AGENDA

Council Meeting
College of Homeopaths of Ontario
by teleconference
Thursday, March 10, 2022 10:00 a.m. – 12:49 p.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		**Call to Order**	**Information**	**Verbal**	**A Cardozo**	**10:00**	**2 min**
2		**Welcome to New Council Member and Guests**	**Information**	**Verbal**	**A Cardozo**	**10:02**	**2 min**
3		**Agenda**					
	3.1	Consent Agenda[1] and Committee Reports 3.1.1 Update on Action Items 3.1.2 Executive Committee Report (Feb 15) 3.1.3 Inquiries, Complaints and Reports Cttee 3.1.4 Registration Committee 3.1.5 Discipline Committee 3.1.6 Patient Relations Committee 3.1.7 Annual Operating Calendar 3.1.8 Action Items Tracking Process 3.1.9 Membership Scorecard 3.1.10 Draft Policy: Meeting Package Distribution 3.1.11 Registrar's Annual Review Process 3.1.12 Governance Panel Report	**Information**	**Written**	**B Ziv**	**10:04**	**5 min**
	3.2	Adoption of Agenda	**Decision**	**Written**	**A Cardozo**	**10:09**	**2 min**
4		**Declaration of Conflict of Interest**	**Decision**	**Verbal**	**A Cardozo**	**10:11**	**1 min**
5		**Approval of minutes**					
	5.1	October 21, 2021	**Decision**	**Written**	**A Cardozo**	**10:12**	**5 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.*							
6		**Approval of *in camera* minutes–October 21, 2021**	**Decision**	**Written**	**A Cardozo**	**10:17**	**5 min**
7		**Finances**					

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
	7.1	Statement of Operations	**Decision**	**Written**	**B Ziv**	**10:22**	**10 min**
8		**College Performance Measurement Framework**					
	8.1	2021 CPMF Submission	**Decision**	**Written**	**J Blanchard**	**10:32**	**20 min**
	8.2	Outcome and Planning for 2022	**Discussion/ Decision**	**Written**	**B Ziv**	**10:52**	**13 min**
BREAK						**11:05**	**5 min**
9		**Operational Goals & Objectives**					
	9.1	2021-2022 Operational Goals & Objectives	**Information**	**Written**	**B Ziv**	**11:10**	**10 min**
	9.2	Confirmation of Key Result Areas for 2022-2023	**Decision**	**Written**	**A Cardozo**	**11:20**	**10 min**
10		**Competency-Based Governance**	**Information**	**Verbal**	**R Steinecke**	**11:30**	**40 min**
11		**MOH Proposal on Governance Reform**	**Information**	**Written**	**B Ziv**	**12:10**	**10 min**
12		**Council Self-Evaluation Report**	**Decision**	**Written**	**K Harvey**	**12:20**	**15 min**
13		**Other Business and Action Items Arising**	**Discussion**	**Verbal**	**A Cardozo**	**12:35**	**5 min**
	13.1	College of Traditional Chinese Medicine Practitioners and Acupuncturists	**Information**	**Verbal**	**B Ziv**	**12:40**	**5 min**
14		**HBS – Preparation Time**	**Information**	**Verbal**	**A Cardozo**	**12:45**	**2 min**
15		**Adjournment**	**Decision**	**Verbal**	**A Cardozo**	**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 March 10, 2022

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
Heather Broadhead	✓	Rotary Club of London, member, ongoing Institute of Corp. Directors, member, ongoing Vimy Ridge Legion, member, ongoing	None
Anna Cardozo	✓	None	None
Kerri Flood	✓	CCHM, contract teacher, 2020-2021	None
Mark Heller	✓	IPAC Canada, member, ongoing Canadian College of Health Leaders, member, ongoing Ontario Long Term Care Association, member, ongoing Advantage Ontario, member, ongoing Ontario Retirement Communities Association, member, ongoing Canadian Standards Association, member, ongoing	None

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Julie Hughes	✓	Ontario Trillium Foundation, volunteer, 3 years	None
Catherine Kerr	✓	None	None
Kamika McLean	✓	None	None
Sanjeev Nayyar	✓	None	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
Michael Steele	✓	Financial Planning Association (USA), Member, annual Addiction Services of Thames Valley, Board Chair, no end date MLHU Board of Health, Provincial Appointment, December 9, 2023 CIFPs, Member, annual	None
Guru Dutt Vaid	✓	None	None

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Thursday, October 21, 2021
by telephone and video conference

Present

Council

Mark Heller	Public (Chair up to agenda item 6.1)
Anna Cardozo	Professional (Chair from agenda item 7 onward)
Akhlaq Ahmad	Professional
Heather Broadhead	Public
Kerri Flood	Professional
Julie Hughes	Public
Sanjeev Nayyar	Professional
Bhupinder Sharma	Professional
Mike Steele	Public
Guru Dutt Vaid	Professional

Regrets

Kamika Mclean	Public

Staff

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Heidi Mayer	Registration Officer [afternoon]
Basil Ziv	Registrar and CEO

Guests

Brigitte Davis	Registrant
Natasha Zarubin	Registrant
Zahra Bolouk	Ministry of Health
Samantha Slater	Welch LLP [item 8.4 only]
Rebecca Durcan	Steinecke Maciura LeBlanc [items 6.1 and 6.2 only]

1 Call to Order
Mark Heller, President, called the meeting to order at 10:02 a.m. and conducted a roll call.

2 Welcome to Guests and New Council Members
The Chair welcomed and introduced guests.

3 Adoption of Agenda
(Appendix 3.1 Agenda, Council Meeting, October 21, 2021)

It was noted that item 10.3 would be a discussion item only. There was consensus that approval of the consent agenda would take place earlier in the meeting and, if discussion of any item were required, it would take place as scheduled under item 14.2.

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Motion # 1: To adopt the agenda as amended.
Moved by H. Broadhead, seconded by M. Steele

That Council adopt the agenda as amended.
CARRIED

Motion # 2: To adopt the consent agenda.
Moved by M. Steele, seconded by S. Nayyar

That Council adopt the consent agenda.
CARRIED

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

None declared. No changes had been made since declarations were signed. New declarations will be requested shortly.

5 Approval of Minutes

5.1 January 28, 2021
(Appendix 5.1 Minutes, January 28, 2021 Council meeting)

Motion # 3: To approve the minutes of January 28, 2021
Moved by A. Cardozo, seconded by S. Nayyar

That Council approve the minutes of its January 28, 2021 meeting.
CARRIED

5.2 March 17, 2021
(Appendix 5.2 Minutes, March 17, 2021 Council meeting)

Motion # 4: To approve the minutes of March 17, 2021
Moved by G. Vaid, seconded by K. Flood

That Council approve the minutes of its March 17, 2021 meeting.
CARRIED

5.3 Update on Action Items
(Appendix 5.3 Action Items)

Staff provided an update on the action items arising from the January and March meetings, noting that the majority had been completed.

6 Matters Related to the Election of the Executive Committee

6.1 Bylaws related to the Election of the Executive Committee

The College's legal counsel presented an in-depth explanation of bylaws related to the election of Executive Committee members, considering them in the context of both legislation and the entirety of

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CHO bylaws. Emphasis continues to be on the College's mandate to ensure that resources are focused on public protection as opposed to professional or individual interests. It was stressed that everything the College does must be framed through a public protection lens.

6.2 Election of Executive Committee

(Appendix 6.2.1 Report Form: Slate of Executive Committee and Officers Nominations)
(Appendix 6.2.2 Nomination Form)

Motion # 5: To appoint scrutineers
Moved by H. Broadhead, seconded by M. Steele

That Council appoint as scrutineers Rebecca Durcan and Rachel Mason of Steinecke Maciura LeBlanc.
CARRIED

Motion # 6: To appoint a Chair for the election
Moved by H. Broadhead, seconded by M. Steele

That Council appoint Registrar Basil Ziv as Chair for the duration of the election process.
CARRIED

Voting for the position of President resulted in a tie on both the first and second ballots, with the tie ultimately being broken via a draw conducted by scrutineer R. Durcan. To meet the required composition of three professional and two public members, there was a call for nominations from the floor for a public member-at-large.

The result of the election process was as follows:

President: Anna Cardozo
Vice-President: Kerri Flood
Treasurer: Heather Broadhead
Member-at-Large: Julie Hughes
Member-at-Large: Sanjeev Nayyar
Past President: Mark Heller

Motion # 7: To destroy the ballots
Moved by H. Broadhead, seconded by K. Flood

That Council instruct the scrutineers to destroy the ballots.
CARRIED

Registrar Basil Ziv passed the chair to President Anna Cardozo.

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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 # 8: To move *in camera*
Moved by B. Sharma, seconded by G. Vaid

That Council move *in camera* at 12:00 p.m.
CARRIED

8.4 2020-2021 Audited Financial Statements
(Appendix 8.4.1 Report to the Board of Directors)
(Appendix 8.4.2 Audited Financial Statements)

Samantha Slater of Welch LLP reviewed the 2020-2021 audited financial statements.

Motion # 13: To accept the audited financial statements
Moved by B. Sharma, seconded by H. Broadhead

That Council accept the 2020-2021 audited financial statements as presented.
CARRIED

8.5 Approval of Auditor for 2021-2022
(Appendix 8.5.1 Report Form: Appointment of Auditor for 2021-2022)

Motion # 14: To reappoint Welch LLP
Moved by H. Broadhead, seconded by M. Steele

That Council reappoint Welch LLP as the College's auditors for 2021/2022.
CARRIED

9 Operational Goals and Objectives

9.1 2020-2021 Operational Goals and Objectives
(Appendix 9.1 2021-2021 Operating Plan, Goals and Objectives Summary of Deliverables as of March 31, 2021)

Staff reviewed the status of operational goals and objectives as of the end of the 2021-2021 fiscal year.

9.2 2021-2022 Operational Goals and Objectives
(Appendix 9.2.1 2021-2022 Operating Plan, Goals & Objectives)
Appendix 9.2.2 Report Form: Support for Governance Work)

Staff presented the operational goals and objectives. It was pointed out that in order to achieve goals related to the work of the Governance Panel, additional resources would be required.

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Motion # 15: To approve proposed funding to support the work of the Governance Panel
Moved by M. Steele, seconded by H. Broadhead

That Council approve the funding envelope for the 2021-2022 fiscal year, including added funds to support the work of the Governance Panel.
CARRIED

Motion # 16: To approve the 2021-2022 Operating Plan, Goals and Objectives
Moved by J. Hughes, seconded by M. Steele

That Council approve the 2021-2022 Operating Plan, Goals and Objectives.
CARRIED

10 Committee Matters and Reports

10.1 Patient Relations Committee Approval of the Sexual Abuse Prevention Plan
(Appendix 10.1 Report Form: Draft Sexual Abuse Prevention Program/Plan)

Motion # 17: To approve the Sexual Assault Prevention Program/Plan
Moved by K. Flood, seconded by H. Broadhead

That Council approve the Sexual Assault Prevention Program/Plan as presented by the Patient Relations Committee.
CARRIED

10.2 Inquiries, Complaints and Reports Committee Update
(Appendix 10.2.1 Report Form: Inquiries, Complaints, and Reports Committee)

ICRC Chair K. Flood provided an update on the status of cases currently under consideration.

10.3 Registration Committee Proposed Regulatory Change Project
(Appendix 10.3.1 Report Form: Registration Committee Proposed Regulatory Change Project)

Registration Committee Chair M. Steele described discussions to date. Staff noted that a risk assessment will be conducted and that ongoing work on this issue must demonstrate how the initiative will benefit the public protection mandate.

10.4 Council Self-Evaluation Report and Recommendations from Governance Panel
(Appendix 10.4.1 Report Form: Council Self-Evaluation)

Council members suggested that the issue of anonymity be revisited by the Governance Panel, which had recommended that the survey be confidential but not anonymous.

Motion # 18: To accept the Council Self-Evaluation recommendations with the exception of the issue of anonymity
Moved by M. Steele, seconded by B. Sharma

That Council accept the Council Self-Evaluation recommendations put forward by the Governance Panel and ask that anonymity be reconsidered.
CARRIED

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11 Bylaw Change re: Professional Health Care Corporation Fees
(Appendix 11.1 Report Form: Health Care Professional Corporation Fees)

Motion # 19: To approve the reduction of fees relating to professional corporations
Moved by M. Steele, seconded by K. Flood

That Council approve the reduction of fees relating to professional corporations and certificates of authorization detailed in bylaw 19.03D pertaining to the application, issuance and renewal fees for a homeopathy Health Profession Corporation effective October 21, 2021.
CARRIED

12 Committee Appointments
(Appendix 12.1 Report Form: Committee Appointments)

Along with the appointments listed in Appendix 12.1, H. Broadhead was added to the Governance Panel and A. Ahmad was added to the Patient Relations Committee.

Motion # 20: To approve Committee appointments
Moved by H. Broadhead, seconded by M. Steele

That Council approve appointments to Committees as presented, with the addition of H. Broadhead to the Governance Panel and A. Ahmad to the Patient Relations Committee.
CARRIED

13 Resignation – Council Vacancy
(Appendix 13.1 Report Form: Council Vacancy – Professional Council Member, Southwest District)

Council considered options available to address the vacant Council seat resulting from the resignation of S.S. Kooner.

Motion # 21: To leave the Southwest district professional Council member seat vacant
Moved by M. Steele, seconded by B. Sharma

That Council leave the Southwest district professional Council member seat vacant until the 2022 Council election.
CARRIED

14.1 Other Business and Action Items Arising

No other business.

Action Items:

1. Distribute annual tax forms as well as fiduciary and conflict of interest declarations for completion and return by Council members. [Staff]
2. Update website listings to reflect results of Executive Committee election and committee appointments. [Staff]

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3. Sign audited financial statements and complete final steps of audit process. [Registrar and Past President]
4. Send recommendation re: anonymity/confidentiality of the Council self-assessment survey for further consideration by the Governance Panel. [Staff]
5. Engage Governance Panel assistance as approved. Update budget to include approved funding. [Registrar]
6. Update bylaws to include change in fees for health profession corporations. [Staff]
7. Post Sexual Abuse Prevention Program. [Staff]
8. Poll Council members re: 2022 meeting dates. [Staff]

14.2 Consent Agenda
[See Motion #3] No discussion of Consent Agenda items.

14.2.1 OFC Information
(Appendix 14.2.1 Report Form: OFC Risk-informed Compliance Framework)

14.2.2 System Partner Initiative Problem/Solution Form and Proposed Policy Report
(Appendix 14.2.2 CHO System Partner Initiative Worksheet and Process)

14.2.3 Annual Report
(Appendix 14.2.3 2020-2021 Annual Report)

14.2.4 Executive Committee Report
(Appendix 14.2.4 Executive Committee Reports)

15 HBS Preparation Time
Full day preparation, full day meeting
Start time: 10:02 a.m.
End time: 4:09 p.m.

16 Adjournment

Motion # 22: To adjourn
Moved by H. Broadhead, seconded by K. Flood

That Council adjourn at 4:09 p.m.
CARRIED

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

Anna Cardozo, Chair **Date**

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COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/MARCH 10, 2022**	**DECISION**	□
DATE:	**MARCH 4, 2022**	**DISCUSSION**	**X**
ITEM NAME:	**CPMF – OUTCOMES AND PLANNING FOR 2022**	**INFORMATION**	**X**
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**J BLANCHARD**		

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

To provide Council with a summary of the College Performance Measurement Framework (CPMF) 2021 report outcomes and information on how these results will be used to develop the 2022/2023 Operating Plan Goals and Objectives (OPGO).

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 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**
X **CPMF – College Performance Measurement Framework**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

None.

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[1] College Performance Measurement Framework (CPMF) has been developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?" This information will:

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. help Colleges improve their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

The seven measurement domains shown in Table 2 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

[1] From the Ministry's 2021 CPMF Submission Report.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of theCPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will bemeasured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on oneor more standards, where appropriate.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The CPMF report is completed by staff and approved Council.

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).:

The CPMF Reporting Tool[2]

The purpose of the first (2020) and second (2021) iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

CHO Summary of Results

Table 2 – Overview of what the Framework is measuring and CHO's progress provides a general snapshot of the College's performance under the seven domains of:

1. Governance
2. Resources
3. System Partners
4. Information management
5. Regulatory policies

[2] From the Ministry's 2021 CPMF Submission Report. v

6. Suitability to Practice, and
7. Measurement/Reporting and Improvement.

The snapshot shows that CHO has more work is required to improve its performance in governance and suitability to practice – (specifically Quality Assurance).

The outstanding standards and measurements noted in the 2021 report will be considered in the development of the College's 2022/2023 OPGO. The planning process is currently underway with the Registrar, senior staff, President and Vice President.

CHO Planning Process for 2022

Step	Task Description	Anticipated Date	Who is Responsible	Complete
1.	Commence development of next year's annual operating plan goals and objectives under KRAs.	Jan 3, 2022	Registrant/Staff	✓
2.	Items considered for the OPGO maybe: • Incomplete or ongoing GO's from the prior year; • teams flagged as priority or mandatory requirements identified through CPMF, OFC, MOH or other branches of the government; • Carry forward items identified but dropped from prior years.	Jan to April 2022	Registrant/Staff	
3.	Review GO's to assess urgency, risk, and required resources.	Jan to April 2022	Registrant/Staff	
4.	Preliminary review of CPMF, identification of areas needing work	Feb 24, 2022	Registrant/Staff	✓
5.	Registrar, Senior staff, President and VP review items for upcoming OPGO	**2022** Mtg 1: Feb 10 Mtg 2: Mar 3 Mtg 3: Mar 24 Mtg 4: April 14	President/Registrar/VP/ Senior Staff	✓
6.	Executive Committee to confirm KRAs for coming year for presentation to Council	Feb 15, 2022	President/Registrar/EC	✓
7.	Council to confirm KRAs for coming year	March 10, 2022	President/Registrar	
8.	Complete draft of Operating Plan Goals and Objectives (OPGO) for the coming year	April 19, 2022	Registrant/Staff	
9.	Present 2022/2023 OPGO to Executive Committee for input	First EC meeting in April/May: date TBD	President/Registrar	
10.	Develop budget to support delivery of OPGO	April to May 31	Registrar/Treasurer/Staff	
11.	Confirm draft OPGO against available resources	June 8, 2022	President/Registrar	
12.	Council to approve 2022/2023 OPGO and draft operating budget	June 16, 2022	President/Registrar/Treasurer	

Table 2: Overview of what the Framework is measuring & CHO's Progress

	Domain	Areas of focus	The College Fulfils this Requirement			
			Yes	Partially	No	# of Standards
1	**Governance** **CHO KRA 2**	• *College efforts to ensure Council and Committees have therequired knowledge and skills to warrant good governance.* • *Integrity in Councildecision making.* • *College efforts in disclosing how decisions are made, planned to be made, and actions taken thatare communicated in ways that are accessible to, timely and useful for relevantaudiences.*	**12**	**5**	**4**	**21**
2	**Resources** **CHO KRA 2**	• *The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.*	**-**	**2**	**2**	**4**
3	**System Partner** **CHO KRA 3**	• *Extent to which a College works with other Colleges/system partners, as appropriate, to helpexecute its mandate effectively,efficiently and/or coordinated manner to ensure it responds tochanging public expectation.*	**Not assessed**	**Not assessed**	**Not assessed**	**0**
4	**Information Management** **CHO KRA 1**	• *College efforts to ensure its confidential information is retainedsecurely and used appropriately inadministering regulatory activities,legislative duties and objects.*	**1**	**1**	**0**	**2**
5	**Regulatory Policies** **CHO KRA 1**	• *The College's policies, standards of practice, and practice guidelines are based on the best available evidence,reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.*	**-**	**2**	**1**	**3**
6	**Suitability to Practice** **CHO KRA 1**	• *College efforts to ensure that only those individualswho are qualified, skilled and competent are registered, and only thoseregistrants who remain competent, safe and ethical continue to practice the profession.*	**6**	**6**	**4**	**16**
7	**Measurement, Reporting and Improvement** **CHO KRA 2**	• *The College continuously assesses risks, andmeasures, evaluates, and improves its performance.* • *The College is transparent about itsperformance and improvement activities.*	**2**	**1**	**1**	**4**
		Totals 2021	**21**	**17**	**12**	**50**
		Totals 2020	**13**	**16**	**9**	**38**

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/MARCH 10, 2022**	**DECISION**	**X**
DATE:	**MARCH 4, 2022**	**DISCUSSION**	□
ITEM NAME:	**CPMF – OUTCOMES AND PLANNING FOR 2022 SYSTEM PARTNER INITIATIVES GOALS**	**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 seek Council's support of goals to support and achieve demonstration of Standards 5 and 6 related to System Partner Initiatives (SPI).

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 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**
X **CPMF – College Performance Measurement Framework**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

There is some alignment between the proposed SPI goals and the College's requirements under RHPA including public/stakeholder engagement and continuing education and professional development (CEPD) requirements under the Quality Assurance Program.

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 engagement will facilitate understanding of patient care from a homeopath, as well as understanding the public's understanding of the role of homeopaths. This can lead to improved patient care, increased professionalism of registrants, enhanced public protection and strengthened communication and education for both the public and registrants.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

Standard 5: CHO is working to build a resource library which will be available to registrants to improve their understanding of RHPA, the College and their requirements. This goal is intended to improve access to continuing education and professional development resources beyond the College's current capacity.

Standard 6: This goal is a new initiatives for CHO.

