AGENDA
Council Meeting
College of Homeopaths of Ontario

by teleconference

Friday, April 21, 2023 10:00 a.m. – 12:14 p.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		**Call to Order**	**Information**	**Verbal**	**B Sharma**	**10:00**	**2 min**
2		**Welcome to Guests**	**Information**	**Verbal**	**B Sharma**	**10:02**	**5 min**
3		**Agenda**					
	3.1	Consent Agenda* and Committee Reports 3.1.1 Update on Action Items 3.1.2 Membership Scorecard 3.1.3 2022-2023 Operational Goals & Objectives 3.1.4 CPMF Submission 3.1.5 Discipline Cases 3.1.6 Annual Report 3.1.7 SML Grey Matters – Discipline Process and Governance Obligations 3.1.8 SML Grey Matters – Legal Value of Strong Policy Making 3.1.9 2023-2024 KRAs 3.1.10 Executive Committee Report	**Information**	**Written**	**B Ziv**	**10:07**	**5 min**
	3.2	Adoption of Agenda	**Decision**	**Written**	**B Sharma**	**10:12**	**5 min**
4		**Declaration of Conflict of Interest**	**Decision**	**Written**	**B Sharma**	**10:17**	**3 min**
5		**Approval of minutes**					
	5.1	January 27, 2023	**Decision**	**Written**	**B Sharma**	**10:20**	**5 min**
IN CAMERA							
6		**Approval of *in camera* minutes**					
	6.1	January 27, 2023	**Decision**	**Written**	**B Sharma**	**10:25**	**5 min**
7		**Finances**					
	7.1	Statement of Operations	**Decision**	**Written**	**B Ziv**	**10:30**	**10 min**
8		**Registrar's Performance Review and 2023**	**Discussion**	**Written**	**B Sharma**	**10:40**	**30 min**

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
		Goals					
9	9.1 9.2	**Registration Changes – Emergency Class Regulation** Draft Regulation Emergency Class Fees	**Decision**	**Written**	**J Blanchard**	**11:10**	**30 min**
10		**Council Evaluation by Third Party**	**Decision**	**Written**	**B Ziv**	**11:40**	**10 min**
11		**Council Self-Evaluation Outcome**	**Discussion**	**Written**	**K Harvey**	**11:50**	**10 min**
12		**Other Business and Action Items Arising**	**Discussion**	**Verbal**	**B Sharma**	**12:00**	**10 min**
13		**HBS – Preparation Time**	**Information**	**Verbal**	**B Sharma**	**12:10**	**2 min**
14		**Adjournment**	**Decision**	**Verbal**	**B Sharma**	**12:12**	**2 min**

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

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

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

Log-in Information

Join Zoom Meeting

https://us02web.zoom.us/j/82441557392

Meeting ID: 824 4155 7392

Passcode: 343861

1 647 374 4685

Upcoming Meetings

Wednesday, June 21, 2023

September/October 2023 TBA

Disposition of Council and Executive Committee Action Items

January 27, 2023 – April 21, 2023

1. Prioritize items on OPGO List B for completion if resources allow. [EXECUTIVE COMMITTEE – DEFERRED]

2. Develop the regulatory amendments, required policies and processes needed to establish an Emergency Registrant Class. [COMPLETED – SEE AGENDA ITEM 9]

