1. Develop a strategy based on communication to current and potential registrants, including tools to assist in patient education and enhanced access to care.

2. Build engagement by encouraging greater two-way communication using the newsletter and surveys to gather registrant input on issues of concern.
3. Engage current registrants through the establishment of small working groups tasked with examining specific issues such as expanding insurance coverage for homeopathy, integrating homeopaths into community settings and multidisciplinary teams, and gathering practice data to support potential policy changes.
4. Following the example of other professions, explore direct-to-public communication opportunities focused on the message that homeopathy is a regulated profession.
5. Continue to pursue opportunities to collaborate with other professions in the context of enhancing patient-centred care, improving continuity of care, and making more effective use of resources.

B LIST – These items may be addressed during the fiscal years as time allows.

Key Result Area 1: CHO Effectively Delivers its Legislative & Legal Mandate (see description in A List)

KRA 1 - Carryover Objectives

1B) Quality Assurance Program

To reduce organizational risk, enhance registrant competence and compliance, and improve member service, through full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. *[CPMF Std 10.2; Std 10.3]*.

Deliverables:

3. The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment and tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.
4. Provide registrants with greater support in applying new and existing professional practice standards and guidelines into their practice.
5. Through system partner initiatives build a meaningful bank of registrant education tools, materials and access to learning resources related to demonstrating competent, safe and ethical practice in a regulatory health care environment. (CPMF Standard 5 and strengthen Domain 6 – measure 10.1 a)

1C) Patient Relations Program

To protect the public and patients, the CHO, through the Patient Relations Committee, will implement the program plan approved by the Patient Relations Committee aimed at preventing and dealing with sexual abuse of patients and obtaining constructive feedback regarding publics' experience of care by a homeopath.

Deliverables:

1. Patient education/information pieces;
2. Relevant review and revision of standards which could impact prevention of sexual abuse and stakeholder consultation on these standards;
3. Registrant education on Sexual Abuse Prevention Program;
4. Implement a patient engagement strategy.

B LIST

Key Result Area 2: CHO to Practice Good Governance (see description in A List)

KRA 2 - Carryover Objectives

2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices. Primary focus will be in the areas that the Ministry of Health has identified as Benchmark Evidence standards und the CPMF related to: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Management; Domain 7 – Measurement, reporting and improvement.

Deliverables:
Particular focus under KRA 2 will be placed on:

4. Domain 1 Governance – The Governance Panel to review and recommend a system of ongoing training and evaluation of Council and statutory committee members.
5. Domain 1 Governance – Fully implement process for pre-determination of eligibility, training and competence validation of Council and committee members.
6. Prepare for Governance Reform – develop volunteer recruitment and management strategy.
7. Domain 7 Measurement, Reporting and Improvement – To enhance the College's performance improvement measurements, monitoring and reporting to integrate the use of performance and risk information to assess the College's progress against stated goals, objectives and regulatory requirements. And to create and provide tools and training to Council to support and encourage risk informed feedback on performance to translate and incorporate useful findings into improvement activities. (CPMF Std 14.1 b and 14.2 a Benchmark Evidence)
8. Other high priority items identified by Council include Stewardship, Planning and Risk Awareness/Assessment/ Mitigation tools and resources for decision makers such as:
    i. Reporting on performance and risk against regulatory outcomes and risk management approach;
    ii. Risk informed environmental strategic operational planning;
    iii. Aligning College operations and planning with CPMF for integrated risk informed management;

2B) Technology Infrastructure Enhancements to Support Regulatory Functions
To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will:

Deliverables:

1. Create a technology plan.
2. Strengthen policies to prevent unauthorized disclosure of information and data; and clarify information to be disclosed to appropriate agencies in matters related to complaints and disciplinary actions. (Domain 4 Information Management)

2D) Policy Review and Revisions
To ensure that all College policies, practice standards, guidelines and bylaws are up-to-date and reflective of the latest laws, regulations, trends, and public expectation understand a full review of all documents and make updates as required. (CPMF Std 8.1 Benchmark Evidence)

Deliverables:

1. Conduct a full review of documents and create a schedule to update all documents over five years.
2. Make updates and undertake public consultation as required of 10% of documents during 2025/2026.

B LIST

Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels) (see description in A List)

KRA 3 - Carryover Objectives

3C) Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario – Request for Controlled Acts.

Develop a case for Homeopaths to investigate a request for controlled act or exemption of authority to perform specific identified authorized acts. This initiative is a long-term solution to improved patient care and access (estimate is 8-10 years), with multiple stages, including an initial viability assessment and a comprehensive formal submission. The intention is to make a submission which requires approval by Council. Followed by regulatory change which requires approval by the Government of Ontario.

Deliverable:

1. Complete review and deliver a recommendation on options to Council.

3D) Strengthen Relationships with International Counterparts (MOU with CCRH)

To realize the agreement with the Central Council for Research in Homeopathy (CCRH) to create and implement a work plan to achieve the stated objectives through the College operational activities.

Deliverable:

1. Create a project work plan for objectives identified in the memorandum of understanding with the CCRH to share resources related to research and education pertaining to the practice of homeopathy.

3F) Launch initiatives that will support improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario – Request for Access to Order Laboratory Testing.

Develop a case for Homeopaths to order laboratory tests within the Ontario health care system. Investigate the feasibility of requesting the right to order lab tests, and to fully understand the requirements and impact on the education and training of the profession. This initiative is a solution to improved patient care, access, and support for an overburdened health care system. This is a long-term initiative (estimate of 5-10 years), with multiple stages, including an initial viability assessment, stakeholder consultation, and a comprehensive formal submission. Regulatory change requires approval by the Government of Ontario.

Deliverable:

1. Complete review and submission for Council approval and submission to Government.

College Of Homeopaths Of Ontario Report Form / Briefing Notes

Meeting/Date:	**Council, February 2025**	**Decision**	□
Date:	**February 13, 2025**	**Discussion**	□
Item Name:	**Council Self-Evaluation**	**Information**	**X**
Presented By:	**K Harvey**		
Report By:	**K Harvey**		

Objective of this report (relevance to the business of Council, potential impact/outcome of decision):

1. To provide Council with the results of the Council self-evaluation conducted in 2024.
2. To consider recommendations on the evaluation process.

Strategic Directions: This initiative fits with the strategic direction of the College's 2024/2025 Operating Plan, Goals and Objectives in the Key Result Area or other requirement by:

- □ **1 Delivering on Legislative & Legal Mandate**
- **X** **2 Practicing Good Governance**
- □ **3 Achieving Growth**
- □ **Fulfilling RHPA Objects**
- □ **Meeting a Legislative/Regulatory or Bylaw Requirement**
- **X** **College Performance Measurement Framework (CPFM) best practice**
- □ **Other, specify:** _____

Guiding Legislation/Bylaw/Policy:

From the College Performance Measurement Framework

Standard 1 - Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

Evidence: a) Council has developed and implemented a framework to regularly evaluate the effectiveness of:
- i. Council meetings;
- ii. Council

Evidence: b) The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

Evidence: c) Ongoing training provided to Council has been informed by:
- i. the outcome of relevant evaluation(s), and/or
- ii. the needs identified by Council members.

Evaluation and assessment results are discussed at public Council meeting?

Link To Current/Future Operational Structure:
CHO's Governance Panel reports to the Quality Assurance Committee and reviews and provides recommendations on matters of College governance and bylaws.

Protecting the Public: Provide a summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.

Public protection is best served when Council is functioning in an efficient and effective manner. Evaluationof Council allows the College and Council members to understand how well they are functioning and reveals any weaknesses to be addressed or improved, as well as any training required. Sharing of the evaluation and dialogue in a public forum encourages frank and honest discussion and is intended to strengthen trust in the College's governance.

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).:

As a requirement of the CPMF, Council conducts an annual self-assessment. The Governance Panel considered the results at its December meeting.

Risks / Mitigation Options:

1. None identified at this time.

Key Considerations:

1. What, if any, actions are suggested by the results of the evaluation?
2. Would you like to recommend changes to the questionnaire or process?
3. Given that participation in the assessment has been deemed mandatory, how should the College address Council members who fail to respond?

