COLLEGE OF HOMEOPATHS OF ONTARIO

COUNCIL MEETING AGENDA

Thursday, February 26, 2026

Item	Time	Topic	Documents	Purpose
1	10:00	Call to Order		Information
2	10:05	Agenda		
2.1		Consent Agenda [i] 1) Minutes, September 25, 2025 2) Update on Action Items 3) Third-Party Evaluation Report 4) Executive Committee Report 5) ICRC Report 6) QA Program Update 7) Resources from SML	 2.1.1 2.1.2 2.1.3 2.1.4 2.1.5 2.1.6 2.1.7	Decision
2.2	10:10	Adoption of Agenda	2.2	Decision
3	10:03	Declaration of Conflict of Interest	3.1	Information
4	10:05	Registrar's Report		Information
5	10:15	Stakeholder Relations	5.1	Decision
6	10:30	2026-2027 OPGO	6.1	Discussion

IN CAMERA

As permitted by the *Regulated Health Professions Act, 1991* Schedule 8, section 8 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.

7	11:15	*in camera* minutes, September 25, 2025	7.1	Decision
8	11:17	Finances	8.1	Decision

Item	Time	Topic	Documents	Purpose
9	11:30	Election/Evaluation Process Testing		Decision
10	12:00	Other Business and Action Items		Discussion
11	12:10	HBS – Preparation Time		Information
12	12:12	Adjournment		Decision

NOTE: All meeting materials, discussions, and decisions are confidential to the College and cannot be copied or shared until they are made public.

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[i] 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?

College of Homeopaths of Ontario
Council Member Declarations
re: Conflict of Interest as of February 2026

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	YES	Ontario Homeopathic Medical Association, Director 2017-2021 (resigned upon assuming seat on Council)	None
Sajeev Ampadi	YES	None	None
Ayinde Azeez	YES	Licensed Financial Professional/Trainer	None
Kerri Flood	YES	CCHM, contract teacher	None
Tyler Groen	YES	None	None
Catherine Kerr	YES	None	None
Kamika McLean	YES	Member, Federal Judicial Advisory Commission Member at Large, Ontario Bar Association	None
Sanjeev Nayyar	YES	Member, Ontario Homeopathic Medical Association	None

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Bhupinder Sharma	YES	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	YES	None	None
Paridhi Wasal	YES	Board of Directors, Ontario Homeopathic Medical Association, 2022-2024 (resigned upon election to Council)	None

February 2026
Agenda Item: 5

COLLEGE OF HOMEOPATHS OF ONTARIO

COUNCIL REPORT FORM

Topic	Stakeholder Relations
Public Interest Rationale	Functional relationships with key stakeholders will result in an increased likelihood that mandate goals can be achieved. Among these goals is an enhanced educational focus leading to greater compliance with standards and guidelines among registrants.
Strategic Alignment	Collaboration with stakeholders will aid in both shaping and accomplishing goals and will contribute to efforts to achieve growth. Effective management of tight resources requires that all parties understand both the opportunities and the limitations of collaboration.
Submitted By	B. Ziv
Attachments	

Issue

The CHO has been asked by one of its stakeholders to put in place a written policy defining how it interacts with the two existing member associations.

Decision Sought

Approval of a policy on interaction with associations.

Background

There are currently two professional associations for homeopaths in Ontario:

- the Ontario Alliance for Homeopathic Advancement (OAHA), and
- the Ontario Homeopathic Medical Association (OHMA).

It should be noted that a significant majority of CHO registrants belong to neither of these organizations.

The request for a written policy arose after the Registrar accepted an invitation from the Ontario Alliance for Homeopathic Advancement to present a webinar on the CHO's Quality Assurance Program as part of its professional education series. The webinar was open to all College registrants, not just members of the Alliance, and was listed as an upcoming event in *Rubrics*, the CHO's monthly newsletter.

The opportunity to list events is offered to both associations (as well as both approved schools) as a benefit to CHO registrants, as the College does not share registrants' e-mail addresses with outside organizations. All four of these stakeholders have included listings every month.

Shortly after the webinar was advertised in the College's newsletter, the Ontario Homeopathic Medical Association wrote to the Registrar expressing concern about a perceived inequality in the way the College interacted with the two professional associations. This letter, as well as the CHO response, was shared with Council members on January 26.

Current Status

Key Considerations

The CHO is the only body with access to all registrants' e-mail information and does not share this information with anyone. (E-mail addresses are not listed on the public register.) The College, therefore, is the most effective conduit for information that could benefit registrants and, by extension, their patients.

Over the course of several years, the CHO expended enormous effort in attempts to establish a triad consisting of the College, the schools, and the OHMA. (The OAHA did not exist at the time.) These efforts were embraced by the schools but the OHMA did not participate in any meaningful way and the initiative eventually lost momentum. Attempts to revive the collaboration were unsuccessful.

The OAHA was established two or three years ago and has since demonstrated an interest in working collaboratively with the College in a variety of ways.

Resource Implications

With a very small staff and a very large mandate, the College is extremely limited in its ability to deal with anything other than productive collaboration. For this reason, there is simply no room to shepherd the activities of other organizations or attempt to ensure that each stakeholder is granted equal time and resources.

The goal of the CHO is to provide free education and resources to all of its registrants. Provided that a potential event host is willing to extend the invitation to attend to all registrants at no cost, such collaborations can help the CHO meet its educational goal and are therefore worthy of CHO participation.