3. Distribute consultation package on draft Emergency Class Regulation. [COMPLETED – SEE AGENDA ITEM 9]

4. Implement fee increase equal to Consumer Price Index for 2023 renewal period. [COMPLETED]

5. Conduct planning survey. [DEFERRED]

6. Develop process document related to third-party evaluation of Council. [IN PROGRESS]

7. Continue process of Registrar's performance review. [IN PROGRESS – SEE AGENDA ITEM 8]

8. Distribute Council self-evaluation survey prior to next meeting. [COMPLETED – SEE AGENDA ITEM 11]

9. Update Conflict of Interest record. [COMPLETED]

Operational Goals and Objectives 2022/2023 Membership Scorecard

Actual at March 31, 2022		**2022-2023 Fiscal Year-End (PLAN)**	**Projected**	**At Feb.15/23**
Line 1 Members in Good Standing at March 31, 2021	**487**	Line 1 Members in Good Standing at March 31/2022		**474**
Adjustments		**Adjustments**		
Line 2 Less Admin Suspension (Current Year)	-9	Line 2 Less Admin Suspension (Current Year)		-12
Line 3 Less Suspension pending	0	Line 3 Less Suspension pending (notice of suspension sent)		-6
Line 4 Less Members with Outstanding Payment or Form*	0	Line 4 Less Members with Outstanding Payment or Form*		0
Line 5 Less Resignations	-21	Line 5 Less Resignations		-29
Line 6 Less Disciplinary Revocations	0	Line 6 Less Disciplinary Revocations**		-1
Line 7 Full Class Members 425		Line 7 Full Class Members 395		
Line 8 Inactive Class Members 32		Line 8 Inactive Class Members 29		
Line 9 2021-2022 Renewing Member (Line 7 + 8)	457	Line 9 2022-2023 Renewing Members (Line 7 + 8)	424	427
Line 10 New Members – Full Class	+13	Line 10 New Members – Full Class		+20
Line 11 Reinstated Members	+2	Line 11 Reinstated Members		+2
Line 12 Return to Good Standing from admin suspension prior to 2021-2022 fiscal year	+2	Line 12 Return to Good Standing from Admin Suspension issued prior to 2022-2023 fiscal year		+1
Fiscal Year-End		**Ongoing Tally**		
Line 13 Members in Good Standing at March 31, 2022 (Line 9 + 10)	**474**	Line 13 Members in good standing at February 15, 2023	**444**	**449**

Comments:

The activities of administrative suspension, expiry and revocation are in accordance with the College's Registration Regulation O.Reg.18/14 and/or the Regulated Health Professions Act, Schedule 2, section 15.

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

**Actual date of revocation was February 22, 2022.

COLLEGE OF HOMEOPATHS OF ONTARIO

2022-2023 Operating Plan, Goals & Objectives
Summary of Deliverablesas of March 31, 2023

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

Status Legend	On track	In progress	Stuck

Deliverable	Status/Comments
1A) Office of the Fairness Commissioner Domain 6 – Suitability to Practice includes completion of requirements under Office of the Fairness Commissioner of Ontario Cycle 3 assessment report improvements. [Carry forward item] [CPMF Std 9.3] Complete all remaining portions of the OFC requirements including: i. Specific Duty – Assessment of Qualifications: Practice 6.15 – Develop and implement a formal and structured process to verify that third-parties' assessment practices are transparent, objective, impartial and fair. ii. General Duty – Fairness 1 – Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession.	On track. - CHO met with the OFC in September, December and March for our quarterly progress meetings. - Work on the fair practice requirements is ongoing with completion slated for Spring 2023. - December – submitted the Fair Practices Report related to the 2021 calendar year. - Working on process adjustments to address new timely registration requirements, monitoring and reporting structure.
1B) Patient Relations Program To protect the public and patients, the CHO, through the Patient Relations Committee, will implement the plan approved by the Patient Relations Committee for the College's Patient Relations Program aimed at preventing and dealing with sexual abuse of patients. **Deliverables:** 1. Patient education/information pieces; 2. Relevant review and revision of standards which could impact prevention of sexual abuse and stakeholder consultation on these standards; 3. Registrant education on Sexual Abuse Prevention Program.	CHO received an invitation from the Citizen Advisory Group (CAG) to participate in their patient-driven activities commencing in 2023/2024. Preliminary discussions have commenced with the CAG with anticipation CHO will join the partnership in spring 2023. The CAG brings patient and caregiver ("Member") voices and perspectives to health care regulation in Ontario. It was originally launched by the College of Physiotherapists of Ontario in 2015 and has now grown to include 21 RHPA Colleges along with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) ("Partners"). The College of Physicians and Surgeons of Ontario has

Deliverable	Status/Comments
	Chaired the Partnership since 2019—2020. CAG currently involves around 40 active Members who provide feedback on topics including, but not limited to, standards of practice/policies, strategic priorities, and public-facing communications. Due to competing priorities many deliverables listed in this goal have been deferred to the 2023/2024 fiscal year.

1C) Quality Assurance Program (Self-Assessment Process) To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program. // Domain 6 – suitability to Practice includes full rollout of the Quality Assurance Program and increased monitoring of registrant compliance. *[CPMF[1] Std 10.2; Std 10.3]*. **Deliverables** 1. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, ethical practice, professionalism, and quality of care. 2. The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation. 3. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 4. The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment and tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. 5. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements. 6. Complete the rollout of the self-assessment requirement to all registrants. 7. Provide registrants with greater support in the applying new and existing professional practice standards and guidelines into their practice. 8. Through system partner initiatives build a meaningful bank of registrant education tools, materials and access to learning resources related to demonstrating competent,	In progress. Staff are working towards pilot testing and rolling out the Quality Assurance Program.

