DRAFT AGENDA

Council Meeting
College of Homeopaths of Ontario

March 7, 2019 from 10:00 a.m. to 3:39 p.m.

Offices of the College of Kinesiologists of Ontario
160 Bloor Street East, Suite 1402, Toronto ON, M4W 1B9

		ITEM	ACTION	FORMAT	WHO	MIN	TIME
1		**Call to Order**	Information	Verbal	B. Sharma	1 min	10:00
2		**Agenda**					
	2.1	Adoption of Agenda	Decision	Written	B. Sharma	3 min	10:01
	2.2	Consent Agenda	Decision	Written	B. Ziv	3 min	10:04
3		**Declaration of Conflict of Interest**	Decision	Verbal	B. Sharma	3 min	10:07
4		**Approval of minutes**					
	4.1	Meeting minutes dated November 28, 2018	Decision	Written	B. Sharma	5 min	10:10
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 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.*							
	4.2	*In camera* meeting minutes dated November 28, 2018	Decision	Written	B. Sharma	5 min	10:15
5		**Finances**					
	5.1	Statement of Operations	Decision	Written	B. Ziv	10 min	10:20
OPEN SESSION							
6		**Vision, Mission & Strategic Plan**					
	6.1	Guiding Principles & Framework	Discussion	Written	B. Ziv/ K. Harvey	30 min	10:30
		Strategic Directions – Action Plan					
	6.2	Setting Priorities	Discussion	Written	B. Ziv/ K. Harvey	30 min	11:00
	6.3	CNO Governance Model	Decision	Written	K. Harvey	30 min	11:30
LUNCH						45 min	12:00

		ITEM	ACTION	FORMAT	WHO	MIN	TIME
	6.4	Protected Mark	Decision	Written	B. Ziv	30 min	12:45
	6.5	MOU follow up with Ministry of AYUSH, CCRH	Discussion	Written	B. Ziv	20 min	1:15
	6.6	Phase III – Feedback to MOH	Information	Written	B. Ziv	20 min	1:35
7		**Council Appointments – Committees**	Decision	Written	B. Ziv	10 min	1:55
BREAK						10 min	2:05
8		**Office of the Fairness Commissioner Update**	Information	Verbal	J. Blanchard	15 min	2:15
9		**Education Initiative for Benefits Providers**	Information	Verbal	B. Ziv	5 min	2:30
10		**Quality Assurance Update**	Information	Verbal	J. Blanchard	5 min	2:35
11		**Registration Report**	Information	Verbal	H. Mayer	5 min	2:40
12		**Complaints Update**	Information	Verbal	B. Ziv	20 min	2:45
13		**President's Report**	Information	Verbal	B. Sharma	5 min	3:05
14		**Registrar's Report**	Information	Verbal	B. Ziv	10 min	3:10
15		**Performance Assessment Framework**	Discussion	Verbal	B. Sharma	10 min	3:20
16		**Other Business**	Discussion	Verbal	B. Sharma	5 min	3:30
17		**HBS – Preparation Time**	Information	Verbal	B. Sharma	2 min	3:35
18		**Adjournment**	Decision	Verbal	B. Sharma	2 min	3:37

Next Meeting: To be determined

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

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

FHRCO Legal Counsel Assessment of *Bill 74 An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals*

On Tuesday, February 26, 2019, the Ontario Government announced plans to implement a significant restructuring of the provision of health care services in Ontario. The move was billed as a centralization of 20 agencies into one body called Ontario Health that will include the 14 LHINs, and:

- Cancer Care Ontario.
- eHealth Ontario.
- Trillium Gift of Life Network.
- Health Shared Services.
- Health Quality Ontario.
- HealthForce Ontario Marketing and Recruitment Agency.

However, the plan also envisions decentralization in the form of 30-50 provider groups each providing coordinated care to about 300,000 persons each on average. The government is anticipating health care providers (likely anchored by at least one hospital) will make proposals that will be accepted by the government.

Details are scarce and so the impact on RHPA Colleges is unclear at this time. The most likely sources of impact are:

1. the push to finally develop centralized electronic health records for patients,
2. competition with Ontario Health as to who sets standards of practice,
3. competition as to who provides quality assurance, and
4. overlap between Ontario Health's investigative powers (re quality of care provided) and the investigative and disciplinary power of RHPA Colleges.

For more information you can view the following:

1. Two detailed summaries in the Toronto Star: https://www.thestar.com/politics/provincial/2019/02/26/massive-health-care-overhaul-called-biggest-change-since-medicare.html and

https://www.thestar.com/politics/provincial/2019/02/25/new-ontario-health-agency-would-overhaul-disconnected-medical-system-minister-says.html

2. A summary on CBC: https://www.cbc.ca/news/canada/toronto/doug-ford-ontario-health-super-agency-lhin-cancer-care-1.5032830

3. The Ontario Government Newsroom release: https://news.ontario.ca/mohltc/en/2019/02/ontarios-government-for-the-people-to-break-down-barriers-to-better-patient-care.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

4. The enabling legislation: https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2019/2019-02/b074_e.pdf. *(See also https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-74#Sched18 for page where link to pdf is located.)*

This is a developing story.

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Fair Registration Practices Report

Homeopaths (2018)

The answers seen below were submitted to the OFC by the regulated professions.

This Fair Registration Practices Report was produced as required by:

- the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA) s. 20 and 23(1), for regulated professions named in Schedule 1 of FARPACTA
- the Health Professions Procedural Code set out in Schedule 2 of the Regulated Health Professions Act (RHPA) s. 22.7 (1) and 22.9(1), for health colleges.

Index

1. Qualitative Information
2. Quantitative Information
3. Submission

1. Qualitative Information

a) Requirements for registration, including acceptable alternatives

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

b) Assessment of qualifications

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

c) Provision of timely decisions, responses, and reasons

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

d) Fees

i. Describe any improvements / changes implemented in the last year.

Following a 60-day consultation period in 2017, CHO Council approved an increase in the annual renewal fee from $850 + HST to $1,250 + HST. The change in fees took effect February 15, 2018. The initial registration fee for the first 12 months of registration was not impacted by the fee increase and remains at $850 + HST.

ii. Describe the impact of the improvements / changes on applicants.

The lower fee for initial registration recognizes that there are other costs associated with meeting the initial registration requirements for the College. The lower fee allows new registrants to better manage their costs leading up to and upon entry to the College. CHO also continues to offer prorating of fees for the first and following years and accommodations can be made for payment by installment.

iii. Describe the impact of the improvements / changes on your organization.

Since March of 2016, the College has been entirely funded by registration and application fees. During its formation and prior to March 2016 the College was subsidized by the Ontario Government and during the transitional phase the College managed to complete the majority of requirements in establishing its regulatory infrastructure. Early financial projections were based on achieving particular membership goals, which are being met but more slowly than anticipated. In order to ensure fiscal sustainability and to keep ongoing renewal fees at their initial level of $850 annually plus HST, the College's operating expenses have been substantially cut; with the overall staff complement having decreased from eight to four since proclamation. The relatively low initial and annual registration fees provided applicants and registrants time to transition into practice in a newly regulated environment, however, could not be sustained by the College on a long-term basis. In 2017 the College drew on reserves to sustain operations.

From a financial perspective, it is vital that the reserve be replenished in accordance with generally accepted accounting principles. For non-profits, a minimum of one year's operating budget is typical; however, this level represents a bare minimum for an organization such as the CHO, which could at any time be faced with the unpredictable and substantial costs of potentially lengthy and complicated complaint investigations, hearings or court challenges. Such costs are an inherent part of a regulatory environment and complex legislative structure. With a mandate the same as that of larger Colleges, the CHO has to be able to carry out its multiple roles on a day-to-day basis as well as respond to an increasingly challenging regulatory environment. For these reasons and, in particular, to ensure the stability and continued effectiveness of the College in the service of the public, homeopathy patients and practitioners, the fee structure was changed.

Moving into its fourth year of operation (2018-2019), the College set renewal fees at a level that more accurately reflects the actual costs of running a small regulatory body and help to adequately cover operational costs and to build an appropriate reserve to support the short and long-term requirements. The College's financial outlook has

improved accordingly.

Following the annual renewal fee increase the College noted a slight increase in resignations (from 2% to 4% of the registrant base) and administrative suspensions (plus .2%) due to outstanding fee payment. The rate of resignations and administrative suspensions may or may not have been a direct result of the increase; however, it is possible they were a contributing factor in combination with other personal circumstances. Eight percent of the registrant base took advantage of the installment plan option.

Applications to the College have remained relatively steady (36 in 2017 and 31 in 2018), and at the anticipated level given the graduation rate from the profession and enquiries from outside of the framework of approved post-secondary homeopathy programs in Ontario.

e) Timelines

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

f) Policies, procedures and/or processes, including by-laws

i. Describe any improvements / changes implemented in the last year.

In 2018, CHO re-issued its registration policy *REG AD03 Requesting a Registration Record* to assist applicants and registrants in better understanding ttheir rights to access the contents of their registration application file, and to more clearly detail the process for accessing this information. Further details of the changes to this policy are provided under item i) Access to applicant records of the 2018 OFC Fair Registration Practices Report, Quantitative Information.

There were no other changes to policies, procedures or processes.

ii. Describe the impact of the improvements / changes on applicants.

The changes to registration policy *REG AD03 Requesting a Registration Record* provide applicants and registrants with a better understanding of their rights to access the contents of their registration application file, and provides clearer detail on what records are considered to be part of the application file and what parts of those records they may access (i.e. a full list of material, however, no original documents and no materials which may, in the Registrant's opinion, jeopardize the safety of any person).

Further details of the impact of this policy change are provided under item i) Access to applicant records of the 2018 OFC Fair Registration Practices Report, Quantitative Information.

iii. Describe the impact of the improvements / changes on your organization.

The changes to registration policy *REG AD03 Requesting a Registration Record* provides staff and committee members with clarity of content regarding the right to release application file information, should an applicant or registrant submit a written request.

g) Resources for applicants

i. Describe any improvements / changes implemented in the last year.

