Council Meeting
College of Homeopaths of Ontario

Wednesday, June 19, 2024 10:00 a.m. – 12:49 p.m.

by teleconference

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		**Call to Order**	**Information**	**Verbal**	**B Sharma**	**10:00**	**2 min**
2		**Welcome to New Council Members and Guests**	**Information**	**Verbal**	**B Sharma**	**10:02**	**10 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 2023-24 OPGO Update 3.1.4 Inquiries, Complaints and Reports Cttee Report 3.1.5 HPRO Annual Meeting Report 3.1.6 2024-25 Meeting Dates 3.1.7 Spousal Exception Regulation	**Information**	**Written**	**B Ziv**	**10:12**	**5 min**
	3.2	Adoption of Agenda	**Decision**	**Written**	**B Sharma**	**10:17**	**5 min**
4		**Declaration of Conflict of Interest**	**Decision**	**Written**	**B Sharma**	**10:22**	**3 min**
5		**Approval of minutes**					
	5.1	February 28, 2024	**Decision**	**Written**	**B Sharma**	**10:25**	**5 min**
6		**Executive Committee Election**	**Decision**	**Written**	**B Ziv/Legal**	**10:30**	**45 min**
BREAK						**11:15**	**10 min**
7		**Operating Plan Goals and Objectives (OPGO)**					
	7.1 7.2	2024/2025 OPGO Plan Registrar's Goals	**Decision**	**Written**	**B Ziv** **Chair**	**11:25**	**15 min**

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
	7.3	Rebranding/Engagement Strategy Update i) Scope of Practice Project ii) Insurance Benefits Strategy iii) Public Education iv) Interprofessional Collaboration	**Discussion**	**Written**	**K Harvey**	**11:40**	**20 min**
IN CAMERA							
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.*							
8		**Approval of *in camera* minutes– February 28, 2024**	**Decision**	**Written**	**Chair**	**12:00**	**5 min**
9		**Finances**					
	9.1	Statement of Operations	**Decision**	**Written**	**B Ziv**	**12:05**	**10 min**
	9.2	Operational Strategy	**Information**	**Verbal**	**B Ziv**	**12:15**	**10 min**
10		**Committee Appointments**	**Decision**	**Written**	**J Blanchard**	**12:25**	**10 min**
11		**Other Business and Action Items Arising**	**Discussion**	**Verbal**	**Chair**	**12:35**	**10 min**
12		**HBS – Preparation Time**	**Information**	**Verbal**	**Chair**	**12:45**	**2 min**
13		**Adjournment**	**Decision**	**Verbal**	**Chair**	**12:47**	**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 June 2024

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

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Wednesday, February 28, 2024
by telephone and video conference

Present

Council

Bhupinder Sharma	Professional (Chair)
Akhlaq Ahmad	Professional
Ayinde Azeez	Public
Heather Broadhead	Public
Anna Cardozo	Professional
Kerri Flood	Professional
Catherine Kerr	Public
Kamika Mclean	Public
Sanjeev Nayyar	Professional
Guru Dutt Vaid	Professional
Angela Vani	Professional

Staff

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

Guests

Iang Mawi Zai Tu	Ministry of Health
Sola Joseph	Office of the Fairness Commissioner

1 Call to Order

The President called the meeting to order at 10:00 a.m. and conducted a roll call.

2 Welcome to New Council Members

The Chair welcomed guests from the Ministry of Health and the Office of the Fairness Commissioner.

3 Agenda

3.1 Consent Agenda and Committee Reports

1. *Update on Action Items*
2. *Operating Plan Goals & Objectives*
3. *Membership Scorecard*
4. *ICRC Report*
5. *Governance Panel Report*
6. *HPRO EDI Terminology*
7. *Emergency Class Update*

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Motion # 1: To adopt the consent agenda
Moved by H. Broadhead, seconded by A. Cardozo

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 K. Flood, seconded by H. Broadhead

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 September 20, 2023
(Appendix 5.1 Minutes, September 20, 2023 Council meeting)

Motion # 3: To approve the minutes of September 20, 2023
Moved by K. Flood, seconded by A. Cardozo

That Council approve the minutes of its September 20, 2023 meeting.
CARRIED

6 Scope of Practice

6.1 Exploration of Change of Scope
(6.1.1 Report: Exploration of Change of Scope)
(6.1.2 Report: October 2021 Registration Committee Proposed Regulatory Change)
(6.1.3 Ministry Guide for Scope of Practice Change Proposals)

The Registrar described a potential initiative arising from the Ministry's new guidelines on changing scope of practice. Council discussed a number of options and determined by consensus that the best path forward at this stage would be to move the project to the OPGO A list, focusing on laboratory tests.Staff were directed to proceed with the planning phase and report to the Registration Committee and Council (option 1 in the report). It was noted that preparing a submission would take at least a year, and that a report to Council would be provided after approximately six months.

7 Governance

7.1 Council Competency Framework
(Appendix 7.1 Report: Council Competency Framework)

Staff presented the competency framework as revised by the Governance Panel.