[1] CPMF = College Performance Measurement Framework

safe and ethical practice in a regulatory health care environment. (CPMF Standard 5 and strengthen Domain 6 – measure 10.1 a)	
2A) Work towards regulatory governance excellence through alignment with the College Performance Management Framework (CPMF) best practices. Primary focus will be in the areas that CHO has identified as high and moderate risk and **low to moderate effort** related to: Domain 1 – Governance; Domain 2 – Resources; Domain 4 – Information Mgmt; Domain 7 – Measurement, reporting and improvement with an enhanced focus on preparing for governance reform, stewardship, planning, risk awareness/assessment/mitigation activities and resources for Council and decision makers. **Deliverable:** **a)** Specifics to be added.	In progress. Through the CPMF the Ministry, in conjunction with releasing the 2022 reporting tool, has identified eight benchmarks which each College should strive, at a minimum, to meet. CHO staff are focusing on the following benchmarks related to this goal and objective: i. Developing pre-defined competencies for Council members – under development, partially demonstrated. ii. Developing pre-defined competencies for members of statutory committees – under development, partially demonstrated. iii. Identifying and recommending performance and risk management frameworks for use by Staff and Council – in the research stage, not demonstrated. iv. Enhancing information protection protocols and processes – under development, partially demonstrated. In March the Registrar and Deputy Registrar attended a Regulatory Cybersecurity Conference which will further inform demonstration of this standard. The College has begun discussions with our database consultant to ensure that appropriate cybersecurity mechanisms are in place. v. Ensuring the College has updated operating policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future – under development, partially demonstrated. vi. Strengthening the regulatory policies

	processes and reviews (2 benchmarks) – 1 benchmark is demonstrated/complete; 1 standard is under review and is partially demonstrated. vii. Reviewing the complaints process to ensure that it is customer service oriented and user friendly to both the complainant and registrant – partially demonstrated. Following review and discussion through the appropriate channels (Executive Committee, Governance Panel and ICRC), staff are anticipating a number of these initiatives coming to the June and September Council meetings.
2B) Technology Infrastructure Enhancements to Support Regulatory Functions To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete: a) Implementation of a new membership database with enhanced data collection for regulatory functions, including registration, complaints, and quality assurance. b) **NEW:** Start mitigation efforts to review and enhance (as necessary) levels of cybersecurity. **Deliverable:** 1. Implementation of the new membership database. 2. Start mitigation efforts to review and enhance (as necessary) levels of cybersecurity.	In progress. a) Ongoing work with database developer to renegotiate contract to customize / implement new membership database. Implementation date by end of Q3 2023/2024. b) Created a framework within Microsoft Lists for improved information gathering and monitoring of complaints. c) Updates to existing database to include new credit card fee and fixes to improve reporting for MOH Health Human Resources Database data are complete. d) Cybersecurity review – staff have begun to educate themselves on the requirements to achieve this goal. In March the Registrar and Deputy Registrar attended a Regulatory Cybersecurity Conference which will further inform demonstration of this standard. Further we have begun

	discussions with our database developer to ensure that appropriate cybersecurity mechanisms are in place. e) The Jurisprudence program has been relaunched.
2C) Financial Maintain financial continuity of the College. **Deliverable:** 1. To maintain ongoing financial stability and continuity of operations of the College.	Refer to Council agenda item 7.1 Implementation of membership database and process changes for change in membership/ renewal and credit card fees complete. In accordance with the Bylaws the 2023/2024 fees were increased by the cost-of-living index. Additionally, Council approved (following 60-day public consultation) the introduction of a new credit card service fee to offset the cost of fees incurred by the registrant/applicant. The new fee was introduced on February 15, 2023, along with the option to pay by e-transfer. An estimated 35% of the renewing registrants took advance of e-transfer payment. This resulted in a $13,700 saving to CHO.
3A) Membership Levels The CHO will encourage and attract new registrants and optimize the retention of current registrants. **Deliverable:** 1. The CHO will achieve a membership level which will ensure sustainability of the College by the fiscal year end.	Refer to Council agenda item 3.1.2

Other Initiatives as directed by the Ministry of Health:

- Meeting with MOH on review of 2021 CPMF and review of progress on system partner initiatives.
- Development of a draft Emergency Class registration regulation and release for 60-day public consultation and posted on the Ontario Regulatory Registry (refer to Council agenda item 9.1 and 9.2).
- Review and planning for French language service enhancements and changes to language proficiency requirements.
- Removal of Canadian experience requirements – this does not impact CHO as this is not a registration requirement.
- Submission of CPMF report on 2022 calendar year activities.