In 2018, in conjunction with the OFC Cycle 3 Assessment process, the College reviewed all of its registration materials in an attempt to improve transparency and ease of access to information. In essence, the Cycle 3 Assessment process encouraged staff to look at all aspects of the registration process through a variety of different lenses and to ensure that all applicants had a clear picture of the registration requirements, with sufficient information to smoothly manoeuver through the entire application process.

Previously some of the required information was available, but not in sufficient detail to answer all registrant questions without the need to contact the College directly. This is the case for information related to timelines for processing applications, appeals process, and alternate routes to satisfying registration requirements. The changes enhanced the applicants understanding of requirements and put all information in one document so that it was instantly and easily accessible.

The information available for those who must undertake a Substantially Equivalent Competency Assessment (SECA) to determine eligibility for registration was expanded to include more information in the SECA handbook, reducing the requirement for the applicant to also review the College's Guide to Registration. Information on language fluency, notarization, translation and rights to appeal were expanded in the SECA handbook to save the applicant from searching for this information in multiple sources. Enhancing and reconfiguring information has helped to minimize uncertainty in the process steps. The College has improved the SECA resources by creating a process specific checklist, and enhancing existing checklists, to ensure that applicants have sufficient and detailed instructions of what steps they will need to take, and what materials they will need to gather in order to submit a complete and comprehensive pre-assessment package.

Registration forms, checklists and flowcharts were edited to synchronize the flow of information from one source to the other.

The College increased its level of transparency so that interested parties can now find all registration related documents and forms on the CHO website.

Overall, the College and staff found the insight, questions and suggestions from OFC staff helpful in assisting in improving all registration materials.

ii. Describe the impact of the improvements / changes on applicants.

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All of the changes and additions made to College materials have been in attempt to expand applicant understanding of the registration requirements and process, and to increase ease of access to information through greater transparency. The College has lessened the confusion and uncertainty that an applicant may have when taking the first steps in the registration process, along with each subsequent step toward becoming a CHO registrant.

In making more detailed checklists and guides available, the College has also decreased the total processing time of an application, as staff do not have to request missing documentation following the preliminary review of submitted materials. A complete application package can be processed more expediently and with less back and forth with the applicant than an application which is missing key pieces of required documentation.

iii. Describe the impact of the improvements / changes on your organization.

The College recognizes that direct access by an applicant to registration staff can be helpful in providing useful direction and assistance. College staff also welcomes the opportunity to work with applicants to provide clarification and guidance in the application process. While the process of reviewing registration materials was extensive, it has been a valuable exercise in improving access to information, accelerating the application process, and reducing confusion and hesitation on the part of applicants and other interested parties. These changes have

been beneficial to both applicants and the College.

h) Review or appeal processes

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

i) Access to applicant records

i. Describe any improvements / changes implemented in the last year.

In 2018, CHO re-issued its registration policy *REG AD03 Requesting a Registration Record* to assist applicants and registrants in better understanding their rights to access the contents of their registration application file, and to more clearly detail the process for accessing this information. Changes to the policy also reinforced CHO's commitment to protecting the privacy and confidentiality of information it receives or creates in the course of fulfilling its regulatory functions and statutory obligations under the *Regulated Health Professions Act, 1991 (RHPA)*, the *Personal Health Information Protection Act, 2004* and the College's Privacy Code. In particular, in accordance with RHPA, the College's Registrar may refuse to give an applicant anything that may, in the Registrant's opinion, jeopardize the safety of any person.

The policy changes clarified what records are considered to be part of the application file and which documents are part of a pre-assessment application for Substantially Equivalent Competency Assessment to determine eligibility for registration.

Further, the policy changes clarify when payment is due in relation to the College's release of documents. The policy now also specifies that an individual is able to challenge the accuracy and completeness of their personal information and request to have it amended if appropriate.

The College has made clear through the policy that all original documents shall remain the property of the College, and are retained as a permanent record. Finally, the College has stated that any applicant's application record which is inactive for a period of five years, will be closed.

ii. Describe the impact of the improvements / changes on applicants.

The changes to registration policy *REG AD03 Requesting a Registration Record* provide applicants and registrants with a better understanding of their rights to access the contents of their registration application file, and provides clearer detail on what records are considered to be part of the application file and which parts of those records they may access (i.e. a full list of material, however, no original documents and no materials which may, in the Registrant's opinion, jeopardize the safety of any person).

Further, applicants and registrants are now clear when payment is due in relation to the College's release of documents, the ability to challenge and amend the accuracy and completeness of personal information, and that all original documents shall remain the property of the College, and are retained as a permanent record. Finally, the

College has stated that any applicant's application record which is inactive for a period of five years, will be closed.

iii. Describe the impact of the improvements / changes on your organization.

The changes to registration policy *REG AD03 Requesting a Registration Record* provides staff and committee members with clarity on the right to release content, what that content might entail and the process to follow should an applicant or registrant submit a written request for access to application records.

j) Training and resources for registration staff, Council, and committee members

i. Describe any improvements / changes implemented in the last year.

Training plan under development:

In conjunction with the OFC Cycle 3 Assessment process, the College has commenced the development of a comprehensive training plan for CHO staff and council, and committee members, to be implemented in 2019.

As per the OFC guidelines, our training plan will be extensive, and will enhance the College's compliance with Practice 7.1, 7.2, and 7.3.

Staff and committee training on procedural fairness:

During the 2018 year, staff and members of the Registration Committee received training on procedural fairness as it applies to the registration process. The comprehensive session covered the following topics in detail:

- Basic Premise of Registration
- What is Public Protection
- Responsibilities of the Applicant
- What is the Role of the Registration Committee
- Guiding Documents – Legislative/Regulatory Framework
- OFC Principles: Transparency, Objectivity, Impartiality, Fairness
- Levels of review and reflection
- RHPA Appeals Process
- Types of Law in Canada
- Principles of Procedural Fairness
- Landmark Case on Procedural Fairness & the Baker Factor
- Mechanisms for Procedural Protection
- Court Decisions
- Grounds for Review
- Principles of Natural Justice
- The Art of Writing Reasons by Richard Steinecke & the IDEEA Format

ORAC training on cultural sensitivity for Registrar and Registration Officer: Also during the 2018 year, the CHO Registrar and Registration Officer attended a two day workshop on Managing Cultural Differences and Building an Inclusive Regulatory Environment. These workshops were conducted by a subject matter expert and offered through the Ontario Regulators for Access Consortium.

Day one focused on the following major themes:

- Appreciating perceptions and experiences of internationally educated applicants in Canada
- Recognizing diversity in cultural perspectives
- More effective use of language, including verbal and written communication
- Managing situations where there is potential for misunderstanding and conflict
- Responding to and valuing cultural differences within a rules-based environment

Day two focused on:

- Gaining a deeper understanding of cultural norms and how they influence people's behaviour
- Enhancing cross-cultural communication based on a deeper understanding of cultural differences
- Discussions and sharing of best practices regarding how to work effectively with IEPs
- Developing awareness of other diversity issues and legislative requirements

ii. Describe the impact of the improvements / changes on applicants.

All training and education of Staff and Registration Committee members is beneficial to the applicant, as those involved in the review process at any level are better equipped to approach each situation on an individual basis, and from a transparent, objective, impartial and fair (TOIF) position. As a result of an increased focus on training, staff and other involved parties can, as a result, further support and understand the unique situation and needs of each applicant in conjunction with the broader regulatory requirements.

iii. Describe the impact of the improvements / changes on your organization.

The College, through its training initiatives for registration staff and committee members, and through the process of preparing and undertaking the OFC Cycle 3 Assessment process, has during 2018 advanced its skill, knowledge and judgment of administrating transparent, objective, impartial and fair (TOIF) registration interactions, processes and decisions. The College embraces its' obligation to advance its human and material resources to make the application process a better, fair and less stressful experience for applicant. Through the OFC Cycle 3 Assessment process, CHO found it learned a great deal about how it could realign its procedures and perspectives to improve its registration processes. Through the OFC assessment process, CHO has strengthened its commitment to enhance training of registration staff, committee and Council members in 2019 to ensure relevant regular and ongoing training. The College believes that ongoing training on a variety of relevant topics will ensure that those involved in the registration and decision making process remain current with their knowledge, skill and judgment and also ensures that principles of TOIF are consistently and appropriately applied.

k) Mutual recognition agreements

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

l) Other (include as many items as applicable)

i. Describe any improvements / changes implemented in the last year.

No changes this year

ii. Describe the impact of the improvements / changes on applicants.

No changes this year

iii. Describe the impact of the improvements / changes on your organization.

No changes this year

Describe any registration-related improvements/changes to your enabling legislation and/or regulations in the last year

No changes this year

BACK TO INDEX

2. Quantitative Information

a) Languages

Indicate the languages in which application information materials were available in the reporting year.

Language	Yes/No
English	Yes
French	Yes
Other (please specify)	

Additional comments:

b) Gender of applicants

Indicate the number of applicants in each category as applicable.

Gender	Number of Applicants
Male	5

Female	26
None of the above	0

Additional comments:

c) Gender of members

Indicate the number of members in each category as applicable. Select the option that best corresponds to the terminology used by your organization.

Gender	Number of Members
Male	172
Female	366
None of the above	0

Additional comments:

d) Jurisdiction where applicants obtained their initial education

Indicate the number of applicants by the jurisdiction where they obtained their initial education[1] in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
24	1	1	India 4 Pakistan 1 Total 5	0	**31**

[1] Recognizing that applicants may receive their education in multiple jurisdictions, for the purpose of this question, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

Additional comments:

e) Jurisdiction where applicants who became registered members obtained their initial education

Indicate the number of applicants who became registered members in the reporting year by the jurisdiction where they obtained their initial education[1] in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
25	1	1	Pakistan 3 India 1 Total 4	0	**31**

[1] Recognizing that applicants may receive their education in multiple jurisdictions, for the purpose of this question, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

Additional comments:

f) Jurisdiction where members were initially trained

Indicate the total number of registered members by jurisdiction where they obtained their initial education[1] in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
315	16	9	India 98 Pakistan 34 U.K. 19 Bangladesh 3 Greece 2 Iran 1 France 1 Ukraine 1 Germany 1 Australia 1 S. Africa 1 Romania 1 Sri Lanka 1 Israel 1 Russia 1 Total 166	32	**538**

[1] Recognizing that applicants may receive their education in multiple jurisdictions, for the purpose of this question, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

Additional comments:

g) Applications processed

Indicate the number of applications your organization processed in the reporting year:

Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)

from January 1st to December 31st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	24	1	1	5	0	**31**
Applicants actively pursuing licensing (applicants who had some contact with your organization in the reporting year)	0	0	0	0	72	**72**

from January 1st to December 31st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Inactive applicants (applicants who had no contact with your organization in the reporting year)	35	1	1	15	1	**53**
Applicants who met all requirements and were authorized to become members but did not become members	0	0	0	0	0	**0**
Applicants who became FULLY registered members	25	1	1	4	0	**31**
Applicants who were authorized to receive an alternative class of licence[3] but were not issued a licence	0	0	0	0	0	**0**
Applicants who were issued an alternative class of licence[3]	0	0	0	0	0	**0**

[1] An alternative class of licence enables its holder to practice with limitations, but additional requirements must be met in order for the member to be fully licensed.