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).:

Areas Covered in this section of the report:

A. Understanding MOH CPMF Standards – CHO's Interpretation
B. How CHO Staff arrived at the proposed goals
C. Proposed SPI goals
D. Topline Details about the SPI Goals

A. Understanding MOH CPMF Standards

ABOUT ENFORCEMENT / OVERSIGHT / SYSTEM IMPROVEMENTS

Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College **works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system** where the profession practices.

In particular, a College is asked to report on:

- *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.)*.

CHO Internal Notes on Subcomponents:

- Working with
  - other health regulatory colleges and
  - other system partners - could include
    - employers
    - educators
    - accreditation bodies
    - assessment bodies or
    - or others i.e., CCRH or others UK group
- Purpose:
  - **to strengthen the execution of its oversight mandate**
  - **to support and strengthen alignment of practice expectations**
  - **to support and strengthen alignment of discipline processes, and**
  - **to support and strengthen alignment of quality improvement across all parts of the health system** where the profession practices.

- *Activities:*
  - Engagement
  - Identified initiatives and action steps taken

- Shaping the outcome of policy/program
- Identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).

STANDARD 6: ABOUT USING PARTNERSHIPS TO MONITOR AND ENSURE TIMELY RESPONSES TO CHANGING PUBLIC/SOCIETAL EXPECTATIONS

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

CHO Internal Notes on Subcomponents:

- **The College has formed the necessary relationships with system partners** to ensure that it **receives** (where the College proactively seeks information in a timely manner) and **contributes** (asked to provide information by system partners) information **about relevant changes to public expectations**.

- Purpose: *To identify how the College:*
  - *identifies relevant system partners*
  - *maintains relationships so that the College is able access relevant information from partners in a timely manner, and*
  - *leverages the information obtained to respond*

- *Activities:*
  - *Provide examples of key successes and achievements where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic).*
  - *Describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

B. How CHO Staff Arrived at the Proposed Goals

The proposed goals are based on internal review of 18 areas of potential SPI focus areas. Each area was ranked against the following criteria:

- alignment with RHPA Objects/legislation;
- alignment with KRAs;
- short-term urgency;
- long-term urgency;
- opportunity for partnership;
- likelihood of success within 2022 calendar year;
- likelihood of success long-term;
- resource intensity;
- risk of pursuing and not pursuing; and
- is the initiative suitable for system partnership (SPI) or should it be a operating plan goal/objective.

18 focus areas include:

1. Interprofessional Collaboration
2. Integration into Health Care System
3. Registrant Professionalism
4. **Registrant Education**
5. **Public Engagement and Education**
6. Staffing/HR/ Volunteer Development/Mgmt
7. BIPOC
8. EDI
9. Language Services/Orientation
10. **Governance Development and Training**
11. Image of the Profession - Professionals
12. Image of the Profession - Public
13. **Quality Assurance**
14. Monitoring/ Compliance
15. Accreditation
16. Expansion of Scope
17. Improved Patient Access to care/funding
18. **Image of College with Profession**

Bold items ranked as highest score and identified as having the greatest success as SPIs. Five areas rationalized into two goals.

C. Proposed SPI Goals

OBJECTIVE OF THIS EXERCISE: TO IDENTIFY ONE OR MORE GOALS TO SATISFY STANDARD 5 AND 6 WHICH COULD BE ACHIEVABLE IN THE 2022 CALENDAR YEAR [REPORTABLE FOR THE 2023 SUBMISSION TO THE MOH]

SPI I – Registrant Education, including Resource Support for Governance Enhancement and Parts I and II of QA (would satisfy CPMF Standard 5)

SPI II – Patient Education and Engagement, Focus on Patient-Centred Care (would satisfy CPMF Standard 6)

D. Topline Details about the SPI Goals [This is a work in progress.]

SPI I – Registrant Education, including Resource Support for Governance Enhancement and Parts I and II of QA (would satisfy CPMF Standard 5)

1. Define the project.

Broad and comprehensive review of resources available to advance learning objectives both within the College and for the registrants. Partnerships will be considered with organizations that have the goal of advancing education and training beneficial to advancing the practice of the profession of homeopathy within a regulatory environment and the skills and competencies of those involved with the College and its registrants. In collaboration with educators and other regulatory colleges, both via HPRO and individual groupings, build a resource library to support registrant education and quality improvement as well as governance modernization in the context of government proposals.

Speaking broadly, this effort will be directed toward two different but overlapping audiences: registrants, and current and potential Council and committee members.

The partnership aspect of this initiative will involve gathering and adapting existing resources as well as seeking opportunities to participate in the development of new ones.

Topics will include a variety of topics related to regulatory obligations, practice management, patient engagement, and skill development required to participate in the work of CHO committees and Council. Wherever reasonable, educational material will be developed as part of a competency framework. This project would go beyond a collection or resources and focus on tangible education opportunities.

2. **What does success look like?**
    - Registrant engagement in the form of resource use.
    - Supported completion of QA requirements and enhanced registrant enthusiasm re: QA.
    - Guidance for staff re: priorities for further resource development.
    - Pool of registrants comfortable with and capable of assuming roles within the governance structure.
    - Enhanced partnerships with educators and regulators

3. **What is the scope of the benefit of the initiative (immediate, short/medium/long term)**
   Immediate continuing to long-term. Ongoing, with additions and updates indefinitely.

Proposed Goal: SPI II – Patient Education and Engagement, Focus on Patient-Centred Care (would satisfy CPMF Standard 6)

Define the project.

- Gain an understanding of the patient experience in order to improve the patient-practitioner care relationship and help registrants improve professionalism.
- Establish a patient-engagement framework with the goal of improving the patient experience and contributing to registrant education.
- Develop a registrant education project based on the principles of patient-centred care. Consider ways to implement a direct patient-engagement program including a survey of patients to establish patient expectations of homeopaths.
- Participate in HPRO's Citizen Advisory Group (CAG).

1. **What does success look like?**
   Establishing a framework. Seeking feedback from patients and registrants. Utilizing results to improve registrant resources. Registrant engagement in implementing a patient-centred approach to care.

2. **What is the scope of the benefit of the initiative (immediate, short/medium/long term)**
   Medium term, with ongoing enhancement.

RISKS / MITIGATION OPTIONS:

Risk	Mitigation Options
Not demonstrating CPMF standards = missed opportunity to: - strengthen oversight - be an active player in health system - improve registrant professionalism and compliance - create public/patient engagement - show value of college - monitor public/societal expectations	Start small and build approach/resources year over year. Look for opportunities that are ready to implement without overly taxing current College resources.
Of embarking on goal – create strain on resource balance. Will these goals take resources/time from other greater regulatory requirements or priority projects/goals/objectives? What will not get done to achieve these projects/goals?	Review all projects/goals/objectives and initiatives to assess urgency/risk/value.

KEY CONSIDERATIONS:

1. Evidence to MOH of standards demonstration.
2. Effective use of resource.
3. Cost/benefit equation of resource allocation – will adding new initiatives be manageable with current levels of human resources? What will not get done in order to support these goals/SPI. Will benefits gained reap positive outcomes for time/money spent?
4. Opportunity costs of partnership (positive and negative) – time, money, return of benefits/resources.
5. Alignment with regulatory requirements – Quality assurance CEPD and public/patient engagement.
6. Importance of public engagement – can result in value added exchange and improved understanding of current and changing public/societal expectations. Can also provide broad insight into registrants/patient exchanges and opportunities to improve patient care, registrant professionalism and public protection.
7. Importance of high quality CEPD will improve registrant compliance and professionalism. Should result in improved patient care/experience, reduced complaints and discipline, and improved registrant interactions with the College.
8. Look for manageable/scalable opportunities which can demonstrate results in 2022 calendar year, and which the College can build on year-over-year.

RESOURCE IMPLICATIONS:

1. Staff time to development and implement.
2. Costs under review. Will vary by opportunity.

DEADLINES AND NEXT STEPS:

1. Seek support from Council on March 10th to proceed with investigation and costing of opportunities under these two goals. Ask Council to support motion to have Executive Committee monitor development and approve finalized goal, so that, if possible, implementation can begin prior to June Council meeting. Where costs are involved, budget must be approved prior to implementation. Ongoing monitoring, beyond development stage, would belong to Quality Assurance Committee (Standard 5) and Patient Relations Committee (Standard 6).
2. Progress report and implementation plan to be reviewed at next Executive Committee meeting

3. Additional approval points (as applicable) and progress report to be provided at June 16th, 2022 Council meeting.

Support from Executive Committee – February 15, 2022

College Performance Measurement Framework: Outcome and Planning for 2022
(Appendix 7.1 Report: CPMF System Partner Initiatives)

> **Motion # 7: To move forward with recommendations related to system partner initiatives**
> Moved by J. Hughes, seconded by H. Broadhead
>
> **That College staff proceed to investigate cost and resource-efficient opportunities to achieve two System Partner Initiative goals through partnership/engagement.**
> *CARRIED*

OPTIONS FOR COUNCIL CONSIDERATION:

1. Move to have Executive Committee monitor development and support suitable opportunities for partnership related to CPMF Standard 5 and 6. Return to Council as required.
2. Request additional information prior to considering motion to assign oversight of System Partner Initiatives to the Executive Committee.
3. Reject motion to assign oversight of System Partner Initiatives to the Executive Committee.
4. Choose not to demonstrate system partner initiative for 2022 calendar year.

RECOMMENDATIONS:

1. Move to have Executive Committee monitor development and support suitable opportunities for partnership related to CPMF Standard 5 and 6. Return to Council as required.

RESOLUTION:

BE IT RESOLVED THAT Executive Committee monitor development and support suitable opportunities for partnership related to CPMF Standard 5 and 6. Return to Council as required.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives Summary of Deliverables as of Feb 25, 2022

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) To reach for regulatory excellence and fully participate in the MOH College Performance Measurement Framework (CPMF) **Deliverable/Timeframe:** 1. Work to improve demonstration and fulfilment of CPMF standards indicated in the 2020 report as partially or not fulfilled. As a result of the 2020 CPMF report the overall focus will be in the areas that CHO has identified as high and moderate risk and impact including: Domain 1 – Governance (see KRA2); Domain 5 – Regulatory Policies (below); Domain 6 – Suitability to Practice (below).	This information is a preamble and not measurable. Progress is being made in the areas noted throughout this document.
1A, 1a) Domain 6 – Suitability to Practice [Moderate to high risk and impact] includes full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. [Carry forward from 2020/2021] [CPMF Std 11.1a; Std 11.2a; Std 11.3a] To be completed by March 2022 (Q4).	Progress is stalled as other goals and objectives in this plan are completed. For further details on this carry forward goal refer to 1B b.
1A, 1b) Domain 6 – Suitability to Practice [High risk and impact] includes completion of requirements under Office of the Fairness Commissioner of Ontario Cycle 3 assessment report improvements. [Carry forward from 2019/2020] [CPMF Std 10.3] To be completed by December 2021 (Q3).	Progress is slowly being made on these initiatives. It is anticipated that 14 of 16 fair registration practices will be resolved by March 31, 2022. Two of 16 practices are expected to be carried over into next year.
1A, 1c) Domain 6 – Suitability to Practice [Moderate to high risk and impact] to fine-tune the complaints process to: {i and ii to be completed by December 2021 (Q3)} i. Improve and enhance the complaints process to ensure it is accessible and supportive of complainants and registrants [CPMF Std 12.1a] ii. Create accessible, up-to-date, documented guidance setting out a right touch framework for assessing risk and acting on complaints, including the prioritization of investigations,	Progress is being made on this initiative. It is expected to be completed by March 31.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

Deliverable	Status/Comments
complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol). [CPMF Std13.1a]	
1A, 1d. Domain 5 – Regulatory Policies [Moderate to high risk and impact] to i. Document the College's process for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate or require revisions. [CPMF – Std 9.1a] ii. Set a schedule for review of all policies, standards of practice, and practice guidelines to commence in 2022/2023. [CPMF – Std 9.1b] To be completed by December 2021 (Q3).	Progress is being made on this initiative. It is expected to be completed by March 31.
1A, 2 Prepare for the 2021 CPMF report submission. To be completed by March 2022 (Q4).	Progress is being made on this initiative. It is expected to be substantially completed in early March and circulated to Council for review and approval on March 10.
1B a.) Spousal Treatment / Exemption Regulation (Carryover Objectives from 2020/2021) Submit Regulation Submission Application to the MOHLTC Consistent with practice norms across all Ontario regulated professions, the CHO will establish a regulation controlling the practice of spousal treatments. **Deliverable/Timeframe:** Submit Regulation Submission Application for the MOHLTC, to be completed by Q1	Completed. Submitted January 31, 2022
1B b.) Quality Assurance Program (Self-Assessment Process) (Carryover Objectives from 2020/2021) 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. **Timeframe/Deliverable:** 1. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements, completed by the end of Q2. 2. Complete the rollout of the self-assessment requirement to all registrants, completed by the end of Q4.	Progress is stalled as other goals and objectives in this plan are completed.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

Deliverable	Status/Comments
1B c.) Patient Relations Program (Carryover Objectives from 2020/2021) To protect the public and patients, the CHO, through the Patient Relations Committee, will implement the plan approved by the Patient Relations Committee for the College's Patient Relations Program aimed at preventing and dealing with sexual abuse of patients. **Deliverable/Timeframe:** 1. Implement the full plan to deliver a Patient Relations Program, completed by the end of Q4.	Progress is being made on this initiative. A sexual abuse prevention plan has been developed and approved by Council. Six professional practice standards and one policy statement have been reviewed and/or drafted by the Patient Relations Committee Standards Working Group. These documents will be reviewed by the full committee as quickly as feasible. Patient and registrant education pieces have been identified for development and translation. Progress on this initiative will continue into next fiscal year.
1C) Participate in the NEW OFC Risk Management Framework Fully participate in the implementation of the Office of the Fairness Commission of Ontario new risk management framework. OFC will assess and assign CHO a level of risk compliance, which may have attached to it other activities and reporting requirements. **Deliverable/Timeframe:** Participate fully in fulfilling all requests from the OFC. To be completed March 31, 2022 (Q4).	This initiative is on track.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

Deliverable	Status/Comments
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 CHO has identified as high and moderate risk including: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Management; Domain 7 – Measurement, reporting and improvement; and other domains as time and resources allow. **Timeframe/Deliverable:** Particular focus under KRA 2 will be placed on: a) Domain 2 Resources – Governance Policies [Moderate to high risk and impact] 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) b) Domain 7 Measurement, Reporting and Improvement [Moderate risk and impact] – 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 and objectives and regulatory requirements. Enhance reporting tools to demonstrate how performance and risk review findings translate into improvement activities. (CPMF Std 15.1 b and 15.2 a) c) Domain 1 Governance [Low risk and impact] – The Governance Panel to review and recommend competency profiles for professional Council and all statutory committee members. (CPMF Std 1.1 a/b) d) Domain 1 Governance (Low risk and impact] – The Governance Panel to review and recommend a system of ongoing training and evaluation of Council and statutory committee members. (CPMF Std 1.2 c) **Deliverable/Timeframe:** 1. Specified governance initiatives a to d to be completed by December 31, 2021 (Q1).	This initiative has been stalled due to lack of human resources. Regardless, some progress has been made as follows: 1. CHO has joined the Health Profession Regulators of Ontario working group on Council and Committee Competency Development. It is working collaboratively with this group to look at common Council/Statutory Committee competency profiles. 2. A Council education annual training cycle has been proposed commencing in the new fiscal year. Council is being surveyed on attitudes to education and continuous learning, and priority of a range of possible educational topics.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

Deliverable	Status/Comments
2B) Carryover Items from 2020/2021 **Technology Infrastructure Enhancements to Support Regulatory Functions** To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete: a) Implementation of a new membership database with enhanced data collection for regulatory functions, including registration, complaints, and quality assurance; and b) Utilize RUZUKU to support regulatory programs, including quality assurance and jurisprudence, including completing the update and relaunch of the Jurisprudence program, and launch the continuing education component of the Quality Assurance Program. **Timeframe/Deliverable:** 1. Implementation of the new membership database, to be completed by the end of Q4. Review and update of Jurisprudence Program and launch of the continuing education component of the Quality Assurance Program, to be completed by the end of Q1.	Progress is being made on this initiative. Both the Jurisprudence program and first wave of the continuing education/resource component of the Quality Assurance Program will be launched by the end of March. Time is being scheduled to complete the review and approval of the wireframe for the new membership database prior to the end of March. The rollout component of the membership database will not be completed in this fiscal year and will carryover to the 2022/2023 fiscal year.
2C) Financial The CHO will maintain/grow the cash reserves by X% (to be added at Council meeting). Preserve cash reserves at 2020 year-end levels by the end of the F21/22 fiscal year, completed by Q4.	At the October 21, 2021, Council meeting, Council approved a projected deficit budget, making this goal unattainable. The deficit is impacted by new complaints, investigations, and discipline proceedings.

COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

<table>
<tr><th>Deliverable</th><th>Status/Comments</th></tr>
<tr><td>

3A) Membership Levels

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

Deliverable/Timeframe:

The CHO will achieve a membership level of 474 by the fiscal year end. To be completed by end Q4.

<table>
<tr><th></th><th>Starting Pt
2021/2022</th><th>Projected
2021/2022</th></tr>
<tr><td>Membership</td><td>450</td><td>474</td></tr>
<tr><td>Change</td><td>24</td><td></td></tr>
<tr><td>Net Position</td><td>474</td><td></td></tr>
<tr><td></td><td>5%</td><td></td></tr>
</table>

</td><td>Completed and achieved.</td></tr>
<tr><td>

3B) 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.
CONTINUED FROM 2020/2021

Develop a case for Homeopaths to investigate the addition of a controlled act for homeopathy and 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 / Timeframe

1. Determine committee structure for managing regulatory change project and make appropriate recommendations to Council/Executive Committee by Q1 2021-2022.
2. Develop and implement a workplan to investigate possibility for regulatory change, gather supporting information, meet with stakeholders, and develop recommendations leading to a formal submission to the Ministry and present to Council for approval. Complete by Q1 2022-2023.

</td><td>

1. This project is being overseen by the Registration Committee.

2. Progress has been made on this initiative including a comprehensive research report on regulatory change for the Registration Committee, input from legal counsel and development of a workplan. The project requires additional research/ information gathering, development of a budget and further input/direction from Council. There has been no activity on this project since Oct 2021.

This initiative will carry forward to the 2022/2023 fiscal year.

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COLLEGE OF HOMEOPATHS OF ONTARIO

2021-2022 Operating Plan, Goals & Objectives
Summary of Deliverables
as of Feb 25, 2022

Deliverable	Status/Comments
3C) 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, mutual respectful and appropriate collaboration partners will work to identify and coordinate on 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 / Timeframe** 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. To be complete by Q2. 2. Reach out to our peer stakeholder and invite them to meet and participate in a strategy planning session to advance collaborative initiatives. To be complete by Q2.	Joint initiative of President/ Registrar. Work has been done to document the framework for the potential for dialogue and collaboration. Additional goals of the first joint leadership meeting have been identified. Some preliminary discussions with triad partners have indicated an interest and willingness. Due to changes in the CHO Council leadership this project has been set aside and will be revisited.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/MARCH 10, 2022**	**DECISION**	**X**
DATE:	**FEBRUARY 25, 2022**	**DISCUSSION**	□
ITEM NAME:	**OPERATIONAL GOALS & OBJECTIVES: KEY RESULT AREAS FOR 2022-2023**	**INFORMATION**	□
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**A CARDOZO**		

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

To propose and confirm the Key Result Areas which will be used as the basis for the 2022-2023 Operating Plan Goals and Objectives (OPGO).

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
X **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:

NONE.

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.

Focused goals and objectives developed under Council approved Key Result Areas (KRAs) can contribute to efficiency of time/resources, promote public protection and clarify evaluation and feedback loops.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The key result areas may be set by the President in consultation with the Registrar. The KRAs are endorsed by the Executive Committee and approved by Council.

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).:

2021/2022 Key Result Areas
KRA 1: CHO Effectively Delivers it's Legislative & Legal Mandate
KRA 2: CHO to Practice Good Governance
KRA 3: CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels)
The current KRA were adopted in 2019.

Following discussion at the February 15, 2022 Executive Committee meeting:

> *"The Committee decided by consensus to move forward to Council with the existing Key Result Areas."*

RISKS / MITIGATION OPTIONS:

None provided.

KEY CONSIDERATIONS:

1. The current KRAs continue to be relevant to the most pressing and urgent work of staff and the College office.
2. KRA 1 and 2 address the development and enhancement of legislative and governance requirements key to the operations of the College, its programs, and services.
3. KRA 3 - CHO to Achieve Growth - continues to be critically important to the sustainability and longevity of the College.
4. The development of the 2022-2023 Operating Plan Goals and Objectives cannot be effectively completed without the approval of KRAs.

RESOURCE IMPLICATIONS:

There are no new or special resource requirements in the selection of KRAs.

OPTIONS:

1. Move forward by continuing with the same KRAs for one or more years.
2. Modify one or more of the existing KRAs.
3. Return to Executive Committee with specific direction for the reset of all KRAs.

RECOMMENDATIONS:

1. Move forward by continuing with the same KRAs for one or more years.

DEADLINES AND NEXT STEPS:

1. Staff with the President and Vice President develop the 2022/2023 OPGO based on approved KRA. (March to April).
2. Develop budget based on OPGO (May to June).
3. Executive Committee to provide feedback on OPGO. (May/June)
4. Finalized OPGO to be approved by Council at June 16th, 2022 meeting.