Deadlines And Next Steps:

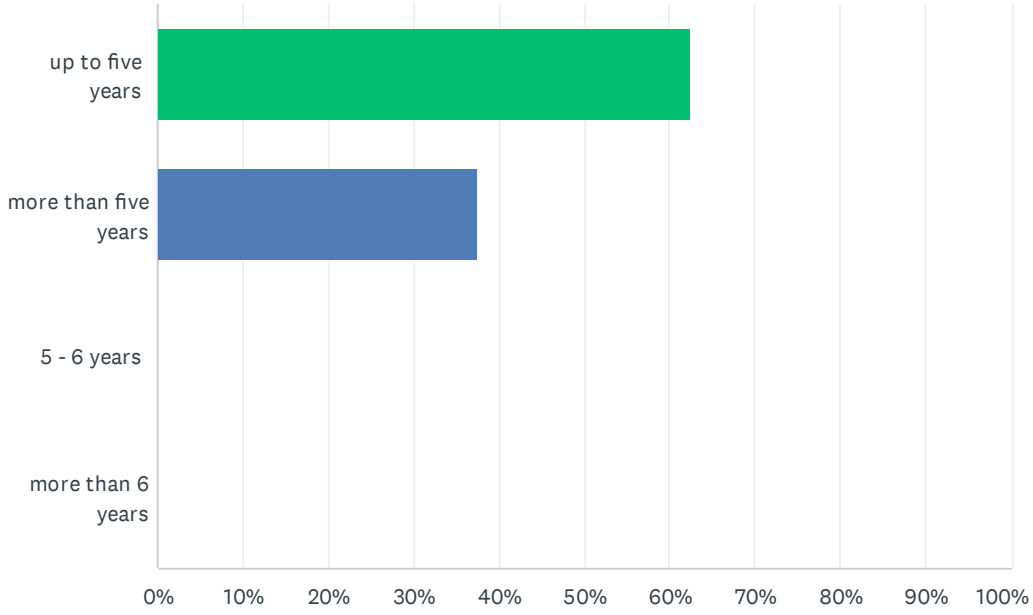
1. Council to review results
2. Next Council self-evaluation to be undertaken in March 2025

Recommendations:

None at this time.

Q1 Length of Time on Council

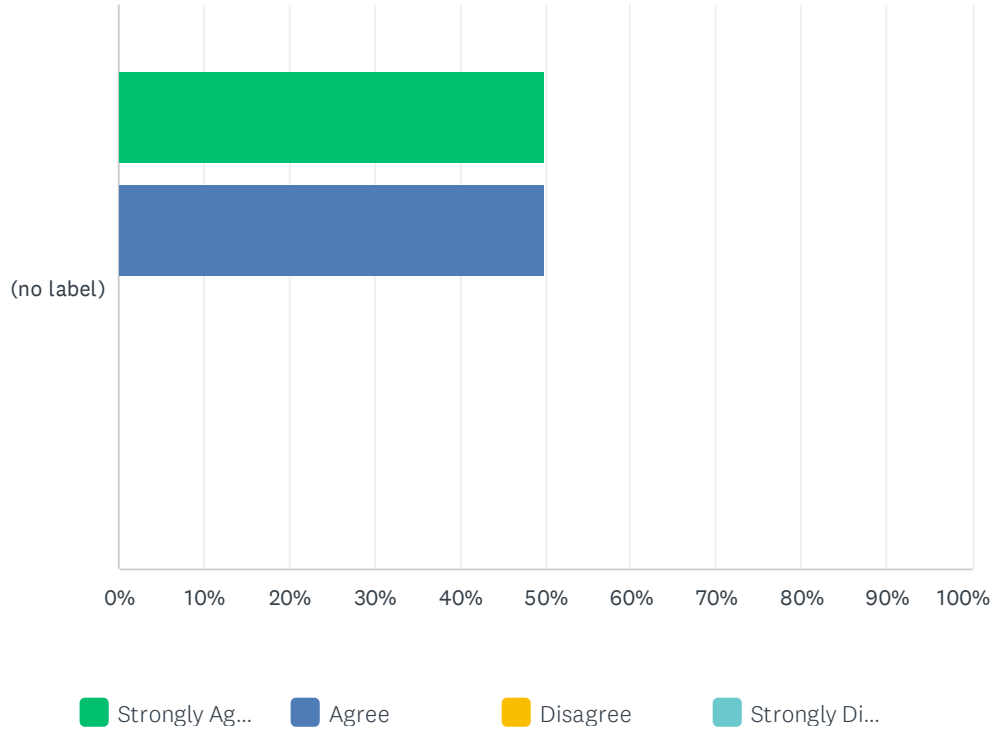
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
up to five years	62.50%	5
more than five years	37.50%	3
5 - 6 years	0.00%	0
more than 6 years	0.00%	0
TOTAL		8

Q2 The College has provided sufficient information/orientation regarding what is expected of a Council/committee member.

Answered: 8 Skipped: 0

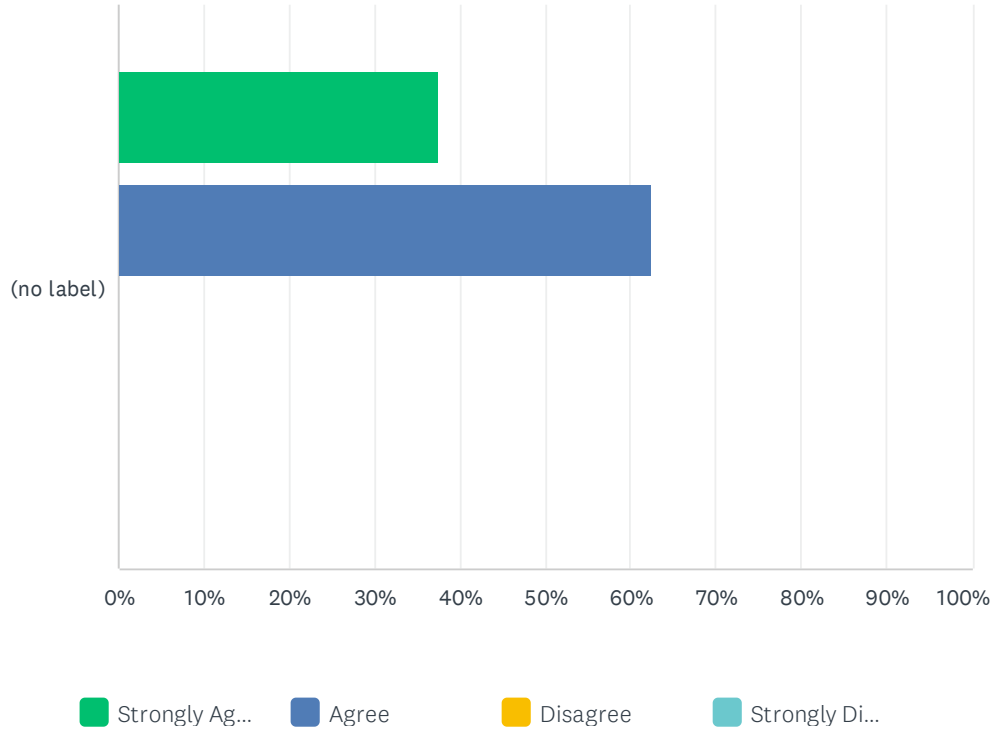


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 4	50.00% 4	0.00% 0	0.00% 0	8	1.50

#	COMMENTS:	
1	agreed	

Q3 The College provides the minutes, reports, and other materials well enough in advance of meetings to allow for preparation for discussion and decisions as required.

Answered: 8 Skipped: 0

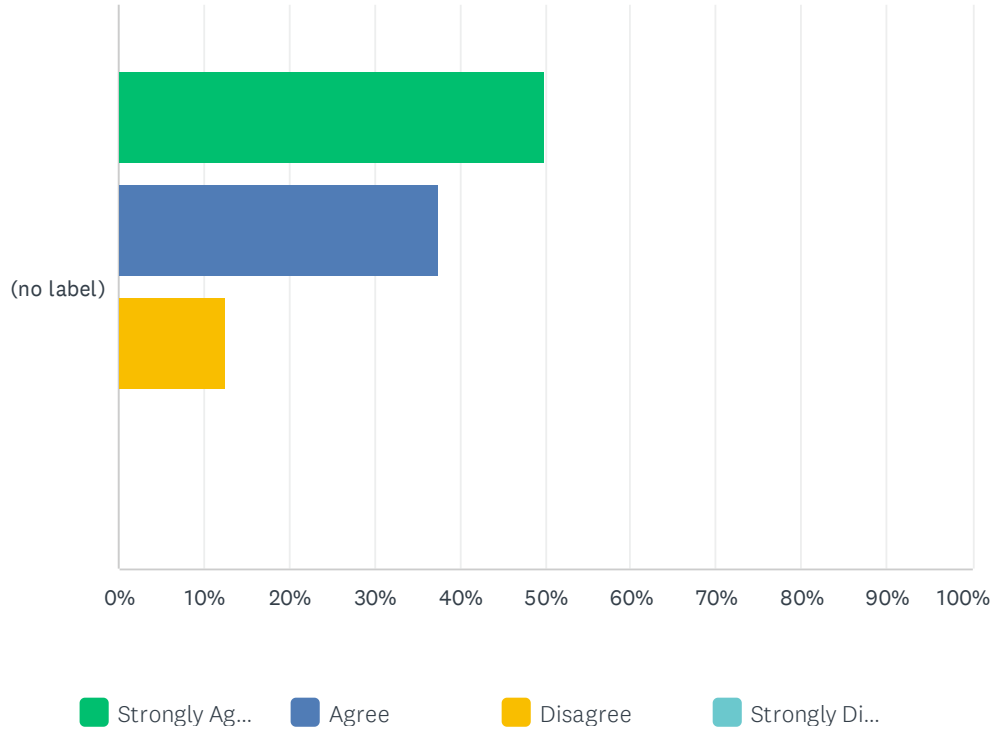


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	37.50% 3	62.50% 5	0.00% 0	0.00% 0	8	1.63

#	COMMENTS:	
1	agreed	

Q4 The agendas for Council and committee meetings include opportunities for information-sharing, discussion, and decision-making as required.