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Motion # 4: To accept the competency framework
Moved by H. Broadhead, seconded by A. Cardozo

That Council accept the competency framework as presented.
CARRIED

7.2 Encouraging Member Engagement

Staff asked Council to consider whether the College should actively work to develop a pool of people interested in becoming involved with the work of the CHO. Options include providing educational material to anyone interested, recruiting competent registrants and/or members of the public, and identifying and advertising positions that could benefit from non-Council contributions. Further consideration of this topic will be part of engagement/rebranding efforts.

7.3 Registrar Annual Evaluation

The President described the evaluation process, noting that results will be reported to the Executive Committee and then presented to Council at its June meeting.

8 Change to Language Requirements Policy
(Appendix 8.1 Report: Change to Language Requirements Policy)

Motion # 5: To approve the revised Language Requirements Policy
Moved by K. Flood, seconded by A. Cardozo

That Council approve the revised Language Requirements Policy GR01.
CARRIED

9 Other Business and Action Items Arising
None identified.

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 H. Broadhead, seconded by A. Azeez

That Council move *in camera* at 11:35 a.m.
CARRIED

12 HBS Preparation Time

Half day preparation, half day meeting
Start time: 10:00 a.m.
End time: 11:48 a.m.

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13 Adjournment

Motion # 9: To adjourn
Moved by H. Broadhead, seconded by A. Cardozo

That Council adjourn at 11:48 a.m.
CARRIED

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

Chair **Date**

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AGENDA ITEM # 7.1
APPENDIX 7.1.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/JUNE 19, 2024**	**DECISION**	**X**
DATE:	**JUNE 12, 2024**	**DISCUSSION**	□
ITEM NAME:	**2024-2025 OPERATING PLAN GOALS & OBJECTIVES (OPGO)**	**INFORMATION**	□
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**J BLANCHARD**		

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

To present to Council a list of proposed operational goals and objectives based on a risk and resource-based review of College priorities and gaps addressed by the College Performance Measurement Framework (CPMF).

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:

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

GUIDING LEGISLATION/BYLAW/POLICY:

There is alignment between the proposed OPGO goals/objectives, the College's requirements under RHPA and the regulatory best practices captured in the Ministry of Health CPMF.

Direction from the CPMF

Domain 2: Resources

4. The College is a responsible steward of its (financial and human) resources.

Specific Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

Domain 7: Measurement, Reporting and Improvement

14. The College monitors, reports on, and improves its performance.

Specific Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.

Evidence

a. Outline the College's KPI's, including a clear rationale for why each is important.
b. The College regularly reports to Council on its performance and risk review against:
   i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan);
   ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and
   iii. its risk management approach.

Specific Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.

Evidence a. Council uses performance and risk review findings to identify where improvement activities are needed. (Benchmark Evidence)

PROTECTING THE PUBLIC: Provide a brief 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 supported through good governance and strong regulatory practices. The slate of proposed goals and objectives brings the College closer to both.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The proposed Operating Plan Goals and Objectives cover all aspects of College activities. To achieve these goals College staff, committees and Council must work together.

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).:

Arriving at the Proposed Goals

The proposed goals are based on internal review of:

1. The 2023/2024 Operating Plan Goals and Objectives results and carry forward items.
2. Alignment with Council approve Key Result Areas (KRAs).
3. Alignment with RHPA Objects/legislation requirements.
4. Gaps identified in the 2023 College Performance Measurement Framework submission, commitments for improvement and planned demonstration of MOH Benchmark Evidence standards.
5. Review of risk assessment on all requirements.
6. Input from staff on time available for project management work.

Based on the above criteria, the goals and objectives has been divided into two lists – items on the A list have a planned completion date prior to March 31,2025. Items on the B list will be undertaken if time and resources allow.

RISKS / MITIGATION OPTIONS:

No additional information provided.

KEY CONSIDERATIONS:

1. Effective use of available resources and skill set.
2. Alignment with regulatory requirements.

RESOURCE IMPLICATIONS:

1. Staff time for implementation and completion.

DEADLINES AND NEXT STEPS:

1. Staff are currently working on implementation of identified projects and initiatives.

OPTIONS FOR COUNCIL CONSIDERATION:

1. Approve List A Operating Plan Goals and Objectives.
2. Approve a modified List A Operating Plan Goals and Objectives.
3. Approve List A Operating Plan Goals and Objectives and prioritize items on List B to complete if resources allow.
4. Request that the Planning Team re-examine the Operating Plan Goals and Objectives and take to Executive Committee for approval.
5. Reject proposed Operating Plan Goals and Objectives.

RECOMMENDATIONS:

1. Approve List A Operating Plan Goals and Objectives for 2024/2025.

RESOLUTION:

BE IT RESOLVED THAT Council approve List A Operating Plan Goals and Objectives.

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 pilot test of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements.
2. Rollout of the self-assessment requirement to all registrants following pilot test.