SUGGESTED RESOLUTION:

BE IT RESOLVED THAT COUNCIL APPROVE THE 2022/2023 KEY RESULT AREAS AS

1. CHO EFFECTIVELY DELIVERS ITS LEGISLATIVE AND LEGAL MANDATE
2. CHO TO PRACTICE GOOD GOVERNANCE
3. CHO TO ACHIEVE GROWTH

Description of 2021/2022 KRAs

Key Result Area 1: CHO Effectively Delivers it's 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 D7 Std 15.1]

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 15.1]

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

The College strives and 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 15.1]

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/MARCH 10, 2022**	**DECISION**	□
DATE:	**FEBRUARY 25, 2022**	**DISCUSSION**	□
ITEM NAME:	**MOH PROPOSAL ON GOVERNANCE REFORM**	**INFORMATION**	**X**
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**B ZIV**		

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

To provide information and background to Council on a four-week consultation by the Ministry of Health on a series of proposed changes for governance reform and legislative modernization.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 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**
□ **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

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 College recognizes that good governance leads to good decisions and results in strong public protection and oversight. The Ministry of Health has responsibility for and is commitment to enhancing public protection and oversight. The Ministry of Health and each of the health regulatory colleges have an important role to play public protection.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The provincial government sets the regulatory requirements for health care in Ontario. The individual colleges are required to adhere to the requirements outlined in the broad and specific acts and regulations as they apply to individual health regulators. [*Regulated Health Professions Act, 1991*, Health Professions Procedural Code, profession specific acts (i.e. *Homeopathy Act*), regulations, and other applicable acts].

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 January 26, 2022, the Ministry of Health released a consultation package to health regulators on the topic of Governance Reform and Regulatory Modernization (see appendix 11.1.2). The consultation covered a wide variety of proposed regulatory change and a series of questions (see appendix 11.1.3).

Generally, the consultation covered the following areas:

1. Core governance reform changes
2. Proposed housekeeping – terminology and clean-up of legislation
3. Modernization reforms and enhanced oversight
4. Reducing barriers to registration and
5. Integrating oversight systems

Core governance reform changes

Some of the proposed governance reform changes have been floated for some time and are considered best practices in many jurisdictions – smaller council size, separation of representation on Council (oversight board) versus committees (performers of statutory functions), council/committee member competencies, enhanced selection framework, professional members selected by Council (through a Nominations and Selection Committee and no longer elected), changes to length of term (to protects against entrenched professional interests dominating Council), and the elimination of Executive Committee.

Proposed housekeeping

The consultation covered proposed housekeeping changes and some changes in terminology such as: Council to Board of Director; Member of Council to Director; President to Chair; Vice-President to Vice-Chair; Registrar to CEO or Registrar & CEO; Member to Registrant.

Modernization reforms and enhanced oversight

Future State/Proposed Change	Outcome
Colleges are subject to the *French Language Services Act* **Colleges included under FLSA through legislative amendments designating colleges as public service agencies**	Colleges have stronger requirement to provide French language services
Health regulatory colleges subject to the jurisdiction of the Auditor General **Allow the Office of the Auditor General of Ontario (OAGO) to conduct financial audits of colleges**	Supports financial transparency and enhances accountability
Options for the review of complaints and discipline decision making processes **Legislative and/or regulatory amendments to enable the Patient Ombudsman, or another body, to review complaints and discipline decision making processes**	Supports public trust in the complaints resolution process and decision making.

Reducing barriers to registration

The Ministry is considering making changes to reduce barriers to registration such as removing Canadian experience requirements for internationally trained applicants, setting time limits for registration decisions, standardizing requirements for demonstrating language proficiency, and expediting registration in emergency situations.

Integrating oversight systems
And finally, consideration is being given to integrating oversight systems through the establishment an Authority under the *Health and Supportive Care Providers Oversight Authority Act, 2021* which will regulate personal support workers. It is unclear how this might impact the individual colleges.

The CHO has participated in two submissions to this consultation: It has supported the letter from HPRO (Health Profession Regulators of Ontario) (Appendix 11.1.4); and made a direct submission to the Ministry (Appendix 11.1.5 and 11.1.6). The CHO letter was vetted by the Executive Committee and co-signed by the President.

There is no indication as to what parts of the proposed changes will be enacted or the implementation schedule, however, the Ministry is committed to keeping the colleges abreast of developments.

College of Homeopaths of Ontario
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TEL 647-749-9366
www.collegeofhomeopaths.com

February 23, 2022

Mr. Sean Court
Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division
Ministry of Health
Ministry of Long-Term Care
438 University Avenue, 10th floor
Toronto ON M7A 2A5

Dear ADM Court,

Thank you for your letter and consultation document of January 26, 2022 on the proposal of governance reform and regulatory modernization. We are pleased to have the opportunity to respond to the consultation.

We wish to acknowledge and thank the Ministry for your team's participation in the Health Profession Regulators of Ontario (HPRO) meeting on February 8, 2022. The College of Homeopaths of Ontario (CHO or the College) supports the group submission made by HPRO and, in addition, provides comments specific to this College. Along with this letter is an attachment detailing this College's response to each of the questions put forward in the consultation deck.

Importance of Governance Reform
The CHO acknowledges the need for and importance of governance reform and applauds the government for taking the necessary steps to explore and identify the required details to move the reform process forward. The College recognizes that good governance leads to good decisions and results in strong public protection and oversight. This College has been watching the work of the other RHPA colleges with interest and will look to build on or adopt the implementation tools already developed by others. This College believes there should be an overarching requirement for RHPA Colleges to work together and align processes and procedures. For example, collaboration would be useful where goals align such as uniform competency profiles for Council and committee members, minimum selection criteria, and training of Council and committee members.

Governance Reform

Size of Council
In general, the CHO is supportive of the proposed framework of governance reform. These changes will require significant energy, effort, and expense to plan and implement. Depending on specific details, we anticipate that the required changes will take this College 24 to 36 months to put in place.

The CHO currently operates with a Council of 13 individuals: seven elected and six appointed. The reduction in Council size will be a relatively easy transition. On the matter of changes to term limits, setting term limits of less than six years would deprive Colleges of experienced and knowledgeable talent. Health Board Secretariat may wish to consider moving Council members from College to College at the expiry of their terms, allowing for the retention and sharing of unique knowledge and expertise. For professional members, there is often a steep learning curve to develop the knowledge required to effectively contribute to the work of Council. While the selection criteria may change, time is still required for Council members to come into their full potential. Terms also need to be long enough to ensure that sufficient Council members remain available to facilitate continuity and organizational memory.

Separating Council and Committees

The majority of the College's committee members are Council members. The College relies on its seasoned Council members and their deep understanding of the roles and functions of the College and its statutory committees to fulfill committee functions. The College utilizes the knowledge, skill and judgement of past Council members where possible and as appropriate. The call for past Council members to step up will not be sufficient to fill the void created by the separation of Council and committees. CHO will need time to build and educate a solid group of professional members from which to populate committees. Moving to a competency-based leadership structure, retraining Council and committee members, and developing new and revised bylaws and policies will also take time to work up and implement effectively. It would be in the best interest of this College to allow Council members to continue to sit on statutory committees during a transitional period e.g., for the first three to five years. The separation of Council and committees should apply only to statutory committees, as standing committees such as Governance Panel directly support the work of Council and should have a stronger linkage and crossover between Council members and committee members.

Optimal use of collaborative resources would enable the development of consistent competency profiles and alignment of required training. These efforts could be carried out by HPRO alone, funded by a Ministry grant, or delivered in conjunction with the Ministry. Working together will allow for common standards and increased efficiency. Creating consistent competency and training requirements between the Colleges and Health Board Secretariat as well as aligned appointee placement schedules will help to reduce the burden on the individual Colleges. It is important for the Ministry to understand that the financial and human resource burden placed on smaller colleges to shoulder the additional cost of recruiting, training, assessing, and retaining a large volunteer pool will severely tax their limited resources.

Any requirement for smaller Colleges to pay for public appointees without funding assistance may not be feasible. Any consideration of increasing the pay scale, while important, will also increase operating costs and tax limited financial resources.

Elimination of the Executive Committee

If the Executive Committee were to be eliminated the CHO would like to see the option for officers to be empowered to make decisions between Council meetings. This process would be supported by amended College bylaws and/or policy. It has been the experience of this College that having a small Council does not always enable them to quickly convene a meeting. There must be an effective mechanism to facilitate time-sensitive decisions.

Regulatory Modernization

The governance reform and regulatory modernization proposal includes substantial changes. The CHO has significant concerns about the volume and breadth of what is being proposed in this consultation. The CHO supports the HPRO recommendation to address the proposed changes in a phased-in approach. That is, it would be most appropriate to move the governance reforms forward, allow those changes to be implemented, and then determine the ongoing impact of the College Performance Measurement Framework (CPMF) as an oversight mechanism before adding additional layers of oversight on colleges. Each area of change will require substantial energy, effort, and expense to plan and implement. Each area also has the potential to redirect the regulatory priorities of the Colleges, making it difficult for smaller colleges to effectively service their day-to-day public protection functions.

On the matter of regulatory modernization and enhanced oversight, perhaps the Ministry might consider utilizing the College Performance Measurement Framework to strengthen regulatory performance in a sector-knowledgeable manner – to build in the factors and considerations that the Auditor General and Patient Ombudsman are seeking to review before this new oversight mechanism is imposed. This would set regulators up for success at a meaningful and measured pace, which would allow for a balance of resources and capacity to provide ongoing regulatory functions to the College's stakeholders without key staff being diverted to address audit considerations and scrambling to fulfil recommendations.

As you are aware, CHO is one of the smallest RHPA Colleges – 474 members, four staff, a budget of under $600,000 and a small reserve (under $180,000). The CHO will take every opportunity to work and collaborate with other RHPA Colleges and HPRO to implement new legislative amendments but will be burdened by the magnitude and resources required to develop and carry out the proposed changes should they be implemented simultaneously. The CHO leadership takes tremendous relief in the Ministry's suggestion that additional resources could be available to support the proposed changes. This College will need human and financial support to achieve the proposed initiatives and will await direction from the Ministry on how and when to apply for that support.

In Closing

The proposed changes should have a positive long-term outcome and produce a stronger organization with clearer focus. The CHO is committed to doing its utmost to uphold all current and proposed legislative requirements. As changes unfold, the CHO will look to the MOH for guidance, support, and, where appropriate, human and financial resources.

Respectfully,

Basil Ziv, HOM
Registrar and CEO

Anna Cardozo, HOM
President

cc. Allison Henry, Director

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	Council	**DECISION**	**X**
DATE:	March 10, 2022	**DISCUSSION**	□
ITEM NAME:	**Council Self-Evaluation**	**INFORMATION**	□
INITIATED BY:	Governance Panel		
PRESENTED BY:	**Staff**		
REPORT BY:	**K Harvey**		

1. To provide Council with the results of its Council self-evaluation process.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:

From the MOH December 2021 – College Performance Measurement Framework

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

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

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

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

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

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

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

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

Council and Governance Panel Discussion

In 2021, Council voted to accept the recommendations of the Governance Panel with the exception of the Panel's recommendation that the survey not be anonymous, which was sent back to the Panel for further discussion. This issue was considered by the Panel on February 4, when it was decided that its original recommendations would stand. That is, the evaluation will be mandatory and confidential (but not anonymous), with results being reported in aggregate only. The matter was then returned to the Executive Committee, where the Governance Panel's position was reaffirmed.

The survey was distributed to Council members on February 16, and responses were received from all Council members by the February 25 deadline. Aggregate results are presented here.

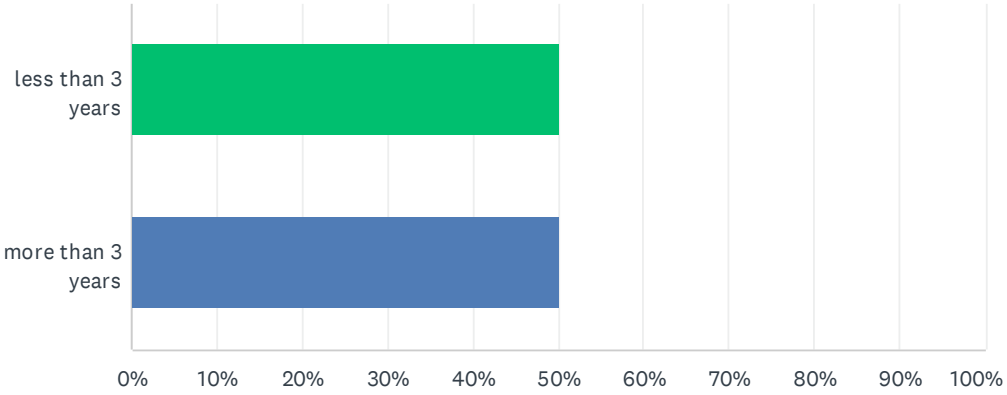
Q1 Name:

Answered: 12 Skipped: 0

#	RESPONSES	
1	Mark Heller	
2	Gurudutt vaid	
3	BHUPINDER SHARMA	
4	Heather Broadhead	
5	Mike Steele	
6	Julie Hughes	
7	Catherine Kerr	
8	Anna Cardozo	
9	AKHLAQ AHMAD	
10	SANJEEV NAYYAR	
11	Kerri Flood	
12	Kamika McLean	

Q2 Length of Time on Council

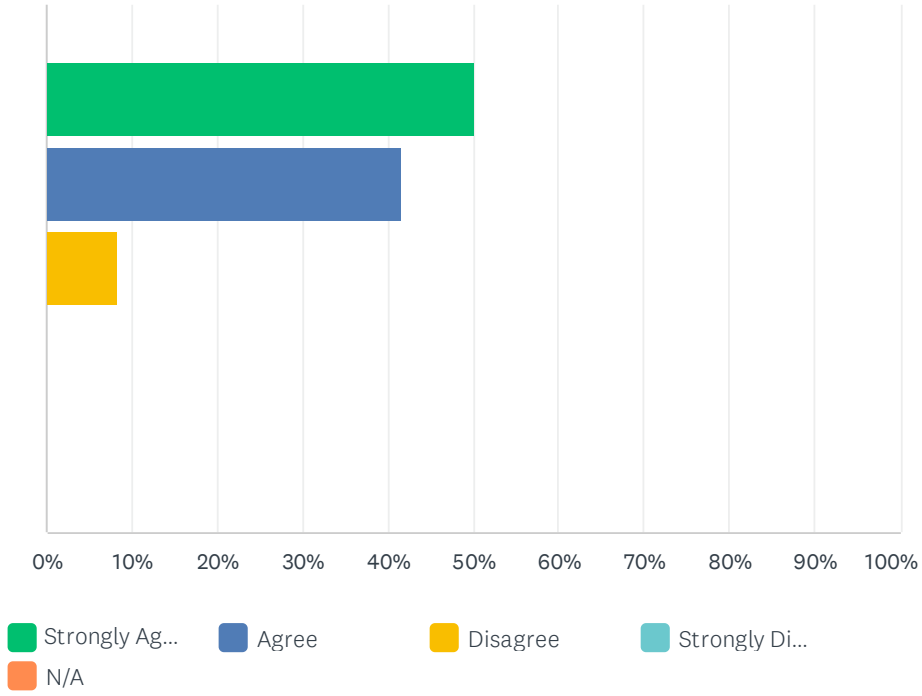
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
less than 3 years	50.00%	6
more than 3 years	50.00%	6
TOTAL		12

Q3 The College has provided sufficient information/orientation regarding what is expected of a Council/committee member.

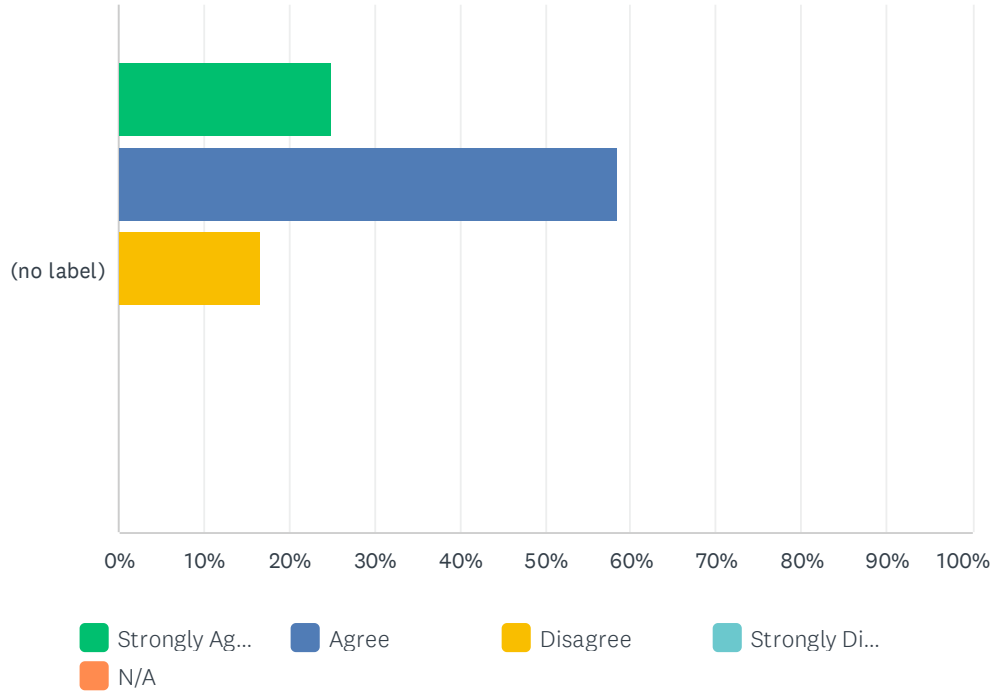
Answered: 12 Skipped: 0



#	COMMENTS:	
1	A lot of training and time is put into educating council members by the College staff.	
2	Initial briefings and supporting material were focused and informative. Sufficient time was provided to raise questions and seek clarification.	
3	I HAVE BEEN IN THE COUNCIL FOR MORE THAN 3 YEARS AND APART FROM THE FIRST ORIENTATION, I HAVE NOT RECEIVED ANY FURTHER ORIENTATION.	

Q4 The College provides the minutes, reports, and other materials well enough in advance of meetings to allow for preparation for discussion and decisions as required.

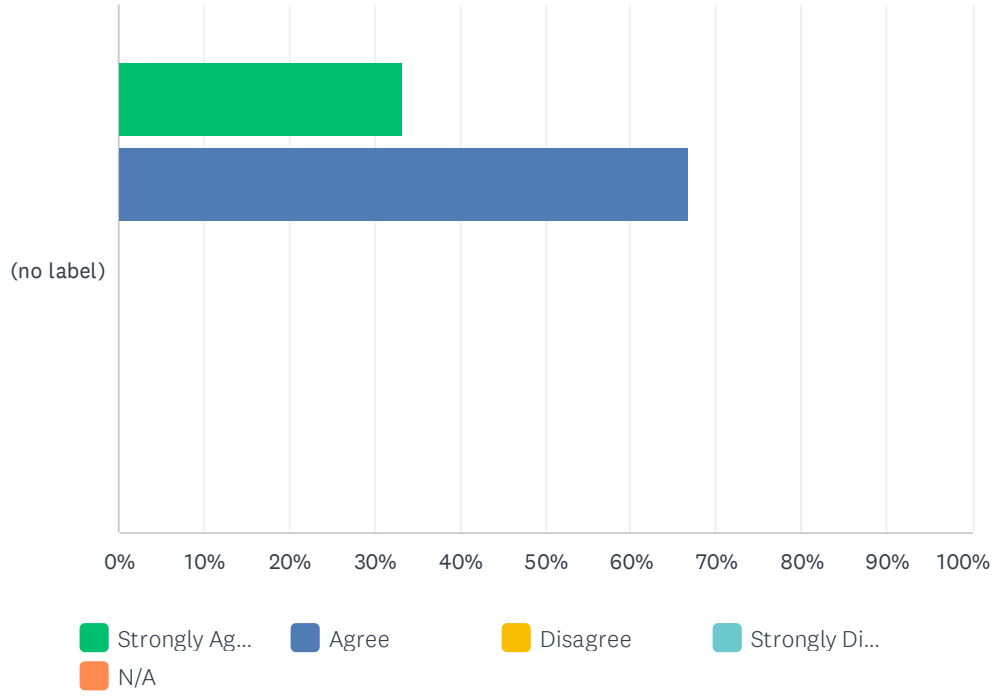
Answered: 12 Skipped: 0



#	COMMENTS:	
1	the team has improved	
2	Everything is very well documented.	
3	As a new appointee, this is my initial meeting but appreciated receiving relevant material well in advance of meeting	
4	most of the time	

Q5 The agendas for Council and committee meetings include opportunities for information-sharing, discussion, and decision-making as required.