Answered: 8 Skipped: 0

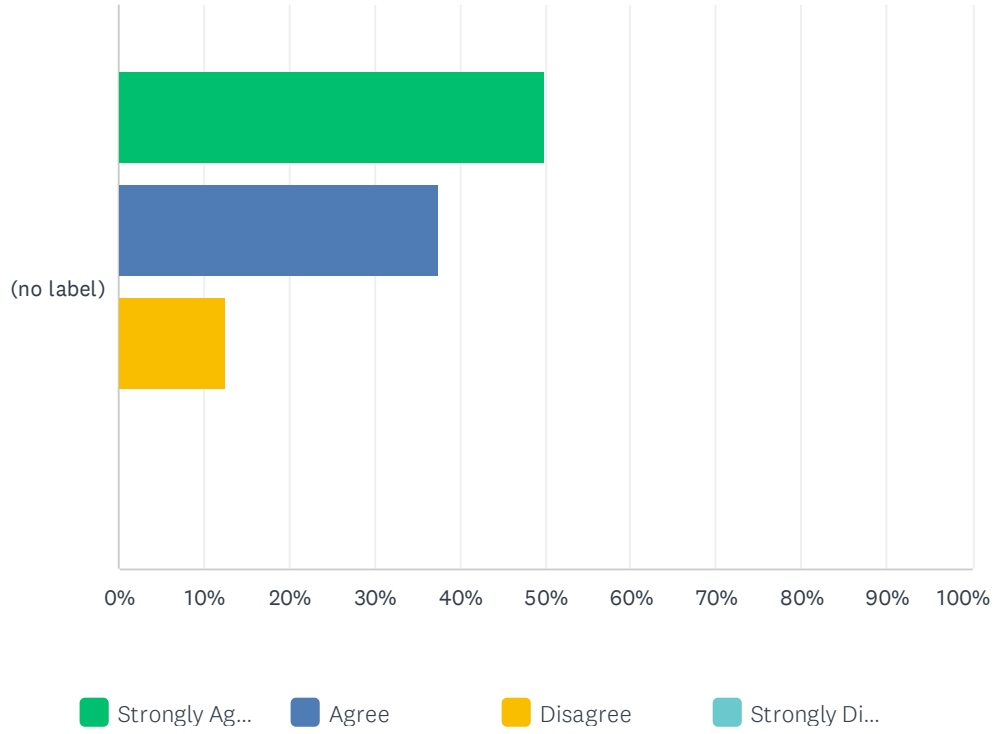


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 4	37.50% 3	12.50% 1	0.00% 0	8	1.63

#	COMMENTS:	
1	agreed	
2	sometimes the opportunity for discussion is reduced due to time constraint or if the information provided is not enough to make decision especially for non professional members do to their lack of knowledge in regards to practise of homoeopathy	

Q5 Council and committee meetings enable Council members to make effective decisions toward the College's mission and growth.

Answered: 8 Skipped: 0

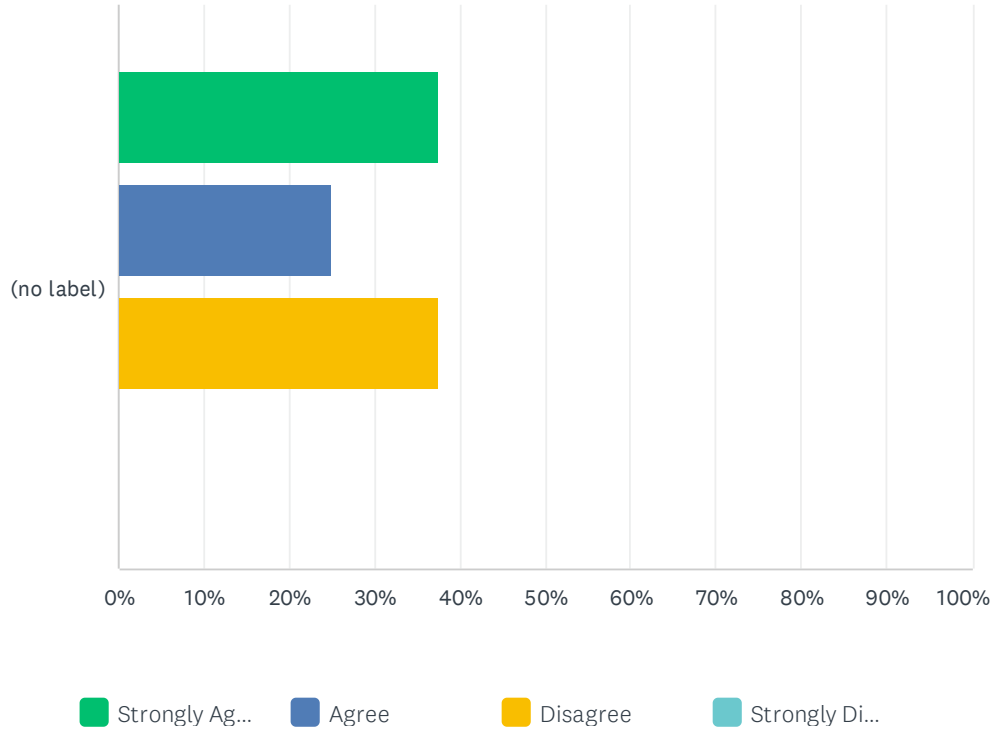


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 4	37.50% 3	12.50% 1	0.00% 0	8	1.63

#	COMMENTS:	
1	agreed	

Q6 Council members are kept informed about follow-up related to all decisions and action items arising from Council and committee meetings.

Answered: 8 Skipped: 0

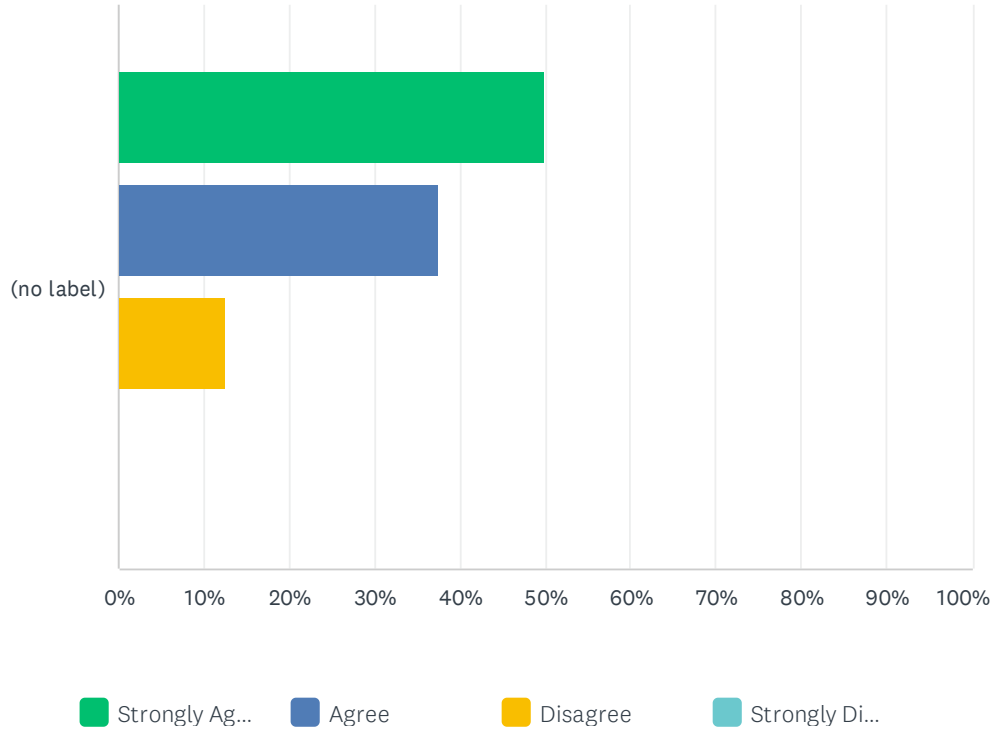


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	37.50% 3	25.00% 2	37.50% 3	0.00% 0	8	2.00

#	COMMENTS:
1	Never Shared or any Confirmation from college or Chair about decissions.
2	not all action items are followed up .

Q7 In Council and Committee meetings, Council members are provided the opportunity to express their views without interruption.