Additional comments:

h) Classes of certificate/license

Inidcate and provide a description of the classes of certificate/license offered by your organization.

You must specify and describe at least one class of certificate/license (on line a) in order for this step to be complete.

#	Certification	Description
		Description (a)
a)	Full Class	In accordance with O.Reg 18/14, section 6. (1) the following are registration requirements for a Full certificate of registration: 1. The applicant must have, i. successfully completed a post-secondary program in homeopathy in Ontario that is approved by Council or another body approved by Council for that purpose, or ii. successfully completed a program in homeopathy together with other education

or training which a panel of the Registration Committee considers, when taken together, to be substantially equivalent to the requirements set out in subparagraph i.

2. The applicant must have successfully completed a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and that is at least 45 weeks in length and includes at least 225 hours of direct client contact.

3. The applicant must have successfully passed an assessment conducted by a panel of the Registration Committee, or by another body that is approved by the Council for that purpose, that demonstrates that the applicant has the necessary competencies to safely practise the profession.

4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.

5. The applicant must be certified in health care provider CPR and standard first aid. O. Reg. 18/14, s. 6 (1).

(2) The requirements in paragraphs 1, 2, 3 and 4 of subsection (1) are non-exemptible. O. Reg. 18/14, s. 6 (2).

(3) The requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant satisfies that requirement within the three-year period immediately before the date on which the applicant submitted his or her completed application. O. Reg. 18/14, s. 6 (3).

(4) Except in the case of an applicant to whom subsection 8 (1) applies, where the applicant has not successfully completed at least one of the requirements of paragraph 1 or 2 of subsection (1) within the 12-month period immediately before the date on which the applicant submitted his or her completed application, the applicant must have,

(a) practised the profession of homeopathy for at least 750 hours in the three years immediately before the date of the applicant's application; or

(b) successfully completed a refresher program approved by the Registration Committee within the 12 months immediately before the date of the applicant's application. O. Reg. 18/14, s. 6 (4).

(5) An applicant who either holds or is eligible to hold a Grandparented certificate of registration shall be issued a Full certificate of registration if,

(a) the applicant has successfully passed an assessment conducted by a panel of the Registration Committee, or by another body that is approved by the Council for that purpose, that

		demonstrates that the applicant has the necessary competencies to safely practise the profession; (b) the applicant has paid any fees owed to the College; and (c) the applicant has provided the College with any information that it has required of the applicant. O. Reg. 18/14, s. 6 (5).
b)	Grandparented Class	**Description (b)** Effective April 2016 the College no longer accepts applications in the Grandparented Class. In accordance with O.Reg 18/14, section 9.1 the following are registration requirements for a Grandparented certificate of registration: 1. The applicant must have practised the profession of homeopathy for at least 750 hours during any three-year period before the date on which the applicant applied for the Grandparented certificate of registration. 2. The applicant must have submitted the completed application to the Registrar on or before the first anniversary of the day this paragraph came into force. 3. The applicant must have successfully passed an assessment conducted by a panel of the Registration Committee, or by another body that is approved by the Council for that purpose, that demonstrates that the applicant has the necessary competency to safely practise the profession as the holder of a Grandparented certificate of registration. 4. The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee. 5. The applicant must be certified in health care provider CPR and standard first aid. O. Reg. 18/14, s. 9 (1). (2) The requirements in paragraphs 2, 3 and 4 of subsection (1) are non-exemptible. O. Reg. 18/14, s. 9 (2).
c)	Inactive Class	**Description (c)** In accordance with O.Reg 18/14, section 12, the following are non-exemptible registration requirements for an Inactive certificate of registration: 1. The applicant must be a member holding a Full or Grandparented certificate of registration. 2. The applicant must provide an undertaking to the

		College in a form satisfactory to the Registrar in which the applicant undertakes to comply with the conditions set out in section 13. 3. The applicant must not be in default of any fee, penalty or other amount owing to the College. 4. The applicant must have provided the College with any information that it has required of the applicant. O. Reg. 18/14, s. 12.

Additional comments:

i) Reviews and appeals processed

State the number of reviews and appeals your organization processed in the reporting year (use only whole numbers; do not enter commas or decimals).

Jurisdiction where applicants were initially trained in the profession (before they were granted use of the protected title or professional designation in Ontario)

from January 1st to December 31st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Applications that were subject to an internal review or that were referred to a statutory committee of your governing council, such as a Registration Committee	1	1	0	1	0	**3**
Applicants who initiated an appeal of a registration decision	0	0	0	0	0	**0**
Appeals heard	0	0	0	0	0	**0**
Registration decisions changed following an appeal	0	0	0	0	0	**0**

Additional comments:

j) Paid staff

In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.

When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.

You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.

Category	Staff

Total staff employed by the regulatory body	4
Staff involved in appeals process	2
Staff involved in registration process	2

Additional comments:

BACK TO INDEX

3. Submission

I hereby certify that:

Name of individual with authority to sign on behalf of the organization:
Basil Ziv

Title:
Registrar

Date:
2019/03/01

BACK TO INDEX

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Wednesday, November 28, 2018
365 Bloor Street East, Toronto

Present

Council

Bhupinder Sharma	Professional (Chair)
Sajeev Ampadi	Professional
Anna Berger	Professional
Anna Cardozo	Professional
Kerri Flood	Professional
Eden Gajraj	Public (by teleconference)
Mark Heller	Public (by teleconference)
Paul Joseph	Professional
Gary Kapelus	Public
Sanjeev Nayyar	Professional
Myrna Tulandi	Public

Staff and Guests

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Heidi Mayer	Registration Officer (by teleconference)
Basil Ziv	Registrar
Thomas Custers	MOHLTC

DRAFT / CONFIDENTIAL

1 Call to Order

The President called the meeting to order at 10:11 a.m., conducted a roll call, and welcomed Thomas Custers from the Ministry of Health and Long-Term Care.

2 Adoption of Agenda

2.1 Adoption of Agenda

(Appendix 2.1 Agenda, Council Meeting, November 28, 2018)

Motion # 1: To adopt the agenda.
Moved by E. Gajraj, seconded by G. Kapelus

That Council adopt the agenda.
CARRIED

3 Declaration of Conflict of Interest

None declared.

4 Approval of Minutes
(Appendix 4.1 Minutes, September 26, 2018 Council meeting)

Motion #2: To approve the minutes of September 26, 2018
Moved by M. Tulandi, seconded by M. Heller

That Council approve the minutes of its September 26, 2018 meeting.
CARRIED

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

Motion # 3: To move *in camera*
Moved by A. Cardozo, seconded by K. Flood

That Council move *in camera* at 10:16 a.m.
CARRIED

7 Registration Report
Staff provided updated numbers of new applicants, pre-assessment submissions, pre-assessment approvals, new IAs completed, and new registrants approved.

8 Education Initiative for Benefits Providers
(Appendix 8.1 Letter to Benefits Providers and Homeopathy Backgrounder)

Staff described a plan to educate insurers and benefits administrators about the regulation of homeopathy and its potential inclusion in benefits plans. Council agreed by consensus that the plan should proceed

9 Bylaws

9.1 Past President
(Appendix 9.1.1 Report Form: Bylaw re: Past-President - Revisions)

Secretary's note: *Citing a conflict of interest, Council asked the President to leave the room. A. Cardozo officiated the motion.*

Staff reviewed the bylaw changes need to add the position of past President to the Executive Committee as a way of maintaining continuity and organizational knowledge without offering an extension of authority. It was suggested that the motion should include reference to funding the position should the Past President no longer be a member of Council.

Motion # 7: To support the proposed bylaw revisions for the addition of the position of Past President.
Moved by M. Tulandi, seconded by K. Flood

DRAFT / CONFIDENTIAL

That Council support the proposed bylaw revisions for the addition of the position of Past President.
CARRIED

9.2 Appointment of Treasurer
(Appendix 9.2 Call for Nominations for Treasurer – Term November 28, 2018 to June 2019)

Prior to the meeting, M. Heller and E. Gajraj were nominated for the position of Treasurer. Each candidate addressed Council.

Motion # 8: To appoint K. Harvey and J. Blanchard as scrutineers.
Moved by M. Tulandi, seconded by A. Cardozo

That Council appoint K. Harvey and J. Blanchard as scrutineers for the election of Treasurer.
CARRIED

M. Heller received more than 50% of the vote.

Motion # 12: To destroy the ballots.
Moved by A. Cardozo, seconded by M. Tulandi

That Council destroy the ballots.
CARRIED

10 Process for Handling Complaints Submitted to Council Members
Staff described policies in place to deal with complaints, noting that Council members ought not to attempt to deal with complaints directly.

11 President's Report
The President reported that he had met with the Consul General of India and representatives of the Central Council on Research in Homeopathy at the Ontario Homeopathy Conference. Consideration is being given to collaborating on two research projects and exploring the possibility of recognizing designated educational programs in India as substantially equivalent to Ontario requirements.

12 Registrar's Report
The Registrar outlined the ways in which reports to the Ministry are being reworked to recognize the change in dynamic evidenced by the new government, observing that the recommendations in the reports need to tie in with the College's strategic planning process. Any initiatives undertaken as part of the MOU with India will have to be examined in light of the College's role and mandate.