It is hoped that by having a Council-approved policy defining this framework for interaction, resources will no longer have to be devoted to dealing with concerns about fairness.

Options

- Continue as is, meeting requests on an *ad hoc* basis with the understanding that there may be fallout, or

- Establish a policy defining the conditions under which College staff will participate in events hosted by outside stakeholders.

Next Steps

Should Council agree to the proposed solution, communicate with the two professional associations and the two schools to inform them of the conditions that will determine whether and how the CHO participates in or otherwise contributes to their events.

Proposed Motion

*That the Council of the College of Homeopaths of Ontario direct staff to accept invitations to speak or otherwise participate in stakeholder events if and only if the event is offered at no cost to all CHO registrants **and** provided participation can be accommodated without impacting other mandated obligations.*

College of Homeopaths of Ontario

Council Meeting

Thursday, February 26, 2026

Consent Agenda Items

1. Minutes, September 25, 2025
2. Update on Action Items
3. Third-Party Evaluation Report
4. Executive Committee Report
5. ICRC Report
6. QA Program Update
7. Resources from SML

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Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes
Thursday, September 25, 2025
by telephone and video conference

Present

Council

Kerri Flood	Professional (Chair)
Akhlaq Ahmad	Professional
Sajeev Ampadi	Professional
Ayinde Azeez	Public
Tyler Groen	Professional
Catherine Kerr	Public
Sanjeev Nayyar	Professional
Bhupinder Sharma	Professional
Yen Tran	Public
Paridhi Wasal	Professional

Regrets

Kamika Mclean	Public

Staff

Kathryn Harvey	Deputy Registrar (recorder)
Basil Ziv	Registrar and CEO

Guests

Sarah Kibaalya	Health Workforce Regulatory Oversight Branch, Ministry of Health
Cristina DeCaprio	Consultant, Third-party Evaluator
Christa Casey	Auditor, Welch LLP (item 6.1 only)
Vincy Yan	Auditor, Welch LLP (item 6.1 only)

1 Call to Order

The President called the meeting to order at 10:05 a.m. and conducted a roll call. It was noted that Heather Broadhead, a public appointee since 2019, had resigned from Council and that the Health Board Secretariat had been contacted in the hope of having a new public member appointed as soon as possible. Guests Sarah Kibaalya from the Ministry of Health and Cristina DeCaprio, the third-party evaluator, were welcomed.

2 Third-Party Evaluation Process

Consultant Cristina DeCaprio introduced the process of third-party evaluation of Council as required by the CPMF.

3 Agenda

3.1 Consent Agenda and Committee Reports

3.1.1 Update on Action Items
3.1.2 Membership Scorecard
3.1.3 Executive Committee Report
3.1.4 Spousal Exception Update
3.1.5 QA Program Update

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3.1.6 Academic Program Approval
3.1.7 SML Grey Areas

P. Wasal asked that item 3.1.2 Membership Scorecard be raised in Other Business. It was agreed that this item would best be addressed along with the Statement of Operations (agenda item 7).

Motion # 1: To adopt the consent agenda as amended
Moved by C. Kerr, seconded by Y. Tran

That Council adopt the consent agenda as amended.
CARRIED

3.2 Adoption of Agenda
(Appendix 3.2 Council Agenda)

Motion # 2: To adopt the agenda as amended
Moved by C. Kerr, seconded by T. Groen

That Council adopt the agenda as amended.
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 12, 2025
(Appendix 5.1 Minutes, February 20, 2025 Council meeting)

Motion # 3: To approve the minutes of June 12, 2025
Moved by B. Sharma, seconded by Y. Tran

That Council approve the minutes of its June 12, 2025 meeting.
CARRIED

6 Audit

6.1 Audited Financial Statements
(Appendix 6.1 2024-2025 Audited Financial Statements and Letter to the Board)

Christa Casey of Welch LLC presented the audited financial statements, noting that the audit was clean and that staff had been of great assistance throughout the process.

Motion # 4: To approve the audited financial statements as presented
Moved by A. Ahmad, seconded by S. Nayyar

That Council approve the 2024-2025 audited financial statements as presented.
CARRIED

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14 Adjournment

Motion # 10: To adjourn
Moved by A. Ahmad, seconded by C. Kerr

That Council adjourn at 1:50 p.m.
CARRIED

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

Chair **Date**

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February 2026

Agenda Item: 2.1.2

COLLEGE OF HOMEOPATHS OF ONTARIO

UPDATE

Update	Disposition of Action Items since September 2025

1. Standards and Guidelines Review [first stage complete, second deferred to June meeting]
2. Notify registrants that fee increase has been waived and initiate 2026-27 renewal period [notification complete, renewal in progress]
3. Complaints [awaiting additional information, ICRC to meet once received, see consent agenda item 2.1.5]
4. Academic Program Approval [in progress]
5. Canadian Health and Life Insurance Association Conference [registered, booth secured]
6. Election of professional Council members in North and East districts [nomination deadline March 4, election May 6-7]
7. Appointment of auditor [referred to Executive Committee]
8. Quality Assurance [education ongoing, submission of learning plans early fall, see consent agenda item 2.1.6]
9. Clarify CHO relationship with professional associations [see agenda item 5]
10. Review OPGO [agenda item 6]
11. Set Council meeting dates for 2026-2027 [to be done following election of new Council members]

February 2026

Agenda Item: 2.1.3

COLLEGE OF HOMEOPATHS OF ONTARIO

REPORT FORM

Item	Third-Party Evaluation of Council

The College Performance Measurement Framework (CPMF) requires each College to undergo evaluation of its Council by a third party. The CHO's first such evaluation took place in September 2025.