Answered: 8 Skipped: 0

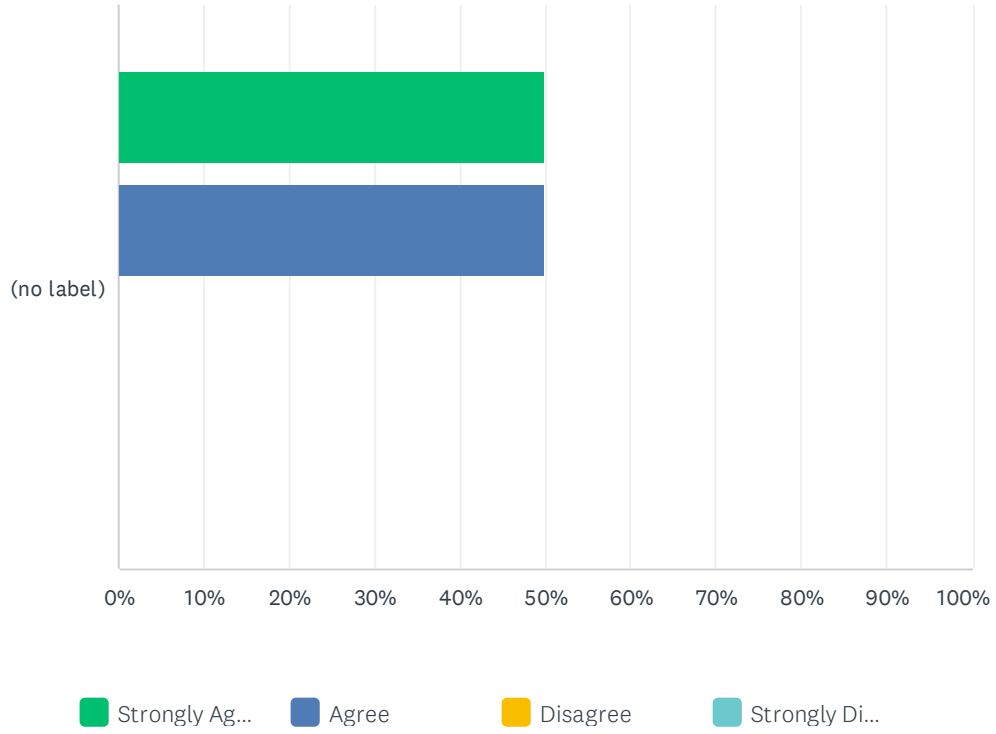


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 4	37.50% 3	12.50% 1	0.00% 0	8	1.63

#	COMMENTS:	
1	Yes I agree	

Q8 During Council and committee meetings, participants treat each other professionally and respectfully.

Answered: 8 Skipped: 0

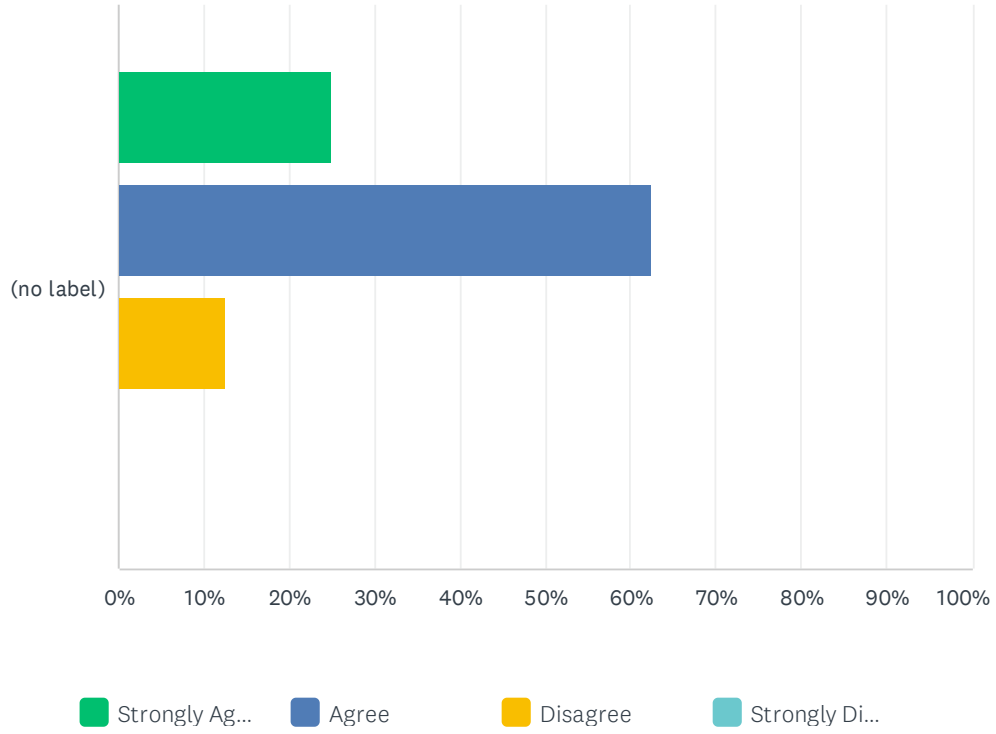


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 4	50.00% 4	0.00% 0	0.00% 0	8	1.50

#	COMMENTS:	
1	Yes fairly in respective way.	

Q9 In addition to the initial individual orientation program, Council is provided with selected orientation updates on an annual basis.

Answered: 8 Skipped: 0

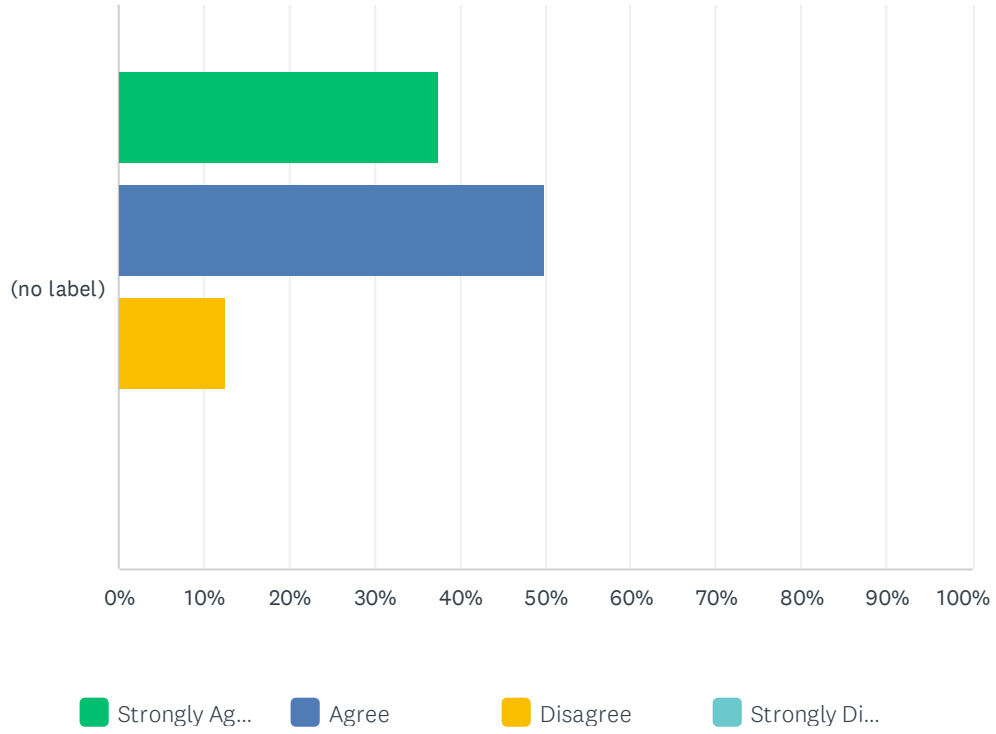


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	25.00% 2	62.50% 5	12.50% 1	0.00% 0	8	1.88

#	COMMENTS:	
1	The provision of annual orientation updates from the Council, which, regrettably, have not been consistently provided in recent years.	

Q10 Council members are provided the opportunity to participate in Council or committee-related educational activities.