12.1 Conference Report
Covered above.

13 Strategic Plan Process: Analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT)
(Appendix 13.1 SWOT analysis worksheets)

Jennifer Slabodkin, Manager, Registration, Quality Assurance and Policy at the College of Denturists of Ontario guided Council members through an exercise designed to identify the CHO's strengths, weaknesses, opportunities, and threats/challenges. A summary of points raised is appended.

DRAFT / CONFIDENTIAL

14 Other Business

Motion # 9: To move in camera
Moved by M. Tulandi, seconded by K. Flood

That Council move in camera at 3:10 p.m.
CARRIED
Staff and guests left the meeting

15 HBS Meeting and Preparation Time
One full day preparation, one full day meeting
Start time: 10:11 a.m.
End time: 3:47 p.m.

16 Adjournment

Motion # 10: To adjourn
Moved by M. Tulandi, seconded by K. Flood

That Council adjourn at 3:47 p.m.
CARRIED

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

Bhupinder Sharma, Chair **Date**

DRAFT / CONFIDENTIAL

AGENDA ITEM # 6
APPENDIX 6.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL/MARCH 7, 2019**	**DECISION**	□
		DISCUSSION	**X**
		INFORMATION	□
DATE:	**MARCH 4, 2019**		
ITEM NAME:	**Vision, Mission & Strategic Plan: Guiding Principles & Framework**		
PRESENTED BY:	**B ZIV / K HARVEY**		

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

To provide Council members with an overview of existing strategic plans developed by other Ontario regulatory colleges.

Attached are the CHO's objects as well as a sampling of strategic plans posted by the following colleges (in no particular order):

College of Physiotherapists of Ontario

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

College of Nurses of Ontario

College of Massage Therapists of Ontario

College of Dieticians of Ontario

College of Denturists of Ontario

College of Kinesiologists of Ontario

College of Physicians and Surgeons of Ontario

Objects of College

3 (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.

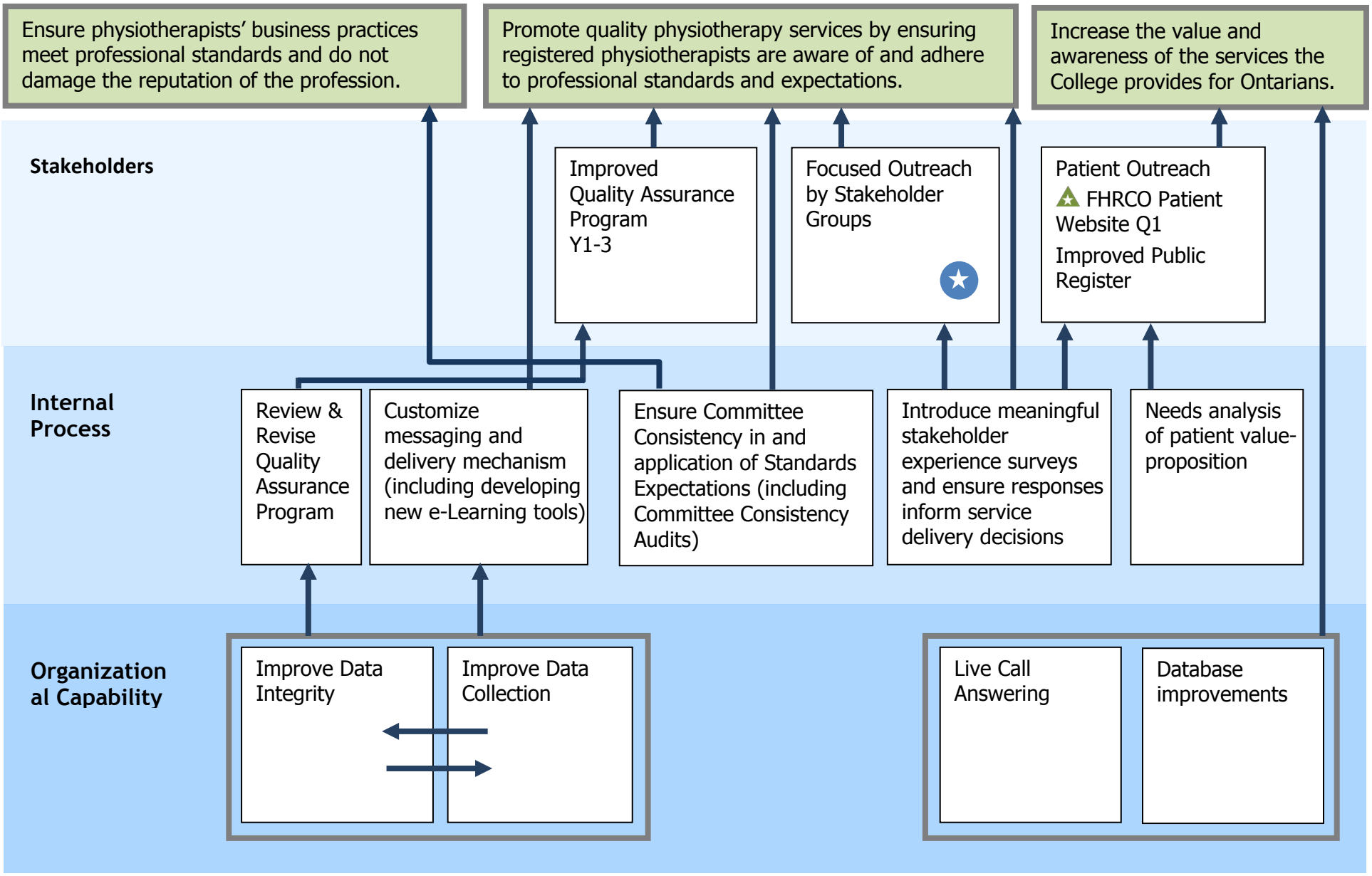
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Strategy Map 2017–2021

PHYSIOTHERAPISTS

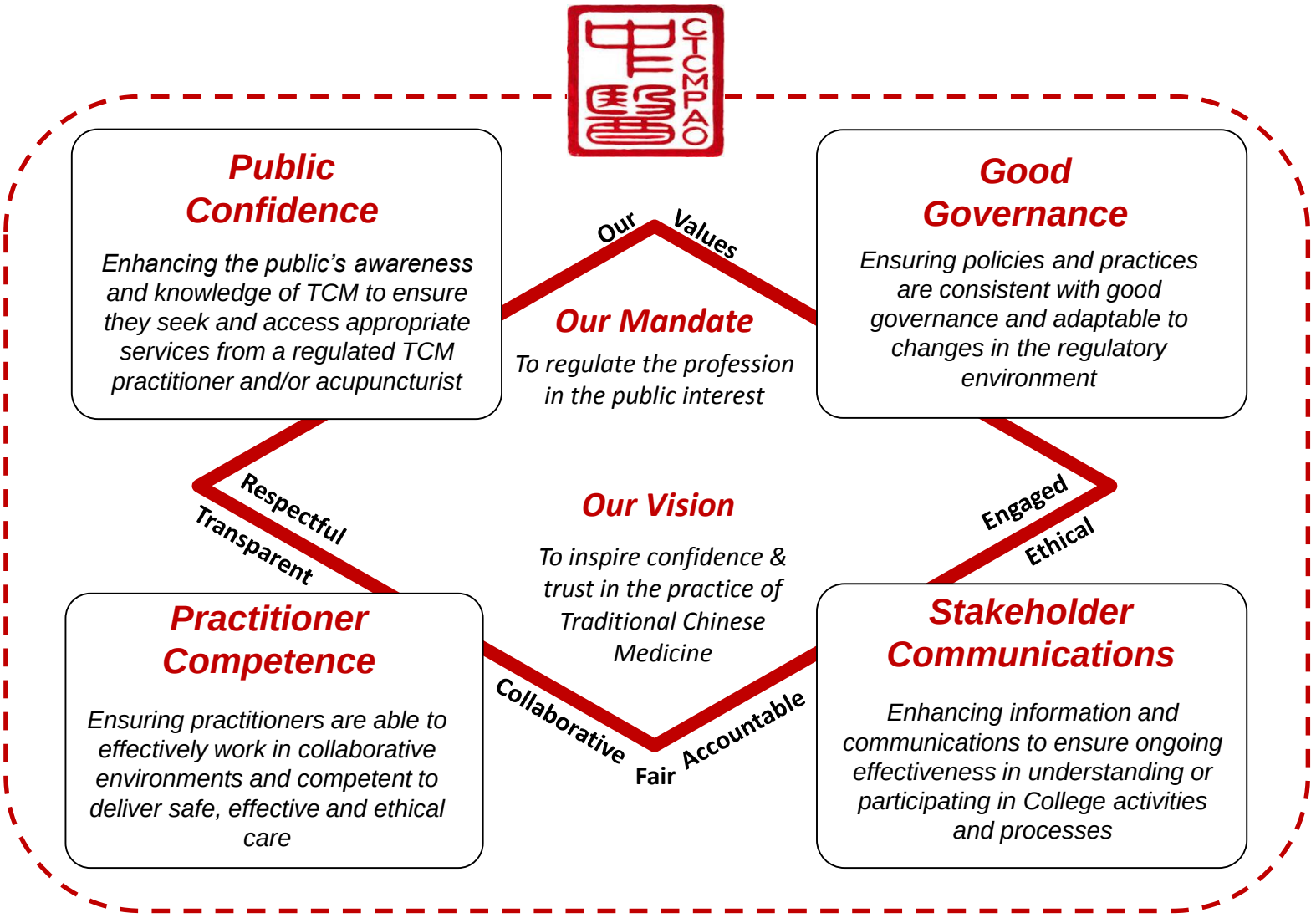


Ongoing/External

Y1: Supervisors, Students, Educators
Y2-3: Internationally Educated PTs, Employers, Insurers and Registration Ceremony for new graduates

TRADITIONAL CHINESE MEDICINE

2018-2021 STRATEGIC PLAN



Strategic Directions & Key Activities
2018- 2021

Our Mandate

To regulate the profession in the public interest

Our Vision

To inspire confidence and trust in the practice of Traditional Chinese Medicine

Good Governance	Practitioner Competence	Stakeholder Communications	Public Confidence
Keep abreast of and participate in provincial regulatory modernization activities	Develop standards of practice including professional ethics and prevention of sexual abuse	Continue to educate members about College requirements, standards and activities	Identify program approval criteria & initiate process to ensure education of competent practitioners
Introduce governance & organizational performance measures and monitoring process	Find opportunities for inter-college & inter-profession collaboration at point of care and organizational levels	Engage public in determining information needs & respond accordingly	Define & communicate what is meant by TCM acupuncture and competent practice
Enhance Council / Committee training & evaluation processes	Enhance Quality Assurance Program and continuing education opportunities	Reach out & engage with students, academic institutions, other regulatory colleges and provide with relevant information	Implement class of members that can use the Dr. title – ensure excellence in competence

Our Values

Transparent, Fair, Respectful, Engaged, Accountable, Collaborative, Ethical

NURSES

2011-2020 Strategic Plan

Vision
Leading in regulatory excellence

Mission
Regulating nursing in the public interest

Objectives

Building confidence in nursing regulation
public trust ◆ nurse engagement ◆ employer commitment

Advancing the use of CNO knowledge
user relevance ◆ decision support ◆ stakeholder confidence

Leading in regulatory innovation
system impact ◆ technology integration ◆ professional collaboration

Strategies
CNO uses evidence-based approaches

CNO optimizes technology

CNO pursues strategic partnerships

CNO promotes a culture of leadership and innovation

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

2019 - 2021 **Strategic Plan**

College of Massage Therapists of Ontario

Our Vision

CMTO is at the forefront of evolving professional regulation, inspiring trust and confidence.