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 issue and respond efficiently and appropriately. They make decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, with monitoring of 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 2023/2024.

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.

Disposition of Council Action Items

February 28, 2024 – June 12, 2024

1. Engage a third party to assess Council effectiveness.
   [IN PROGRESS, TO TAKE PLACE AT FALL MEETING]

2. Proceed with the planning phase of the scope change project related to laboratory tests.
   [IN PROGRESS, TO REPORT AT FALL MEETING]

3. Explore and expand the potential to engage registrants in achieving rebranding and policy goals.
   [IN PROGRESS, SEE 7.3]

4. Continue exploration of the role of homeopaths in the broader health-care system.
   [IN PROGRESS, SEE 7.3]

5. Complete annual performance evaluation of Registrar.
   [IN PROGRESS]

6. Post revised language policy.
   [COMPLETED]

For more information on activities in progress, see consent agenda item 3.1.3: 2023-24 OPGO Update.

Operational Goals and Objectives 2024/2025 Membership Scorecard

Actual at March 31, 2024		**2024-2025 Fiscal Year-End (PLAN)**	**Projected**	**At June 13/24**
Line 1 Members in Good Standing at March 31, 2023	**449**	Line 1 Members in Good Standing at March 31/2024		**440**
Adjustments		**Adjustments**		
Line 2 Less Admin Suspension (Current Year)	-15	Line 2 Less Admin Suspension (Current Year)		0
Line 3 Less Suspension pending	0	Line 3 Less Suspension pending (notice of suspension sent)		-11
Line 4 Less Members with Outstanding Payment or Form	0	Line 4 Less Members with Outstanding Payment or Form		-22
Line 5 Less Resignations	-19	Line 5 Less Resignations		-13
Line 6 Less Disciplinary Revocations	0	Line 6 Less Disciplinary Revocations		0
Line 7 Full Class Members 390		Line 7 Full Class Members 373		
Line 8 Inactive Class Members 26		Line 8 Inactive Class Members 32		
Line 9 2023-2024 Renewing Member (Line 7 + 8)*	415	Line 9 2024-2025 Renewing Members (Line 7 + 8)		405
Line 10 New Members – Full Class	+23	Line 10 New Members – Full Class		+11
Line 11 Reinstated Members	+1	Line 11 Reinstated Members		0
Line 12 Return to Good Standing from admin suspension prior to 2023-2024 fiscal year	+1	Line 12 Return to Good Standing from Admin Suspension issued prior to 2024-2025 fiscal year		0
Fiscal Year-End		**Ongoing Tally**		
Line 13 Members in Good Standing at March 31, 2024 (Line 9 + 10)	**440**	Line 13 Members in good standing at June 13, 2024		**416**

Comments:
The activities of administrative suspension, expiry and revocation are in accordance with the College's Registration Regulation O.Reg.18/14 and/or the Regulated Health Professions Act, Schedule 2, section 15.
*1 individual who renewed for the 2023-2024 year and paid in full, has been suspended by ICRC.

COLLEGE OF HOMEOPATHS OF ONTARIO

2023-2024 Operating Plan, Goals & Objectives
Summary of Deliverablesas of March 31, 2024

Key Result Area 1: CHO Deliver of Legislative & Legal Mandate
Key Result Area 2: CHO to Practice Good Governance
Key Result Area 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)

Status Legend	On track	In progress	Stuck

Deliverable	Status/Comments
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. [Carry forward item] [CPMF Std 9.3] 1. Complete outstanding OFC requirements.	In progress. - CHO met with the OFC in July, Nov and January for our quarterly progress meetings. - Submitted the 2022 calendar year Fair Registration Practices Report, and the 2023 Risk Informed Compliance Framework (RICF) questionnaire. - Attended Data Portal Focus Group. - Received low risk rating under 2024 RICF framework. - Commenced records audit on third-party assessor service provider. - Implementation of new 2023 regulatory registration requirements resulted in changes to language proficiency policy. Complete. - CHO is in full compliance of other 2023 regulatory changes related to removal of Canadian experience requirements, and adherence* to approval timelines of 6-months for Canadian based applications and 12-months for international applications. [To the 95th percentile. - Ongoing work on completion of outstanding OFC audit 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].* 1. Launch pilot test of the registrant self-assessment requirement of the CHO Quality Assurance	In progress. Staff are working towards pilot testing and rolling out the Quality Assurance Program to all registrants in late 2024.