College Performance Measurement Framework (CPMF) Reporting Tool

College of Homeopaths of Ontario

Reporting Year: January 2022 – December 2022

Report Version JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

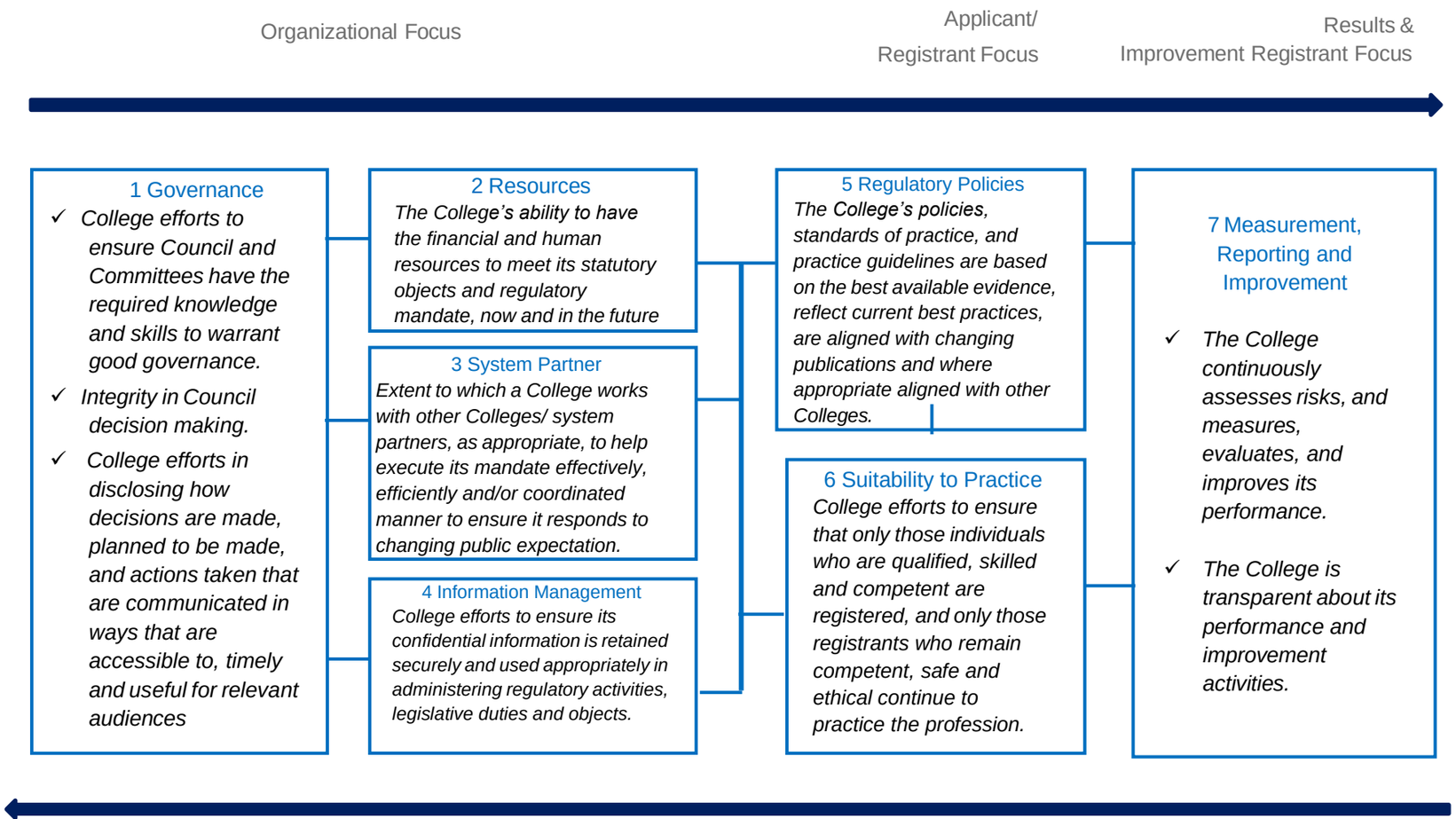

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

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For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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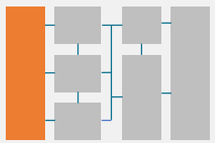
Part 1: Measurement Domains



Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

DOMAIN 1: GOVERNANCE

STANDARD 1

Required Evidence	College Response	
a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Partially
	• The competency and suitability criteria are public: Yes *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined suitability criteria defined in the College's Bylaws, (see below, bylaw 10.04) ii. Reviewing the elections manual which details pre-defined competency criteria, and iii. Attending an interactive online orientation training about the College's mandate and expectations pertaining to the individual's roles and responsibilities as a Council member. (This training is a requirement as detailed in the College's Bylaws). **Suitability Criteria as per Bylaw 10.04 - Eligibility for Election** A Registrant is eligible for election to Council if the Registrant has been nominated in accordance with the bylaws, has completed and returned the conflict of interest questionnaire and if, on the deadline for the receipt of nominations and up to and including the date of the election, (i) the Registrant holds a certificate of registration; (ii) the Registrant is principally engaged in the practice of the profession in the electoral district for which he or she is nominated or, if the Registrant is not engaged in the practice of the profession, the Registrant principally resides in the electoral district for which he or she is nominated; (iii) the Registrant is not in default of payment of any fees to the College; (iv) the Registrant is not the subject of any disciplinary or incapacity proceeding; (v) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years; (vi) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason; (vii) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; (viii) the Registrant has agreed to resign and does, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy; (ix) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years; (x) the Registrant is not a member of a council of any other college regulated under the RHPA; (xi) the Registrant is not currently and has not been for the previous two years an Employee of the College;	

(xii) the Registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office;
(xiii) the Registrant has substantially complied with the Election Guidelines of the College;
(xiv) the Registrant is not in any default of returning any required form or information to the College; and
(xv) the Registrant provides acceptable evidence of successful completion of the Council-approved training program relating to the duties, obligations and expectations of Council and Committee members.

The following pre-defined competencies for Council members are identified in the elections manual (page 6).

Effective Council members should also demonstrate the following general competencies:

1. **Continuous Learning** - Takes actions to improve personal capability and has the ability to quickly understand and apply information, concepts, and strategies. Demonstrates an interest in continuous personal learning.
2. **Creativity** - Generates new solutions, develops creative approaches and implements new approaches that lead to improved performance. Anticipates and leads change that contributes to organizational success.
3. **Effective Communication** - Is willing and able to see things from other perspectives. Demonstrates accurate insight into the behaviour and motivations of other individuals and groups and responds appropriately. Accurately listens, understands, and responds effectively with individuals and groups.
4. **Leadership** - Creates strong morale and spirit in his/her team. Shares wins and successes. Demonstrates integrity, a positive attitude, energy, resilience, stamina and the courage to take risks.
5. **Planning & Initiative** - Recognizes and acts upon opportunities or addresses problems. Displays effective use of time-management skills. and ability to plan and organize workflow and meetings in an efficient manner to address the opportunity or problem.
6. **Relationship-Building** - Works to build and maintain ethical relationships and networks of contacts with people who are important to achieving College-related goals and the Council mission.
7. **Results-Oriented** - Makes specific changes in own work methods or systems to improve performance beyond agreed standards (i.e., does something faster, at lower cost, more efficiently; improves quality, stakeholder satisfaction, revenues, etc.).
8. **Stakeholder-Focused** - Desires to help or serve others, meets the organization's goals and objectives. Focuses efforts on building relationships keeping the College's mandate in mind and discovering and meeting stakeholders' needs in the context of that mandate. Recognizes that partnerships among internal colleagues within the Council are essential to meet external stakeholder's needs.
9. **Strategic Thinking** - Understands the implications of decisions and strives to improve organizational performance. Has an awareness of organizational issues, policy, procedures, and outcomes as they impact key stakeholders and the organization's strategic direction.
10. **Teamwork** - Demonstrates cooperation within and beyond the Council. Is actively involved and “rolls up sleeves.” Supports group decisions, even when different from one's own point of view. Is a good team player and does his/her share of work. Compromises and applies rules flexibly and fairly and adapts tactics to situations or to others' responses. Accepts setbacks and changes own behaviour or approach to suit the situation. Is candid about opinions and raises justified concerns.

Council members are not measured on these competencies.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. The CHO is currently reviewing and revising its Council member competency profile to ensure that it fits the current needs of the College. In addition to this review the College will determine reasonable screening criteria, and suitable mechanisms to measure and monitor competence in a modernized governance framework. Staff have completed a comprehensive review of tools utilized by other RHPA colleges and are working to adopt, with minor modification, existing framework documents. It is anticipated that the profile and measuring/monitoring systems will work their way through Governance Panel and Council review by the end of 2023 for implementation in 2024. During the 2022 calendar year, CHO Council received a presentation from the Registrar of the College of Registered Psychotherapists of Ontario on the process undertaken by that College to develop and fully integrate modernized competency, evaluation and supporting education mechanisms and feedback loops into their governance and committee processes.

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		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Partially

- Duration of orientation training.
- Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
- Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics.

CHO has developed the following levels of Council training:

- Post-election – three hours - In the past, this has been via video-conference with a staff member; however, starting in 2023 this is moving to online video on demand. No knowledge test.
- Additionally, CHO has a pre-Executive training session – one-hour online, pre-recorded video. No knowledge test. (Bylaw)
  - o CHO Bylaws further require that a Council member must be on Council at least one year prior to sitting on Executive Committee. Plus one year on Executive Committee prior to standing for President or Vice President.
  - o Prior to putting ones' name forward to the President or Vice President the individual take a 70-minute online, pre-recorded video introduction to the roles and expectations of the position. No knowledge test.
  - o Following election to the position of President or Vice President the individual is provided with an estimated additional 5-hours of training. Length of training may vary depending on competencies and experience. No knowledge test.