Answered: 8 Skipped: 0

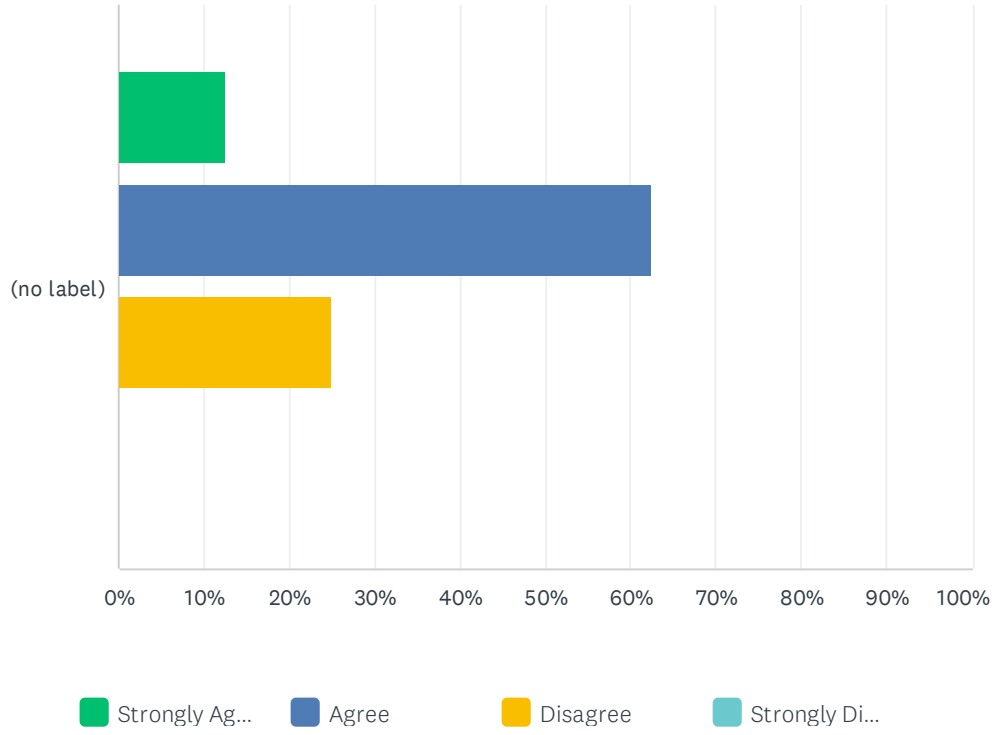


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	37.50% 3	50.00% 4	12.50% 1	0.00% 0	8	1.75

#	COMMENTS:
1	Budget Problem I Think.
2	Think there would be more opportunities if finances were stabilized....particularly after COVID protocols and no opportunities to meet in person
3	i think partaking in the governance discussion was the beginning and we do more such sessions as they are beneficial.

Q11 Council members are provided the opportunity to recommend topics or approaches in support of Council or committee-related educational activities.

Answered: 8 Skipped: 0

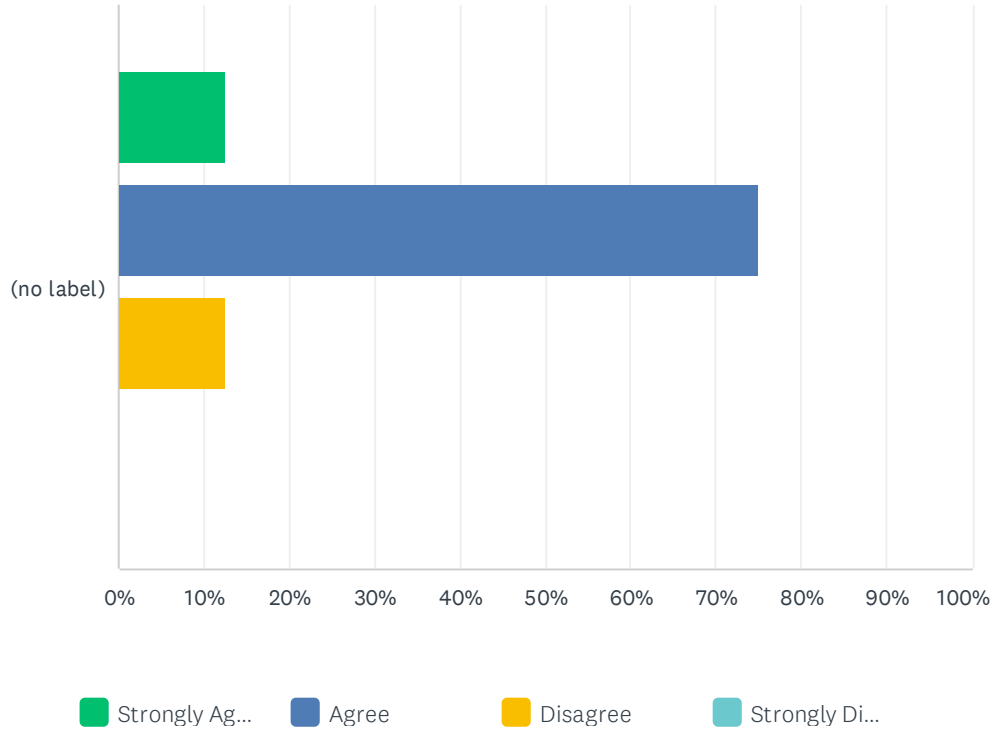


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	12.50% 1	62.50% 5	25.00% 2	0.00% 0	8	2.13

#	COMMENTS:	
1	Budget Problem I Think.	
2	but is limited due to limited resources	

Q12 Council- or committee-related educational activities are provided in optional formats that reflect different learning styles.

Answered: 8 Skipped: 0

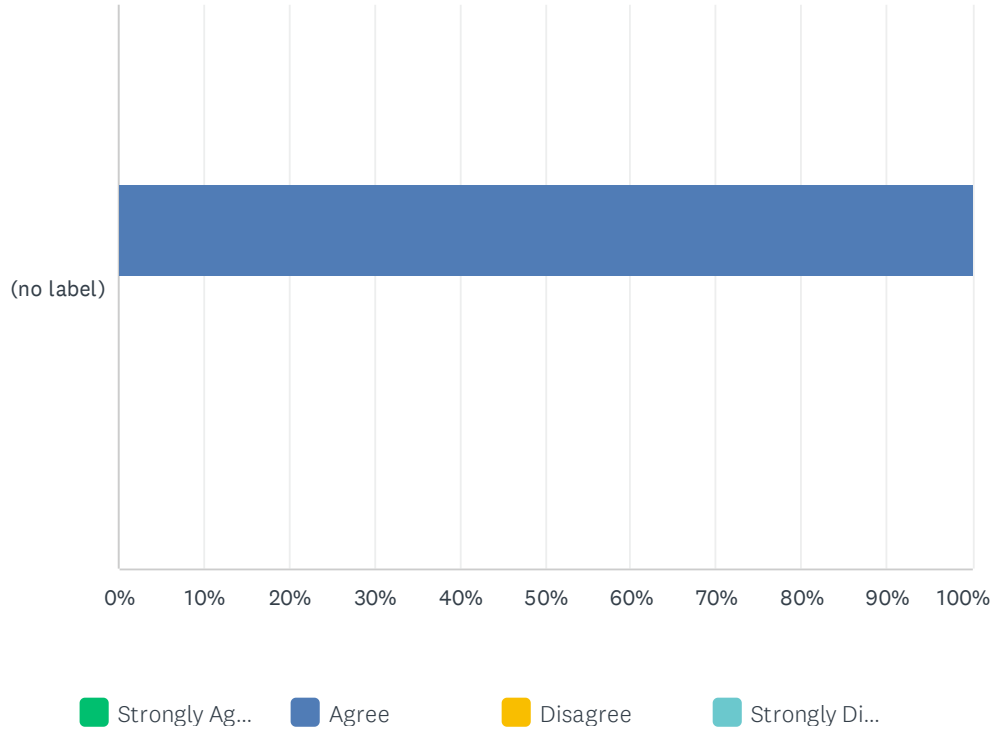


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	12.50% 1	75.00% 6	12.50% 1	0.00% 0	8	2.00

#	COMMENTS:	
1	Budget Problem I Think.	

Q13 Council members' experience, skills and expertise are reflected in committee assignments.

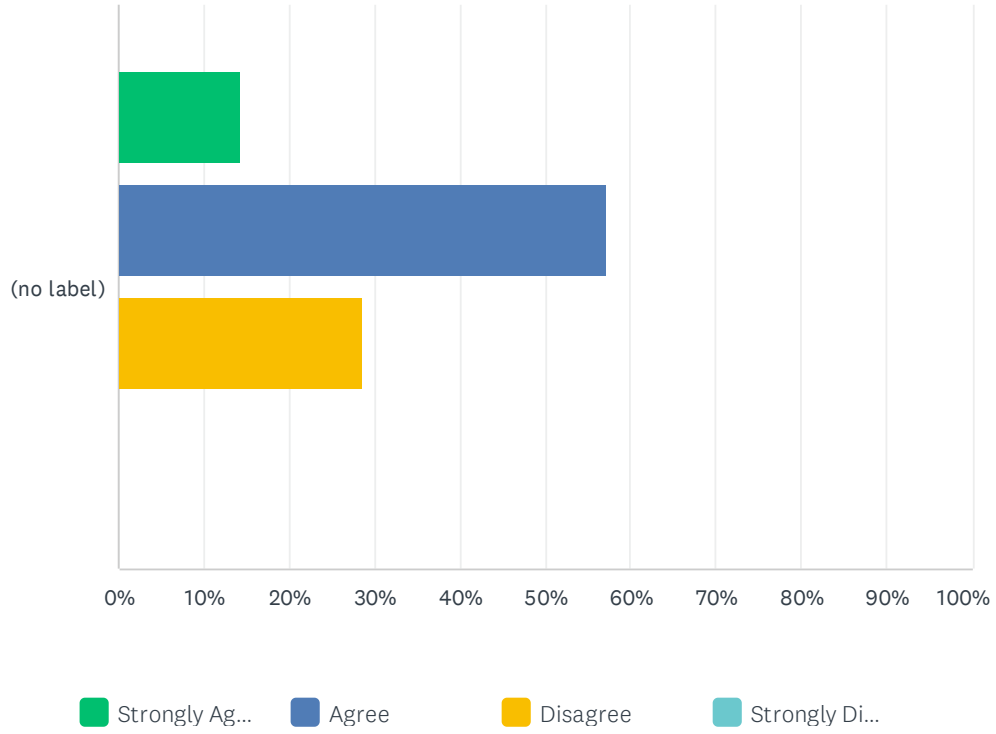
Answered: 8 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	100.00% 8	0.00% 0	0.00% 0	8	2.00

Q14 Council members are provided the opportunity to volunteer to work on initiatives that advance the College's mandate and effectiveness.