2023-2024 Operating Plan, Goals & Objectives
Summary of Deliverablesas of March 31, 2024

Deliverable	Status/Comments
Program to ensure registrants understand and comply with the annual requirements. 2. Rollout of the self-assessment requirement to all registrants following pilot test.	
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. **Deliverable:** a) Domain 2 Resources – Governance Policies related to succession and contingency planning to ensure the College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. (CPMF Std 4.1 c Benchmark Evidence) b) 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) c) Domain 1 Governance – The Governance Panel to review and recommend competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b Benchmark Evidence)	In progress. a) and b) a number of new policies are being developed related to succession and contingency planning and College improvement measures. These are anticipated to come to the Sept 2024 Council meeting. c) competency profiles are returning to Council (first presented in September 2023) at the February 28, 2024 meeting, following review by the Governance panel. Implementation expected for 2025 election cycle.
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 of cybersecurity.	In progress. a. Mitigated and managed cybersecurity attack on College. b. Monitored situation to minimum risk and loss. c. Implemented steps to strengthen security moving forward. Further work on will continue through 2024-2025 with future focus on annual review and upgrades.
2C) Financial Maintain financial continuity of the College. **Deliverable:** 1. To maintain ongoing financial stability and continuity of operations of the College.	In accordance with the Bylaws the 2024/2025 fees were increased by the cost-of-living index for past 12-months or 3.8% (April 1, 2024 to March 31, 2025). This increase represents an increase of $50 plus HST.

2023-2024 Operating Plan, Goals & Objectives
Summary of Deliverablesas of March 31, 2024

Deliverable	Status/Comments
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) **Deliverable:** 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 2023/2024.	No progress in this reporting period.
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 by the fiscal year end.	Refer to Council agenda item 3.1.2
3B) Strengthen the Triad (Ontario) As part of a triad of institutions (Regulatory College, Education, Professional) support professional growth and practice excellence in homeopathy in Ontario, the CHO will promote, among the leadership, greater awareness of the unique roles and responsibilities of each partner of the triad. Through an environment of trust and mutual respectful collaboration partners will work to identify and coordinate activities to contribute to the unified growth of the profession and increase interest in the College and Council membership. CHO will contribute, as possible, within its mandate of public protection. **Deliverable:** 1. Develop a proposal to work collaboratively with the triad leadership (regulatory college, educational bodies and professional associations) on a visioning exercise 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 qualified homeopaths. 2. Reach out to our peer stakeholders and invite them to meet and participate in a strategy planning session to advance collaborative initiatives.	a. working with Ontario Educational Institutions and Membership Organization to achieve coordinated initiatives: i. Provide greater opportunities for public participation in Homeopathic care. ii. Working towards increasing scope opportunities for homeopaths by opening access to exemption of delegation of medical tests under the Medical Tests Act. b. Ontario Homeopathic Medical Association of Canada (OHMC) – meeting with President, Board and representatives 4 – 6 times a year, to discuss the state of the profession. c. Canadian College for Homeopathic Medicine and Ontario College of Homeopathic Medicine – monthly meetings with Dean, and senior members regarding challenges and successes and gaining insights into future directions. d. Canadian Coalition for Homeopathy (CCHF) – attend meetings every month to provide the College's perspective and explain the regulatory environment and the College's position.

2023-2024 Operating Plan, Goals & Objectives
Summary of Deliverablesas of March 31, 2024

Deliverable	Status/Comments
	e. Researching and negotiating for homeopaths to participate in Community Health Centres. f. Researching and negotiating for homeopaths to participate more widely with 3rd party insurance providers in the public interest. Participating in Research Project Sub-Committee with Education partners – meeting once a month

CONSENT AGENDA ITEM # 3.1.4
APPENDIX 3.1.4.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL JUNE 19, 2024**	**DECISION**	□
DATE:	**JUNE 7, 2024**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – INQUIRIES, REPORTS AND COMPLAINTS**	**INFORMATION**	**X**
INITIATED BY:	**K FLOOD, B ZIV**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To provide an update of the activities of ICRC from December 2023 to June 2024.

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:

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

GUIDING LEGISLATION/BYLAW/POLICY:
Regulated Health Professions Act, 1991(RHPA), Schedule 2 the Health Professions Procedural Code
Homeopathy Act, 2007

PROTECTING THE PUBLIC: Provide a brief 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.

The Inquires, Complaints, and Reports Committee (ICRC) is a Statutory Committee as defined in the Health Professions Procedural Code (Schedule 2 of the RHPA, 1991). ICRC investigates allegations of registrant-specific concerns which the College receives through reports to determine whether there is any evidence of professional misconduct, incompetence, or incapacity. The College's may receive this information from various sources, such as formal complaints, mandatory reports and information brought to the attention of the Registrar.

A panel[1] of the ICR Committee, after investigating a formal complaint or a Registrar's report, may do any one or more of the following, based on its assessment of risk:

- Take no action if the registrant's conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information for the Committee to take action.
- Provide advice and recommendations to the registrant – this may be provided in writing.
- Ask the registrant to enter into an agreement with the College to complete upgrading.
- Require the registrant to complete a specified continuing education or remediation program (SCERP).

[1] In accordance with the Health Professions Procedural Code, the Chair may appoint a panel of three members of the committee to review a matter before the Committee pertaining to an inquiry, complaint, mandatory report, or an Registrar's report.

- Require the registrant to appear before a panel to be cautioned about his/her practice or conduct.
- Refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence.
- Refer the registrant to another panel of the ICR Committee for investigation of possible mental or physical health concerns that might interfere with the registrant's ability to practise.