In summary, ratings were as follows:

On a scale of 1 (unsatisfactory) to 5 (excellent),
1 (unsatisfactory)
2 (needs improvement)
3 (satisfactory)
4 (good)
5 (excellent)

4.5 Member Orientation, Competency and Ongoing Training
4.5 Council Meeting Materials
4.5 Meeting Chair
5.0 Council Members

Overall Rating: 18.5/20

General Comments from the Evaluator

The overall rating is 18.5/20. The Council Meeting was exemplary. The Chair, member participants, College Staff, and guest speakers all contributed to an efficient, effective meeting. The agenda and materials provided for discussion were clear and informative. The discussion throughout the meeting was inclusive, orderly and constructive. The meeting concluded 40 minutes ahead of schedule, which is indicative of unity and a shared intent of participants to move matters forward collaboratively under a common purpose. Council members, both public and professional, participated actively in discussions throughout the meeting with insightful comments and questions related to the College mandate. An objective observer would conclude that Council meetings are conducted with professionalism, candour, and careful consideration to each agenda item

3 highlights that represent best practice:

1. *Council members were well prepared for the meeting. The informed comments, feedback and questions provided by Council members contributed to the depth of the discussion and decision-making.*

2. *The Registrar and Deputy Registrar served as excellent resources to the Council members during the meeting. Their guidance, through knowledge, skills and professionalism, supported the framing of each discussion item in order that Council members were well-supported in making informed decisions.*

3. *The generous amount of time allotted in advance to Council members to prepare for meetings, the numerous reminders and circulation of agenda and supporting materials received in advance from staff, along with updates, and, the presentation of the Council meeting materials in a manner that is well-organized and categorized to reflect priorities in the mandate, contributes significantly to the Council being able to make informed decisions.*

Next Steps

In accordance with the requirements of the CPMF, consider conducting another third-party evaluation of Council in 2027 or 2028.

COLLEGE OF HOMEOPATHS OF ONTARIO

COMMITTEE UPDATE

Committee	Executive
Members	Kerri Flood (Chair) - Professional Akhlaq Ahmad - Professional Ayinde Azeez - Public Bhupinder Sharma - Professional Yen Tran - Public
Meeting Dates	December 10, 2025
Submitted By	Kathryn Harvey

Issues Addressed

The Registrar presented the updated Statement of Operations, noting that the College's financial position continues to improve.

The President reported that, in light of the temporary reduction in staffing levels due to the Registration Manager's maternity leave, it is unreasonable to expect that outstanding vacation time for remaining staff could be scheduled prior to the end of the fiscal year. The Committee agreed that payment in lieu of unused vacation time would be appropriate.

The Committee approved a motion to waive the bylaw-mandated increase in fees and instead maintain fees for 2026-2027 at the same level as 2025-2026.

The Committee approved the participation of the CHO at the 2026 Canadian Health and Life Insurance Association Conference.

The Registrar reported that the College is currently dealing with two complaints.

The Registrar described the process underway to evaluate an application for Approved Program status. It was noted that regulatory changes in Quebec have hastened the process.

The Registrar discussed several initiatives aimed at encouraging stakeholders to work together while respecting the distinct role of each. Further effort will be made to enhance cooperation and collaboration over the coming months.

Staff reviewed the status of items in the 2025-2026 Operating Plan, Goals and Objectives. The Committee was asked to consider whether changes need to be made for the 2026-2027 OPGO.

Next Steps

At its next meeting, the Executive Committee will be asked to consider the Registrar's annual performance evaluation, initial steps in the implementation of a strategic plan, and potential improvements to the registration process.

February 2026

Agenda Item: 2.1.5

COLLEGE OF HOMEOPATHS OF ONTARIO

COMMITTEE UPDATE

Committee	Inquiries, Complaints and Reports
Members	Kerri Flood (Chair) -- Professional Akhlaq Ahmad -- Professional Catherine Kerr -- Public Bhupinder Sharma -- Professional Yen Tran – Public Paul Joseph – Professional, non-Council appointee Sajeev Ampadi – Professional (absent)
Meeting Date	December 10, 2025
Submitted By	Kathryn Harvey

Issues Addressed

The Committee agreed that Kerri Flood should continue in her role as Chair of the ICRC.

Legal counsel Natasha Danson provided an orientation session for Committee members outlining the role and responsibilities of the ICRC.

The Committee then considered two complex complaints against registrants. In each case, it was felt that further information was necessary before a decision could be rendered.

Staff were directed to seek this information prior to setting the next meeting date.

Next Steps

Once replies have been received from the registrants in these two cases, the next meeting will be scheduled.

February 2026

Agenda Item: 2.1.6

COLLEGE OF HOMEOPATHS OF ONTARIO

PROGRAM UPDATE

Update	Quality Assurance Program

Since Council last met, the quality assurance program has continued to focus on education related to standards and guidelines. Articles published in Rubrics have covered informed consent, accepting new patients, communicating a homeopathic assessment, concurrent treatment, accepting delegation of a controlled act, and discontinuing professional services and refusing treatment.