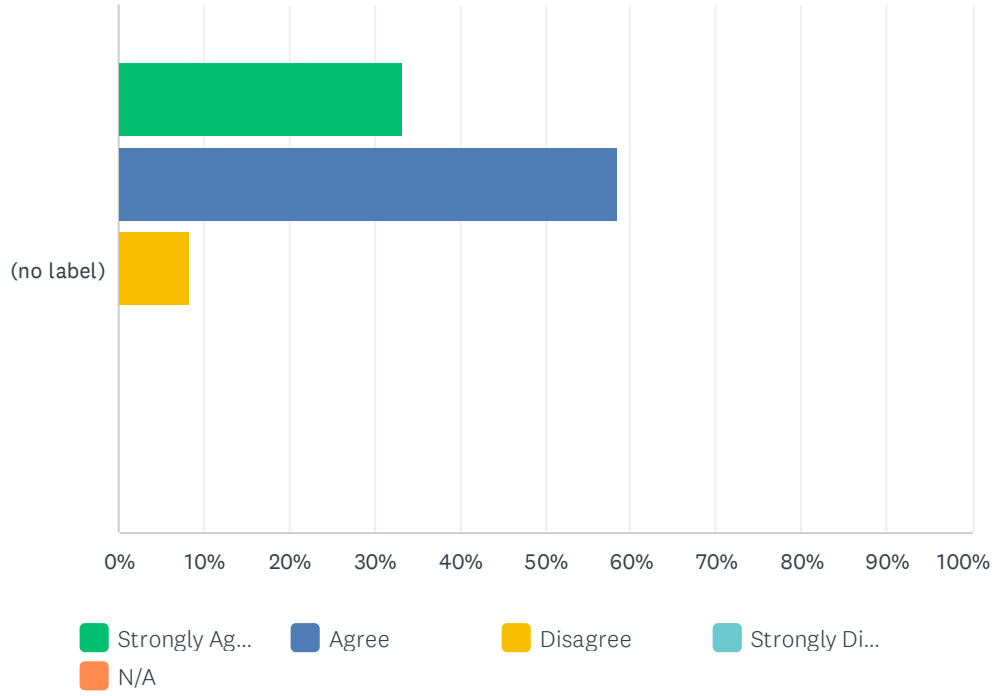
Answered: 12 Skipped: 0



#	COMMENTS:	
1	Generally yes, however, the council would benefit from time for a facilitated discussion about areas of interest/priority for council members.	
2	The agenda provides ample opportunities for sharing, however because of the amount of information provided for each meeting, there is not a lot of time for discussion because of the amount of information that the members need to go through.	
3	Hope to be able to provide a more detailed response once I attend initial meeting. However, I am appreciative of receiving material well in advance of meeting in order that I can raise any preliminary questions	
4	Sometimes there is little time allocated to some subjects and we have to cut short the discussion.	

Q6 Council and committee meetings enable Council members to make effective decisions toward the College's mission and growth.

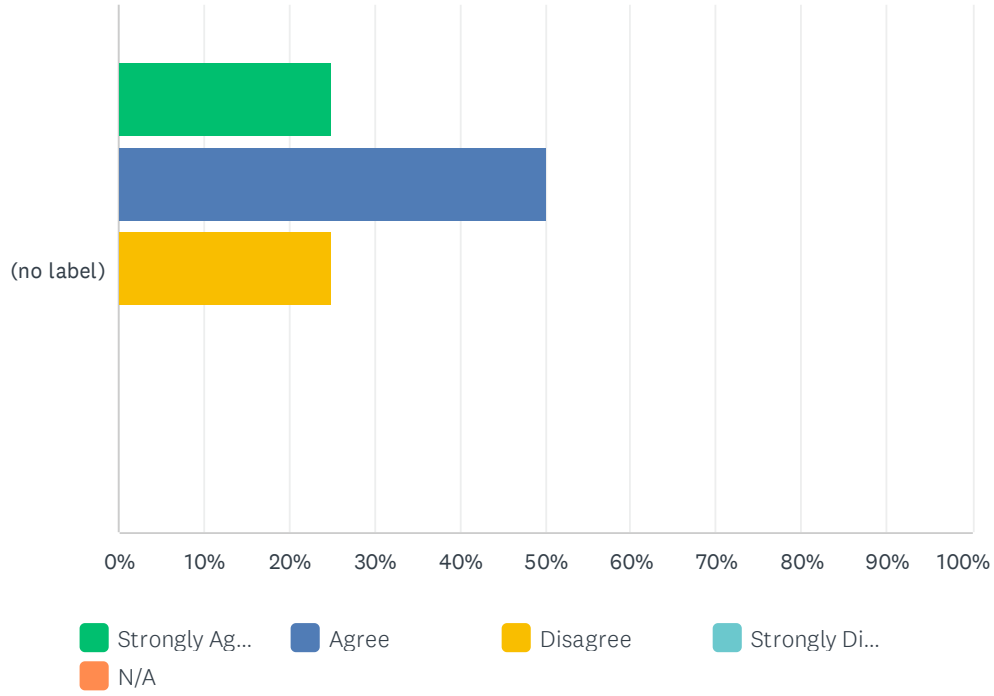
Answered: 12 Skipped: 0



#	COMMENTS:	
1	Yes	
2	Absolutely agree. Sound knowledge-based decisions require full participation and discussion...which facilitate effective decisions	
3	We do work towards our mission ie ‘Public Protection’ but growth is minimal.	

Q7 Council members are kept informed about follow-up related to all decisions and action items arising from Council and committee meetings.

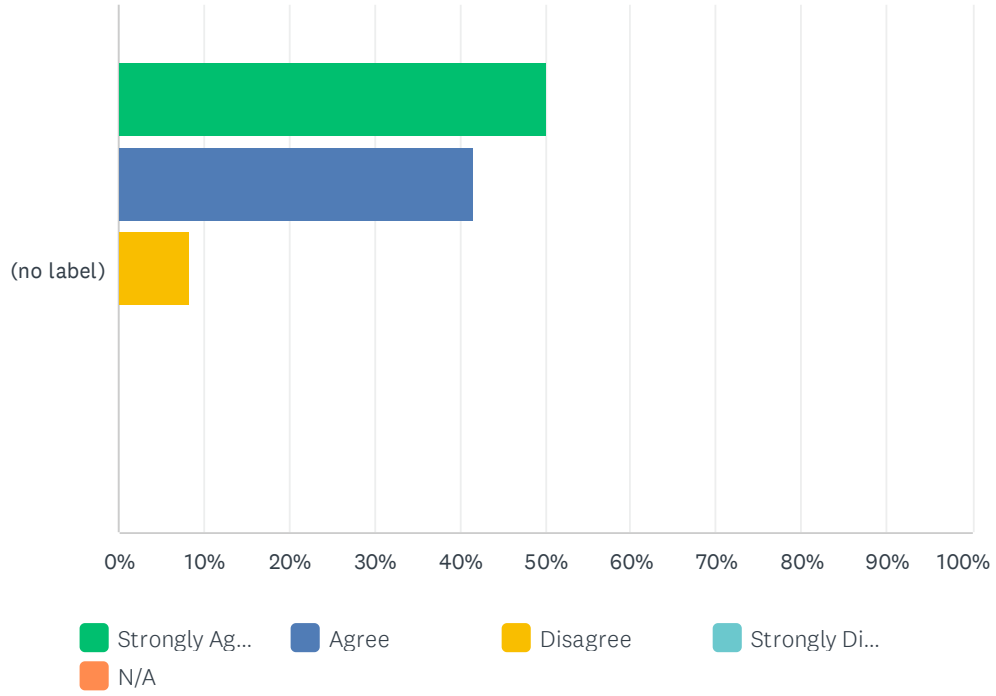
Answered: 12 Skipped: 0



#	COMMENTS:	
1	this is well done	
2	Short followup emails would be great to give council members an update on key priorities.	
3	May have to wait until I am able to assess/apply this statement...but thoroughly agree with the intent.	
4	This is done mostly, but sometimes missed and keeping all council members informed would bring high level of transparency.	

Q8 In Council and Committee meetings, Council members are provided the opportunity to express their views without interruption.

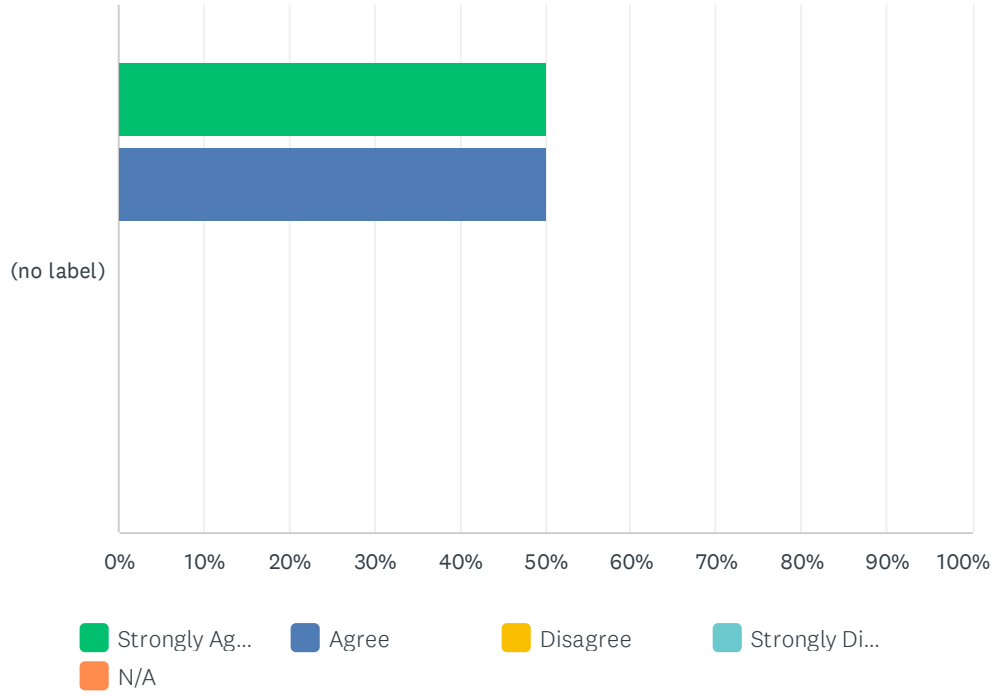
Answered: 12 Skipped: 0



#	COMMENTS:	
1	The meetings are long, and there is a lot of information to go through, so as mentioned earlier it doesn't leave a lot of time for discussion	
2	Same as above (7)	

Q9 During Council and committee meetings, participants treat each other professionally and respectfully.

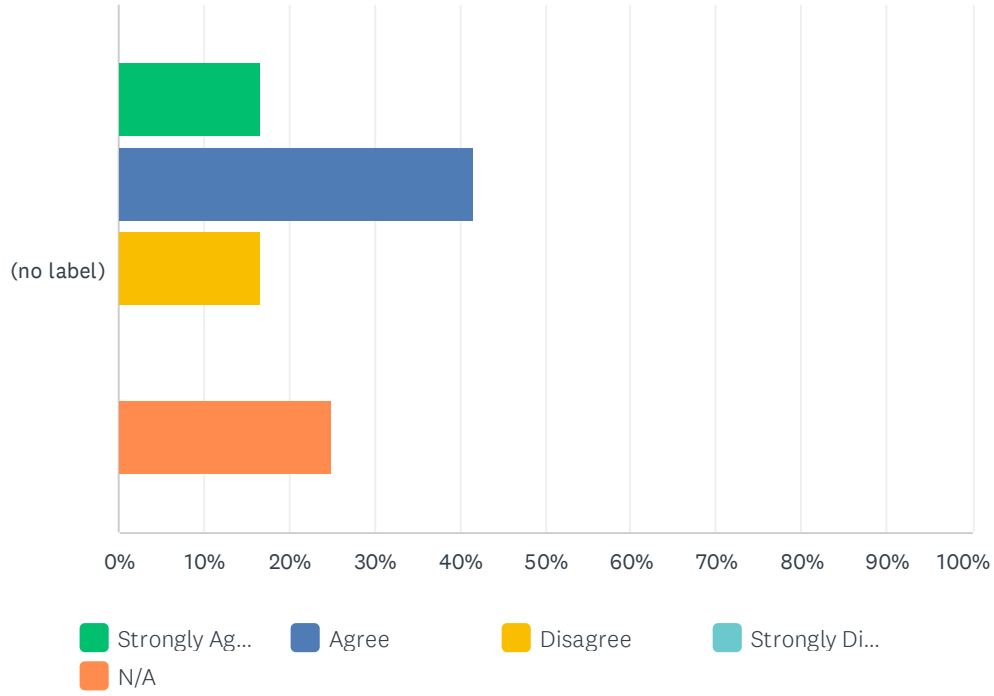
Answered: 12 Skipped: 0



#	COMMENTS:	
1	mostly this happens; however the past year we have seen examples of abhorrent and unprofessional behaviour by some members.	
2	Yes	
3	Same as above (7)	

Q10 In addition to the initial individual orientation program, Council is provided with selected orientation updates on an annual basis.

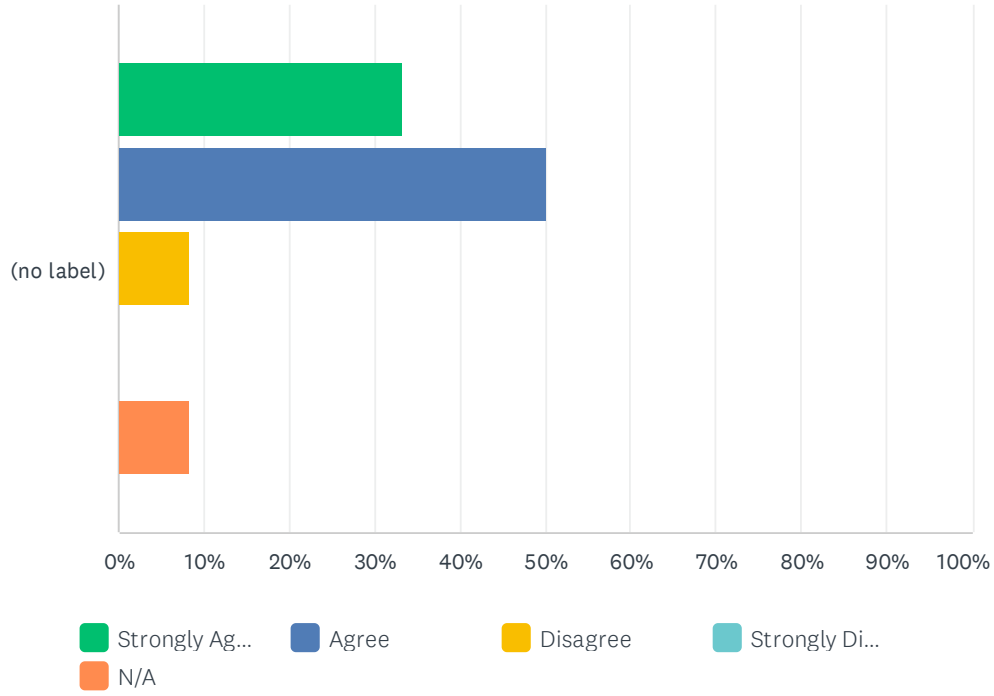
Answered: 12 Skipped: 0



#	COMMENTS:	
1	Not every year.	
2	I was a non council member during the period of reporting.	
3	Just completed year 1, so I cannot comment.	
4	Relevant changes in health care regulatory matters would require that members are updated and provided with relevant information	
5	Less than a Year to Join so will see.	

Q11 Council members are provided the opportunity to participate in Council or committee-related educational activities.

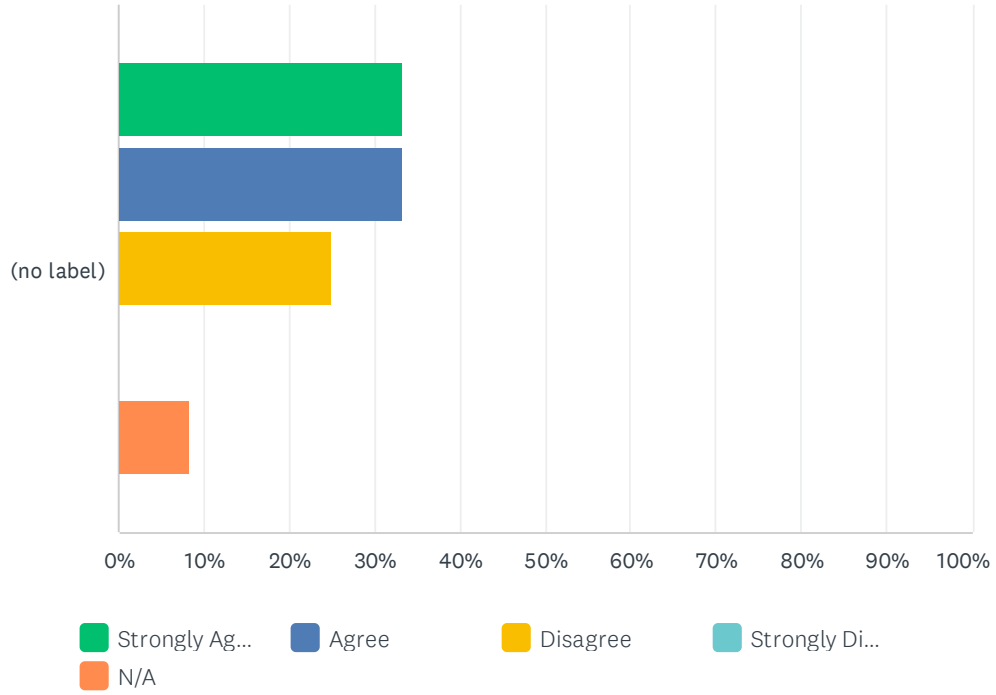
Answered: 12 Skipped: 0



#	COMMENTS:	
1	This is well done	
2	Same as above (7)	

Q12 Council members are provided the opportunity to recommend topics or approaches in support of Council or committee-related educational activities.

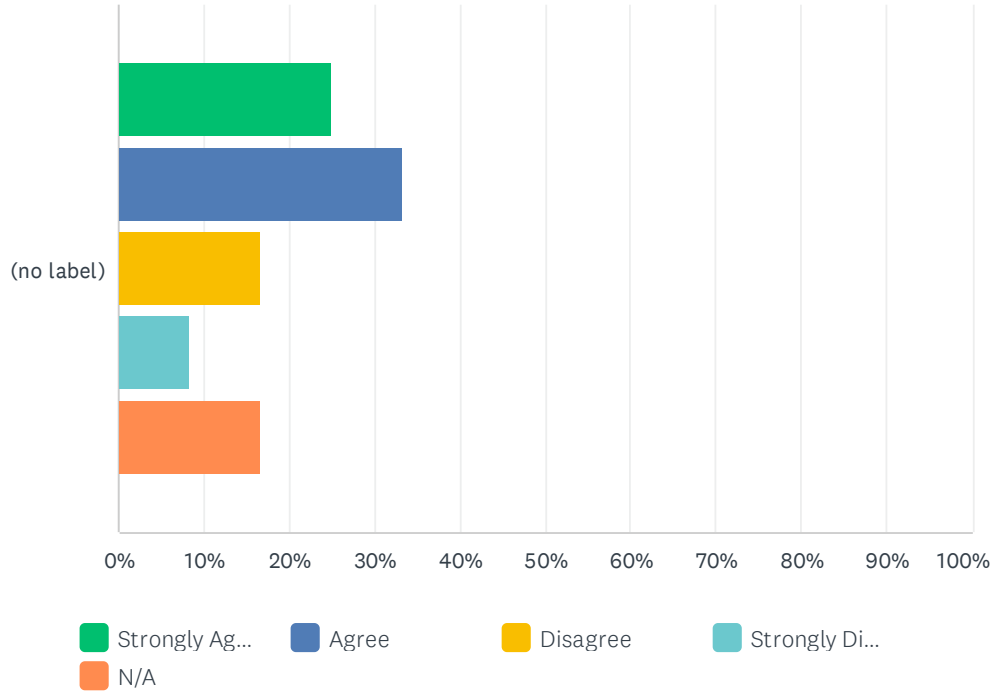
Answered: 12 Skipped: 0



#	COMMENTS:	
1	Same as above (7)	

Q13 Council- or committee-related educational activities are provided in a variety of formats (e.g., webinars, written material) that reflect different learning styles.

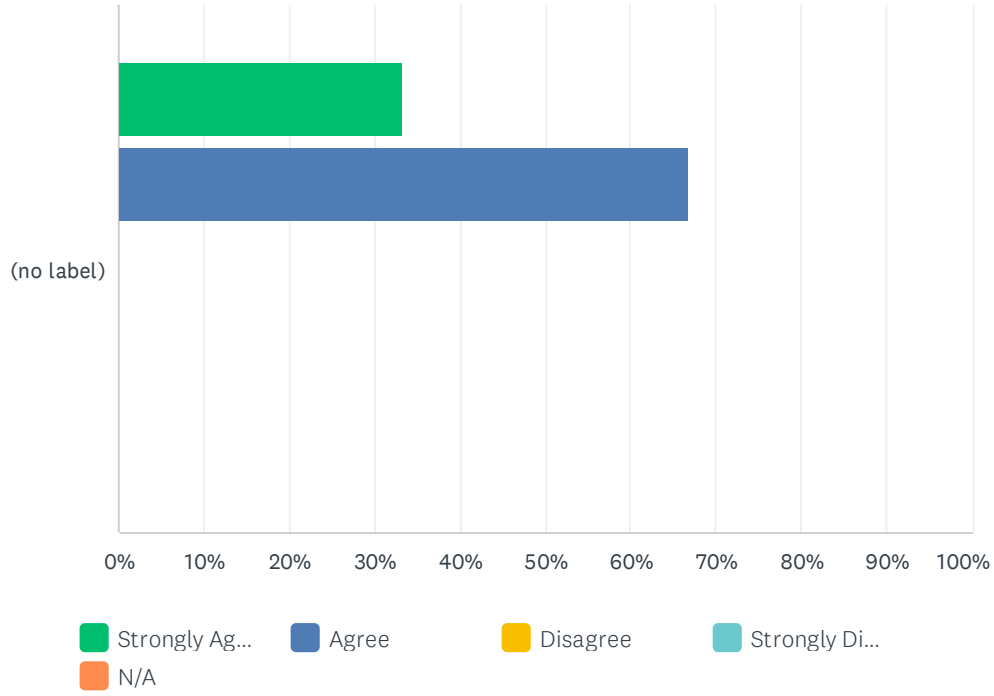
Answered: 12 Skipped: 0



#	COMMENTS:	
1	Too new to comment	
2	Again, a little to new to the College to appropriately assess but I am confident, based on my initial discussions and briefings that the College is committed to ongoing and relevant educational opportunities	
3	We have mostly done the written materials, we have to try other firms as well like guest speaker, webinars etc.	