The College also has the option to use an alternative dispute resolution (ADR) program, as permitted by the RHPA to assist the registrant and complainant in coming to a mutual agreement, provided that the matter of the complaint is not one of sexual abuse. Any resolutions reached through the ADR program are ratified by a panel of the ICR Committee.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

ICRC currently has five members and is supported by the Registrar and Communications Officer.

- Kerri Flood (Professional) Chair
- Akhlaq Ahmad (Professional)
- Paul Joseph (Professional) [Non-Council appointee]
- Catharine Kerr (Public)
- Angela Vani (Professional)

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).:

Between December 5, 2023 and June 7, 2024, a panel of the Committee has met one time to issue six decisions on a variety of files. Two complaints have been referred to Discipline Committee.

There is currently one file pending review by the Committee.

HPRO Health Profession Regulators of Ontario

2023-2024 HIGHLIGHTS

HEALTH PROFESSION REGULATORS OF ONTARIO

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HPRO Members	8

Sharing highlights between HPRO's 2023 and 2024 Annual Meetings.

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's*) 26 Colleges.

Ontario's health profession regulators have the duty to protect the public, making sure healthcare professionals are safe, ethical, and competent. They currently regulate 29 distinct professions — almost 400,000 healthcare professionals in the Province, and these numbers will increase later in 2024 when the College of Psychologists of Ontario will begin to regulate applied behaviour analysts, effective July 1, 2024.

Along with a full-time Executive Director, HPRO is supported by innumerable volunteers, including all College Registrars who make up the Board of Directors, as well as our Chair, Vice-Chair and Treasurer, and an active Management Committee and other Committees, Networks, and Working Groups. Because of that support, we are able to share highlights of HPRO's successes over the past year, including the development of a new statement of purpose:

HPRO advocates for ongoing regulatory improvement that supports the public interest.

HPRO Health Profession Regulators of Ontario

Strategic Priorities

Government Relations

Equity, Diversity, Inclusion (EDI)

Excellence in Member Services

Management Committee Members:

Dan Faulkner, Chair

Maureen Boon, Vice-Chair

Shenda Tanchak, Treasurer

Elinor Larney, Past Chair

Judy Rigby, Member

Joe Jamieson, Member

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the May 19, 2023, Annual Meeting, reporting to the June 3, 2024, Annual Meeting.

HPRO's leadership is thankful to all who support the work of HPRO, making significant advancements in health profession regulation in Ontario.

GOVERNMENT RELATIONS

One of HPRO's strategic priorities focuses on government relations. HPRO is committed to cultivating and maintaining positive, collaborative relations with all levels of Government, with the focus on regulatory excellence. HPRO's members are in a unique position to be able to influence change in the public interest.

On May 6, 2024, HPRO wrote to Health Minister Sylvia Jones, inviting the Minister to HPRO's June 3rd Annual Meeting. The following is an excerpt from that letter, highlighting three key topics that HPRO has identified as areas of potential work with Government:

- ***Health Human Resources (HHR):*** *We are committed to continuing to work with Government to find innovative solutions to the HHR crisis while ensuring patient safety. Health profession regulators are uniquely positioned, given our legislated registration responsibility, to assist Government in this important work.*
- ***Effective Governance:*** *Public involvement in our regulatory work is critical. That is why we are working on strategies to improve that involvement and would welcome your feedback on strategies that will allow Colleges to do our work as effectively and efficiently as possible.*
- ***Public Input:*** *HPRO has taken on the responsibility of the Citizen Advisory Group (CAG) which gives a voice to patient and caregiver perspectives through the CAG members. These are patients and caregivers who are representative of the Ontario population and who provide essential feedback on topics such as professional rules, standards of practice, strategic priorities, and communications directed at the public.*

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)
HPRO continues to support Colleges in their reporting on the Ministry's College Performance Measurement Framework (CPMF). HPRO will continue to work toward making the best use of the information provided in these reports, noting the commendable practices identified each year.

OFFICE OF THE FAIRNESS COMMISSIONER (OFC) – RISK-INFORMED COMPLIANCE FRAMEWORK (RICF)
HPRO wrote to Ontario's Fairness Commissioner Irwin Glasberg on February 28, 2024, regarding the OFC's Risk Informed Compliance Framework (RICF). HPRO shared that its members "are committed to effective and efficient licensure practices and are interested in contributing to broader provincial policy decisions to address labour shortages in specified professions and geographic regions", confirming HPRO's mutual commitment to transparency, objectivity, impartiality, and fairness in registration practices. Discussions with the OFC continue.

EQUITY, DIVERSITY, INCLUSION (EDI)

ANTI-RACISM IN HEALTH REGULATION PROJECT (ARHR)
2023 saw the completion of HPRO's ARHR Project, which was led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, partially funded by a grant from the Federal Government's Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program. The project had three deliverables which included an EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation; an EDI self-assessment checklist and reporting tool; and the development of an EDI toolkit, including internal training components for colleges.