Answered: 7 Skipped: 1

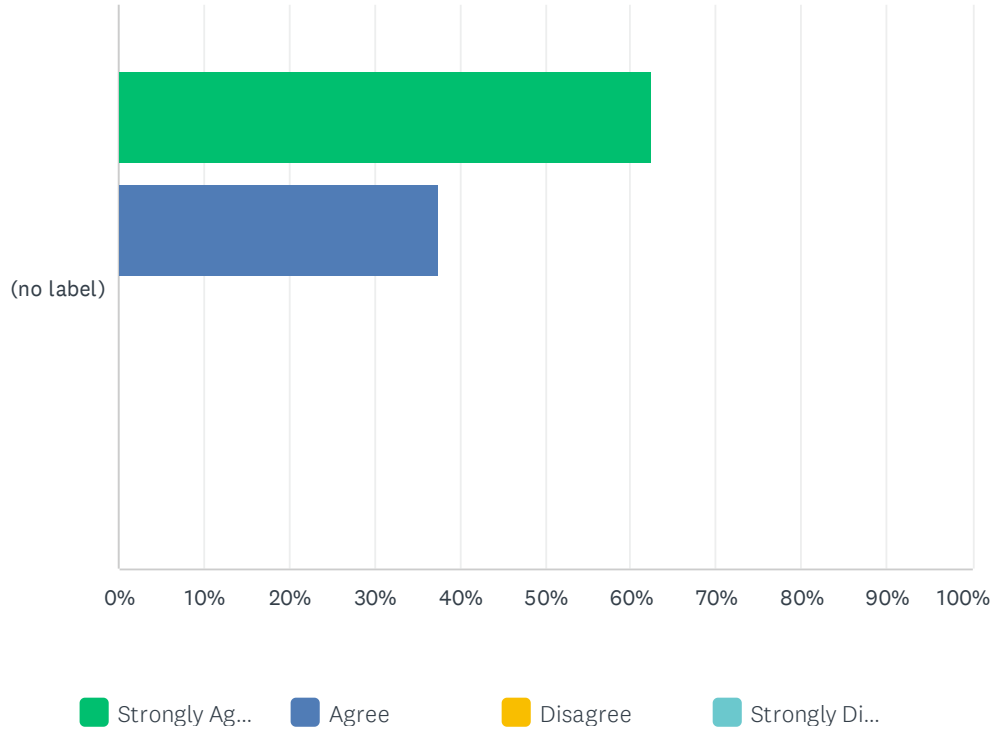


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	14.29% 1	57.14% 4	28.57% 2	0.00% 0	7	2.14

#	COMMENTS:	
1	I Think College Staff is handling all the matters.	
2	yes, but still resources are underutilised, could use the volunterers more., there by achieving more growth in the college and providing solution for deficient resources	

Q15 Council members are provided an opportunity to give feedback annually regarding the performance of the Registrar.

Answered: 8 Skipped: 0

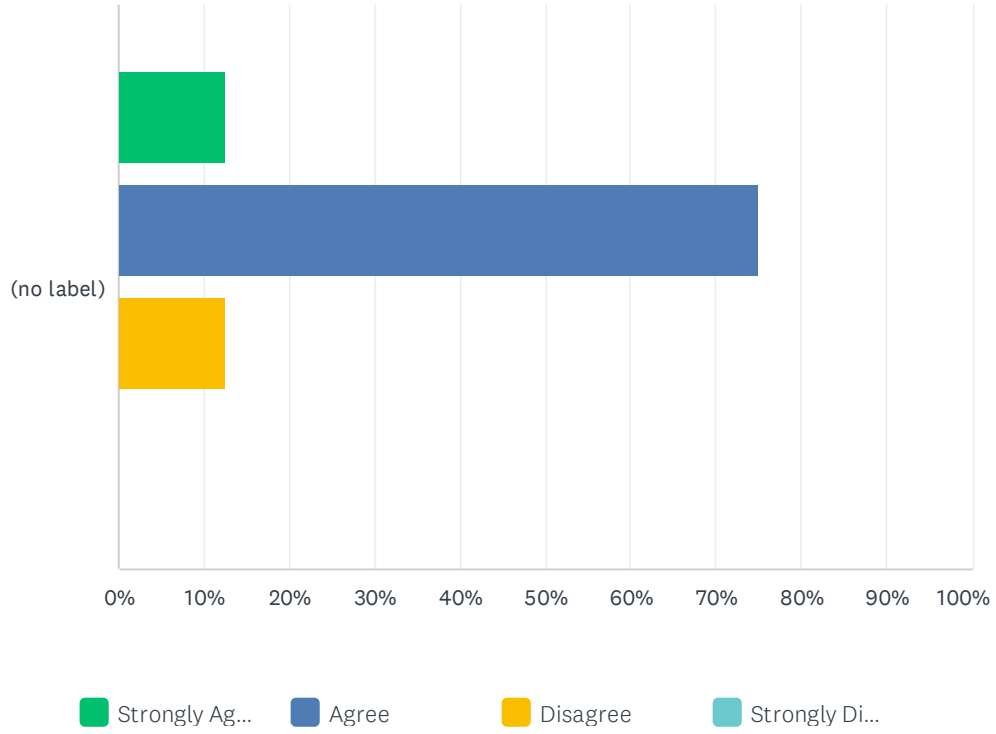


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	62.50% 5	37.50% 3	0.00% 0	0.00% 0	8	1.38

#	COMMENTS:
1	I cant express that in detail this year during the Survey. Prefer not to say anything.
2	its is an important part, though sometimes in the past we have missed it, and so such situations should be avoided for a good governance practise.

Q16 Council discusses and takes concrete action on the results of previous Council Self-Assessments.

Answered: 8 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	12.50% 1	75.00% 6	12.50% 1	0.00% 0	8	2.00

#	COMMENTS:	
1	Never discussed.	

Q17 Any further comments, clarifications or suggestions:

Answered: 3 Skipped: 5

#	RESPONSES	
1	Council Meetings should be in person even if there is no college physical office. meetings can be held in person for better results.	
2	As noted above, past four years have presented challenges and fewer opportunities to engage face to face/ Staff have worked above and beyond the call of duty to offset any difficulties and answer questions promptlu	
3	My suggesion is to make an adjustment to the survey form that we are currently using. After reviewing, it has become apparent that there is a need to include a "Not Applicable" option for certain questions. Including a "Not Applicable" column will allow us to indicate situations where a particular question does not apply. This addition will enhance the usability and effectiveness of the survey.I believe that by incorporating this option, we can gather more comprehensive responses.. Could you please advise on the feasibility of adding a "Not Applicable" column to the survey form? If it is possible, I would appreciate your assistance in implementing this change at your earliest convenience.	

CHO COUNCIL COMPETENCY FRAMEWORK 2024

Council participation ensures public protection and public access to registered homeopaths who are in good standing with the CHO. There are 7 Professional members and 5 Public members who comprise the CHO Council They serve an initial 3-year term with a maximum of 3 consecutive terms.

Roles and Responsibilities of Members

Familiarize and comply with the College's bylaws, code of conduct, and in particular, declare all conflicts of interest, step down from his or her position on Council in the event of allegations regarding conduct, competence or capacity until such time they have been disposed of. Publicly supports and does not speak against any decision of Council. Respects confidentiality. Broad knowledge of regulatory legislation, scope of practice, statutory committees, standards and guidelines and ability to acquire such knowledge.