Q14 Council members' experience, skills and expertise are reflected in committee assignments.

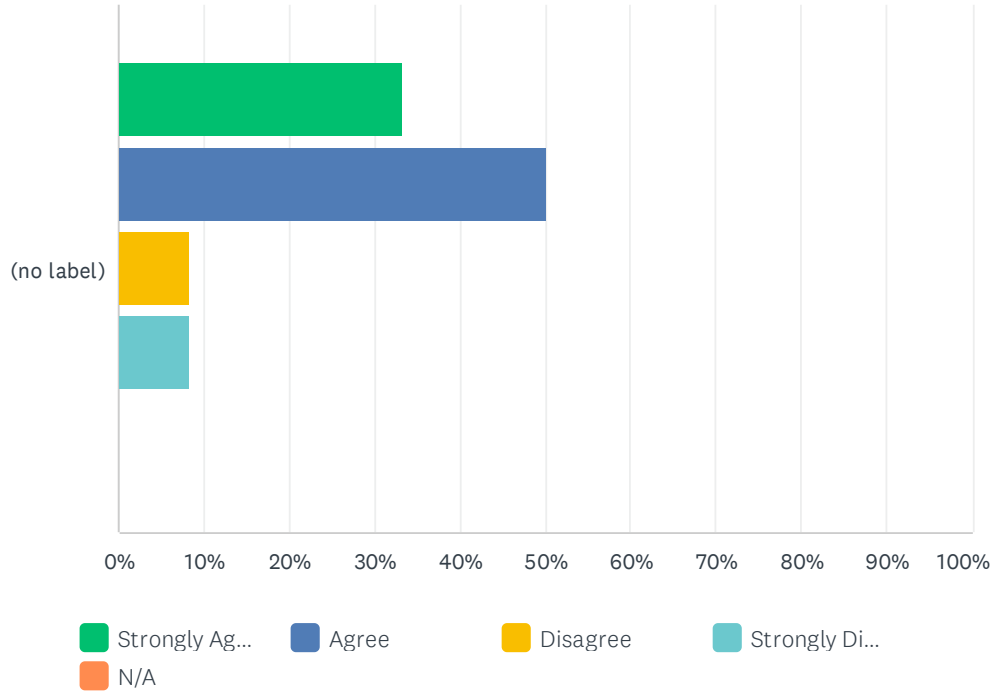
Answered: 12 Skipped: 0



#	COMMENTS:	
1	The utilization of Council member's skills - has improved greatly.	
2	If the skills meet the needs, staff does a good job in using the council members to the best of their abilities.	
3	Hopefully, after my initial council meeting, I will have a better appreciation for the council's members' assignments.	

Q15 Council members are provided the opportunity to volunteer to work on initiatives that advance the College's mandate and effectiveness.

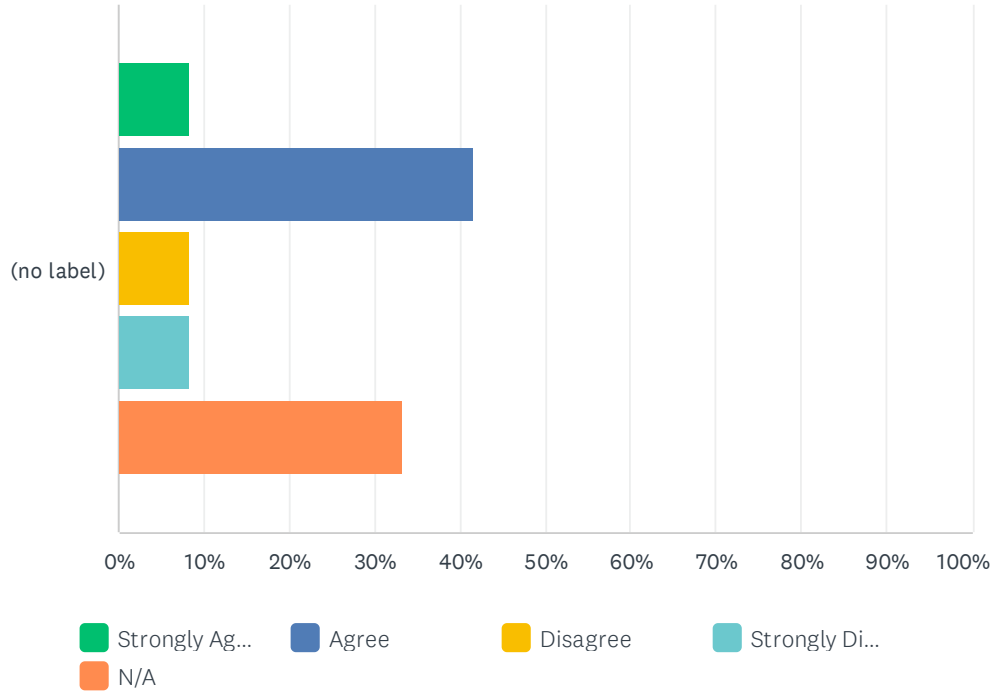
Answered: 12 Skipped: 0



#	COMMENTS:	
1	There is room for improvement here. There are insufficient staff resources to accomplish all initiatives; better utilization of volunteer resources will allow the CHO to achieve more, without spending more.	
2	Excellent concept and look forward to participating should the opportunity present itself.	

Q16 Council members are provided an opportunity to give feedback annually regarding the performance of the Registrar.

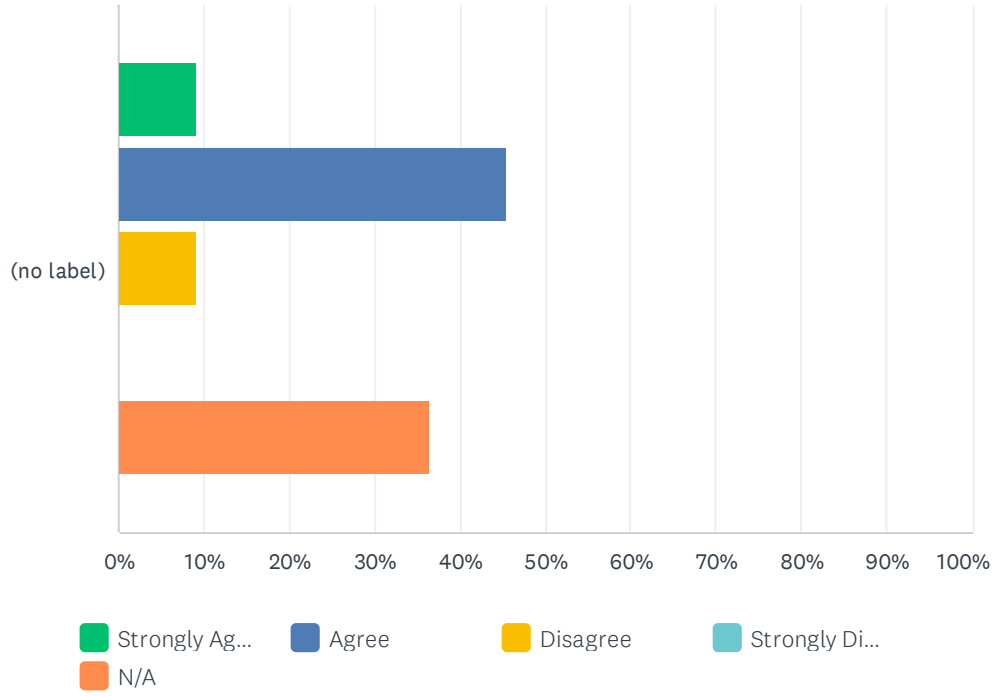
Answered: 12 Skipped: 0



#	COMMENTS:	
1	the plan is in place	
2	Never asked to give feedback.	
3	since I left the position of President in 2019, no assessment has since been done.	
4	Too new to comment.	
5	I'm sure they are, though I'm not sure if I personally have participated since joining. So I can't really expand on this review	
6	This feedback is essential for Council to share views and make suggestions. It should be an enlightening and positive process for both members and the Registrar	
7	We have not done that interview he last couple years due to COVID	
8	Less than a Year to Join so will see.	
9	FOR THE LAST TWO YEARS, WE HAVE NOT BEEN PROVIDED THE OPPORTUNITY TO GIVE FEEDBACK REGARDING THE PERFORMANCE OF THE REGISTRAR.	

Q17 Council discusses and takes concrete action on the results of previous Council Self-Assessments.

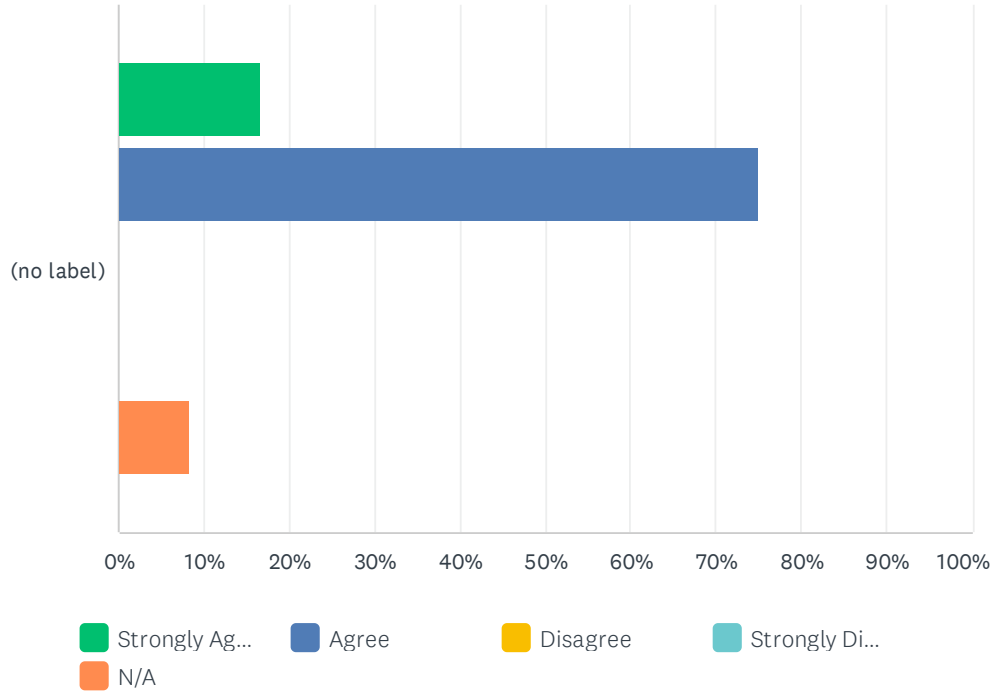
Answered: 11 Skipped: 1



#	COMMENTS:	
1	No concrete action.	
2	Too new to comment	
3	Not sure we have done these self-assessments previously.	
4	Not sure and not in a position to respond given little experience in this area	
5	Less than a Year to Join so will see.	

Q18 This survey effectively covers the parameters that influence Council effectiveness.

Answered: 12 Skipped: 0



#	HOW MIGHT THIS SURVEY BE IMPROVED?	
1	It needs to be discussed openly.	
2	It needs more data.	
3	This is a good easy to use survey	
4	Same as 17	
5	College Should Start in Person Meetings now. More effective results can be obtained. I think now restrictions will be over on March 2022.	

Q19 Any further comments, clarifications or suggestions:

Answered: 3 Skipped: 9

#	RESPONSES	
1	Good to see the actions are being taken now as was initiated by me during my tenure as President in 2018-19.	
2	My limited experience with this college makes it challenging for me to provide beneficial feedback. However I look forward to future opportunities when my insights will be beneficial to your objectives.	
3	I NEED MORE CLARIFICATION THAT WHEN THE COLLEGE HAD PROVIDED ANNUALLY ORIENTATION AND Council- or committee-related educational activities.	

Action Item Update as of February 23, 2022

Action Items arising from October 21, 2021 Council meeting:

The following action items were identified:

1. Distribute annual tax forms as well as fiduciary and conflict of interest declarations for completion and return by Council members. [in progress]
2. Update website listings to reflect results of Executive Committee election and committee appointments. [completed]
3. Sign audited financial statements and complete final steps of audit process. [completed]
4. Send recommendation re: anonymity/confidentiality of the Council self-assessment survey for further consideration by the Governance Panel. [completed]
5. Engage Governance Panel assistance as approved. Update budget to include approved funding. [HR opportunity no longer available, revised steps pending timelines on MOH proposal on governance reform (see agenda item 11)]
6. Update bylaws to include change in fees for health profession corporations. [completed]
7. Post Sexual Abuse Prevention Program. [completed]
8. Poll Council members re: 2022 meeting dates. [completed]

Action Items arising from July 20, 2021 Executive Committee meeting:

The following action items were identified:

1. Consider providing a similar bylaw presentation to Council. Registrar to explore. [completed]
2. Provide to all Council members a list of start and end points for each position. [completed]
3. Contact outgoing and incoming Council members to confirm that the first meeting after the election of Council members will be held on October 21, 2021 and that their terms will end/begin accordingly. [completed]
4. Contact all Council members to confirm that the next meeting will be held on October 21, 2021. [completed]

Action Items arising from February 15, 2022 Executive Committee meeting:

The following action items were identified:

1. Create form-fillable pdf for Registrar's annual performance review questionnaire. [to be done]
2. Remove items in red from proposed annual performance review document. [completed]
3. Change "fiscal" to "financial" in response to Ministry. [completed]
4. Recirculate response letter to Executive once changes have been incorporated consistent with HPRO response. [completed]
5. Distribute surveys to Council members on self-evaluation and proposed training. [completed]

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**FEBRUARY 18, 2022**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – EXECUTIVE COMMITTEE**	**INFORMATION**	**X**
INITIATED BY:	**A CARDOZO**		

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

To provide an update on the activities of Executive Committee from October 2021 to March 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
X **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 *Regulated Health Professions Act, 1991*, mandates the College to have an Executive Committee:

> ***Executive Committee's exercise of Council's powers***
> *12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.*
>
> ***Report to Council***
> *(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.*

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
The Executive Committee currently has five voting members plus the Past President and is supported by staff.

- Anna Cardozo (Professional), President and Chair
- Kerri Flood (Professional), Vice President
- Heather Broadhead (Public), Treasurer
- Julie Hughes (Public)
- Sanjeev Nayyar (Professional)
- Mark Heller (Public), Past President

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 October 5, 2021 and March 3, 2022, the Committee met once.

February 15, 2022 Meeting Summary

Purpose of Meeting: To review the status of operations as of the end of fiscal 2021, consider the proposed 2022-2023 operating plan goals and objectives, and address other items to advance the work of the College.

Items Covered:

1. Reviewed the statement of operations to the end of Q3.
2. Received a report from staff on the proposed Council and committee training plan for the coming year.
3. Reviewed the recommendations of the Governance Panel on Council self-evaluation and agreed to move forward with a mandatory, non-anonymous survey whose responses will remain confidential and for which results will be presented in the aggregate only.
4. Reviewed and approved Governance Panel recommendations on the policy and procedure for the Registrar's performance evaluation, which will take place in January 2023 in conjunction with the next Council self-evaluation.
5. Reviewed the key result areas component of the operating plan goals and objectives and agreed to move forward with the same KRAs for 2022-2023.
6. Considered options related to the System Partner Initiative requirements of the CPMF and agreed to proceed with the two initiatives recommended.
7. Discussed the CHO's draft response to the Ministry's consultation on regulatory governance reform.

The following action items were identified:

1. Create form-fillable pdf for Registrar's annual performance review questionnaire.
2. Remove items in red from proposed annual performance review document. [completed]
3. Change "fiscal" to "financial" in response to Ministry. [completed]
4. Recirculate response letter to Executive once changes have been incorporated consistent with HPRO response. [completed]
5. Distribute surveys to Council members on self-evaluation and proposed training. [completed]

CONSENT AGENDA ITEM # 3.1.3
APPENDIX 3.1.3.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**FEBRUARY 25, 2022**	**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 October 2021 to February 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **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**
X **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 may receive this information from various sources, such as formal complaints, mandatory reports and information brought to the attention of the Registrar.

A panel 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).
- 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)
- Michael Steele (Public)

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 October 5, 2021 and February 25, 2022, the Committee has met one time to approve the appointment of an investigator.

The is one additional file pending review by the Committee.

CONSENT AGENDA ITEM # 3.1.4

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**FEBRUARY 25, 2022**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – REGISTRATION**	**INFORMATION**	**X**
INITIATED BY:	**M STEELE, J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To provide an update of the activities of Registration Committee from October 2021 to February 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **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**
X **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.

In accordance with section 15(2) of the Health Professions Procedural Code (Schedule 2 of the Regulated Health Professions Act, 1991), "the Registrar shall refer an application for registration to the Registration Committee if the Registrar, (a) has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements [specified in the College's Registration Regulation (O.Reg. 18/14)]; (a1) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant is an individual described in subsection 22.18 (1); (b) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or (c) proposes to refuse the application.

Additionally, the Registration Committee reviews applications for approved program status from post-secondary programs in Homeopathy and makes recommendations to Council on such applications. The committee may also address any other matter referred to it by Council.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
The Registration Committee currently has five members and is supported by the Registrar, Senior Manager and Registration Officer.
Mike Steele (Public) (Chair)
Julie Hughes (Public)
Anna Cardozo (Professional)
Sanjeev Nayyar (Professional)
Gurudutt Vaid (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 October 5, 2021 and February 25, 2022 the Committee held no meetings.

No applications have been referred to the Registration Committee this fiscal year.

As part of the 2021/2022 Operating Plan Goals and Objectives the Registration Committee has been assigned the task of *"developing a case for Homeopaths to investigate the addition of a controlled act for homeopathy and authority to perform specific identified authorized acts. This initiative is a long-term solution to improve patient care and access (estimate is 8-10 years), with multiple stages, including an initial viability assessment and a comprehensive formal submission to the Government for consideration."* No new progress has been made on this initiative since the October report. It is proposed that this project will continue under the 2022/2023 operating plan goals and objectives.

CONSENT AGENDA ITEM # 3.1.5

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**FEBRUARY 25, 2022**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – DISCIPLINE**	**INFORMATION**	**X**
INITIATED BY:	**K MCLEAN, 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 the Discipline Committee from October 2021 to February 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

- □ **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**
- X **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 Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee. The chair of the Discipline Committee may name three and no more than five members of the committee to a panel to consider each case and decide whether the allegations have been proven and if so, what penalty is appropriate.

The Discipline Committee, sitting in panels composed of both elected and appointed Council members, conducts public hearings into cases of alleged professional misconduct and/or incompetence for matters that are referred to it by the Investigations Complaints and Reports Committee.
This Committee must accomplish its work independent of the Council and therefore does not represent the College at the hearings. For these reasons, the Discipline Committee may employ independent legal counsel (ILC) to assist in their functions. A decision of the Discipline Committee may be appealed through divisional court, only.

At a hearing, a Panel selected will:

- Consider the allegations and hear the evidence
- Determine the facts of the case
- Determine whether the evidence proves the allegations
- Determine whether the homeopath has committed an act of professional misconduct or is incompetent
- Determine the outcome or penalty to be imposed if a finding is made

Where a panel of the Discipline Committee finds a member guilty of professional misconduct, it may make one or a combination of the following orders:

- Direct the Registrar to revoke the member's certificate of registration.
- Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
- Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
- Require the member to appear before the panel to be reprimanded.
- Require the member to pay a fine of not more than $35,000.00 to the Minister of Finance.

In appropriates cases, and where there is a finding of professional misconduct or incompetence, a panel may make an order requiring the member to pay all or part of the College's costs and expenses. In cases where there is a finding of professional misconduct, the results of the proceeding must be contained on the College's Register which is available on the College's website, as required by the Regulated Health Professions Act. In addition, the Act requires the College to publish a summary of each case.

Hearings are open to the public unless the Panel believes the public should be excluded due to public security, public interest or public safety.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

Every member of Council is a member of the Discipline Committee. The committee is supported by the College's Senior Manager and Registration Officer (Hearings Office/Officer) and Independent Legal Counsel.

In the discipline process the College is supported by the Registrar and the College's legal counsel acting as the prosecution.

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 October 5, 2021 and February 25, 2022 the Committee held one uncontested hearing on February 22, 2022 – CHO vs. John Somerton. [See decision at the end of this report.] Prior to the hearing the registrant and the College came to an agreed statement of facts.

As the outcome resulted in a finding of sexual abuse the Panel directed as follows on the matter of penalty:

1. The Registrant is required to appear before a panel of the Discipline Committee for a reprimand following the hearing;

2. The Registrar is directed to revoke the Registrant's Certificate of Registration, effective immediately;

3. The Registrant is required to reimburse the College for funding provided to the Client under the Program required under section 85.7 of the Code in the amount of $3000 within one month of the date of this Order.

The Discipline Panel hears its next case on April 26 and 27, 2022. List of current discipline proceedings.