The competency self-assessment tool was made available in the spring and several articles since then have described how to use it to create, implement and evaluate a learning plan.

At the invitation of the Ontario Alliance for Homeopathic Advancement, the Registrar presented a webinar on what to expect as the QA program moves forward. The free presentation was open to all CHO registrants and advertised in *Rubrics*.

Next Steps

Following the registration renewal period, emphasis will turn to having each registrant complete their competency self-assessment questionnaire and learning plan. The learning plan must be submitted to the College each year.

Monthly standards review will take place in each issue of *Rubrics*, and webinars are in the works to address particular topics. The first of several educational modules will be rolled out in May with more to follow. While optional, these modules can be used as part of each registrant's annual continuing education hours requirement for 2026.

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Researching Rapid Remediation

Bernie LeBlanc

October 2025 - No. 307

Most regulators use remediation as a tool for addressing competence or conduct concerns. Typically, remediation is negotiated or directed by the regulator at the end of a complaint investigation or at a discipline hearing. This summer the regulator for the oral health professions in the UK released research it commissioned on using remediation early in the complaints and investigations processes to better protect the public.

The report, entitled: Exploring remediation in Fitness to Practise at the General Dental Council, was prepared by eight researchers from four universities. The methodology involved reviewing documents and conducting qualitative interviews with several internal and external participants including from other regulators, registrants, and representatives of registrants. It seems that representative of patients or the general public were not interviewed.

Benefits of Early Remediation

Remediation was seen as having several benefits:

> "(1) time efficient,
> (2) fair to all parties,
> (3) in alignment with other regulators,
> (4) would instil greater confidence in the GDC from the perspective of registrants, and
> (5) will enable only the most serious cases to go forwards."

Early remediation was also seen as effectively addressing concerns about competence or conduct before the adversarial process entrenched rigid positions. It was also viewed as a way to reduce mental health and financial stress on registrants.

The data suggested that remediation was appropriate for some, but not all concerns:

> There was consensus as to the scope of the issues that could be considered

> as remediable. This includes: deficits in clinical skills, knowledge, and communication or record keeping. Issues that are underpinned by either deep seated attitudinal issues or behavioural issues were unanimously deemed out of scope. These included, but were not limited to bullying, racism, misogyny or sexual harrassment [sic].

But even on the latter issues, there was some variation as to whether remediation might be possible in some circumstances.

Acceptance by the Public

However, there was some apprehension that the regulator's oversight body, the Professional Standards Authority (PSA), and patient groups might not be supportive One participant felt that early remediation might be viewed as a "get out of jail free" card. Some of these comments were cynical and extreme, with one interviewee saying that many complainants wanted "their pound of flesh".

However, some participants did believe that remediation would be accepted by the public.

The researchers noted the court precedents indicating that remediation can be seen as reducing the need for other disciplinary sanctions because the concerns have been addressed, however, the need for public confidence in the profession and the regulator suggests that remediation is not always adequate on its own.

Barriers to Effective Remediation

The acceptability of remediation by registrants was seen to depend on whether it involved an admission of culpability and their degree of trust in the regulator.

In terms of making remediation effective, several points were raised. Different types of remediation (e.g., fostering self-reflection and insight vs. supervised practice or interactive courses) would have varying degrees of success depending on the circumstances. As an aside, AI could pose a threat to being able to assess the genuineness of self-reflection and insight.

Equity, diversity and inclusion (EDI) considerations are also important. 'Generational differences (e.g., willingness to acknowledge a need to learn), cultural taboos (e.g., in using mental health supports), and first language limitations (e.g., in expressing insight) can have a disproportionate impact on the perceived or actual success of the remediation.

Work settings can also be significant. For example, those working on a locum basis or who are unemployed may not have meaningful opportunities for remediation.

The adversarial nature of the complaints and discipline process creates another barrier to remediation. There is a tendency for registrants and their legal advisors to "not show their cards" before seeing the strength of the regulator's case. This approach is antithetical to early recognition for and acceptance of remediation.

The possibility of collateral consequences (e.g., civil lawsuits, human rights complaints) may also discourage a registrant from agreeing to anything that might be seen as compromising those proceedings.

Terminology was also seen as a barrier and the use of language such as "strengthening practice" or "risk mitigation" was seen as making it easier for registrants to accept "remediation".

Making Early Remediation Effective

The researchers identified the following steps to facilitate early remediation:

1. "The first step in the journey to better remediation is clarifying the concept

itself." This includes both the language used to describe remediation, its goals, and its mechanisms.
2. Developing remediation tools that "include practical training on identifying deficiencies, applying remediation measures, and monitoring progress…."
3. A cultural change within regulators is necessary to encourage taking the risk of constructive action to address concerns rather than letting the adversarial process unfold.
4. Appropriate training for key decision-makers.
5. Making remediation a standard consideration for screening concerns as they enter the process. The initial assessment would be supported by written policies and guidelines.
6. While the researchers had conflicting feedback, it appeared that legislative changes were probably not necessary to enable the early addressing of concerns without a formal disposition.
7. Rebuilding of trust between the regulator and the profession and their legal representatives.