- A transformative multi-year vision (2016-18 was the first phase).
- Realized over a 6-8 year period.
- Three interrelated, long-term goals, each of which reflects a strong emphasis on regulating in the public interest, and are critical to achieving this strategic vision.

Our Goals

Transparency

Well-informed public and clients of Registered Massage Therapists

What it will look like when we get there

- CMTO builds public awareness of its mandate and provides information needed to make informed decisions about Massage Therapy, including reliable and credible information about RMTs.
- CMTO's decision-making process is open and accountable.
- CMTO's culture is transparent and open.
- CMTO provides information that is easy to understand and accessible.

Quality

Clients of RMTs receive evidence-informed Massage Therapy

What it will look like when we get there

- Clients of RMTs receive quality care reflecting the best available evidence related to safe and effective health outcomes, professionalism and ethical conduct through CMTO's Quality Assurance Program.

Regulatory Modernization

Proportionate, risk- and outcomes-based regulation that protects the public, and clients of RMTs, and advances the public interest.

What it will look like when we get there

- Client-centred, risk- and outcomes-based and evidence-informed regulation.
- Identifies, assesses and prioritizes risks to clients of RMTs and the public interest, and the underlying cause of those risks.
- Works with system partners to seek the most effective and efficient means of mitigating risks and achieving the desired outcomes; understanding that a regulatory response may not always be the most effective solution.
- Emphasizes increased knowledge translation of RMTs' regulatory responsibilities and professionalism.

2019 - 2021 Strategies

Transparency

- Public Information
- Public Engagement
- Public Reporting
- Strategy Implementation

Quality

- Program Communication and Engagement
- Program Redesign
- Program Evaluation
- Program Reporting

Regulatory Modernization

- Change Management
- Risk Assessment
- Data Analytics
- Practice Resource Framework

College of Dietitians of Ontario

Strategic Plan 2016-2020

Introduction 1

Mission, Vision and Values 2

End Goals 3

End Goals and Objectives 4

- END GOAL 1: A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice 4
- END GOAL 2: Competent Members Engaged in Effective Informed Practice 4
- END GOAL 3: Stakeholders Recognize the College as an Accountable Regulator for Public Protection 5
- END GOAL 4: A Collaborative Partner 5
- END GOAL 5: An Effective Organization with Optimal Use of Resources 6

Conclusion 6

APPENDIX - Understanding the Wider Landscape 7

Introduction

The College of Dietitians of Ontario (College) regulates the profession of dietetics in Ontario under the Regulated Health Professions Act and the Dietetics Act. The College sets and enforces standards for safe, ethical and competent dietetic practice in the province for over 3800 Registered Dietitians (RDs) and assists people in Ontario with information about how to access services. Members of the public can bring concerns about a Registered Dietitian directly to the College.

The College engaged The Accountability Group in early 2015 to renew and lead our strategic planning process. A Strategic Planning Committee was established to oversee and support the project.

Our planning process included reflection by the College Council and Staff regarding developments in the practice of the dietetics profession and changes and trends in health care, technology, demographics, and society. Our environmental scan expanded to include a series of external interviews and an online survey to members and the public. From our stakeholders, we learned that the College has already distinguished itself in our commitment to accountable regulation, excellence, collaboration, and a forward-looking orientation.

Council then reviewed and refreshed the current Mission, Vision, Values, End Goals and Objectives to fulfill the mandate and vision of the College. The Council gained renewed energy regarding certain foundational End Goals and highlighted other aspects for dedicated attention. We recommitted to a robust regulatory framework, supporting the continuing competence of our members, collaboration, and ensuring an effective organization while also recognizing the opportunities for stronger communications with our stakeholders.

The plan is intended to:

- guide the efforts of Council, Committees and Staff
- focus our energy and help us allocate resources into areas that the Council believes are necessary to fulfill our mission over the next few years
- provide the public, our members and stakeholders with insight regarding how the College intends to fulfill its mission and vision.

Mission, Vision and Values

The College Mission

A mission is a statement of organizational purpose. College's mission is:

> The College of Dietitians of Ontario is dedicated to public protection.
>
> We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

The College Vision

A vision describes what our organization will look like if it succeeds in achieving its goals and its full potential. College's vision is:

> People of Ontario can be confident that the College demonstrates regulatory excellence in the public interest.

College Values

The Council has set out these values to guide our behaviour and decision-making. We will uphold these core values in our actions and decisions:

- Integrity
- Collaboration
- Accountability
- Transparency
- Innovation

End Goals

End Goals define what our organization must accomplish, taking into account all of our obligations. These leadership priorities are outcome statements within our Ends policy. They prescribe the results that the Council has set out for the CDO to achieve over the next four years:

End Goals and Objectives

END GOAL 1: A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice

An excellent regulator strives to serve the public interest first and foremost. The College meets its obligations for public protection with an effective framework of regulatory standards, requirements for registration, the maintenance of continuing competence, and procedures of investigation and discipline. Given the developing context of the practice of dietetics in today's health care and consumer environment, we will continue to examine and evolve our framework.

Objectives

1.1 Monitor practice data related to high-risk areas, and address as appropriate.
1.2 Ensure non-traditional pathways to registration are fair to applicants, while maintaining high quality standards.
1.3 Identify and respond to areas beyond entry-to-practice as appropriate.
1.4 Ensure applicability of our standards to diverse and emerging practice settings.

END GOAL 2: Competent Members Engaged in Effective Informed Practice

The College ensures that, before they can practise or use the professional title, individuals meet practical training and educational standards.

To support continued competence throughout their careers, College programs help members improve their knowledge and skills so they will practice competently, safely and ethically in diverse settings and roles.

As the College responds to changing practice issues, we will support members' learning – striving to be relevant and accessible to all members. The College recognizes that Registered Dietitians must be equipped to contribute to health promotion and an effective healthcare system. They may also be part of and lead interprofessional teams.

Objectives

2.1 Obtain regular feedback from members regarding issues in their practice environments for which College guidance or policies may be required.
2.2 Provide specific and relevant support to Registered Dietitians in all areas of dietetic practice.
2.3 Ensure accessibility of policies and processes to facilitate effective and timely enforcement of/compliance with applicable laws and regulations.
2.4 Engage Registered Dietitians in continuous quality improvement programs that are relevant to their variable practice settings and different learning styles.

END GOAL 3: Stakeholders Recognize the College as an Accountable Regulator for Public Protection

The public needs access to appropriate information in order to trust that the system of professional self-regulation works effectively. In keeping with our mandate of public protection, the College will be innovative and proactive to support all stakeholders' understanding of our role. We will enhance the accessibility of public information and increase the College's visibility over the next four years.

Objectives

3.1 Continue to educate the public and other stakeholders regarding how the College fulfills its public protection mandate.
3.2 Continue to educate our members regarding the College's services and activities, and how they support public protection.
3.3 Explore innovative media and communications to connect with the College's stakeholders.
3.4 Increase the level of member engagement in the work of the College.

END GOAL 4: A Collaborative Partner

The College collaborates with government ministries and other organizations as needed in order to fulfil its mandate. We will continue to review and enhance these collaborations.

Objectives

4.1 Maintain and enhance our relationship with the Ministry of Health and Long-Term Care.
4.2 Contribute to or lead, as appropriate, collaborations with our partner organizations including:
- Alliance of Canadian Dietetic Regulatory Bodies
- Partnership for Dietetics Education and Practice (PDEP)
- Dietitians of Canada
- Federation of Health Regulatory Colleges of Ontario
- Dietetics Education Leadership Forum (DELFO)
- Non-Health Regulatory Colleges
- Government ministries
- Other organizations with shared interests

4.3 Recognize, develop and promote new opportunities for collaborative, productive relationships to advance our mandate.

END GOAL 5: An Effective Organization with Optimal Use of Resources

The College has built a strong governance and operational foundation. We will continue to monitor, evaluate and improve our organization. Over the next four years, we will further optimize our people, use of funds, and processes to maintain our capacity to meet our End Goals.

Objectives:

5.1 Ensure excellent organizational governance of the College.
5.2 Ensure Council, Committees and Staff have sufficient capacity to deliver College goals.
5.3 Ensure responsible stewardship of financial resources.
5.4 Leverage technology to support delivery and evaluation of programs and communication with stakeholders.
5.5 Ensure ongoing College work is based on relevant information and evidence.

Conclusion

In this Strategic Plan, the Council has renewed the College's Mission, Vision and Values and developed End Goals to focus on the priorities that will help us fulfill our mandate of public protection.

This Plan reflects Council's confidence about the future of dietetics in Ontario and the important role of regulation in this dynamic environment. We will continue to enhance the regulatory framework of dietetics in the province, and engage our members to help them practise safely, competently and ethically.