Additional Background on Hearings and Process

General Process of an Uncontested Hearing under RHPA

Opening Remarks by Panel Chair

- Introduction of Notice of Hearing
- Take time for panel to read
- Taking the Registrant's Plea

Agreed Statement of Facts (ASF)

- Enter as an Exhibit
- Take time for panel to read
- Submissions from College and then defence
- Questions from panel-Note: panel's right to ask questions is very limited as it must accept that the evidence is as set out in the ASF. The panel, however, may ask questions to clarify facts in the ASF.
- Advice from independent legal counsel
- Further submissions from counsel

Other Evidence

- Although unusual, it is open to the parties to file other exhibits or call other witnesses in addition to the ASF.

Findings on allegations of professional misconduct and/or incompetence

- Panel retires to deliberate
- Panel makes findings on whether the Registrant has committed acts of professional misconduct and/or is incompetent

Panel's Decision on Liability

- Chair sets out findings with respect to professional misconduct and/or incompetence on the record

Penalty Hearing

- College counsel makes submissions. Usually, the parties provide the panel with a joint submission on penalty
- Defence counsel (or the Registrant) makes submissions
- College counsel replies
- Advice from independent legal counsel
- Further submissions from counsel
- Questions from panel

Penalty Decision

After deliberation, panel renders decision. Usually, decision put on the record with written reasons to follow.

NOTICE OF PUBLICATION BAN

This is notice that the Discipline Committee ordered that no person shall publish, broadcast or otherwise disclose the name of the client referred to during the hearing or in documents filed at the hearing that commenced on February 22, 2022, or any information that would disclose the identity of the client. This order was made pursuant to section 47 of the Health Professions Procedural Code (the "Code") being Schedule 2 to the Regulated Health Professions Act, 1991.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, provides that: Every person who contravenes an order made under section 45 or section 47 is guilty of an offence and on conviction is liable,
(a) in the case of an individual to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence; or
(b) in the case of a corporation to a fine of not more than $50,000 for a first offence and not more than $200,000 for a second or subsequent offence.

DISCIPLINE COMMITTEE OF THE
COLLEGE OF HOMEOPATHS OF ONTARIO

IN THE MATTER OF a hearing directed
by the Inquiries, Complaints and Reports Committee of
the College of Homeopaths of Ontario
pursuant to Section 26(1) of the Health Professions Procedural Code
being Schedule 2 of the *Regulated Health Professions Act*, *1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

COLLEGE OF HOMEOPATHS OF ONTARIO

- and -

JOHN SOMERTON

DECISION AND REASONS

A panel of the Discipline Committee of the College of Homeopaths of Ontario **(the "Panel")** held a hearing on February 22, 2022. The hearing proceeded electronically pursuant to the *Regulated Health Professions Act, 1991* - Health Professions Procedural Code, the *Hearings in Tribunal Proceedings (Temporary Measures) Act, 2020* and the Discipline Committee Rules.

Rebecca Durcan was counsel to the College of Homeopaths of Ontario **(the "College")**. Basil Ziv, Registrar, attended on behalf of the College. John Somerton **(the "Registrant")** did not attend

but was represented by Cal Rumeo. Elyse Sunshine acted as independent legal counsel **("ILC")** to the Panel.

ALLEGATIONS

The Notice of Hearing was filed as Exhibit 1 and set out the following:

The Registrant

1. The Registrant registered with the College on or about May 16, 2016.

Lymphatic Drainage Massage

2. On or about March 24, 2021, a Client attended the Registrant's clinic for a lymphatic drainage massage.

3. It is alleged that lymphatic drainage massage is not within the scope of practice of a homeopath.

4. It is alleged that the Registrant did not have sufficient training and/or competency to provide lymphatic drainage massage.

5. It is alleged that the Registrant did not obtain the Client's health history.

6. It is alleged that the Registrant did not obtain sufficient consent from the Client.

7. It is alleged that during the lymphatic drainage massage, the Registrant exposed and/or touched and/or massaged the Client's breasts without her consent.

Acts of Professional Misconduct

8. It is alleged that the above noted conduct constitutes professional misconduct pursuant to section 51(1)(b.1) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* **(the "Code")** as the Registrant sexually abused the Client, more specifically he touched the Client in a sexual nature.

9. It is also alleged that the above noted conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Code as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 315/12 made under the *Homeopathy Act, 2007* **(the "Act")**:
    a. **Paragraph 1** – Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession;
    b. **Paragraph 3** – 3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-related purpose except,

i. with the informed consent of the patient or the patient's authorized representative, or
ii. as required or authorized by law;

c. **Paragraph 8.** Attempting to treat a condition that the member knows or ought to know he or she does not have the knowledge, skills or judgment to treat;
d. **Paragraph 9** - Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skills or judgment to offer or is beyond his or her scope of practice;
e. **Paragraph 48** - Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and/or
f. **Paragraph 49** - Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

AGREED STATEMENT OF FACTS

The College advised the Panel that the evidence would be provided by way of an Agreed Statement of Facts, which was filed as Exhibit 2 and set out the following:

The Registrant

1. The Registrant registered with the College on or about May 16, 2016.

2. The Registrant's Clinic is in his home.

3. The Registrant did not receive any formal training, evaluation, or certification in lymphatic drainage massage (LDM). His only training was approximately ten to fifteen years ago from a woman who performed LDM. The Registrant acknowledges that he does not have sufficient training or competency to provide LDM and that it is not within the scope of homeopathy.

The Client

4. The Client learned of the Registrant through a friend who saw the Registrant for homeopathic services.

5. The Client was seeking a LDM. She had never received a LDM but had been advised that it would help relieve her current symptoms The Registrant's website did not indicate that he provided this service.

6. When the Client emailed the Registrant, she asked if he provided LDM. The Registrant advised that he did and that her first LDM would be free. The Registrant now acknowledges

that he ought to have referred the Client to another practitioner for this treatment.

7. The Client proceeded to make an appointment with the Registrant, via email, for a LDM.

Prior to Commencing Treatment on March 24, 2021

8. When the Client arrived at the Clinic on March 24, 2021, she met the Registrant in the waiting area. He then led her into the treatment room.

9. Prior to commencing treatment, the Registrant had a discussion with the Client about:
   a) All the homeopathic services he offered;
   b) His fee schedule for those services; and
   c) The lymphatic system.

10. The Registrant asked the Client to sign a fee schedule form. Other than this form he did not provide the Client any other documents to sign.

11. During his discussion about the lymphatic system, he showed the Client a diagram of the lymphatic system. He explained that there were lymph nodes throughout the body, including the breasts, and that females had extra lymph nodes in the breasts.

12. If he were to testify, the Registrant would state that he thought that his discussion with the Client was sufficient to obtain informed consent. The Registrant now realizes that he was incorrect and that he did not obtain informed consent to perform the LDM. The Registrant has now created a detailed consent form and asks clients to sign it before any treatment is provided to the breast area.

13. Before providing the LDM to the Client, the Registrant did not:

    a. alert the Client which body parts or in what order he would touch during the LDM;

    b. inform the Client that the LDM that he intended to provide would involve exposing and massaging her breasts;

    c. offer the Client options as to how he could perform the lymphatic drainage massage;

    d. obtain the Client's health history prior to commencing treatment;

    e. seek further information from the Client when she alerted the Registrant that a recent biofeedback report indicated her lymph nodes "were sluggish"; and

    f. maintain appropriate records of the Client's appointment.

During Treatment on March 24, 2021

14. During the course of the treatment, the Registrant decided to massage both the Client's breasts. He lowered the draping to expose her entire upper body down to the top of her underwear. He asked the Client to put her arms behind her head so that her elbows were bent out to the sides. He massaged both of her entire breasts including her nipples and areolae.

15. The Registrant massaged both of the Client's breasts at the same time and used his hands to trace a figure eight pattern in a manner that circled and connected both the Client's breasts.

16. Both the Client and the Registrant were silent during the entire massage.

Sexual Abuse

17. It is agreed that "sexual abuse" of a client by a registrant includes touching of a sexual nature of the Client by the Registrant as a result of s. 1(3)(b) of the Code:

> *1 (3) In this Code, "sexual abuse" of a patient by a member means,*
>
> *(b) Touching, of a sexual nature, of the patient by the member;*

18. It is agreed that for the purposes of the definition of "sexual abuse" under s. 1(3)(b) of the Code, "sexual nature" does not include touching for a clinical purpose:

> *1 (4) "sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided*.

19. The Registrant acknowledges that the touching of the Client's breasts were not of a clinical nature appropriate to the service provided.

College Standards

20. The College's *Professional Code of Ethics for the Homeopathy Profession* requires registrants to provide ethical and competent patient-centered care.

21. The College's *Homeopathic Scope of Practice Standard* does not include LDM.

22. The College's *Therapeutic Relationships and Professional Boundaries Standard* advises registrants to be cognizant of clients' vulnerabilities and advises against any form of abuse including sexual abuse.

Admission of Professional Misconduct

23. It is agreed that the Registrant sexually abused the Client specifically by touching the Client's breasts in a sexual nature, and that the above conduct constitutes professional misconduct pursuant to section 51(1)(b.1) of the Code.

24. It is also agreed that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Code as set out in the following paragraphs of section 1 of Ontario Regulation 315/12 made under the Act:

    a) **Paragraph 1** – Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession;

    b) **Paragraph 3** – Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-related purpose except,
        i) with the informed consent of the patient or the patient's authorized representative, and
        ii) as required or authorized by law;

    c) **Paragraph 8** – Attempting to treat a condition that the member knows or ought to know he or she does not have the knowledge, skills or judgment treat;

    d) **Paragraph 9** – Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skills or judgment to offer or is beyond his or her scope of practice;

    e) **Paragraph 48** – Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and

    f) **Paragraph 49** – Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

Admission of Facts

25. By this document, the Registrant admits to the truth of the facts referred to in paragraphs 1 to 22 above (the "Agreed Facts").

26. By this document, the Registrant states that:

    a) he understands that by signing this document he is consenting to the evidence as set out in the Agreed Facts being presented to the Discipline Committee;

b) he understands that any decision of the Discipline Committee and a summary of its reasons, including reference to his name, will be published in the College's annual report and any other publication or website of the College;

c) he understands that any agreement between himself and the College with respect to any penalty proposed does not bind the Discipline Committee; and

d) he understands and acknowledges that he is executing this document voluntarily, unequivocally, free of duress, free of bribe, and that he has been advised of his right to seek legal advice.

ADMISSION AND PLEA INQUIRY

The Registrant admitted to the allegations of professional misconduct set out the Notice of Hearing and the Agreed Statement of Facts. The Panel received a written plea inquiry which was signed by the Registrant.

SUBMISSIONS OF THE PARTIES ON LIABILITY

The College submitted that the evidence contained in the Agreed Statement of Facts made out all of the acts of professional misconduct alleged in the Notice of Hearing.

Regarding the allegations of sexual abuse, the College relied on the following admissions of the Registrant to argue that his actions amounted to sexual abuse of the Client: (a) that he exposed her breasts; (b) that he massaged both of her entire breasts including her nipples and areolae; (c) that he used his hands to trace a figure eight pattern in a manner that circled and connected both the Client's breasts, and (d) that this touching and behaviour was done without the Client's and consent and was sexual in nature and not of a clinical nature appropriate to the service provided.

The College also made other submissions related to the remaining allegations of misconduct, including that by engaging in sexual abuse of a client, the Registrant's conduct fell below the standard expected of a registrant and must necessarily amount to a contravention of the standard of practice of the profession. The Registrant did not have the expertise to perform LDM and did not obtain the Client's informed consent. All of this conduct would reasonably be regarded by other members of this profession as disgraceful, dishonourable and unprofessional, and conduct unbecoming.

Counsel for the Registrant made no submissions on liability.

DECISION AND REASONS ON LIABILITY

The Panel accepted as correct all of the facts set out in the Agreed Statement of Facts. The Panel found that the evidence contained in that document proved, on a balance of probabilities, the allegations alleged in the Notice of Hearing and admitted to in the Agreed Statement of Facts.

By touching the Client's breasts in a sexual nature without any clinical purpose, the Registrant engaged in sexual abuse. Such conduct would also be inherently a contravention of the standards of practice.

The Registrant performed a LDM which is outside the scope of practice of a homeopath and which he did not have sufficient training and/or competency to perform. He did not obtain the Client's medical history and did not obtain sufficient consent. This is a breach of standards and an independent act of misconduct as well.

By discussing and offering a procedure that he was not appropriately qualified to perform and not disclosing this to the Client, the Registrant attempted to treat a condition that he knew or ought to have known he did not have the knowledge, skills or judgment to treat and offered a service that was beyond his scope of practice.

All of this conduct would be reasonably be regarded by members as disgraceful, dishonourable and conduct unbecoming a member of the profession.

POSITION OF THE PARTIES ON PENALTY AND COSTS

The parties made a joint submission as to an appropriate order for penalty and costs (the "Proposed Order"), which was filed as Exhibit 3 and included the following:

1. The Registrant is required to appear before a panel of the Discipline Committee for a reprimand following the hearing;

2. The Registrar is directed to revoke the Registrant's Certificate of Registration, effective immediately;

3. The Registrant is required to reimburse the College for funding provided to the Client under the Program required under section 85.7 of the Code in the amount of $3000 within one month of the date of the order.

SUBMISSIONS OF THE PARTIES ON PENALTY AND COSTS

The College submitted that two of the components of the Proposed Order (the reprimand and revocation) were mandatory because of the findings of sexual abuse made. The College submitted that the proposed partial repayment for funding for therapy was in the public interest. The College noted that the fact that the Registrant agreed to this joint submission was a mitigating factor that should be considered.

The College submitted that it would normally seek costs, but in this particular case, costs were not being sought because of the Registrant's financial circumstances.

The College reminded the Panel of the law on joint submissions and that joint submission may only be rejected if it is truly unreasonable or unconscionable.

Counsel for the Registrant echoed the submissions made by College counsel and noted that by entering into the joint submission, the Registrant saved the College the time and expense of a contested hearing.

DECISION AND REASONS ON PENALTY AND COSTS

The Panel ordered the proposed penalty, finding it to be in the public interest.

While it was mandatorily required, the Panel also found that public protection would be achieved by the revocation of the Registrant's certificate of registration. This ensures that the Registrant is no longer part of the profession and is deprived of future opportunities to place the public at risk while practising. Removing the Registrant from the profession would also enhance public confidence in the ability of the College to regulate the profession. It would also achieve general deterrence by demonstrating to other registrants that conduct of this nature will warrant removal from the profession.

The reprimand, which was legislatively required given the finding of sexual abuse, would provide an opportunity for the Panel to publicly denounce the Registrant's misconduct and send a message to the general membership of the profession that the Discipline Committee finds sexual abuse completely unacceptable.

The Panel also ordered the Registrant to reimburse the College, in part, for funding provided for counselling and therapy for the Client. This order would further the goals of public protection and general deterrence by sending a clear message to the public and the profession that if a registrant is found to have sexually abused a client, the Discipline Committee may hold that registrant financially responsible for therapy sought by the client in connection with the sexual abuse. This also will instill public confidence in the College's ability to regulate the profession in the public interest.

The Panel accepted the submissions of counsel and the advice of ILC regarding the law on joint submissions and accepted that a joint submission may only be rejected if it would be contrary to the public interest or would bring the Discipline Committee's proceedings into disrepute. This high threshold for departing from the parties' joint submission was not met in this case.

ORDER

The Panel stated its findings in its written order of February 22, 2022 (the "Order"), in which the Panel directed as follows on the matter of penalty:

1. The Registrant is required to appear before a panel of the Discipline Committee for a reprimand following the hearing;

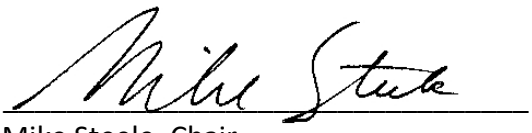
2. The Registrar is directed to revoke the Registrant's Certificate of Registration, effective immediately;

3. The Registrant is required to reimburse the College for funding provided to the Client under the Program required under section 85.7 of the Code in the amount of $3000 within one month of the date of this Order.

Dated in Ontario on February 23, 2022

DISCIPLINE PANEL

Mike Steele, Public Member
Heather Broadhead, Public Member
Anna Cardozo, Professional Member

Signed: 
Mike Steele, Chair

CONSENT AGENDA ITEM # 3.1.6
APPENDIX 3.1.6.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**MARCH 3, 2022**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – PATIENT RELATIONS**	**INFORMATION**	**X**
INITIATED BY:	**K FLOOD, J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To provide an update of the activities of Patient Relations Committee from October 2021 to February 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **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**
X **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 Regulated Health Professions Act, 1991, mandates the College to have a patient relations program. The Patient Relations Committee is responsible for advising Council about the program, which includes the following measures to help prevent and deal with sexual abuse of patients:

1. Ensuring measures are in place to prevent and deal with sexual and other forms of patient abuse.
2. Promoting public understanding of the College's Sexual Abuse Prevention Plan.
3. Educating registrants regarding sexual abuse and boundary issues.
4. Developing guidelines for the conduct of homeopaths with their patients.
5. Training for College staff related to understanding sexual abuse.
6. Administering the College's fund providing therapy and counselling for those who were sexually abused, by a registrant, while a patient.

Through its various initiatives, the committee promotes and enhances the relationship between the College and registrants, other health profession colleges, key stakeholders and the public.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
Patient Relations Committee currently has five members and is supported by the Senior Manager, Registrar and Registrations Officer.

- Kerri Flood (Professional) Chair
- Akhlaq Ahmad (Professional)

- Heather Broadhead (Public)
- Julie Hughes (Public)
- Kamika McLean (Public)

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 October 5, 2021 and March 3, 2022, the Committee as a whole met once. Additionally, a working group of PRC met twice to discuss review of professional standards.

November 23, 2021 Meeting Summary
1. Top sexual abuse prevention (SAP) resources reviewed: Following a comprehensive review of sexual abuse prevention resources from all RHPA colleges the Committee reviewed the top 11 resources. Staff to seek permission from the original source and adapt for CHO. Materials reviewed related to both patients and registrants. Staff will also create and post a SAP resource page for registrants.

2. College will look to translate patient materials into the following languages (determined based on most common languages spoken in practice): Hindi, Punjabi, Bengali, and French.

3. The committee reviewed the professional practice standards, guidelines, and policies that the CHO has at this time (related to sexual abuse), and outlined the changes and upgrades will need to be completed. Committee agreed upon a firm and direct approach where there is no ambiguity. Committee expressed that the firm approach has a tone of zero tolerance while outlining exactly what is expected of registrants.

4. A. Ahmad, K. Flood and H. Broadhead agreed to come together in a working group to review related existing standards/guidelines and create any new documents necessary to support zero-tolerance of patient sexual abuse.

The sub-committee is reviewing new and revised standards and policies as follows:

Previous Document	Revised Document
CHO Practice Guideline #5 (Patient Communications and Physical Examination)	NEW proposed draft: CHO Standard of Practice #20: Communications Intention: Standard 20 to replace Guideline 5
CHO Practice Guideline #5 (Patient Communications and Physical Examination)	NEW proposed draft: CHO Standard of Practice #21: Physical Examination Intention: Standard 21 to replace Guideline 5
N/A	NEW proposed draft: CHO Standard of Practice #22: Prevention of Sexual Abuse
N/A	NEW proposed draft: Policy on Zero Tolerance of Abuse Supports Council approved Sexual Abuse Prevention Plan
Standard #10 on Informed Consent	UPDATED proposed draft: CHO Standard of Practice #10: Informed Consent
Standard #16 on Professional Boundaries	UPDATED proposed draft: CHO Standard of Practice #16: Therapeutic Relationships and Professional Boundaries
Stopping Sexual Abuse	UPDATED proposed draft: Stopping Sexual Abuse – A Member's Guide This updates a 2017 document released by CHO. This will allow the College to remind registrants of their obligations and tight limitations of providing any treatment to their spouse prior to review and anticipated approval of the Spousal Treatment Exception.

Once the Standards Working Group is completed its work the draft documents will return to the full Patient Relations Committee and proceed through the following steps:

1. Review by the Quality Assurance Committee
2. Review by Legal Counsel.
3. Return to PRC for review and editing
4. Review by Council. Seek approval for 60-day public consultation.
5. Consultation with the public, registrants, and other interested parties.
6. Review by PRC for editing and set implementation date.
7. Review by Council for final approval.
8. Release and education for registrants.
9. Implementation and enforcement.

CHO Perpetual Annual Operational Calendar

The development of an annual operational calendar was recommended by the Governance Panel in 2021. This recommendation was accepted by Council on October 21, 2021. This calendar will be reviewed and updated each October.

January

1 – First day of the calendar year

1 – Operations/Office Closure – New Years Day

31 – Committee Management – Chairs to return Committee Reports for Q1

Governance/Governance Panel – review Council Self-Evaluation questions and process

Operations/Finance – Release T4s

Operations/Finance – Distribute and collect TD1 and TD1ON forms

Operations/HPRO Board / CPMF working group meetings bi-weekly – confirm attendance

Operations/HR/Annual Registrar Performance Review – The President meets with the Registrar to discuss the assessment process and objectives for the coming year.

Operations/Planning – Commence development of next year's annual operating plan goals and objectives (present to Executive Committee for input at next meeting)

Operations/Planning – Operating Plan Goals and Objectives (OPGO)

- Registrar, Senior staff and President review items for upcoming (OPGO)
- Items considered for the OPGO maybe: Incomplete or ongoing GO's from the prior year; Items flagged as priority or mandatory requirements identified through CPMF, OFC, MOH or other branches of the government; Carry forward items identified but dropped from prior years.
- Review GO's to assess urgency, risk, and resources.