The researchers suggested an:

> … approach may involve structured frameworks for remediation, similar to those used by other regulators…. These frameworks could include specific criteria for identifying deficiencies, targeted interventions, and ongoing monitoring to ensure compliance and improvement. Ideally, they would be shared with key stakeholders, including decision-makers at all points in the [complaints and discipline] process and the registrants themselves, in order to avoid a 'hidden curriculum' in regard to acceptable remediation.

Limitations to the Study

There are three major limitations to the research behind this report.

The first is that representatives of patients and the general public were not included. This perspective is likely necessary for any changes to the complaints process to succeed.

Secondly, there was minimal discussion of how regulators could evaluate the suitability of a remedial resolution without first conducting some investigation. Regulators must ensure that isolated or minor concerns are not the tip of the iceberg of major issues.

Thirdly, the research does not address public access to the outcome. The authors may have assumed that the remedial outcome would be private in order to encourage participation by registrants. However, the PSA has recently published guidance that accepted outcomes, which may involve remediation, should be public in some circumstances. More to the point for some Canadian regulators, remedial disposition of complaints must be public in some circumstances: *Welkoff v. Ontario (Health Professions Appeal Review Board)*, 2025 ONSC 4515 (CanLII).

Conclusion

This research identifies the barriers that prevent early remediation; it also indicates the value of early remediation and provide suggestions for its development. The study is a valuable resource for regulators doing work in this area.

FOR MORE INFORMATION

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Report on Barriers and Enablers to Making a Complaint

Rebecca Durcan

November 2025 - No. 308

While regulators sometimes must deal with frivolous and vexatious complaints, the opposite is also true: meritorious and important complaints sometimes do not get filed. The UK's oversight body, the Professional Standards Authority (PSA), has published a research report that analyzes this issue: Barriers and enablers to making a complaint to a health or social care professional regulator: a qualitative study.

The study involved in-depth interviews with clients/patients and registrants, particularly those having a negative experience with the complaints process, and a "co-creative workshop" with complaints' participants, regulators, and the PSA "which focussed on potential interventions that may help those with serious concerns to come forward and make a complaint."

The study identified the following barriers to clients/patients making a complaint:

- Fear of repercussions for themselves such as having reduced access to services.
- Uncertainty as to whether a complaint was serious enough, including whether the events were the result of misconduct or simply an under-resourced health care system.
- Lack of knowledge of where to make the complaint. Many individuals are confused as to what sorts of complaints should be made directly to the registrant, to the registrant's employer or work setting, or to the regulator. Some individuals are not even aware the regulator existed.
- Lack of support. After exhausting their complaint at the local level, many individuals are unwilling to begin the process again with the regulator.
- The complaints process can seem emotionally draining and overwhelming for many individuals. Some may fear that the process will re-traumatize them. Requests by the regulator for additional information can be burdensome.
- Digital disengagement. Some clients/patients are not comfortable

using digital channels to resolve their concern or make a formal complaint.

The study identified the following barriers for registrants to complain about their colleagues:

- Registrants also are uncertain as to what types of concerns are serious enough to take to the colleague's regulator.
- The complexity of the regulatory system, especially where the concern is about a practitioner registered with a different regulator, can also dissuade registrants.
- Registrants sometimes have incomplete knowledge of the concern and the time and effort of collecting evidence can be burdensome.
- Some registrants worry because of the toll that making a complaint could have on their own wellbeing.

The study identified the following "enablers" that facilitate the making of complaints by clients/patients:

- Not surprisingly, individuals with previous experience with the process were more likely to make a complaint.
- Having the support of a friend, relative, or their community can assist individuals come forward with a complaint and navigate the process once the complaint is made.
- A client/patient who is told by another registrant that they should make a complaint can have their concern affirmed and it can instill confidence.

The study identified the following "enablers" to facilitate the making of complaints by registrants (some of which are beyond the ability of the regulator to influence):

- As with clients/patients, individuals with previous experience with the process were more likely to make a complaint.
- For registrants, support and encouragement from colleagues can validate the legitimacy of the complaint and facilitate its filing.
- If a registrant were able to make a complaint anonymously, some of the barriers listed above might dissipate.
- Registrants are more likely to make a complaint if they are not closely connected to the colleague about whom they are reporting.
- Registrants with access to evidence supporting their concern are more likely to make a complaint.
- It is easier for registrants working in larger organizations with a structured complaint process to raise concerns than it is for registrants working in a small setting that only has informal processes.

Some recommendations for regulators to reduce barriers and enable the making of appropriate complaints include the following:

- Do more to raise awareness of their role. For clients/patients, it is helpful to communicate (e.g., posters/leaflets) in the setting in which the services are provided.
- Provide clear information and guidance to help both clients/patients and registrants to "understand what does and does not constitute a serious complaint and what they would investigate as part of a [complaints and discipline] procedure." "[A] better system for directing complaints to the appropriate channel may not only help complainers but may also reduce the volume of invalid complaints that currently reach regulators."
- Provide alternative methods of making a complaint, such as by telephone.
- "…provide support or advocacy services (either internal or external)

to support people to raise their complaint."

- Increase the transparency of the complaints and discipline system. "Publication of statistics and facts about complaints may help to demystify and destigmatise the process while also affirming whether concerns are valid."
- Identify at-risk groups (e.g., vulnerable people or those without support networks) to find alternative ways to hear their complaints. For example, offering a simple process for raising anonymous concerns or an advice phone line. There are, of course, drawbacks to regulators receiving anonymous concerns that may prevent them from directly addressing them.
- Once a complaint is made, communicate clearly and frequently and make a decision on a timely basis. Employ available empathy and compassionate regulation strategies.
- "Shifting the narrative from 'blame' to 'patient safety'" would particularly help registrants to make a complaint.