The Council is the governing body of the College of Homeopaths of Ontario (CHO) and its role is to serve the public interest by overseeing the regulation of the practise of Homeopaths.	**Council establishes the CHO's Vision, Mission and Strategic Direction. It sets the standard for education, training, required level of competence and ethical behaviour, assessment and professional practice standards and guidelines.**
Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
Professionalism, Good Character Acts transparently with discretion, humility, kindness and professionalism to consider and comment on a wide range of perspectives in a non-threatening way. Acts in a manner that is without personal disrepute. Being congenial in a likeable and meaningful way. ***What does it look like in action?*** • Appropriately demonstrates transparency with information (with Council, committee/panel members, staff). • Demonstrates behaviour in keeping with the bylaws and policies of the College including but not limited to Council Code of Conduct, equity, inclusion and diversity, civility, and anti-violence and harassment. Pre-election/appointment: • See bylaws for eligibility components for elected Council members. • Good conduct, no recent professional misconduct, good character reference. No criminal background or fitness-to-practice matters that impact suitability to serve. • Professionalism: how one carries self and interacts with others. • Conforms to behaviour and expectations befitting of a professional/business/regulatory environment (see demonstrates behaviour above). Post-election/appointment: • Same as above. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • Ethics and professionalism course.	**Leadership** Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others. Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques. Creates strong morale and spirit in his/her term. Shares wins and successes. It includes demonstrating a positive attitude, energy, resilience, stamina, and the courage to take measured risks. Fosters the values and commitments of CHO. ***What does it look like in action?*** • Acts with integrity, as it is recognized as a basic trait required. • Is able, when appropriate, to take a role as leader of the Council or Committee. • Demonstrates confidence and good judgment in inspiring, motivating, and offering direction and leadership to others. • Is a good communicator. Actively listens to others and encourages all to participate in the conversation and decision making. • Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques. • Creates strong morale and spirit in his/her term. • Shares wins and successes. It includes demonstrating a positive attitude, energy, resilience, stamina, and the courage to take measured risks. • Fosters the values and commitments of CHO. ***How to evaluate?*** • Self-evaluation. • Feedback from Council/Committee members. ***Training/Remediation Options?*** • CLEAR leadership training.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
• TBD	• Other appropriate leadership development training.
Accountability, Honesty and Integrity Acts with integrity and speaks the truth while being able and willing to take full responsibility for decisions and follow through on commitments. Ability to identify and declare real and perceived conflicts of interest and appearances of bias. ***What does it look like in action?*** • Acts with integrity. [Integrity is the quality of being honest and having strong moral principles, moral uprightness, and the state of being whole/undivided/unified/unimpaired/sound and lacking in corruption[1].] • Speaks the truth in a respectful and forthright manner. • Takes full responsibility for decisions. • Follows through on commitments. • Avoids and is able to identify and declare real and perceived conflicts of interest. • Maintains confidentiality and uses discretion. • Points of view are shared appropriately, in context, and are free of bias, racism, discrimination, and sexism. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • Ethics, governance and professionalism courses. • TBD	**Board and Governance Experience** Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior Board or committee service. Clearly understands the distinction between the roles of Council versus the role of management. Understanding the role of the regulator versus a professional association. ***What does it look like in action?*** Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior Board or committee service. Clearly understands the distinction between the roles of Council versus the role of management. Understanding the role of the regulator versus a professional association. • Has read and understands the regulatory and College framework documents. • Understands role of bylaws, code of conduct, Robert's Rules of Order, and rationale behind other governance policies. Experience working with bylaws, policies, and legislative framework. • Asks appropriate questions to ensure collective and individual understanding of how the governance tools aid Council and committees in their work. • Understands policy management framework. • Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • CHO Council Orientation. • HPRO Governance Training for HRPA Colleges workshop.