In the development phase:

- Pre-election – two-hour online overview of introduction to Council. No knowledge test.

Topics:

Pre-Election:

- o understanding Health Profession Legislation and the Purpose of RHPA, overview of Schedule 2 The Code
- o other legislation and regulations governing the profession
- o role of RHPA Colleges - including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members
- o governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College
- o Accountability
- o Importance of transparency
- o Governance overview, policies and principles

			Council Member Orientation (post-election for professional members, post-appointment for public appointees) o Policies and principles for internal processes o What to expect at a Council meeting o Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness o In-depth introduction to committees and panels o Introduction to CHO operations, information management and access to resources o Understanding reporting tools **Executive Committee** (See below) **Pre-Standing President and Vice President** o Overview of Roles o Time commitments o Eligibility requirements and term o In-depth review of roles, specific duties, internal/external accountability, leadership and collaboration o President / Registrar Working Relationship o Regulatory Framework and Guiding Tools **Post-election President and Vice President** o Chairing skills in a regulatory environment including agenda development, rules of order, motion development, parliamentarian processes, etc. o Enforcing Council member Code of Conduct, addressing conflict of interest o Signing authority policies and processes o Planning and oversight responsibilities including strategic planning and operational plans overview o Human resources matters - processes for handling non-registrant complaints, in-depth understanding of election process and terms, registrar/CEO annual review process and contract renewal, awareness of employee manual and policies, and Council/Council member evaluation.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Yes
			Additional comments for clarification (optional):

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Partially
			• The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* CHO has suitability/eligibility criteria detailed in its bylaws. While the general competencies outlined above for Council apply, there are not yet committee-specific competencies. **Bylaw 13.13 - Eligibility for Committee Appointment** A Registrant is eligible for appointment to a Committee if, on the date of the appointment, (i) the Registrant holds a certificate of registration; (ii) the Registrant is not in default of payment of any fees prescribed to the College; (iii) the Registrant is not the subject of any disciplinary or incapacity proceeding; (iv) the Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three (3) years; (v) the Registrant's certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason; (vi) the Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; (vii) the Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy; (viii) the Registrant has not been disqualified from Council or a Committee within the preceding three (3) years; (ix) the Registrant is not a member of a council of any other college regulated under the RHPA; (x) the Registrant is not currently and has not been for the previous two years an Employee of the College; (xi) the Registrant is not in any default of returning any required form or information to the College; and (xii) the Registrant does not have a conflict of interest to serve as a committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel.	

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. The CHO is currently reviewing and revising its competency profile for members of statutory committees to ensure that it fits the current needs of the College. In addition to this review the College will determine reasonable screening criteria, and suitable mechanisms to measure and monitor competence in a modernized governance framework. Staff have completed a comprehensive review of tools utilized by other RHPA colleges and are working to adopt, with minor modification, existing framework documents. It is anticipated that the profile and measuring/monitoring systems will work their way through Governance Panel and Council review by the end of 2023 for implementation in 2024. During the 2022 calendar year, CHO Council received a presentation from the Registrar of the College of Registered Psychotherapists of Ontario on the process undertaken by that College to develop and fully integrate modernized competency, evaluation and supporting education mechanisms and feedback loops into their governance and committee processes.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. **Committee: Duration, Format and Orientation Training Topics** **Discipline Committee**: 1/2 day online, pre-recorded webinar presented by Independent Legal Counsel. This resource is always available to committee members. As this College has a limited number of hearing dates in any given year, panel members are asked to re-review all or parts of the webinar prior to refresh their learning prior to each hearing they participate in. The training broadly covers authority, legal framework, principles of administrative law, hearing process, responsibilities of panel members, evidence, deliberations, creditability and writing reasons. The pre-recorded webinar covers nine topics and each segment of the webinar is between 10 and 32 minutes in length. Segment titles include: 1. Path to Discipline; 2. Before the Doors Open; 3. Who is Who; 4. About the Hearing; 5. Evidence; 6. Deliberations; 7. Creditability; 8. Practical Issues; and 9. Writing Reasons. Additionally, the chair receives additional training to assist them in their specific role. **Inquiries, Complaints and Reports Committee**: 3 hours, live webinar Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, providing reasons, sexual abuse, appeals/reviews, case scenarios, procedural fairness.	