Operations/Registration – Make changes to Registration materials where necessary

Operations/Registration – Update Guide to Annual Renewal

Operations/Registration – Begin putting together OFC Report [Date may change]

Volunteer Management – Review Council appointments expiry of term

February

1 – Governance – Release of nominations package for election of professional members

Governance – Council members to complete Self-Evaluation questionnaire

Operations/HPRO Board/CPMF working group meetings bi-weekly – confirm attendance

Operations/HR/Annual Registrar Performance Review – The President gathers objective assessment feedback from a variety of relevant sources (this is known as a multi-rater or 360 assessment)

Operations/Office Closure – Family Day

Operations/Planning – Complete draft of Operating Plan Goals and Objectives (OPGO) for the coming year

Operations/Registration – Create Renewal reminder notice schedule

15 – Operations/Registration – Release of annual renewal package – renewal period opens

28 – Operations/Reporting – Finalize CPMF and get sign-off as needed, distribute to Council two weeks prior to meeting date

March

15 – Committee Management – Request for Committee Reports to be sent to Chairs for Annual Report

Governance – Governance Panel to review Council Self-Evaluation findings and make recommendations to Council

Governance – Election of processional council member

First week: Nomination forms due (parts A and B)
Third week: Nomination forms due (parts C and D)
Fourth week: Slate and personal statements distributed to voters via newsletter

Governance – Council meeting (Full- or half-day TBD)

- Approval of College Performance Measurement Framework (CPMF) Report
- Council Self-Evaluation – receive findings report and recommendations. Discussion item.
- Set annual and quarterly training plan for upcoming four quarters
- Council/Staff Education & Training session
- Meeting evaluation

Operations/HPRO CPMF meetings bi-weekly – confirm attendance

Operations/HR/Annual Registrar Performance Review – President compiles and summarizes all feedback received (to protect the confidentiality, any individuals who have provided feedback will not be identified by name)

Operations/Office Closure – Good Friday – (check calendar)

Operations/Office Closure – Easter Monday – (check calendar)

Operations/Registration – Send Renewal reminders between season opening and submission deadline

31 Operations/Reporting – Submit CPMF to Ministry

31 Operations/Reporting – Submit Office of the Fairness Commissioner Annual Fair Registration Practices Report [check for date change]

15 – Volunteer Management – Send offer to committee chairs to call for additional (Council and non-Council) volunteers

15 – Volunteer Management – Committee member evaluation

31 – Last day of fiscal year

April

1 – New Fiscal Year Begins

30 – Committee Management – Chairs to return Committee Reports for Q4 of prior fiscal year

Operations/Finance – Present proposed fee schedule (if any) to Executive Committee for following year

Operations/Finance – Complete HIROC questionnaire for Travel and Occupational Insurance

Operations/HPRO Board and CPMF working group meetings bi-weekly – confirm attendance

Operations/HR/Annual Registrar Performance Review – The President meets with the Registrar to review the input and his/her achievements in delivering on 'CHO's annual Operating Plan

Operations/HR – Annual Staff Performance Review

Operations/HR – Policy Review with Staff

Operations/Office Closure – Good Friday (check date)

Operations/Office Closure – Easter Monday – (check date)

1 – Operations/Registration – Membership renewal dues deadline

15 – Operations/Registration – Letters of notice/intention to administratively suspend sent to registrants late in renewing

15 – Volunteer Management – Forms for Executive Committee Nominations to be distributed

15 – Volunteer Management – Forms for Committee Appointments to be distributed to Council members (as required)

May

Governance – Election of Professional Members

- voting on line first week of May
- newsletter to announce results
- monitor appeals period and address appeals as needed
- post final results after appeal period

Governance/Training – Orientation of new Council members (prior to Council meeting)

Operations/Finance – Audit preparation

- Ensure all Council and Executive Committees minutes are complete and available
- Notifying bookkeeping of confirmed audit start date and prepare schedules
- Review banking and accounting processes information
- Respond to requests from auditors
- Pre-audit requests for information to bank and legal
- Pre-audit registration reconciliation of database to bank account (members/actions to dollars) occurs in preparation for the financial audit
- Fiscal audit begins

Operations/HPRO Board meetings bi-weekly – confirm attendance

Operations/HPRO – AGM confirm attendance

Operations/HR/Annual Registrar Performance Review – The President reports on the completion of the annual performance assessment to the Council.

Operations/Office Closure – Victoria Day

15 – Operations/Registration – Administrative Suspension invoked

31 – Operations/Reporting – Health Human Resources Database report submission due

20 – Volunteer Management – Deadline for name submission from general membership to volunteer for a committee

June

Governance – Executive Committee election
- – Receive nominations
- – Assess eligibility of nominees
- – Distribute slate (one week prior to Council meeting)
- – Arrange for scrutineer(s) for election
- – Write election chair script

Governance – Council meeting (Full- or half-day meeting)
- Approval of Operating Plan Goals and Objectives
- Election of Officers and Executive Committee
- Approval of appointment of Committee members
- Meeting evaluation
- Council/Staff Education & Training session

Governance – Poll for and select meeting dates for coming year Council and committee meetings

Governance – Gather required documents from Council members (conflict of interest, fiduciary commitment, etc.)

Operations/Communications – Post Executive election results, committee appointments, approved OPGO

Operations/Communications – Newsletter to include results of Executive election, approval of OPGO

Operations/Finance – Insurance payment for Directors Liability (1/2 of bill)

Operations/Finance – Budget projections for next year, accounting for OPGO, Staff COL + Work Plans

Operations/Finance – Strategic Planning Process begins

Operations/Finance – Banking requirement to update signatures cards as required

Operations/Finance – Inform Ontario Ministry of Government and Consumer Services of any changes to executive committee (as per the *Business Corporations Act*)

Operations/Finance – Payment of Travel and Occupational Insurance policy due (by July 1 – one payment)

Operations/Finance – Payment of Liability and Crime Insurance Policy due (by July 1 – part 2 of 2 payments)

Operations/Finance – Audit process continues

Operations/HPRO Board meetings bi-weekly – confirm attendance

Operations/HR – Annual Registrar Performance Review - The signed annual performance assessment is maintained in the Personnel File. All related documentation is destroyed.

Volunteer Management – Review Council appointments expiry of term

Volunteer Management – Thank you letters to departing Council and committee members

Volunteer management/Training – Committee chairs orientation

Volunteer management – Orientation for new non-Council committee members

July

31 – Committee Management – Chairs to return Committee Reports for Q1

Governance – Select dates for Executive Committee Meetings

Operations/Administration – File purge based on File Management Policy

Operations/Communications – Complete annual report

Operations/Finance – Audit process continues

Operations – HPRO Board meetings bi-weekly confirm attendance

1 – Operations/Office Closure – Canada Day

Operations/Policy – Review policies, standards, guidelines and files in accordance with the schedule set out in the review policy (under development) – send to Registrar or appropriate committee for review

August

Operations/Office Closure – Civic Holiday

31 – Operations/Finance – Fiscal audit concludes

Operations HPRO/Board meetings bi-weekly – confirm attendance

Operations HPRO /General Meeting – confirm attendance

Operations/Policy – Review policies, standards, guidelines and files in accordance with the schedule set out in the review policy (under development) – send to Registrar or appropriate committee for review

September

30 – Truth and Reconciliation Day (National holiday)

Operations/Finance – Treasurer and Executive Committee to review audited financial statements

Operations/Finance – Annual budget finalized by Registrar and Treasurer

Operations/Finance – Complete HIROC questionnaire for Liability and Crime Insurance Policy

Operations HPRO Board meetings bi-weekly – confirm attendance

Operations/Office Closure – Labour Day

Operations/Policy – Review policies, standards, guidelines and files in accordance with the schedule set out in the review policy (under development) – send to Registrar or appropriate committee for review

October

31 – Committee Management – Chairs to return Committee Reports for Q1

Governance – Council meeting (Full- or half-day TBD)

- Appointment of Auditors
- Approval of Audited Financial Statements
- Approval of annual operating budget
- Approval of annual report
- Planning/Strategic Planning – Review Strategic Plan and agree on KRA for coming year
- Council/Staff Education & Training session
- Meeting evaluation

Operations/Communications – Release annual report and audited financial statements to Ministry and post on website

Operations HPRO Board /CPMF working group meetings bi-weekly – confirm attendance

Operations/Office Closure – Thanksgiving Monday – Office Closed

Operations/Policy – review and update perpetual Annual Operational Calendar

November

11 – Operations/Office Closure – Remembrance Day

Governance – Planning/Strategic Planning – Executive Committee to finalize KRAs for coming year based on Council discussion/review = President/Registrar/EC

Operations HPRO Board/CPMF working group meetings bi-weekly – confirm attendance

Operations/Registration – Outline potential changes/updates to the database for next registration cycle (confirm requirements with MOH Health Human Resource Database group)

December

25 – Operations/Office Closure – Christmas Day

26 – Operations/Office Closure – Boxing Day

Operations/Communications – Newsletter including notice of election of professional members

Operations/Finance – Insurance payment of Directors Liability/Liability and Crime Insurance Policy due (by January 1 – part 1 of 2 payments)

Operations/HPRO Board / CPMF working group meetings bi-weekly – confirm attendance

Operations/Office Closure – Christmas Break

Operations/Reporting – Preliminary assessment of CPMF, identification of areas needing work

Annually

Volunteer Management – Conduct orientation and training session with committees – Council, Executive, ICRC, Registration, Quality Assurance and Patient Relations

Volunteer Management – Orientation of new committee members – prior to commencement on committee/panel

Quarterly

Timeframe	Activities/Committee Reporting
Q1 April 1 to June 30 (Spring)	→ Q1 report due July 31
Q2 July 1 to Sept 30 (Summer)	→ Q2 report due Oct 31
Q3 Oct 1 to Dec 31 (Fall)	→ Q3 report due Jan 31
Q4 Jan 1 to March 31 (Winter)	→ Q4 report due Apr 30

Q1 – Governance – Council Meeting
– Council/Staff Education & Training session at June Council meeting
– Operations/Communications – Full review of website
– Volunteer Management – Monitor Council Member terms and coordinate with HBS as necessary

Q2 – Governance – Executive Meeting
– Council/Staff Education & Training – self-directed training module
– Operations/Communications – Full review of website
– Volunteer Management – Monitor Council Member terms and coordinate with HBS as necessary

Q3 – Governance – Council Meeting
– Council/Staff Education & Training session at October Council meeting
– Operations/Communications – Full review of website
– Volunteer Management – Monitor Council Member terms and coordinate with HBS as necessary

Q4 – Governance – Council Meeting
– Council/Staff Education & Training session at March Council meeting
– Operations/Communications – Full review of website
– Volunteer Management – Monitor Council Member terms and coordinate with HBS as necessary

Monthly

Operations/Committee Management – work with committee chairs to plan and support committee meetings
Operations/Communications – Newsletter / Eblast on the 15th of each month

April – CPMF posted, Council meeting report, voting procedure
May – election information, results
June – Council meeting report, including Executive election results, upcoming meeting dates
July –
August –
September – annual report
October – Council meeting report
November – getting involved
December – election notice, year-end message
January – renewal info
February – election call for nominations, package posted
March – election slate and voting information
In every issue: spotlight on one standard, committee or other relevant topic, information about added resources, other news as it arises

Operations/Communications – Daily Media Monitoring

Operations/Complaints – Monitor and address complaints in a timely manner in accordance with RHPA

Operations/Review public register to ensure completeness of ICRC/Disciplines/Registration related TCL, notices and decision postings and add/remove documents as required

Operations/Finance – First week of each month-send Stripe Report to Bookkeeper

Operations/Finance – Print, Review Bank Statements Account #1, Account #2

Operations/Finance – Print, Check + pay AP invoices + enter Manual Cheque Schedule

Operations/Finance – Print, Review Visa Statements + match + reconcile vouchers

Operations/Finance – Reconcile AP + Visa Statement + vouchers + send to Bookkeeper

Operation/Finance – Deposit manual registrant cheques at RBC + enter Manual Deposit Register

Operations/Finance – Send Manual Deposit Register to Bookkeeper

Operations/Finance – Statement of Operations compared to Budget + Variance

Operations/Finance – Statement of Operations Projections reviewed

Operations/Finance – Review Statement of Operations with Treasurer

Operations/Finance – Review Statement of Operations with President + Exec + Council

Operations/Registration – Ongoing – respond to Registration questions, review and process application forms, issue registrations numbers

Operations/Registration – Review and process SECA applications, Coordinate SECA interviews with Assessor

Operations/Registration – Create and send Certificates of Registration when appropriate

College of Homeopaths of Ontario (CHO)
Council Handbook

Title:	Action Item Tracking Procedure
Subject:	Follow-up and Access to Information about Identified Action Items
Policy Number:	OP – 15
Status:	Approved
Date:	February 4, 2022

Note to reader: in the case of any inconsistency between this policy and the CHO Bylaws, the Bylaws shall be followed.

Definitions

Action Item
Means any task or direction identified by Council or any committee that requires follow-up to complete. Action items may be stand-alone activities or steps to further a broader process.

In Progress means any situation in which an action item has been started but not yet completed.

Stalled or Tabled
Action items may be given the status of stalled or tabled if work on them has stopped temporarily due to competing priorities or specific obstacles such as unavailable resources. The duration of the stall or tabling will depend on both the reason for the pause and the priority of the item within the operational plan.

Completed
An item is designated "completed" once it has been addressed and requires no further action. Should the need for related or follow-up action become apparent, the new task will be defined as a separate action item.

Archive Requirements
Items will continue to be included in the action item report for up to six months following their completion. Unless otherwise designated, information on action items will be retained for the record for two years post-completion.

Staff Contact
Each action item will have a designated staff contact should Council/committee members have questions.

Procedure

- The agenda of each Council and committee meeting will include the identification of action items. This list will be sent out following the meeting along with the attendance register and will be included in the minutes of the meeting for review when the minutes are approved at the next meeting.

- Action items will be added to the Council or committee's SharePoint resource page and given one of the defined status labels. These labels will be updated as the task is in progress and upon its completion.

- Council/Committee members will have access to the action item list to allow for tracking the status of each item. Relevant documents will be accessible as part of this resource.

- Subsequent meetings will include a review of the action item list, including a report on their status.

- In the case of Council, action item status reports will be publicly available as part of the minutes posted on the CHO website. Additionally, they will be used as a resource during completion of the annual College Performance Measurement Framework (CPMF). In keeping with the requirements of the CPMF, an ongoing record of the status of action items will be available to the public via Council packages posted on the CHO website.

Operational Goals and Objectives 2021/2022 Membership Scorecard

Actual at March 31, 2021		2021-2022 Fiscal Year-End (PLAN)	Projected	At Feb 8/22
Line 1 Members in Good Standing at March 31, 2020	**498**	Line 1 Members in Good Standing at March 31/2021		**487**
Adjustments		**Adjustments**		
Line 2 Less Admin Suspension (Current Year)	-11	Line 2 Less Admin Suspension (Current Year)		-9
Line 3 Less Suspension pending	0	Line 3 Less Suspension pending (notice of suspension not yet sent)		0
Line 4 Less Members with Outstanding Payment or Form*	0	Line 4 Less Members with Outstanding Payment or Form*		0
Line 5 Less Resignations	-26	Line 5 Less Resignations		-21
Line 6 Less Expired (Grandparented in good standing at time of expiry)**	-6	Line 6 Less Expired (formerly Grandparented)**		0
Line 7 Full Class Members 420		Line 7 Full Class Members 425		
Line 8 Inactive Class Members 35		Line 8 Inactive Class Members 32		
Line 9 2020-2021 Renewing Member (Line 7 + 8)	455	Line 9 2021-2022 Renewing Members (Line 7 + 8)	450	457
Line 10 New Members	+32	Line 10 New Members		+13
Line 11 Reinstated Members	0	Line 11 Reinstated Members		+2
Line 12 Return to Good Standing from admin suspension prior to 2021-2022 fiscal year	0	Line 12 Return to Good Standing from Admin Suspension issued prior to 2021-2022 fiscal year		+2
Fiscal Year-End		**Ongoing Tally**		
Line 13 Members in Good Standing at March 31, 2021 (Line 9 + 10)	**487**	Line 13 Members in good standing at February 8, 2022	**474**	**474**

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.

* Pending administrative suspension for non-payment or failure to submit required documentation.

** Expired registration: 6 Registrants in good standing in the Grandparented Class failed to complete or satisfy requirements for Full Class.

Registration as revoked after three years of a registrant failing to resolve their administrative suspension – effective October 7, 2021 = 10. Does not impact number of members ingood-standing.

Note: The development of this policy was recommended by the Governance Panel in 2021. This recommendation was accepted by Council on October 21, 2021. This policy was developed in conjunction with the Governance Panel. Operational policies are approved by the Registrar.

College of Homeopaths of Ontario (CHO)
Operations Policy Binder

Title:	Meeting Package Distribution Policy
Subject:	Rules on Timelines for Distribution of Council and Committee Materials
Policy Number:	OP – 16
Status:	Approved
Date:	February 4, 2022

Note to reader: in the case of any inconsistency between this policy and the CHO Bylaws, the Bylaws shall be followed.

Intention of this policy: Schedule 3 of the College's Bylaws – Code of Conduct – requires Council and Committee members to be prepared to participate in Council meetings and Committee work including reading background materials and briefing documents, and to diligently take part in Committee work and actively serve on Committees as appointed by the Council.

College staff supports Council and committee members in achieving their responsibilities by providing information and reports to enable and encourage thoughtful and effective discussion and decision making. This can be best achieved through the timely receipt of materials. Good governance leads to good decisions which leads to focused and effective public protection.

Policy: Materials are to be released within the established timelines based on the provided guidelines, except in noted circumstances. Unless urgent or time sensitive, agenda items which can not be supported with timely release of materials will be tabled to the next meeting.

Distribution of Materials

COUNCIL MEETING MATERIALS
Timelines

Time from Meeting	Package	Agenda
Three weeks out		**President approves**
10 days out	**Release 1st package**	
7 to 10 days out		**Council to provide changes to agenda**
7 days out	**Release 2nd package** **Package posted on website as soon as possible**	**Post agenda on the website**
2 days out	**Release 3rd package – urgent items**	
Day of Meeting		**Changes to agenda okay prior to approval at meeting**

Release of Council Package

Package 1	Released at least 10 days in advance of the meeting. Based on the material available at the time.
Package 2	Released at least seven (7) days in advance of the meeting. All materials will be put in consecutive order in PDF format. Public package and agenda posted on the College's website.
Package 3	Materials ready for release less than seven (7) days in advance of the meeting. Late materials will only be accepted if the item is urgent, time sensitive and can not wait until the next meeting. Changes in background materials will be made prior to posting Council packages on the website to ensure that the posted version is the final version. Materials might pertain to information received from the government, issue management materials or information/matters forwarded to Council by a committee that requires a decision. If known in advance, Council should be notified to expect late arrival of material. Materials bundled in order and indexed.

Procedure for Agenda

1. The Council agenda is drafted three (3) weeks in advance in conjunction with the President.
2. The proposed agenda will be provided to Council in the first package. Seven days in advance of the meeting, the agenda will be posted on the College's website. Council is invited to provide corrections to the agenda, but no changes will be made to the agenda less than one (1) week in advance of the meeting. Necessary changes may be made at the meeting, prior to approval of the agenda.
3. Discussion and decision of new items arising, unless urgent, will wait until the next meeting of Council. Non-urgent agenda items requiring timely decision or referral to committee, which cannot wait for the next Council meeting, may be addressed by the Executive Committee in between Council meetings.

FOR COMMITTEE OR PANEL MEETINGS

Package 1	Released at least five (5) days in advance of the meeting. Based on the material available at the time.
Package 2	Released at least two (2) days in advance of the meeting. Material released less than two (2) days in advance of the meeting is only acceptable if the material is urgent, time sensitive and can not wait until the next meeting. If known in advance, the committee should be notified to expect late arrival of material. Late arrival materials might pertain to priority decision or decision matters such as order of an investigation, order of interim suspension, emergency or crisis management matters, or information received from the government. Materials bundled in order.

Procedure:

1. Package 1 should contain the majority of the meeting materials.
2. Unless urgent, package 2 or late release materials should not be decision items. Matters considered urgent might pertain to priority decision or decision matters such as order of an investigation, order of interim suspension, emergency or crisis management matters, or information received from the government. Materials for the intention of training, introduction for discussion/decision at a future meeting are acceptable in package 2. If known in advance, committee members should be notified to expect late arrival of material.
3. Committee meeting agendas are set seven (7) days in advance. No changes will be made to the agenda less than two (2)-days in advance of the meeting. Necessary changes may be made at the meeting, prior to approval of the agenda.
4. New additions to the agenda requiring discussion and decision, unless urgent, will wait until the next meeting.
5. Committee member packages are not bundled in PDF format. Materials pertaining to the specifics of each case or application should be bundled into one file and indexed.

General Guidelines for Material Development and Release

Where possible, the level of decision should direct the length of time information is available to the Council or committee members:

Decision Type	Timelines for Release
Decision Items	Where possible, highest priority to develop and release
Discussion Items	Second highest priority to develop and release
Information items	Third highest priority to develop and release
Consent agenda items	Lowest priority to develop and release

1. All supporting materials item that is ready may be release in the earliest possible package.
2. Decision and discussion items should be released as early as possible to allow decision makers time to review and consider.

Level of Complexity of Issue to be Discussed

Adequate background and supporting information must be provided to the decision maker to help him/her understand the breath and depth of the issue at hand and the decision to be made. To ensure all considerations are addressed, contributors are required to complete and include the Council/Committee Report Form. This report form is not required for decisions on individual files such as applications for membership, ICR complaint files, or discipline case files.