While some of these recommendations might be challenging to implement, the benefits could be substantial, including the following:

- "An increase in legitimate complaints
- A decrease in unwarranted complaints to regulators (but potentially a more effective signposting to other organisations)
- An increase in trust in the complaints process and in regulators' independence
- A more pleasant and satisfying complaints experience"

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The Use of Published Guidelines for Discipline Tribunals

Natasha Danson

December 2025 - No. 309

While many Canadian discipline tribunals have rules of procedure, few publish guidelines on how they make substantive decisions. Such guidelines are common in the UK, with those for the medical tribunal being quite comprehensive.

The Medical Practitioners Tribunal Service (MPTS) makes both interim and final discipline decisions and its newly-revised guidelines have just taken effect.

Introduction

The purpose of their guidelines is described as follows:

> This guidance should be used by tribunals to support consistent decision making and to ensure that their decisions meet the overriding objective of the MPTS to deal with cases fairly and justly. This includes acting in a way that is proportionate, transparent and fair. Tribunals should ensure that they refer to the relevant part of the guidance when reaching their decision(s).

The guidelines are not only intended to guide panels making individual decisions, but also to assist physicians and participating legal counsel present their cases effectively. The guidelines expressly consider equity principles. They also define the public interests that panels protect.

The guidelines provide a detailed analysis of the types of behaviour that constitute "impaired fitness to practise" (including professional misconduct). For example, the discussion of sexual misconduct includes types of intent, conduct towards colleagues, and conduct in a registrant's private life. The analysis ties sexual misconduct to its definition of public interests. A range of suggested sanctions is provided for different categories of sexual misconduct. Footnotes reference policies published by the regulator.

Interestingly, one of the categories of impaired fitness to practise is where the physician cannot communicate effectively in English to such extent that patient safety

could be compromised. Except in the most serious of cases, the suggested sanction is to impose conditions on practice.

Interim Orders

The guidelines devote an entire section to making interim orders (which are made by the tribunal). A decision-making tree is provided with the following steps:

- Is the test for imposing an interim order met? (i.e., "whether there is a risk arising from that information that means it's necessary to take interim action on the doctor's registration").
- What degree of risk arises? (i.e., "the seriousness of the concern or allegation, the likelihood of repetition, and the weight of the information available").
- Is it necessary to restrict the physician's registration? (i.e., what "is necessary for the protection of the public or is otherwise desirable in the interests of the public and/or in the interests of the doctor").
- Where an interim order is needed, what is proportionate? (i.e., conditions or a suspension, and for how long).

Again, factors to consider are offered for various types of misconduct. For example, for sexual misconduct some factors include:

- Whether there is a criminal investigation.
- Whether the information suggests predatory behaviour.
- The seriousness of the nature of the sexual conduct.
- Evidence of a pattern of sexually motivated behaviour.

Findings on the Merits

On making findings of fact, the guidelines suggest that the hearing panel begin with the admitted facts, understand the burden of proof, assess the reliability and credibility of witnesses, address hearsay evidence, make only appropriate inferences, and state and explain factual findings.

Unlike most Canadian discipline tribunals, UK hearing panels can only act if the registrant poses a current and ongoing risk to the public interest (including a risk of future public harm and whether the finding undermines public confidence in the profession). Again, a decision-making tree is provided for making this determination.

Sanction

Guidance is also given to ensure that any sanction is proportionate, transparent, and fair. The primary goal is to protect the public, not to punish the registrant. Where possible the sanction should facilitate the registrant's return to safe practice.

The appropriateness of each type of sanction is canvassed. For example, the guideline states as follows:

> Suspension may be proportionate in cases where some, or all, of the following factors are present:
>
> a. conditions are not appropriate, measurable and/or workable
> b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
> c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

Evidence of the registrant's level of insight and remediation is relevant to the length of the suspension.

Given this purpose-driven approach to sanctions, the guidelines state the following:

> Any time spent under an interim order of conditions or suspension is unlikely to be relevant to deciding the appropriate length of a suspension. This is because the type of action and the length of time it's put in place for both need to adequately address the decision that the doctor poses a current and ongoing risk to public protection requiring restrictive action in response.
>
> Interim orders serve a very different purpose to sanctions….
>
> However, time spent under an interim order of suspension may be relevant when determining the proportionate period of suspension to be imposed purely on the grounds of public confidence.

Conclusion

This article only scratches the surface about the level of advice provided in the guidelines.

Canadian regulators often provide high-level orientation to discipline panel members on these sorts of topics. However, such orientations are not directive in nature (recognizing the importance of the independence of the panels). Canadian regulators generally do not provide ranges of sanction for particular types of misconduct.

However, the guidelines are attractive. Some advantages of these sorts of guidelines include fostering increased consistency in decision-making and enabling hearing participants to better understand what issues they need to address.

There are at least two possible downsides to consider. The first is that the law is constantly evolving, and such a document can become legally inaccurate (so there is a need for regular updates). The second is that where the hearing panel departs from the guidance (which it is entitled to do), it may open itself up to criticism, especially without explaining why the departure was justified.

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An Alternative Approach to Sexual Abuse?