HPRO's work has reached hundreds of College staff, Council/Board and committee members, and through the Colleges' work, hundreds of thousands of health professionals. Additionally, HPRO continues to share the outcomes of this project with other regulators to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

Anti-Racism in Health Regulation Project Steering Committee:

Judy Rigby (CDTO), Chair
Deborah Adams (CRPO)
Brian Fehst (CKO)
Naakai Garnette (CMTO)
Zahra Grant (CMO)
Tim Mbugua (COTO)
Kevin McCarthy (CNO)
Brian O'Riordan (CASLPO)
Delia Sinclair Frigault (OCP)

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

EQUITY, DIVERSITY, INCLUSION (EDI) (CONTINUED)

EDI NETWORK

HPRO has a dedicated EDI Network. It includes staff from all HPRO Colleges who have a role related to or interest in EDI. The EDI Network is led by Co-Chairs Preeya Singh (CASLPO) and Michelle Tremblay (RCDSO).

The EDI Network has received presentations or focused discussion on the following topics:

- Use of the HPRO EDI Toolkit
- EDI and the Ministry of Health's CPMF
- Demographic Data Collection (Dr. Nafeesa Jalal, NJGC Inc.)
- Land Acknowledgements
- Truth and Reconciliation
- The future of EDI

Equity, Diversity, Inclusion (EDI)

HPRO commits to and promotes the principles of Equity, Diversity, and Inclusion, supporting Colleges in their EDI journeys.

Excellence in Member Services

HPRO provides its members with the services Colleges need to support their work.

EXCELLENCE IN MEMBER SERVICES

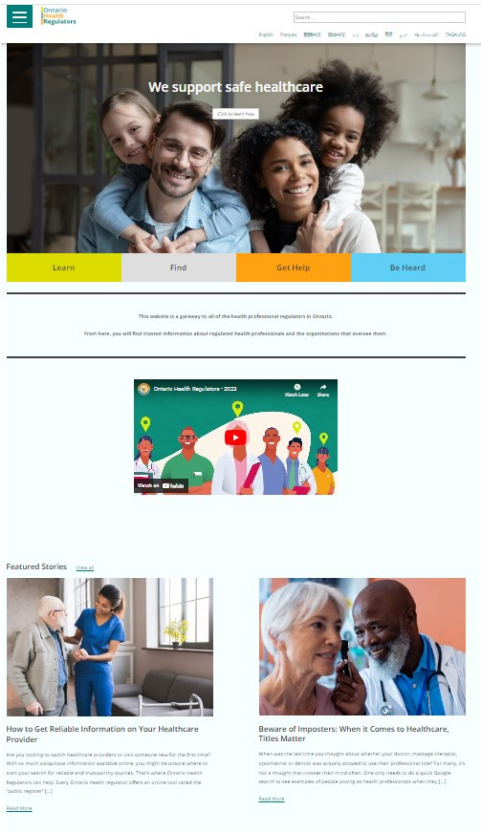
The remainder of our 2023-2024 Highlights document will focus on how HPRO is providing its members with the services Colleges need to support their work.

HPRO'S ONLINE RESOURCES

- **Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario**
- **Consent and Capacity Resources**
- **Positions available at HPRO Member Colleges**
- **Information on College Board of Directors/Council Meeting dates**

COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and on promoting HPRO's public-facing website.



ontariohealthregulators.ca (OHR) provides links to Colleges' general information for the public, their public registers, information about complaints, and public consultations. Also included on that site are a number of featured stories and a video about health regulatory bodies. This work is consistent with Colleges' duty to promote and enhance relations between Colleges and the public.

The Communications Committee, through its Communicators' Network Event Planning Subcommittee, was also able to offer a half-day conference on December 13, 2023, which featured two sessions: "Strategic Marketing for Communicators" by Mike Leon of Brand Heroes and Crisis Communications by Zimra Yetnikoff of the College of Psychologists of Ontario. On April 10, 2024, Jared Curtis of Maximus presented on artificial intelligence, noted to be one of the best presentations on this trending communication tool heard by Network members.

Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO)
- Victoria Marshall (CMO)
- Ryan Pestana (CDHO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

Communicators' Network Event Planning Subcommittee :

- Ryan Pestana (CDHO) - Chair 2023
- Michelle Price (CMLTO) - 2023 and Chair 2024
- Aaron Ma (CMTO) - 2023
- Wellie Chihaluca (CCRTO) - 2024
- Amandine Viaud (RCDSO) - 2024

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO's Officers and Management Committee members as well as HPRO's Committee membership appointments for the 2024-2025 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

Nominations Committee:

- Elinor Larney, Chair
- Carole Hamp (CRTO)
- Ann Zeng (CTCMPAO) (to January 2024)
- Kelly Dobbin (as of March 2024)
- Nancy Leris (as of March 2024)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Cara Moroney (COTO) as of 2024

Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (Steinecke Maciura LeBlanc)

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges' practices.