			Patient Relations Committee: 1.5 hours, live webinar Role and statutory mandate of the committee, the College's sexual abuse prevention plan, what is sexual abuse, professional boundaries, patient relations and patient access to Funding for Therapy and Counselling. **Quality Assurance Committee**: 1.5 hours, live webinar Role and statutory mandate, confidentiality, the Quality Assurance Program, possible decisions, suitable remedies and continuing education activities, suitable demonstration of remedy, and available resources. **Registration Committee**: 6 hours, live webinar Role of the College, legislation and regulations, by-laws, policies, types of certificates of registration, entry-to-practice requirements, role of Registration Committee, appeals/reviews, types of commonly reviewed applications and potential outcomes, role of the Office of the Fairness Commissioner, unconscious bias, fair access, procedural fairness, assessments of qualifications processes, process of approved programs, refresher programs, and Ontario Human Rights. **Executive Committee**: 1.5 hours, live webinar Statutory powers of Executive Committee between Council meetings and duty to report to Council; understanding the statutory roles and responsibilities of college committees and rights and limitations of Council/EC over the authority of committee/panel decisions; planning and oversight responsibilities; budgeting, financial reporting, procurement process and annual financial audit process; deep dive on the bylaws, policies, and regulatory requirements; Registrar/CEO annual review process. **Fitness to Practice Committee**: 1.5 hours, live webinar Role and statutory mandate of the committee, rules of procedure. The Council also serves as the Fitness to Practice Committee. As of the end of the reporting period there had not been a need to strike a panel of the Fitness to Practice Committee for the purpose of holding a hearing. Training/orientation will be provided in the event that the committee is required to hold a hearing. The topics to be covered: Role and statutory mandate, confidentiality, conflict of interest, powers of the committee, what a panel can and cannot do, role of experts and reports, procedural fairness, rules of the FTP committee.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. Council Training Report CHO staff conduct a three-hour online video-conference introduction to Council (professional and public appointees). No knowledge test. **Topics**: o introduction to the College o duties and mandate of the College o fiduciary duties of Council and committee members o understanding Health Profession Legislation and the purpose of RHPA, overview of Schedule 2 The Code o other legislation and regulations governing the profession o role of RHPA Colleges - including regulating in the public interest, defining public interest, key differences between a regulatory college and an association, college mandate and RHPA objects, the role and responsibilities of Council and committee members o governing documents including the role of regulations, bylaws, professional practice standards and guidelines and policies in governing the work of the College o accountability o importance of transparency o governance overview, policies and principles including confidentiality, conflict of interest and corporate solidarity o overview of the homeopathy profession **Council Member Orientation** (post-election for professional members, post-appointment for public appointees) o Policies and principles for internal processes o What to expect at a Council meeting o Council member conduct and rules including conflict of interest, confidentiality, dealing with bias, procedural fairness o In-depth introduction to committees and panels o Introduction to CHO operations, information management and access to resources o Understanding reporting tools At the request of Council, as a result of its annual self-assessment exercise, a broad list of training topics and requirements were developed (item 3.1.3, page 6) and Council identified the highest priority items for training and education. Staff is currently working on development online education information on the following topics: ○ Understanding the Principles of Public Protection and the Regulatory Framework ○ Understanding the roles and responsibilities of the College's statutory committees (See CPTO videos) ○ Procedural fairness, objective and impartial decision-making ○ Governance Policies - Deeper Dive	Met in 2021, continues to meet in 2022

			○ Introduction to CHO Annual Operations Cycle including planning/budgeting processes. Also covers financial management and fiduciary requirements. ○ Overview of CHO regulations ○ In-depth on CHO Bylaws ○ Chairperson training ○ Understanding professional standards, guidelines, and code of ethics ○ Complaints and discipline 101: Complaints, ICRC, fitness-to-practice, incompetency, incapacity, discipline processes and appeals ○ Homeopathy 101: overview of how Homeopathy works; what ailments do patients seek help from a homeopath; what does 'treatment' look like; brief history and status of homeopathy in Canada	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

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		Measure: **1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.**	
		Required Evidence	**College Response**
		a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please provide the year when Framework was developed ***OR*** last updated. 2021 • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* i. Council Meeting Effectiveness Following each Council meeting, Council members are asked to complete a meeting evaluation form: Evaluation Form https://www.surveymonkey.com/r/QNDSTPB The online evaluation covers the issues of: General satisfaction with the meeting, satisfaction with how Council accomplished its agenda items, the way in which Council members worked together and the chair's skills to facilitate discussion. Additionally, the evaluation covers time/timeliness and adequacy of background materials to help Council members prepare. Questions designed to ascertain the major strengths of the meeting, how the meeting could have been improved and if there was anything about the meeting that hindered the Council's work. If concerns are raised, Council members are invited to identify themselves for personal follow-up. Should issues arise from this survey, they would be discussed at the next Council meeting. Thus far, this has not been required. ii. Council Effectiveness Each year, Council members are asked to complete a Council self-evaluation. The most recent of these was distributed in February 2022 and discussed at the March 10, 2022 meeting (see item 12, page 39 of Council package) *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item.