Rebecca Durcan

January 2026 - No. 310

The groundbreaking 1991 *Final Report of the Task Force on Sexual Abuse of Patients* transformed the regulatory approach to sexual behaviour towards patients. Instead of viewing it merely as sexual misconduct, it was now treated as a fundamental breach of trust exercised through the exploitation of an inherent power imbalance. Several resulting legislative provisions in the *Regulated Health Professions Act* reflect this approach including mandatory revocation (with an inability to apply for reinstatement for five years) for frank sexual acts between a registrant and a patient. Consent is irrelevant. Mandatory reports are required from any registrant or employer learning of any form of sexual abuse of patients by registrants. Some procedural protections were enacted including publication bans on the identity of the patient and the right to file an impact statement describing the impact of the abuse. Funding for therapy and counselling related to the sexual abuse is also available.

This approach has survived several legal challenges and is now well entrenched in Ontario. Despite these legislative changes, the discipline process often remains difficult for patients. Further, given the private nature of the interactions and the serious sanction that results from a finding, allegations are often disputed, thus requiring a contested public hearing.

Regulators are rightly concerned that any departure from the “zero tolerance” approach to sexual abuse of patients could lead to at least a perception that they are minimizing the seriousness of such conduct and placing the public at risk.

However, a recent report, targeted at the criminal process, is raising the question as to whether alternatives might be available to better serve patients while still protecting the public: Evans, J. & Gray, M. (2025). *Bridging Justices: A Critical Exploration of Moratoriums on Restorative and Transformative Justice for Sexual harm in Ontario*. The report is co-sponsored by the Community Justice Initiatives (CJI) and Women's Legal Education and Action Fund (LEAF). A webinar accompanied the report.

The report speaks to the Crown policy of rarely permitting the diversion of sexual assault criminal charges from the trial stream. The report notes:

> Decades of research has demonstrated that survivors of sexual violence often experience secondary victimization by the criminal legal system due to their treatment when disclosing or making a formal report of sexual harm, including disbelief or dismissal of their experience…. Research has demonstrated secondary victimization has a profoundly negative impact on psychological and physical wellbeing….

The research, including extensive interviews with those involved in addressing gender-based violence (GBV) and those who have experienced it, indicates that many "emphasized that offering alternative options could restore survivor autonomy and dignity, while also improving community safety through non-adversarial accountability."

The options presented in the report are restorative justice (RJ) or transformative justice (TJ). RJ is defined as a process "… in which the victim and the offender, and where appropriate, any other individuals or community members affected by a crime, participate together in the resolution of matters arising from the crime, generally with the help of a facilitator…." TJ is described as an "alternative justice process intended to repair harm and prevent further or repeated injury by changing the structures and norms of a community" typically occurring outside of state control.

The report emphasizes the need for safeguards: "However, it is imperative that survivors are presented RJ/TJ as a potential option but are not pressured to take this route…." Concern is expressed that diversion is not permitted to lighten Crown case loads or be employed where stereotypical views about the validity of the allegations are influencing the decision.

The report identifies the following safeguards as necessary preconditions to RJ/TJ:

- The option must be survivor-led and initiated. This would include the survivor defining "what accountability and repair look like for them." For example, this could vary from a written acknowledgement, a face-to-face apology, steps to redress past harm or actions to prevent future harm.
- "RJ/TJ for sexual harm must be facilitated by someone with appropriate training and expertise in GBV". Facilitators "must be knowledgeable about trauma and the unique power dynamics of sexual violence from a feminist lens."
- Training must be provided for all those involved in the process including those working in GBV, facilitators, legal system actors, survivors, and the broader public.
- Ensuring that the process be culturally safe and relevant for the individual participants.
- Criminal legal proceedings need to remain an option at the discretion of the survivor.

The report addresses some misconceptions about RJ/TJ:

- "One is that people who have caused sexual harm are unlikely to take responsibility for the harm they have caused. While this does occur, it is not always the case…. The threshold for participation in the CJI Revive program is that the person who caused harm must acknowledge that they caused harm, and that their capacity for accountability can grow through ongoing discussions with a trained facilitator. The facilitator will

make this assessment after speaking to the person who caused harm."

- "Another common misconception is that the survivor and the person who caused harm must meet face-to-face to discuss the specifics of what happened. While this may occur, it is not required. If a meeting between the parties is to occur, both the survivor and the person who caused harm work with an independent facilitator in preparation. Sometimes the survivor chooses alternative routes of communication with the person who harmed them, such as writing letters, text messaging, or video call."

A particular challenge about transferring these concepts to professional regulation is the regulators' mandate to serve and protect the public interest. RJ/TJ is principally focussed on choices of the individuals, particularly survivors. Regulators clearly will want to know the perspective and position of patients but are not bound by them when they do not align with the public interest. While the larger community can have some involvement (e.g., Indigenous healing circles or circle sentencing), this is not a necessary part of the process. Even where public protection safeguards can be built into the process, publication of the outcome on the public register could be another hurdle.

If these concepts were to be incorporated into professional regulation, legislative change would likely be required. For example, the *Regulated Health Professions Act* prohibits any form of alternative dispute resolution for sexual abuse complaints.

As the report acknowledges in the criminal law context, much work needs to be done before RJ/TJ can become viable options for regulated professions.