In 2023, the Committee and talented volunteers created a new mock discipline hearing video to demonstrate the new way hearings are being held post-COVID.

Fall 2023 Workshops

November 3 – Basic Session: 34 registrants (12 Colleges)
November 20 – Advanced Session: 27 registrants (9 Colleges)

Spring 2024 Workshops

May 16 – Basic Session: 28 registrants (11 Colleges)

June 13 – Advanced Session (scheduled)

REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

May 28, 2024 Workshop – 10 registrants (5 Colleges)

GOVERNANCE TRAINING FOR *RHPA* COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

November 7 & 14, 2023 – 44 registrants (10 Colleges)

May 14 & 21, 2024 – 30 registrants (7 Colleges)

TRANSITIONS

HPRO MEMBERS:

- **College of Physiotherapists of Ontario: Craig Roxborough** was appointed Registrar and CEO, effective May 23, 2023. **Anita Ashton** had served as Interim Registrar since the passing of **Rod Hamilton** on August 11, 2022.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario: Ann Zeng** left her role as Registrar and CEO on February 1, 2024; **Sean Cassman** was appointed as Acting Registrar and CEO.
- **College of Audiologists and Speech-Language Pathologists of Ontario**: on May 15, 2024, it was announced that **Margaret Drent** would assume the role of Registrar upon the retirement of **Brian O'Riordan** on January 17, 2025.

HPRO :

- **HPRO** appointed its first full-time Executive Director, **Beth Ann Kenny** as of September 15, 2023.
- **HPRO** is piloting an **Affiliate program** for non-*RHPA* regulators to share in some of HPRO's education, training, and other applicable benefits.

HPRO NETWORKS AND WORKING GROUPS

College staff have access to Networks that focus on key areas of College activity:

- **CPMF**
- **Communications**
- **Compliance Monitoring**
- **Corporate Services**
- **Deputy Registrars**
- **EDI**
- **Enterprise Risk Management and Business Continuity**
- **Executive Assistants**
- **Investigations and Hearings**
- **Policy Advisors**
- **Practice Advisors**
- **Quality Assurance**
- **Records Management**
- **Registration (Previously ORAC)**

<u>Disclosure of Information by Colleges (Section 36) Working Group</u>

This Working Group brought recommendations to the HPRO Board of Directors related to guidelines for the disclosure and sharing of information, which was approved in principle by the HPRO Board early in 2024. Thanks to the following who supported that work:

- Anita Ashton, College of Physiotherapists of Ontario (Lead)
- Angela Bates, OCP
- Carloyn Gora, CNO
- Eric Bruce, CDHO
- Tina Langlois, CMRITO

HPRO Health Profession Regulators of Ontario

2023-2024 HIGHLIGHTS

Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
College of Chiropodists of Ontario (COCOO)
College of Chiropractors of Ontario (CCO)
College of Dental Hygienists of Ontario (CDHO)
College of Dental Technologists of Ontario (CDTO)
College of Denturists of Ontario
College of Dietitians of Ontario
College of Homeopaths of Ontario (CHO)
College of Kinesiologists of Ontario (CKO)
College of Massage Therapists of Ontario (CMTO)
College of Medical Laboratory Technologists of Ontario (CMLTO)
College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
College of Midwives of Ontario (CMO)
College of Naturopaths of Ontario (CONO)
College of Nurses of Ontario (CNO)
College of Occupational Therapists of Ontario (COTO)
College of Opticians of Ontario
College of Optometrists of Ontario
College of Physicians and Surgeons of Ontario (CPSO)
College of Physiotherapists of Ontario
College of Psychologists of Ontario
College of Registered Psychotherapists Therapists of Ontario (CRPO)
College of Respiratory Therapists of Ontario (CRTO)
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
Ontario College of Pharmacists (OCP)
Royal College of Dental Surgeons of Ontario (RCDSO)

Health Profession Regulators of Ontario (HPRO)

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COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL, JUNE 19, 2024**	**DECISION**	□
		DISCUSSION	□
		INFORMATION	**X**
DATE:	**JUNE 12, 2024**		
ITEM:	**Treating Spouse Draft Regulation Submission**		
PRESENTED BY:	**J. BLANCHARD/B. ZIV**		

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

1. To provide an update on the status of the regulatory submission to the Ministry of Health on the proposed draft regulation allowing registrants to treat spouse.

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:

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

GUIDING LEGISLATION:
RHPA, 1991

STATUS UPDATE:
In early June 2024, the Ministry reached out to CHO to determine its interest in proceeding with the submission. CHO has indicated its desire to bring the regulatory proposal forward to the Government for approval. Timelines on completion: Unknown.

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).:

On November 6, 2013, Bill 70, *Regulated Health Professions Amendment Act (Spousal Exception), 2013* – An Act to amend the *Regulated Health Professions Act, 1991*, ("RHPA") received Royal Assent and became law.