Mindful of the elevated public expectations of regulatory bodies to act in the public interest, we will communicate more clearly with the public and other stakeholders to increase their knowledge of the work we do and invite their input. We also recognize that intentional strategic collaborations advance our mandate and we commit in this Plan to continue to strengthen our relationships to achieve our vision.

The work of the College would not be possible without the dedication of staff, Council, and Committee members.

The Council thanks all contributors to this Plan – internal and external – and looks forward to working with our valued stakeholders so that the people of Ontario can be confident that the College demonstrates regulatory excellence in the public interest.

APPENDIX - Understanding the Wider Landscape

The purpose of our Environmental Scan was to create a fresh, concise, yet comprehensive view of the College's operating environment. We explored trends in society, changes in the regulation of health professionals, health care, patient/consumer demographics, College member profiles, and shifts and challenges in members' practice environments.

In some instances, these were defined as critical issues on which the College must contribute guidance.

We thank the following contributors to the scanning process:

- Judy Paisley, RD, Ryerson University
- Katherine Vandebussche, RD, Dietetics Education Leadership Forum of Ontario & Sunnybrook Health Sciences Centre
- Corinne Eisenbraun, RD, Partnership for Dietetics Education and Practice
- Jennifer Garus, Alliance of Canadian Dietetic Regulatory Bodies
- Linda Dietrich, RD, Dietitians of Canada
- Lesia Kicak, RD, Hamilton Health Sciences Centre
- Cathy Paroschy Harris, RD, Thunder Bay Regional Health Sciences Centre
- Marshall Moleschi, Ontario College of Pharmacists
- Sue Behari McGinty, RD, Loblaws
- Anne Birks, RD, Manager, Nutrition Promotion, Toronto Public Health, and her colleagues.

In addition, the scan included feedback from sessions with the College's staff and feedback received from over 450 Registered Dietitians and 29 other stakeholders (clients, public, students and employers) through an online survey.

To better understand the Plan, here are some of the following key trends that we heard:

- **Diversity in Dietetics Practice and Practice Settings:**
  The workplace for dietitians has become more diversified in recent years. New roles for dietitians are opening up and growing quickly, such as supermarket dietitians and contributors to research. There are more Registered Dietitians in private practice and new opportunities for them to earn income related to the sale of nutritional products and aids.

  Different workplaces give rise to RD specializations – in eating disorders, mental health, elder care, sports nutrition, general wellness, food services, and so on. Some workplaces offer new challenges and may not be conducive to traditional practice requirements. In some settings, a dietitian may practice virtually or not have the immediate mentorship and support of senior practitioners. Home care environments offer unique challenges. Registered Dietitians in these settings are seeing patients who have more serious health issues than dietitians have traditionally encountered.

- **Beyond Entry to Practice**
  Upon entry to practice, dietitians have a foundational understanding of their field. However, some of the roles within the RDs scope require a combination of additional training and experience beyond entry level. Examples include parenteral feeding, malnutrition screening and the treatment of dysphagia. Some interviewees noted these are areas of risk, especially for new practitioners.

In addition, there is new research on screening and malnutrition. There will be more screening of people coming into acute care. This may involve new skills of physical examination for Registered Dietitians.

- **Education and Internship:**
  The traditional process for entry into the profession has been an education program followed by a hospital internship. Funding for internship programs within hospitals is being reduced, making it more difficult for new entrants to get the experience they need. Schools and dietitians have sought other means of imparting/gaining competencies. Simulation is being increasingly incorporated into the academic programs and internships. Simulation is a technique to replace or amplify real-patient exposure with guided experiences providing the opportunity for learning that is both immersive and experiential. It may not always be able to incorporate all aspects of real-life especially in higher-risk activities such as parenteral feeding and the treatment of dysphagia.

  Another source of new dietitians is, of course, immigration. There is a need for fair and accessible approaches for assessment of the credentials of foreign-trained professionals and ways for them to bridge knowledge and skill gaps.

- **Higher-Acuity Patients:**
  The acuity of patients that dietitians serve is increasing. Contributing to this trend is the combination of an aging population and the continuing shift of more resources to home and community care. Higher-acuity patients with complex needs are everywhere – including hospitals, long term care, and the community.

- **Greater Demands, Constrained Resources:**
  Ontario's healthcare budget has been strained in recent years and will likely continue to be tight. Dietitians in some healthcare settings may be fewer in number.

- **Preventative Care:**
  There is a move to shift spending to preventative care. Since diet is a significant factor in preventative care, Registered Dietitians will likely be key participants.

- **Informed Consumers:**
  The ubiquity of web-based nutrition information means that dietitians need to be able to research and respond to information that consumers gain from a variety of sources.

- **Technology and Communications:**
  New forms of communication such as social media and telemedicine are affecting practice, record-keeping and transparency.

The Environmental Scan was the backdrop of Council's planning sessions and provided key contextual elements for Council direction-setting.

DENTURISTS

CDO STRATEGY MAP 2017–2020

MISSION

To regulate and govern the profession of Denturism in the public interest.

VISION

Leading our members to provide exemplary denturism care to Ontarians.

PROMOTING REGULATORY EXCELLENCE - ACTION PLAN FOR 2017–2020

Priority 1

Enhanced Communication and Stakeholder Engagement:

a. Promote public awareness of CDO role in safe delivery of denturism
   i. Public awareness campaign
b. Modernize member communications strategy
   i. Undertake communications needs survey
   ii. Attend Association conferences
   iii. Introduce peer circles
   iv. Enhance CDO webinars
c. Promote transparency of CDO operations
   i. Improve accessibility of website
   ii. Ensure public register reflects highest goals of transparency
   iii. Bring public interest and transparency lenses to Council and Committee work
d. Foster interprofessional collaboration
   i. Attend regular meetings of Ontario dental health regulators
   ii. Provide collaboration guidance to members through communications strategy

Priority 2

Excellence in Governance:

a. Promote culture of public interest and transparency
   i. Embed public interest in all College, Council and Committee decisions
b. Review and clarify Council and Committee roles
   i. Review through public interest & transparency lenses
   ii. Articulate Council and Committee competencies
c. Improve Council and Committee member training
   i. Leverage technology to enhance training and work of Council and Committees
   ii. Implement mentoring process for new Council members
   iii. Ensure agility of training that allows for response to changes in legislation and the broader regulatory landscape
   iv. Provide regular orientation for all Council members
d. Improve internal policy coordination and priority-setting
   i. Establish policy coordination and oversight process

Priority 3

Enhanced Relations with Educational Institutions:

a. Strengthen relationship between CDO and educational program administrators
   i. Coordinate regular meetings between CDO and Ontario educational program leadership
b. Explore whether denturism competency profile is synchronized to new registrant needs
   i. Supplement identified deficiencies through CDO continuing education/QA program requirements
c. Encourage quality and consistency in program content among educational programs
   i. Explore accreditation model options
   ii. Engage provincial counterparts in conversation exploring role of national denturism competency profile

GUIDING PRINCIPLES

Integrity, Honesty, Transparency, Accountability, Fairness, Inclusivity

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Email: info@denturists-cdo.com • **Website:** www.denturists-cdo.com

2015-2018 Strategic Plan

In 2015, Council and staff engaged in a strategic planning exercise to identify the College's priorities for the next three years.

To identify these priorities, the College sought feedback from kinesiologists, professional associations, other health profession regulators, key decision makers in the Ontario government, and leaders within Ontario's healthcare system. A strengths, weaknesses, threats and opportunities (SWOT) analysis was also conducted.

The result of extensive analysis and discussion was the development of a strategic plan to guide the College's work from 2015 to 2018. The plan lists three goals that will help the College continue to meet its mandate of regulating kinesiologists in the public interest.

Goal One:

The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.

This goal speaks to initiatives which:

- help the public understand how the regulation of kinesiologists adds value.
- enhance the accountability of kinesiologists and in turn, the College's accountability.

Goal Two:

Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.

This goal focuses on the College's provision of practice support to kinesiologists. Support is provided through:

- encouraging further enrichment of university undergraduate programs.
- understanding and addressing kinesiologists' professional development needs.
- ensuring that practice standards and guidelines are comprehensive, timely and meaningful.

Goal Three:

The College is responsive to the public's need for information about its members, its policies and its practices.

This goal addresses public confidence in the College as a regulator that puts the interests of the public ahead of the interests of members.

This goal requires the College to:

- understand the public's need for information.
- respond with openness regarding its policies, decision-making processes and information about kinesiologists that would be relevant to the public when making choices about their health care.

The College of Physicians and Surgeons of Ontario

STRATEGIC PRIORITIES

For the period from 2015-2018, we will continue to prioritize the following core regulatory functions, which enable us to fulfill our mandate of self-governance:

1. **Registration**
2. **Physician Competence**
3. **Investigations, Discipline and Monitoring**

Prioritization of these core regulatory functions is enabled by a clear focus on operations, which is also identified here as a priority.

4. **Operations**

1. Registration

Our ultimate goal is to ensure the registration of quality professionals. To do this, we seek to optimize the registration framework. This involves ensuring effective and efficient registration processes that are flexible and fair to applicants, while maintaining high quality standards.

2. Physician Competence

In order to assure and enhance physician competence, we continue to work towards our objective of assessing every doctor every 10 years. We do this while continually improving the effectiveness of assessments and ensuring assessments occur across all practice locations.

3. Investigations, Discipline and Monitoring

These processes ensure accountability of individual physicians and demonstrate the profession's commitment to protect the public via self-regulation. Our ultimate goal of public protection is achieved by focusing on and responding to the highest risks, in order to ensure safety. In addition, we continually evaluate our processes to optimize efficiency, effectiveness, timeliness and fairness to all parties.

4. Operations

We continue to monitor, evaluate and improve our operations to ensure that we are supporting our strategic priorities, making the most of our resources, and acting efficiently and effectively across the organization. We also commit to evaluating the effectiveness of our programs and interventions.

STRATEGIC INITIATIVES

1. **Quality Management Partnership (QMP)**
2. **Education**
3. **Transparency**
4. **Information Management**

1. Quality Management Partnership (QMP)

The QMP is currently developing a provincial quality management program in three areas: mammography, colonoscopy and pathology. This provincial quality framework will set integrated performance standards at the provider, facility and system levels to ensure consistent quality across the entire system, from hospital to community.