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Witness to Harm

Erica Richler

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Research has been published in the UK on the impact of the complaints and discipline process on public participants (e.g., complainants and witnesses): Witness to Harm-Holding to Account. Improving patient, family and colleague experiences of Fitness to Practise proceedings: a mixed-methods study. The research is related to recent work by others (e.g., *Grey Areas,* November 2025) and reinforces recommendations by Canadian advocates on options other than criminal charges for gender-based violence (e.g., *Grey Areas,* January 2026).

The research involved interviewing participants who had faced harm in the course of receiving health and social services about their experience in regulatory processes. The research also included examining the regulatory processes themselves (including attending discipline hearings) and regulatory communications, including websites, reviewing related literature, and discussing their findings and learnings with focus and advisory groups.

The authors found that public participants were often dissatisfied with the complaints and discipline processes (known as "Fitness to Practise" or "FtP" in the UK):

> "Participants … were left dissatisfied with why their case had not progressed if it was disposed of pre-hearing. Interviews with the public witnesses at a hearing felt that the interests of the professional were being placed above those of service users/patients. Their experiences of FtP often resulted in their causes for concern not forming the basis of the FtP investigation and/or hearing. They concluded that their legitimate concerns were thus not important to the regulator. Given the purpose of FtP described above, this reflects a mismatch of expectations and what regulators are required to do to bring a FtP case. Additionally, their experiences of the conduct of the hearing process itself left them feeling that little weight was given to their testimony or concerns, often due to registrants' representatives' adversarial cross-examination. The impact of the incident on them was

> not shared. In effect, there was 'disposal' (in the general rather than legal sense) of their testimony and the resulting perception that their perspective and concerns were being disrespected.
>
> We found that most witnesses experienced FtP as being onerous, difficult and disappointing in terms of outcomes and processes. For some witnesses, engagement in FtP was potentially retraumatizing… Collectively, these experiences have the potential to undermine public trust in regulators and regulatory processes."

Generally, communications were seen to be infrequent, insensitive, overly complex, and legalistic. Regulatory websites were often seen as unreadable, inaccessible and difficult to navigate. Few public participants used the witness support offerings, and those who did were dissatisfied.

Public participants had different views on the value of apologies and those who received apologies where not satisfied with how they were given.

The authors discussed the fundamental incompatibility between the current legal structure of regulatory processes and the needs and expectations of public participants. Once a complaint was made "the 'case' was no longer theirs, and they could find their concerns were not addressed…." They were often "required to repeat their story to different people at different stages of the process." The focus was on the registrant's behaviour and not the harm the public participants experienced.

The initial harm event was compounded by the process, especially by cross-examination at a discipline hearing. "These experiences of eroded trust and distrust are indicative of low psychological safety, which is central to raising concerns." The authors wondered whether alternative processes, such as mediation, should be trialled.

The authors made several recommendations to improve the existing regulatory processes. Some related to compassionate regulation concepts that have been discussed within the regulatory world for some time now. Specific recommendations that may be of interest to Canadian regulators include the following:

- Guide prospective complainants to alternative processes, including: "inquests, civil proceedings, NHS complaints, social services complaints and criminal cases."
- Ensure regulators have a "holistic understanding" of how the process is experienced by complainants and witnesses, "their motivations for making a complaint, the impact of the unfamiliarity of these processes, the work involved for the referrer and harm caused by communications that may be experienced as overly legalistic or disrespectful."
- Regulators should "expand the opportunities for witnesses to explain to regulators and hearing panels about the personal impact of the case, for example, using victim personal or impact statements."
- Establish feedback mechanisms to identify and learn from the experience of public participants.
- "Provide clearer public-facing information, coproduced with members of the public" about the regulatory processes and options including on regulatory websites.
- Work with employers of registrants to facilitate the better handling of concerns locally where appropriate.
- Communications should clearly explain the process, including why some concerns might not be proceeded with, ensuring that the public participant's concerns were heard, establishing and employing

> the public participant's preferred means and timing of communications, updating participants regularly, and ensuring that decisions are appropriately communicated so that participants can make sense of the outcome.

Detailed recommendations were made about cross-examinations:

> "The process of cross-examination can generate additional harm for witnesses. Regulators should support witnesses to understand what it is like to be a public witness and go through cross-examination, including: clearly explaining what happens at a hearing; the purpose of cross-examination and what sort of questions they may be asked in cross-examination; what actions witnesses can take when giving evidence, such as asking for breaks and for questions to be rephrased; and acknowledgement that cross-examination is broadly understood to be inherently stressful and difficult.
>
> Panel members (especially, the Panel Chair) and legal advisers should better understand the experience of public witnesses and intervene in inappropriate and distressing cross-examination.
>
> Where appropriate, and in conjunction with the public witness, consider whether alternative or modified approaches to cross-examination may be possible within existing FtP processes. More broadly, consider whether alternatives to the adversarial approach can be sought out and evaluated."

The report sets out new research on the impact of the complaints and discipline process on the members of the public who seek it out. The report also provides links to many other resources. Regulators may benefit from reviewing it in detail.

See: Wallace L, Ryan S, Searle R, Hughes G, Sorbie A, Ryan-Blackwell G, et al., "Witness to Harm-Holding to Account. Improving patient, family and colleague experiences of Fitness to Practise proceedings: a mixed-methods study" Health Soc Care Deliv Res 2025;13(44). https://doi.org/10.3310/SSPP1118.

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