The level of complexity may require multiple information pieces being released over a longer period of time. If training or expert opinion/guest speaker is required to make the final decision, additional time and/or meetings should be allowed and/or planned.

Requesting Additional Information and Changes to the Agenda

If Council members require additional background information, requests must be received a minimum of five (5) days in advance of the meeting.

If Committee members require additional background information, requests must be received a minimum of three (3) days in advance of the meeting.

Changes to the meeting agenda maybe made on the day of the meeting prior to the approval of the agenda. If possible, advance notice of request to change the agenda should be sent to the meeting chair and staff to help in preparing, amending, and distributing information/materials. The meeting Chair has the right to reject or table new agenda items to the next meeting.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/MARCH 10, 2022**	**DECISION**	□
DATE:	**MARCH 4, 2022**	**DISCUSSION**	□
ITEM NAME:	**REGISTRAR'S ANNUAL REVIEW PROCESS**	**INFORMATION**	**X**
INITIATED BY:	**A CARDOZO**		

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

To provide Council with an update on process of annual review of the Registrar's performance.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

□ **1 Delivering on Legislative & Legal Mandate**
X **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:

CHO Human Resources Policy 31 Performance Evaluation (2015)

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 public is protected when the College hires and retains competent, ethical and skilled staff. The Council ensures these traits are maintained by performing an annual review of the Registrar's performance. The Registrar's performance will be measured against pre-identified role and leadership competencies and outcomes in relation to annual performance objectives. The Registrar is responsible for reviewing the performance of all other staff.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The College President has the lead role in managing the Registrar's performance review process.

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).:

An effective performance evaluation process links performance to the College's goals including the strategic and operational plan[1], provides an objective basis for assessing performance and behavioural competency, promotes healthy dialogue between Council and the Registrar and creates an opportunity to provide the Registrar with constructive feedback on key strengths and areas for development.

[1] It is assumed that the CHO annual Operating Plan, Goals and Objectives are developed collaboratively by CHO staff and Council and that the Registrar is ultimately responsible for delivering on this plan.

Direction on the Registrar's performance review: Excerpt from minutes of the February 15, 2022 Executive Committee meeting (note these minutes have not yet been approved by the Committee):

> **Framework for Annual Performance Review: Registrar**
> *(Appendix 5.1 Proposed process for the annual performance assessment of the Registrar)*
>
> The Committee discussed the policy and procedure recommended by the Governance Panel. Emphasis was on the need to link the goals of the College with the goals against which the Registrar would be evaluated. College goals will be finalized in June, and goals for the Registrar will be finalized in October. The evaluation will take place in January 2023 in conjunction with the Council self-evaluation.
>
> It was agreed that the evaluation would be conducted using a form-fillable pdf rather than via Survey Monkey in order to maintain confidentiality.
>
> > **Motion # 4: To update the policy on the Registrar's annual performance review**
> > Moved by H. Broadhead, seconded by K. Flood
> >
> > **That the Executive revoke existing policy GOV – 16 and replace it with new policy GOV – 17 which is comprised of the same policy statement and the new procedural policy described in Appendix 5.1.**
> > *CARRIED*
> >
> > **Motion # 5: To move forward with the new version of the Registrar's annual performance review**
> > Moved by H. Broadhead, seconded by K. Flood
> >
> > **That the College implement the revised annual performance review process in January 2023.**
> > *CARRIED*

NEXT STEPS:

1. College goals will be finalized in June 2022.
2. Goals for the Registrar will be finalized in October 2022.
3. The evaluation, using the new process, will take place in January 2023 in conjunction with the Council self-evaluation.

Title: **Procedure for Reviewing and Evaluating Registrar's Performance**
Policy Type: Governance
Policy number: GOV - 017
Date approved: February 15, 2022 by Executive Committee
Status: Approved
Note: Replaced policy GOV-016

Preamble

The Council is responsible for the establishment and implementation of a timely, objective and constructive process for evaluating the performance of the Registrar on an annual basis, as directed in CHO HR Policy 31 (2015)[2]. The process of conducing the annual evaluation process is managed by the President through the Executive Committee. An effective performance evaluation process links performance to the College's goals including the strategic and operational plan[3], provides an objective basis for assessing performance and behavioural competency, promotes healthy dialogue between Council and the Registrar and creates an opportunity to provide the Registrar with constructive feedback on key strengths and areas for development.

Policy

The Executive committee is responsible for the Registrar's evaluation and regularly reviewing the policy and process to ensure it contributes to the achievement of the Colleges' mission, vision and Goals. The Registrar's performance will be evaluated annually. Performance will be measured against pre-identified role and leadership competencies and outcomes in relation to annual performance objectives. The evaluation will be conducted by the Executive, which will then make recommendations for an annual performance assessment to the Council. The final assessment of the Registrar's performance will be made by the Council. The Registrar's performance assessment and the associated compensation decision are conducted in alignment with the College's overall staff performance management and compensation system.

The overall purpose of the annual performance assessment

The performance assessment is intended to be a fair and constructive process to:

- Discuss accomplishments, strengths, limitations and set organizational objectives for the coming year.
- Clarify expectations between Council and the Registrar on roles, responsibilities and position expectations;
- Provide insight into 'Council's perception of the 'Registrar's strengths, challenges, and overall performance; and
- To identify any required actions to assist the Registrar to improve his/her ability to perform, and to foster growth and development of both the Registrar and the organization.

[2] Source: CHO Human Resources Policies & Handbook, June 2015; Title: Recruitment & Position Administration; Subject: Performance Evaluation; Policy Number: HR – 31; Approved: June 2015 (see Appendix 1)
[3] It is assumed that the CHO annual Operating Plan, Goals and Objectives are developed collaboratively by CHO staff and Council and that the Registrar is ultimately responsible for delivering on this plan.

Performance Dimensions

The Registrar will be evaluated on the following dimensions:

1. **Achievement of Annual Performance Objectives**. An assessment of the 'Registrar's ability to deliver on the annual CHO Operating Plan Goals and Objectives set out at the beginning of each fiscal year that aligns with the Strategic Plan[4].
2. **Leadership**. An assessment of the 'Registrar's leadership competency.

Process for the annual performance assessment

1. (**January**) The President meets with the Registrar to discuss the assessment process and objectives for the coming year.
2. (**February**) President gathers objective assessment feedback from a variety of relevant sources (known as a multi-rater or 360 assessment).
    a. CHO Council members and Staff are asked to complete the Assessment of Leadership Behaviour (see Appendix 2).
    b. The Registrar is requested to self-evaluate his/her performance using the Assessment of Leadership Behaviour and by producing an updated Summary of Deliverables for the annual CHO Operating Plan Goals and Objectives for the current year.
    c. Additional feedback may be sought from other relevant external stakeholders, as identified by the Registrar. These individuals will be asked to complete a more straightforward feedback form (see Appendix 3).
    d. The assessment will be done electronically using a secure delivery system (i.e. using a form-fillable pdf or Microsoft Forms) with the results being sent directly to the President.
3. (**March**) President compiles and summarizes all feedback received (to protect the confidentiality, any individuals who have provided feedback will not be identified by name).
4. (**April**) The President meets with the Registrar to review the input and his/her achievements in delivering on ' 'CHO's annual Operating Plan[5].
    a. The Registrar is given the opportunity to comment on the Assessment of Leadership Behaviour.
    b. The Registrar will describe his/her success in achieving the annual Operating Plan deliverables and will explain the circumstances for those deliverables not completed.
    c. An action plan is developed to address any issues that have been identified in these discussions.
    d. The President and Registrar sign off on the annual performance assessment.[6]
5. The assessment of the Registrar's performance will lead to recommendations for salary adjustment based on the performance management and compensation system that applies to all College staff.

[4] Ultimately, the College will also have a Strategic Plan and the Registrar will be responsible for ensuring the Strategic Plan is delivered
[5] It is assumed that the CHO annual Operating Plan, Goals and Objectives are developed collaboratively by CHO staff and Council during the fourth quarter of each fiscal year and that the Registrar is ultimately responsible for delivering on this plan over the course of the year.
[6] Council should consider the following appeal process from the Ontario College of Physiotherapists (2011): *Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar's performance and will determine whether any variation from Council's decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.*

6. Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar's performance and will determine whether any variation from Council's decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.
7. The President reports on the completion of the annual performance assessment to the Council.
8. The signed annual performance assessment is maintained in the Personnel File. The final completed/approved performance appraisal of the Registrar's performance review and new annual compensation package, if any, will be provided to the Registrar by the President. A copy will be kept on file for payroll, record retention and future reference. All related documentation is destroyed.

Appendix 1: CHO Human Resources Policies & Handbook, June 2015

Title: Recruitment & Position Administration
Subject: Performance Evaluation
Policy Number: HR - 31
Approved: June 2015

All employees will have an annual performance review meeting with their manager, one month prior to the end of their probation and every January.

Purpose
To evaluate the performance of each employee for the following purposes:

- *To identify areas requiring improvement in performance*
- *To identify training requirements that may assist the employee's professional development*
- *To establish goals and a work plan for the coming year*

The annual performance review is documented on the Annual Performance Review form. The direct supervisor will evaluate the performance of staff members who report to them. These performance appraisals will be reviewed with Registrar before they are finalized. The Registrar will be evaluated as per the Registrar policies.

Additionally, managers are encouraged to meet with employees at mid-year to review performance and achievement to date, and are expected to provide employees with informal, timely performance feedback throughout the year.

Employees may request a performance meeting with their manager at any point in the year to discuss changes to the objectives. Immediate supervisors may change or add to employee objectives, throughout the year, as changes occur in organizational priorities and activities.

When this occurs managers will meet individually with employees to review and document new/changed objectives.

Appendix 2: Annual Performance Assessment

1. Assessment of Leadership Behaviour:

This form is to be provided to Council members and CHO Staff who will complete the checklist and return to the President for compilation. Each evaluator is expected to give thoughtful consideration to each category of leadership behaviour as set out below and to check the column, which they believe best reflects the 'Registrar's performance.

	Leadership Behaviour Categories and Descriptors	**3** Consistently meets expectations	**2** Is not meeting expectations	**1** Unable to assess	Comment
1	**Executive Committee, Committee Chairs, and Council -** Provides the appropriate level of assistance, support and guidance. Response to inquiries is timely and demonstrates strong interpersonal skills (e.g. tact, professionalism, conflict resolution, listening, etc.)				
2	**Relationship Building & Stakeholder Liaison** - Develops a positive essential stakeholder network related to health care and regulatory practice in general including Homeopathy associations, applicable government agencies, educational institutions, the Federation of Health Regulatory Colleges of Ontario, and other organizations involved in licensure, regulation, examinations and quality assurance.				
3	**Technical or Professional Expertise (i.e. policy development, legislative, and governance)** - Demonstrates sound substantive knowledge regarding the ' 'College's mandate, programs and services, and has the necessary technical skills to perform the job.				
4	**Internal Relationship & Team Management** - Fosters a respectful and creative work environment; the Registrar and Staff have built effective working relationships with Council members and committee chairs.				
5	**Organizational Effectiveness** - Works with Council to develop appropriate policies and procedures to ensure efficiency and effectiveness of statutory programs and other services (e.g. elections); provides that proper systems are in place to facilitate the day-to-day operations of the College with Staff; and				

	Leadership Behaviour Categories and Descriptors	**3** Consistently meets expectations	**2** Is not meeting expectations	**1** Unable to assess	Comment
	allocates resources for Staff and Council/Committee training and development.				
6	**Fiscal Management -** Is knowledgeable about financial planning and budgeting; links operational plan with the ' 'College's overall budgeting process; presents financial reports to Council regularly; submits an annual budget for ''Council's review, revision and approval; and monitors the financial health of the College.				
7	**Leadership -** Inspires and motivates others; effectively coaches and mentors; is committed to the continuous improvement of the College; has a sense of what must change and is willing to lead change efforts and executes on realistic goals and objectives. Displays integrity and models effective behaviours and skills.				
8	**Judgement/ Decision Making** - Effectively deals with diverse and challenging situations. Exercises tact and sensitivity. Considers the problem, explores alternatives, and implements a decision or makes recommendations to the Executive Committee and Council as appropriate.				
9	**Initiative/Resourcefulness** - Works independently; formulates solutions to problems, stays on top of situations and initiates action.				

Additional Comments

This section is also particularly important if a category has been checked 'Is not meeting 'expectations' or 'Unable to ' assess':

2. Additional sections to this form only for the summary report that is presented to the Registrar:

a. 'Registrar's Comments:

This section provides an opportunity for the Registrar to respond and comment on 'others' assessment and to provide context, only as needed

b. Action plan(s) to address issues identified in the performance assessment:

This section is used to document any personal action plans developed to address performance issues identified in the performance assessment, only as needed

c. Achievement of CHO Annual Objectives:

Attach an updated Summary of Deliverables for the annual CHO Operating Plan Goals and Objectives, including the status/comments and an explanation about the circumstances in which any deliverables were not completed.

d. Signatures: (President and Registrar)

_____ _____

President Registrar

Appendix 3: Form for external reviewers

Dear _____

The Council of the College of Homeopaths of Ontario (CHO or the College) assesses the performance of the Registrar on an annual basis. The College uses a ''multi-'rater' or '360 'assessment' process, which enables the Council to seek valuable input from important external stakeholders as identified by the Registrar. Such input provides the Council with greater insight into the effectiveness of the Registrar in representing the College in his/her communications and working relationships with other organizations.

We would appreciate your feedback on the following three questions:

	Leadership Behaviour Categories and Descriptors	Is effective	Is not effective	Unable to assess
1	Does the CHO Registrar effectively represent the interests of the College of Homeopaths of Ontario in working with your organization?			
2	Does the CHO Registrar communicate effectively with your organization?			
3	Does the CHO Registrar effectively collaborate with your organization?			

Additional Comments

This section is also particularly crucial if a category has been checked 'Is not 'effective' or 'Unable to ' assess'

Your comments will be summarized and anonymized before being presented back to the CHO Registrar for discussion. Your input is much appreciated, and we thank you for your assistance.

Sincerely

CHO President…

POLICY REVOKED by the Executive Committee on February 15, 2022

~~**Title: Reviewing and Evaluating Registrar Performance Policy**~~
~~Policy Type: Governance~~
~~Policy number: GOV - 016~~
~~Date approved: April 29, 2014, by Executive Committee of the transitional Council of the College of Homeopaths~~
~~Status: Approved~~

~~**Policy**~~

~~The Executive committee is responsible for the Registrar's evaluation and regularly reviewing the policy and process to ensure it contributes to the achievement of the Colleges' mission, vision and Goals. The registrar's performance will be evaluated annually. Performance will be measured against pre-identified role and leadership competencies and outcomes in relation to annual performance objectives. The evaluation will be conducted by the executive, which will then make recommendations for an annual performance assessment to the council. The final assessment of the registrar's performance will be made by the Council. The Registrar's performance assessment and the associated compensation decision are conducted in alignment with the College's overall staff performance management and compensation system.~~

~~**Procedure**~~

1. ~~The Executive Committee will conduct the Registrar's annual performance review, which will be regular and continuous.~~

2. ~~The performance review will have two functions:~~
   a. ~~To gather and assemble feedback about the Registrar's performance against set role and leadership competencies and annual performance objectives; and~~
   b. ~~To provide a recommendation to Council as to the Registrar's annual performance assessment.~~

3. ~~The annual review cycle is to be initiated no later than the beginning /end of/ by February every year, starting with the registrar evaluating himself using the same tool.~~

4. ~~After the self-assessment the Registrar will submit the evaluation to the President.~~

5. ~~The performance appraisal interview and all communications with the Registrar should be conducted by the President and one other member of the Executive Committee. The Executive Committee member (assigned to work with the President) should be chosen by the Executive Committee, and be a different member each year.~~

6. ~~The evaluation tool should then be sent to the council members including the registrar's Self-assessment copy, and returned back by the submission deadline to the President which would be no later than, the mid-March each year.~~

7. ~~The President receives performance feedback from Council members, external stakeholders and senior staff as appropriate. The President collates this feedback together with objective information related to achievement of performance objectives (if available), and the Registrar's self-assessment.~~

8. The President will present the gathered information to the Executive Committee which will assess the Registrar's performance and develop a recommendation to Council. The final (completed) annual evaluation should be approved by full Council.

9. Council will consider Executive Committee's recommended performance assessment *in camera*. The President will report Council's decision to the Registrar.

10. The President will ensure a timely completion of the review and will meet with the Registrar and another member of the Executive Committee no later than three weeks prior to Council meeting to review performance over the past year and establish annual objectives for the coming year. Performance criteria and annual objectives should be reviewed annually, approved by the executive committee, and reviewed with the Registrar ahead of the evaluation year.

11. The assessment of the Registrar's performance will lead to recommendations for salary adjustment based on the performance management and compensation system that applies to all College staff.

12. All correspondence, communication and documentation with respect to the Registrars' performance should be accessible for review by Executive Committee members, however should be considered confidential from the public and subordinate CHO staff members.

13. Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar's performance and will determine whether any variation from Council's decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.

14. The final completed/approved performance appraisal of the Registrar's performance review and new annual compensation package if any will be provided to the Registrar by the President, for payroll, retention and future reference.

*The salary scale that the College has adopted is set by an annual market review. Market in this respect considers comparable work within a comparable work setting. Pay at market value involves comparing jobs of similar responsibility and authority in other comparable organizations, considering environmental trends in job retention and hire for certain skills, and changes in cost of living indexes. Our external target market at the College includes the regulatory community, the broader not for profit sector, the public sector and some for profit components. This review will include a formal review process not less than every 2 years.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL MARCH 10, 2022**	**DECISION**	□
DATE:	**MARCH 7, 2022**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – GOVERNANCE PANEL**	**INFORMATION**	**X**
INITIATED BY:	**B SHARMA, J BLANCHARD**		

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

To provide an update of the activities of the Governance Panel from October 2021 to March 7, 2022.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2021/2022 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

- □ **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**
- X **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

Regulated Health Professions Act, 1991(RHPA), Schedule 2 the Health Professions Procedural Code
CHO Bylaws

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 Governance Panel is a non-statutory panel struck as defined in the Bylaws of the CHO.

The Governance Panel is responsible for monitoring the governance policy adopted by Council, developing governance policies and practices to ensure an effective system of governance, and recommending to Executive and Council changes to governance policies. In accordance with Bylaw 13.06 the Governance Panel reports to Quality Assurance Committee.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

The Governance Panel currently has four members and is supported by the Registrar, Senior Manager, and Communications Officer.

- Bhupinder Sharma (Professional), Chair [Effective February 4, 2022]
- Heather Broadhead (Public)
- Anna Cardozo (Professional)
- Mark Heller (Public)

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 October 5, 2021 and March 7, 2022 the Committee held one meeting on February 4, 2022

February 4, 2022 Meeting Summary

1. The Panel discussed the **Council Self-Evaluation Framework**. By consensus, panel members opted to reconfirm the original recommendations, including making the completion of the evaluation mandatory and requiring respondents to identify themselves. Reports are to include responses only in the aggregate. It was suggested that respondents be actively encouraged to provide comments elaborating on their answers. Recommendation to be sent forward to Executive Committee.

2. A proposed 2022-2023 **Council Training Plan and Survey** was discussed – the plan would start in April 2022 and all Council members will be expected to participate in one training initiative each quarter. Three training opportunities will be in conjunction with a Council meeting; one opportunity will be self-directed based on online resources identified by the College. The panel provided input on the Council Training survey. The survey looks for Council input on selection and priority of topics, and preferred modes of learning. It will be released in conjunction with the Council self-evaluation survey. The results will come back to the Governance Panel.

3. Policy and process **Framework for Registrar's Annual Performance Review** – Panel members considered the proposed framework to be implemented in 2023 in conjunction with the Council self-evaluation. The evaluation is to be completed by the full Council, with results considered by the Executive following consultation with the Registrar and reported back to Council. It was emphasized that there should be an understanding of the alignment between goals for the College and goals for the Registrar. Feedback was provided on form and format. The framework was sent forward to the Executive Committee.

4. By consensus, the panel approved as presented an **updated Terms of Reference for the Registration Committee**. The document will move forward to the Registration Committee for review and discussion. Finalized terms of reference require approval by Council.

5. As a result of the 2021 Council Self-Evaluation the following operational documents were developed and provided to the Panel for input:
   a. CHO Perpetual Annual Operational Calendar (Council Consent Agenda 3.1.7)
   b. Policy OP-15 Action Item Tracking Procedure (Council Consent Agenda 3.1.8)
   c. Policy OP-16 Meeting Package Distribution Policy (for Council, panel, and committee meetings) (Council Consent Agenda Item 3.1.10)

   Input was incorporated and the policies were approved by the Registrar.

6. The Panel discussed the consultation package on Governance Reform and Regulatory Modernization received from the Ministry of Health (MOH). Staff will draft a letter expressing specific concerns and identifying needed support for consideration by the Executive Committee. The deadline for feedback to the MOH was February 23, 2022.

7. Items discussed without forward action:
   a. **Competency-Based Council and Committee Members** – Hold until more is known about governance reform initiatives. This will come to a future Governance Panel meeting.
   b. **Draft Policy Review Schedule** – The panel provided feedback on first draft. This will come to a future Governance Panel meeting.
   c. **Council Resource Microsoft Office SharePoint Page** – Efforts to enhance information sharing and access are under way. This resource will be a priority for development during the 2022-2023 fiscal year.