As more services move from hospital into the community, the focus on provincial quality initiatives is anticipated to continue with expansion to other clinical areas.

Consistent with our strategic priority of ensuring physician competence, via our physician assessment program and oversight of clinics, this work will continue to be important.

Participating in collaborative approaches to ensure consistent quality of care across the province is directly related to our vision of a *healthy system*.

2. Education

Education is the mechanism by which we will focus on our strategic priority of assessing and enhancing physician competence and achieve our ultimate vision of quality professionals.

The goal of this initiative is to integrate and coordinate physician education across all College Committees, programs and staff and ensure consistency with respect to physician needs assessment, educational activities/resources, data collection, outcome measurement and reporting.

This initiative includes both reactive (e.g. individualized education plans) and proactive (e.g. continuing professional development) approaches.

It also relates to the strategic priority of optimizing investigations, discipline and monitoring, as these processes integrate education approaches more formally.

This initiative will include identification of physician needs, a consistent approach across all processes, a mechanism to ensure identified needs are incorporated into educational programs (including CPD) at the undergraduate and postgraduate level, and work with multiple stakeholders to improve educational approaches.

3. Transparency

Public trust can be achieved if the College is accountable and transparent.

The transparency initiative is intended to make more information available to the public and stakeholders, about both members and the effectiveness of self-regulation. It will fundamentally change the way the College communicates with the public about physician performance, regulatory processes and regulatory outcomes.

This initiative connects most closely to the College's strategic priority relating to Investigations, Discipline and Monitoring, since how the profession manages problems is critical to demonstrating accountability. However, transparency is about more than investigations. It is about showing how all of our programs protect the public.

4. Information Management

Data and information management is a key enabler of the QMP, Education and Transparency strategies.

This initiative represents a fundamental re-evaluation of how the College collects, manages, uses and releases data in order to support our current strategic initiatives and position itself for the future, as the need for data, information and reporting increases, both internally and externally.

In addition to capturing data to improve processes, this initiative will shift the College's focus to analysis that will demonstrate program effectiveness, and contribute to the health system.

This initiative will create a framework for data analysis, research partnerships, integration with other data sets and public reporting.

CPSO Strategic Framework 2015-2018

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

VISION

QUALITY PROFESSIONALS, HEALTHY SYSTEM, PUBLIC TRUST

PRIORITIES

- REGISTRATION
- PHYSICIAN COMPETENCE
- INVESTIGATIONS, DISCIPLINE & MONITORING
- OPERATIONS

STRATEGIC INITIATIVES

- QUALITY MANAGEMENT PARTNERSHIP
- EDUCATION
- TRANSPARENCY
- INFORMATION MANAGEMENT

PRINCIPLES

- INTEGRITY
- ACCOUNTABILITY
- LEADERSHIP
- COLLABORATION

CHO SWOT Analysis – November 2018

APPENDIX 6.2

Strengths

- Financial viability
- Strong leadership
- Competent/experienced staff
- Diversity of skills on Council
- Mutual Recognition Agreements
- Defined structure/framework to guide direction
- Registered members
- Support from the MOHLTC
- Internationally recognized profession
- Up-to-date/current legislation
- We are regulated!:
  - Government recognition, improved public perception, accessibility to care, means to protect the public, improved confidence in homeopaths from other health practitioner's
- Members are well-trained and competent
- The legal framework provides the College with clear objects and mandate
- Brought professionals together to achieve self-regulation
- Protecting the public

Weaknesses

- Limited # of staff
- Low # of registrants
- Financial constraint on ability to send staff to CPD
- Insurance coverage does not include homeopathy which limits access to care
- Lack of understanding of the role of the College by the profession and the public
- barriers/obstacles that prevent homeopaths from providing full service to patients (no access to controlled acts in Canada) - it is hard to regulate unregistered practitioners without access to a controlled act
  - Does the College have the resources to regulated controlled acts?
- Lack of a strategic plan/direction
- # of unregistered practitioners (contributes to budgetary constraints and inability to better protect the public)
- Lack of competency profile for Council members
- Lack of succession planning for staff, Council and Committees
- Concerns about organizational knowledge continuity due to current election process
- Fragmented community/stakeholders
- Lack of provincial counterparts to share resources, programs etc.
- Lack of academic institutions offering homeopathy programs

Opportunities

- Work collaboratively with the federal government
- Build financial reserves for contingencies (i.e. conduct, funding for therapy for sexual abuse)
- Educating insurance providers and the public about homeopathy as a regulated health profession
- Inter-professional collaboration with other RHPA Colleges
- Collaborate with academic institutions regarding competencies, standards, guidelines and ensure consistency of content and standards - look into developing an accreditation framework
- Leverage research to inform clinical standards and competencies
- Engage in a public awareness campaign (i.e. highlight role of the College, how to file a complaint, expectations of care etc.)
- Develop interprofessional competencies that lead to interprofessional collaboration to improve access to and quality of care (FHRCO?)
- Explore controlled acts model as a way to decrease the number of unregistered members and explain the role of homeopathy in health care
- Increase # of registered members (this will have budgetary implications)
- Approach the Ministry to have homeopaths included in the Health Service Provider registry, allowing homeopaths to work in community health centres thus improving access to care

Threats/Challenges

- Contingencies (i.e. conduct)
- Negative media coverage
- Changes in government/direction (i.e. policy)
- Lack of recognition of international research/standards in Ontario
- Unregistered members do not recognize the value of regulation and the College
- Members of other regulated health professions practising homeopathy but not registering with College
- Unregulated homeopathic remedies (is this College's role?)
- Public does not understand homeopathic remedies or the value in selecting a registered homeopath instead of pursuing self-care
- Economic concerns from professionals to make a living (chooseing not to register in order to save money) - contronting the value of registration
- Managing profession's expectations

Possibly Profession Specific:

- W: lack of main role for homeopaths in the main health-care system
- T/C: opposition from skeptics and pharmaceutical companies
- O: Collaborate with international universities and research institutions to engage in research that validates the credibility of homeopathy

Final Report: A vision for the future

Leading in Regulatory Governance Task Force

A proactive, expert and evidence informed review
An ongoing commitment to positive and empowering change

Updated May 2017

Members of the Task force

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Table of Contents

Report 4

Recommendation 5

Conclusion 10

Attachment 1: Recommended Vision 11

Attachment 2: Governance Model 21

Attachment 3: Principles 22

Attachment 4: Governance review milestones 23

Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

Overall Goal:

The College is recognized as a leader in regulatory governance.

Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.

Recommendation:

1. **That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).**

Implementation recommendations:

1. **That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;**

2. **That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and**

3. **That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.**

Recommendation 1: That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College's public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council's feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council's feedback.

Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:

- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

  The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.
- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a "boot camp" for people interested in participating on the board or committees. This idea was raised in the Octover 2016 issue of Grey Areas, "Screening Committee Members," where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.

Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

- **Advancing the use of CNO knowledge:**
  The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.
- **Leading in regulatory innovation:**
  Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.

Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

Implementation Recommendation 3: **That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.**

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
  - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
  - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.

Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College's vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: "Good governance is a journey". The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council's never-ending governance journey.

Attachments

1. Recommended Vision: The College of Nurses of Ontario's Board of Directors for 2020
2. Governance Model
3. Governance Principles
4. Governance Review Milestones

Other Resources

Governance Literature Review

Trends in Regulatory Governance

Survey: Jurisdictional Governance Review

Recommended Vision: The College of Nurses of Ontario's Board of Directors in 2020

Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
Size ▪ The board will have 12 members (see page 13 for composition) ▪ An Executive Committee will no longer be needed. ▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity. ▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.	▪ Evidence about board governance and group dynamics shows that: ◗ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse & public on a regulatory board. ◗ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up. ◗ "social loafing" occurs with larger boards, meaning not all perspectives are on the table. ◗ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards. ▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice ▪ Council members provided feedback, starting with the Cathy Trower review, that ◗ size is an issue in relation to effective discussion. ◗ smaller groups work better [the Task Force believes this is valid experiential evidence]. ◗ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency].	**Accountability** ▪ A small board will not require an Executive Committee. ▪ The board will have full accountability for its agenda and decisions. ▪ Every member will be expected to participate. ▪ Individual directors will carry the expectation for personal accountability. **Adaptability** ▪ A small board will enable the group to come together quickly to respond to emerging issues. **Diversity** ▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.

Components of recommendation	Evidence/rationale	Principles
Composition ▪ The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP).	▪ This composition: ◗ is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests. ◗ reflects the board's commitment to the public interest and confirms the value of nurses' expert input. ◗ is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation). ▪ A board of equal public and nurse members will be seen to be impartial and not controlled by the profession.	**Independence** ▪ A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions. **Integrity** ▪ A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.
Competency based ▪ Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role. ▪ Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking. ▪ Individual directors will have a commitment to the public interest and a passion for nursing regulation. ▪ The board will have the ability to balance innovation and risk.	▪ Literature supports competency-based boards. ▪ A move to competency-based boards is a trend in regulatory governance, as well as in other sectors. ▪ Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations. ▪ Public confidence will be enhanced if skills and competencies on the board are transparent.	**All** ▪ Having all directors with the needed competencies and attributes will support the board to meet all of the principles.

Components of recommendation	Evidence/rationale	Principles
Competency-based application and appointments process ▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies ▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. ◗ Attendance at a "boot camp" for individuals interested in applying for appointment will be required. ◗ All applications will be reviewed by the Nominating Committee. ▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years. ▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place. ▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback.	▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public. ▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs. ▪ Appointment is a way of ensuring diversity of perspectives. ▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower's report. Election does not support succession planning, while appointment does.	**Competence** ▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making. **Diversity** ▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills. **Independence** ▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest. **Transparency** ▪ Transparency will be supported by ◗ clear and public criteria for appointment ◗ an open process to volunteer to serve ◗ an objective and fair process for reviewing candidates, and ◗ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.