This amendment was a private member's bill. Though not mandatory, it provides each regulatory College with the authority to create a regulation that permits members to treat spouses, exempting such treatment from the sexual abuse provision of the RHPA.

Subsection 1 (3) of the Health Professions Procedural Code[1], which is Schedule 2 to the *Regulated Health Professions Act, 1991*, (RHPA) sets out a definition of "sexual abuse" that includes certain conduct, behaviour and

[1] RHPA, 1991 – Interpretations subsection 1(3) of the Health Professions Procedural Code (Schedule 2),
Sexual abuse of a patient
(3) In this Code,
"sexual abuse" of a patient by a member means,
(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
(b) touching, of a sexual nature, of the patient by the member, or
(c) behaviour or remarks of a sexual nature by the member towards the patient. 1993, c. 37, s. 4.

remarks between a patient and a member of a regulated health profession. A newer subsection [1(5)] of the Code provides for an exception where the patient is the member's spouse and the conduct, behaviour or remark does not occur while the member is engaged in the practice of the profession. The exception is available to a member of a particular health profession only if the member's College makes a regulation that adopts the exception.

Currently, a CHO registrant is not permitted to treat his or her spouse and is in breach of the RHPA's sexual abuse provisions if they do so. If approved by the Government of Ontario, the proposed regulation would create an exception and would allow registrants to treat their spouses. In the meantime, guidance on sexual abuse and appropriate boundaries has been provided to registrants under CHO Professional Practice Standard #16 – Therapeutic Relationships and Professional Boundaries and the 2022 Practice Management Program release on Stopping Sexual Abuse.

History at Council

This item first came to Council on March 23 and May 4, 2015, and was approved on May 4, 2015 for formal 60-day consultation. Following public consultation, Council carried a motion to proceed with the submission to government of the draft (proposed) regulation.

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Monday, August 10, 2015

9 Regulations

9.1 Treating Spouse Draft Regulation

(Appendix 9.1.1 Report Form: Treating Spouse Draft Regulation)

Feedback from the 60-day consultation was presented. Staff will prepare a comprehensive submission for the Ministry. It was noted that the CHO proposal is exactly aligned with what other colleges have submitted. Background regarding the regulation was presented as well as feedback from 60-day consultation. See page 4 of Appendix 9.1.1 detailing the draft regulation.

Motion # 8: To approve the draft regulation as presented
Moved by Jim Dunsdon, seconded by Kelly Warren
That Council approve the draft regulation on treating spouses as presented.
CARRIED

Exception

(4) For the purposes of subsection (3),

"sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided. 1993, c. 37, s. 4.

Exception, spouses

(5) If the Council has made a regulation under clause 95 (1) (0.a), conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of "sexual abuse" in subsection (3) do not constitute sexual abuse if,

(a) the patient is the member's spouse; and

(b) the member is not engaged in the practice of the profession at the time the conduct, behaviour or remark occurs. 2013, c. 9, s. 1 (1).

Definitions

(6) For the purposes of subsections (3) and (5),

"patient", without restricting the ordinary meaning of the term, includes,

(a) an individual who was a member's patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member's patient, and

(b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; ("patient")

"spouse", in relation to a member, means,

(a) a person who is the member's spouse as defined in section 1 of the *Family Law Act*, or

(b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years. ("conjoint") 2017, c. 11, Sched. 5, s. 6.

Statement of purpose, sexual abuse provisions

1.1 The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members and, ultimately, to eradicate the sexual abuse of patients by members. 2017, c. 11, Sched. 5, s. 7.

Due to the College's human resource shortage, staff were unable to move forward to complete the regulatory submission.

Development of the submission was reconfirmed by Council on June 20, 2018,

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College of Homeopaths of Ontario (CHO)
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11.2 Spousal Treatment Regulation
(Appendix 11.2 Treating Spouse Draft Regulation Report)
Staff described the history and intent of this issue, offering a number of options as to how Council might proceed.
Motion # 12: To approve a proposed spousal exception regulation for submission to the Ministry of Health and Long-Term Care
Moved by A. Cardozo, seconded by S. Ampadi

BE IT RESOLVED THAT Council, pursuant to the provisions of 95(1)(0.a) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, as amended, (the Code), approves for submission to the Ministry of Health and Long-Term Care:

Proposed Spousal Exception Regulation
"Conduct, behaviours or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of "sexual abuse" in subsection 1(3) of the Health Professional Procedural Code of the *Regulated Health Professions Act, 1991*, shall not constitute sexual abuse, if
a) The patient is the member's spouse; and
b) The member is not engaged in the practice of the profession at the time the conduct, behaviour or remarks occur."
CARRIED

M. Tulandi in favour
K. Flood in favour
A. Cardozo in favour
P. Joseph in favour
A. Berger in favour
E. Gajraj in favour
S. Ampadi in favour
S. Nayyar in favour
G. Kapelus in favour
B. Sharma in favour
M. Heller opposed

The submission to the Ministry of Health was made on January 31, 2022.