[1] Oxford Languages Dictionary.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
Collaborative, Inclusive, Open, Curious Recognize what can emerge as a result of meaningful engagement through respectful whole group dialogue and debate. Further recognize that outcomes arrived at with dialogue and debate will be stronger, solutions orientated and, will, likely lead to a better decision than outcomes created in isolation or through collusion. Be open to new ideas, new perspectives, and new ways of doing things, always bringing a learning mindset to decision-making. Decisions reached by consensus are encouraged within a democratic process. Creativity generates solutions, develops creative approaches, and implements approaches that lead to improved performance within a framework with limited resources. It requires the ability to anticipate and lead change that contributes to organizational success. ***What does it look like in action?*** • Discussions on decisions to be taken by Council or Committee are held in an inclusive manner. • Efforts are made at meaningful engagement through respectful whole group dialogue and debate, through consensus using a democratic, transparent process. • Outcomes are creative and solutions oriented, transparent, objective, impartial, fair, while balancing risks and considering the needs and viewpoints of the College, the public and its various stakeholders. • Openness to new ideas, new perspectives, and new ways of doing things for improved solutions and public protection outcomes. • Demonstrates ability to anticipate and lead change that contributes to organizational success. • Brings a learning mindset to decision-making. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • Governance, anti-racism/equity/diverse/inclusion training.	**Financial Knowledge and Integrity** Knowledge of financial and fiscal management within a corporate, public and/or regulatory setting. This will assist Council in managing its financial health, with adequate financial reserves, and sufficient and appropriate staff resources, including leadership. ***What does it look like in action?*** • Experience working with financial management in an Ontario based corporate, public, regulatory, or not-for-profit setting. • Knowledge of financial and fiscal management within a corporate, public, not-for-profit and/or regulatory setting. • Ability to meet with College management to discuss fiscal health, and provide input into the setting of annual budgets. • Assists Council in understanding and assessment the organization's financial documents and fiscal health. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. • Feedback from Treasurer. ***Training/Remediation Options?*** • This is a unique skill set which may be obtained outside of the College. The Treasurer must meet the qualifications set out within the position job description. • There are university-based courses which may be helpful for members to gain a deeper understanding of their financial management role in a not-for-profit /public sector setting.
Communication, Understanding Communicates effectively, concisely, constructively, respectfully, and accurately, verbally and in writing, with Council/committee members, and staff. Good communication skills reflect an ability to work in a group, be ready to listen effectively with active participation. Clear expression of ideas, opinions and positions including creativity is an asset. Understanding the intent and language of Council. Ability to anticipate and lead change that contributes to organizational success. ***What does it look like in action?*** • Communicates effectively, concisely, constructively, respectfully, and accurately, verbally and in writing.	**Regulatory Understanding** Knowledge and understanding about the regulatory environment required to meet legal, regulatory and good governance requirements especially under an RHPA structure. Understands the public protection mandate of the College. Familiarity with applicable legislation including the RHPA,1991, the Homeopathy Act, 2007, College regulations, bylaws, policies and the objects of the College. ***What does it look like in action?*** • Has read and understands the regulatory and College framework documents.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
• Listen effectively with active participation. • Clear expression of ideas, opinions and positions. • Understands the intent and language of Council. • Anticipates and leads change that contributes to organizational success. • Willing and able to see and consider things from another person's perspective. • Demonstrates the ability to accurate insight into other people's/group's behaviour and motivation and responds appropriately. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options? TBD***	• Understands the prescribed direction and limitations of the applicable legislation and/or bylaws. • Appreciates when legal opinion may be necessary to facilitate effective decision making. • Asks appropriate questions to ensure collective and individual understanding of how the legislation informs any decision before Council or the committee. • Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. • Feedback from Registrar. ***Training/Remediation Options?*** • HPRO Governance Training for HRPO Colleges workshop. • Staff and/or Legal Counsel lead instruction.
Continuous Learning Takes action to improve personal capability, including the ability to quickly understand and apply information, concepts and strategies. Demonstrates an interest in continuous personal learning. Open to orientation and training and display a willingness to follow bylaws, internal policies, code of conduct and rules of order. Independently gain insight into the work of assigned committees and projects that are in progress. Being a willing participant and active learner. It is not expected that candidates for Council and committees possess all of these competencies prior to being elected or appointed. Competencies can be acquired through ongoing orientation, continuing education and professional development. ***What does it look like in action?*** • Demonstrates an interest in continuous personal learning. • Takes action to improve personal capability, including the ability to quickly understand and apply information, concepts and strategies. • Participates in orientation and training opportunities. • Follow bylaws, internal policies, code of conduct and rules of order and welcome opportunities to deepen understanding. • Independently gain insight into the work of assigned committees and projects that are in progress. • Overall, willing participant and active learner in the work of the College. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members.	**Vision, Mission, Strategic Plan, Risk** Understands the importance of an organizational vision and the methods/processes for developing the vision, mission and creating a strategic plan. Experience with, and understanding of the risk management framework for identifying, measuring and managing significant risks and events that may impact the College's objectives. Experience in overseeing organizational performance. ***What does it look like in action?*** • Understands the importance of an organizational vision and the methods/processes for developing the vision, mission and creating a strategic plan. • Understands the risk management framework for identifying, measuring and managing significant risks and events that may impact the College's objectives and the ability to make recommendations for risk mitigation and correction. • Ability to effectively oversee organizational performance. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. • Feedback from Registrar. • Feedback from qualified independent third-party ***Training/Remediation Options?*** • Consultant lead instruction.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
Training/Remediation Options? TBD	
Objectivity, Critical/Strategic Thinking Be able to self-reflect and make decisions based on factual evidence and reliable, valid information from a variety of sources, to best fulfil the public mandate. Uses judgment and strategic thinking to reflect on matters before Council/Committee to fully participate in decision making and problem solving without influence or pressure. Adapts and demonstrates flexibility based on understanding and changing environments. Is open to changing opinions based on new or emerging evidence and information. Strategic thinking endeavours to understand the implications of decisions and strives to improve organizational performance. Is aware of organizational issues, policy, procedures, and how outcomes may/do impact key stakeholders and the organization's strategic direction. ***What does it look like in action?*** • Be able to self-reflect and make decisions based on factual evidence and reliable, valid information from a variety of sources, to best fulfil the public mandate. • Uses judgment and strategic thinking to reflect on matters before Council/Committee to fully participate in decision making and problem solving without influence or pressure. • Adapts and demonstrates flexibility based on understanding and changing environments. • Is open to changing opinions based on new or emerging evidence and information. • Uses strategic thinking endeavours to understand the implications of decisions and strives to improve organizational performance. • Is aware of organizational issues, policy, procedures, and how outcomes may/do impact key stakeholders and the organization's strategic direction. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • Governance, decision making courses. • TBD.	**Knowledge of Homeopathy, and the scope of practice.** Has knowledge and understanding of the homeopathy profession including scope of practice. Recognizes the importance of the homeopathy profession and how it works within the healthcare system, and the potential for interprofessional collaboration. Understands key trends/developments in the education, training, and practice of the profession. ***What does it look like in action?*** • Has solid knowledge and comprehensive understanding of the homeopathy profession including scope of practice. • Understands the major differences and similarities in the styles of practice of the profession in Ontario. • Understands the key trends/developments in the education, training, and practice of the profession. • Recognizes the importance of the homeopathy profession within the healthcare system,. • Has openness to understanding application and framework of how the profession works independently and in tandem to other professions and partners in the health care system and the potential to collaborate interprofessionally. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • • Staff and/or Chair lead instruction via orientation and written materials on what is homeopathy, what defines a homeopath, and an overview of the scope of practice of the profession.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
Public Interest, Focus Upholds the public's right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role diligently. Recognizing that the public interest and protection is the focus and will always be prioritized over personal or professional interests. ***What does it look like in action?*** • Demonstrates an understanding of the intention behind RHPA and its focus on public protection. • Contributes to Council and committee decisions with balanced consideration to the public's right to safe, ethical care, as well as to other stakeholders and the College. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options? TBD***	**Conflict Management, Facilitation** Conflict management/facilitation is the knowledge and ability to anticipate, recognize and effectively resolve disputes. It includes facilitating open and constructive discussions, and where possible, win-win solutions, or as necessary, rendering a decision to bring resolution to matters. ***What does it look like in action?*** • Utilize conflict management/facilitation skills to effectively resolve disputes and assist Council or Committee rendering a decision to bring resolution to matters. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • This is a unique skill set which may be obtained outside of the College. • There are college, university and certification-based courses which may be helpful for members to gain a deeper understanding of this competency.
Technological Competence and Security of Data Ability to work electronically and communicate securely and efficiency with College's material. ***What does it look like in action?*** • Ability to participate effectively in electronic meetings. • Ensures that files, data and confidential files are stored in a secure manner. • Ensures that discussions, documents and other information pertaining to in-camera meetings are confidential and secure. • Reports any security breaches to the College office in a timely manner. ***How to evaluate?*** • Self-evaluation. ***Training/Remediation Options?*** • Confidentiality and cyber security training.	**Stakeholder Relations** In the public interest, Council members work to build and/or maintain ethical relationships and networks of people or organizations who can assist Council in achieving its goals and the College's statutory requirements. ***What does it look like in action?*** • Works to build or maintain ethical relationships and networks of contacts with individuals important and willing to help or serve others, meets the organization's goals and objectives. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** TBD.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
Availability, Willingness to Participate Members of the Council need to ensure they have willingness and the time to devote to Council and Committee work in order to achieve the best results. Committed, punctual and available for regular meetings and hearings. Demonstrate an interest by becoming knowledgeable and curious about the impact of regulation on the public, registrants, and College. ***What does it look like in action?*** • Committed, punctual and available for regular meetings and hearings. • Prepared by reading committee packages and background material in advance of meetings. • Demonstrate an interest by becoming knowledgeable and curious about the work of the College, its impact, and stakeholders. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • Introduction to Council/Committee and role training.	**Interprofessional collaboration** Possesses an understanding of the roles of the 26 health regulatory colleges and can create potential alliances which may help the College establish mutually beneficial cooperation leading to interprofessional, system partner alliances and improved patient care. ***What does it look like in action?*** • Supports efforts to establish initiatives which assist Council and the College in achieving its mission and goals. Is knowledgeable about specific ways in which health care professions can work collaboratively – in the promotion of public safety and protection. • Attributes include: Knowledgeable leadership, insight, action orientation, follow-through, risk assessment, performance improvement, stakeholder relations, regulatory knowledge and evaluation, and public protection. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options?*** • This is a unique skill set which may be obtained outside of the College. This competency may also be demonstrated by a registrant who is registered with two or more RHPA professions or has experience working within a multi-disciplinary clinic. It may also be demonstrated by an individual who has other leadership skills within the broader healthcare system.
Contribution Reads the material to ensure understanding/comprehension, and improved ability to make an effective and valuable contribution. Asks questions which further collective and personal understanding and ability to make good/appropriate informed decisions. Initiates changes to systems/policies/processes based on need versus want. Considers and questions implications, fallout and reactions of the public, stakeholders, staff, committee, and College resources. Shares appropriate resources with staff/Council and committee members. Contributes to the productive, results oriented output of the College. Displays effective use of time management skills. Is able to plan and organize workflow and meetings in an efficient manner to address the opportunity or the problem. ***What does it look like in action?*** • Reads the material to ensure understanding/comprehension, and improved ability to make an effective and valuable contribution. • Asks questions which further collective and personal understanding and ability to make good/appropriate informed decisions.	**Ministry communications** President and Registrar can communicate effectively, professionally and in an informed and sufficiently comprehensive manner, as required. ***What does it look like in action?*** • Speaks knowledgeable, effectively and within agreed upon message track. Addresses questions and provides written materials in a sufficiently comprehensive manner, as may be required. • Consults with Executive Committee and/or Council prior to releasing information, as may be required. • Speaks with one voice on behalf of Council and the College. • Understands importance of the College's working relationship with the Ministry and other RHPA governed colleges. ***How to evaluate?*** • Self-evaluation. • Feedback from Registrar. ***Training/Remediation Options?*** • Media and spokesperson training.

Attributes EVERY Director will have or attain and demonstrate:	**ONE OR MORE Directors should have the following experience, knowledge and skills:**
• Initiates changes to systems/policies/processes based on need versus want. • Considers and questions implications, fallout and reactions of the public, stakeholders, staff, committee, and of the College resources. • Shares appropriate resources with staff/Council and committee members. • Contributes to the productive, results oriented output of the College. • Displays effective use of time management skills. • Works to keep discussion focussed and on topic. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options? TBD***	
Teamwork Works cooperatively, collegially and respectfully in a team-based environment that is diverse and inclusive. Demonstrates cooperation within and beyond the Council. Supports group decisions, even when different from one's own stated point of view. Is a good team player, does his/her share of work and is actively involved and "rolls up sleeves". Compromises and applies, as appropriate, rules flexibly. Adapts tactics to situations or to others' response. Can accept setbacks and change own's immediate behaviour or approach to suit the situation. Is candid about opinions and raises justified concerns. ***What does it look like in action?*** • Works cooperatively, collegially and respectfully in a team-based environment that is diverse and inclusive. • Is a good team player, does his/her share of work and is actively involved and "rolls up sleeves". • Demonstrates cooperation within and beyond the Council. Adapts tactics to situations or to others' response. • Supports group decisions, even when different from one's own stated point of view. • Compromises and applies, as appropriate, rules flexibly. • Can accept setbacks and change own immediate behaviour or approach to suit the situation. • Is candid about opinions and raises justified concerns. ***How to evaluate?*** • Self-evaluation. • Chair evaluates committee/Council members. ***Training/Remediation Options? TBD***	**Designated Spokesperson** The Registrar, the President, or, in the absence of the President, the Vice-President and other designated individuals may be trained as official spokespersons of the College to respond to media requests. ***What does it look like in action?*** • Speaks knowledgeable, effectively and within agreed upon message tracks to stakeholders and media. Addresses questions as required. • Speaks with one voice on behalf of Council and the College. • Avoids speaking on confidential matters. ***How to evaluate?*** • Self-evaluation. • Feedback from Registrar and relevant staff member. ***Training/Remediation Options?*** • Media and spokesperson training.