Components of recommendation	Evidence/rationale	Principles
Chair and Vice-Chair ▪ Effective leadership will be characterized by: ◗ The Chair and Vice-Chair having the leadership competencies identified by the board. ◗ Appointment/succession being recommended by the Governance Committee and approved by the board	▪ Selection of board leadership is consistent with competency-based appointment. ▪ Selection of board leaders based on leadership competencies vs professional designation will support strong leadership. ▪ A succession plan will build and maintain strong leadership.	**Accountability** ▪ The board will have accountability for setting the leadership competencies and a succession plan. **Competence** ▪ Selecting the best and most competent leaders will support the board in meeting this principle. **Transparency** ▪ How and why members were appointed as chair and vice-chair will be clear to all members of the board.
Director and board development ▪ Each director will be supported in understanding and meeting their role expectations and accountabilities. ▪ Participation in a "boot camp" (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments. ▪ Orientation and ongoing development will be expected. ▪ Continuous learning will be part of the board culture. Directors will be well supported in informed decision-making ▪ Decision-support materials will be evidence informed. ▪ Staff will provide regulatory expertise, as needed. ▪ Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.	▪ In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education. ▪ Orientation and ongoing education: ◗ are best practices in governance. ◗ build on the learning from the boot camp prior to appointment to the board. ▪ Ongoing education was identified as a priority in the September 2015 Council workshop on culture. ▪ The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves.	**All** ▪ Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.

Components of recommendation	Evidence/rationale	Principles
Evaluation of Board and Directors ▪ Good governance will be recognized as a journey. ◗ The performance bar on the board and individual directors will keep rising. ▪ The board will constantly improve through: ◗ A Governance Committee that will support the board in meeting its commitments to strong governance. ◗ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement. ◗ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability. ▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes.	▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. ▪ The board needs to continually improve to meet changing expectations. ▪ The board will identify competencies. ◗ The evaluation processes will measure if specific competencies meet the board's changing needs. ▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning.	**Accountability** ▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement. ▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest. **Competence** ▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance. **Transparency** ▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.

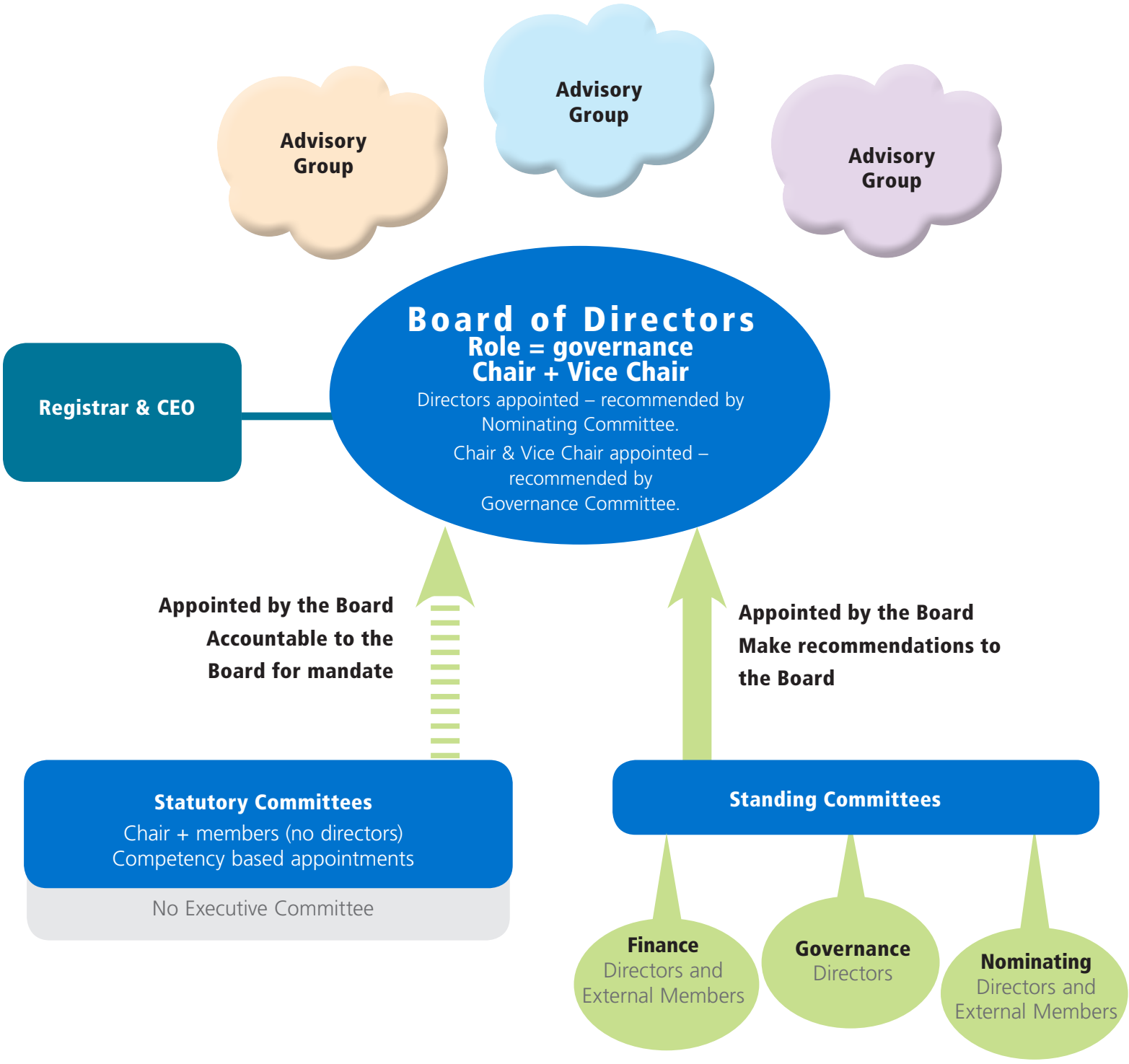
Components of recommendation	Evidence/rationale	Principles
Role clarity of board and statutory committees ▪ The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.	▪ Mandates are unique and require different competencies for governance and statutory decision-making. ▪ The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario. ▪ Separation of board and statutory committee functions is a trend in regulation in other jurisdictions. ▪ Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates. **Competence** ▪ Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees.

Components of recommendation	Evidence/rationale	Principles
Statutory committees ▪ Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee. ▪ Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee. ▪ The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee. ▪ Statutory committees will be composed of non-directors. ▪ Statutory committees will report to the board on their legislated mandates.	▪ The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different. ▪ The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work. ▪ With separate board and statutory committee members, individuals can develop expertise in specific roles. ▪ As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion. ▪ The risk of conflict from being both a board and statutory committee member is eliminated. ▪ Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.

Components of recommendation	Evidence/rationale	Principles
Standing Committees ▪ There will be two new standing committees: Governance and Nominating ▪ Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees ▪ The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership	▪ It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations. ▪ The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6) ▪ The Governance Committee will support evaluation processes (see page 7.)	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Removing directors from statutory committees will enhance the perception of the independence of those committees from the College. **All** Having committees focusing on governance processes will support the board in meeting all governance principles.

Components of recommendation	Evidence/rationale	Principles
Terms of office ▪ Directors: ◗ 3-year term ◗ 2-term maximum ▪ Leadership roles (Chair, Vice-Chair, Committee Chairs: ◗ 1-year term with one possible reappointment ◗ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board ▪ Committee members: ◗ 3-year term ◗ 2-term maximum ▪ Reappointments will be made within term limits and based on meeting role expectations	▪ Terms of office will ensure appropriate transition and succession. ▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board. ▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership. ▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms).	**Competence** ▪ Term limits support bringing needed new competencies and backgrounds to the board. **Diversity** ▪ Regular change allows for new perspectives to be brought to the table.
Funding governance processes ▪ The College will be accountable for funding the governance and statutory processes. ▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: ◗ all directors will receive the same honorarium; and, ◗ all committee members will receive the same honorarium.	▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair. ▪ Equal pay for equal work is a fundamental societal value.	▪ All principles will be supported by having a board where directors feel treated as equals. ▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.

Governance Model



FOUNDATION

Public Interest Mandate • **Governance Principles** • **Evidence Informed** • **Continuous Improvement**

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Governance Review Milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council. Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting. Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : • Literature review • Report on trends in regulatory governance • Survey of regulators re. governance processes
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: • Council size and composition • How members join Council • Leadership and • Statutory committees
September 2016	Council approved the Governance Principles (attached) Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force

AGENDA ITEM # 7
APPENDIX 7.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL/MARCH 7, 2019**	**DECISION**	**X**
		DISCUSSION	□
		INFORMATION	□
DATE:	**FEBRUARY 27, 2019**		
ITEM NAME:	**Committee Appointment**		
PRESENTED BY:	**B ZIV / J BLANCHARD**		

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

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

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

X **Infrastructure**
Establish an infrastructure that allows for the efficient and effective regulation of the profession of homeopathy in Ontario.

X **Protection of Public**
Protect, promote and advance homeopathy through the development of bylaws, regulations, standards, guidelines, etc.

□ **Membership**
The College can only be truly effective if it has the support of the profession; something that requires consultation and communication. This priority addresses the need for the development of content, information and education to be provided to members.

□ **Transparency**
Decisions must abide by the transparency principles adopted by the College in November 2014.

GUIDING LEGISLATION:
CHO Bylaws and internal appointment process

Bylaw 13.07 – Patient Relations Committee
The Patient Relations Committee shall be composed of:
(i) at least one (1) Registrant who is a member of Council;
(ii) at least two (2) Public Members who are members of Council; and
(iii) two (2) or more Registrants who are not members of Council if Council so wishes.

Bylaw 13.08 – Appointment of Committee Members
Unless otherwise stated in the bylaws, every Committee member shall be appointed by Council, with the exception of the Executive Committee, whose members shall be elected to office.

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

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

There is opportunity to add one Public Council member to the Patient Relations Committee, replacing the seat currently held by Gary Kapelus. Public appointee Kamika Mclean joined Council in January 2019.

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

The recommendation being put forward for consideration would be in place until Spring 2019.

If approved, the Patient Relations Committee composition would include:

Kerri Flood (Professional)
Mark Heller (Public)
Kamika Mclean (Public)

KEY CONSIDERATIONS:

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

OPTIONS:

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

RECOMMENDATION:

1. Approve appointment as recommended.

RESOLUTION:

Be it resolved that Kamika Mclean be appointed to the Patient Relations Committee until the next round of committee appointments.