			Additional comments for clarification (optional)

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		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			• Has a third party been engaged by the College for evaluation of Council effectiveness? No • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. Not yet undertaken, due to budgetary restrictions.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			The CHO is engaged in discussion with other small colleges seeking to meet this requirement and will follow their approach provided it can be undertaken within budgetary constraints and substantially meets the Ministry's guidelines. The College is seeking to have a cost-effective third-party assessment done by the end of the 2023 calendar year.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Partially
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. Following development by the Governance Panel, a self-evaluation survey was approved by Council in March 2021. It was distributed for the second time in February 2022 with results reported at the March 10, 2022 Council meeting (see item 12). This iteration was accompanied by a second survey specifically seeking input on training topics and methods. Based on the items deemed to be the highest priority items for training and education, staff is currently working on development online education information on the following topics: ○ Understanding the Principles of Public Protection and the Regulatory Framework ○ Understanding the roles and responsibilities of the College's statutory committees (See CPTO videos) ○ Procedural fairness, objective and impartial decision-making ○ Governance Policies - Deeper Dive ○ Introduction to CHO Annual Operations Cycle including planning/budgeting processes. Also covers financial management and fiduciary requirements. ○ Overview of CHO regulations ○ In-depth on CHO Bylaws ○ Chairperson training ○ Understanding professional standards, guidelines, and code of ethics ○ Complaints and discipline 101: Complaints, ICRC, fitness-to-practice, incompetency, incapacity, discipline processes and appeals Homeopathy 101: overview of how As the outcome of the training survey the College will implement a quarterly training plan (see item 3.1.3, page 6) designed to meet the needs of Council members. In-person training/education will be provided at Council meetings in three of the four quarters. In one quarter Council members will be requested to participate in self-directed learning through an online portal. The College will utilize outside resources where possible, cost-effective, and appropriate.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	No
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. Our preliminary assessment is that, overall, our College is inactive in terms of building capacity to reflect evolving public expectations with respect to Diversity, Equity and Inclusion. Council and committee members currently have no tested or informed awareness to support DEI. Several Council/committee members self-identify in a way that reflects the diversity of the populations we serve/the public. There is a high level of diversity of identities among Council and Committee members.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional): In the Council's 2022 planning survey, the matter of Diversity, Equity and Inclusion (DEI) was ranked as very important. Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in DEI within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues and training needs related to DEI. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training: • **BE Thought Leaders:** Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work. • **TRAIN for the future:** Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next two reporting periods to engage our Council and Committee members in ongoing learning related to DEI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps, for action planning and implementation to close key gaps. Additionally, within the next two reporting periods the College anticipates engagement with the Citizen Advisory Group, which may be helpful to inform public expectations in the areas of risk management and DEI.	

DOMAIN 1: GOVERNANCE

STANDARD 2

Measure:

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Partially
	• Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The College's Conflict of Interest policy is found in 1. Section 16 of the Bylaws (page 20 of bylaws, 25 of pdf) and 2. Governance Policy GOV-07. These documents are included in the Council Reference Binder. The Conflict-of-Interest Bylaw was first adopted by the transitional Council of CHO in November 2009. It has not been re-evaluated since and only the cooling off bylaw has changed to lengthen the amount of time prior to when a Council member can become an employee from one year to two years. CHO Human Resources/ Employee Policies Handbook (last approved by Council in June 2015) also contains a Conflict of Interest Policy (#HR - 17) which is based on CHO Bylaw 16.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	The College is in the process of setting a regular policy review schedule for all policies across the organization. In accordance with this standard the Conflict of Interest policy will be reviewed every three years. Diversity, Equity and Inclusion (DEI) will be integrated into the next iteration of the policy. Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in DEI within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in reviewing our governance practices to reflect current and evolving issues related to Diversity, Equity and Inclusion. We are planning to review our Code of Conduct and 'Conflict of Interest' policy in 2024; our upcoming self-assessments of our practices for DEI will help to inform that review, by identifying any potential systemic barriers or unconscious biases.	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The College's Code of Conduct is Schedule 3 of the Bylaws (page 37 of the bylaws, 42 of the pdf) and the Conflict of Interest policy is found in Bylaws Section 16 (page 20 of bylaws, 25 of pdf).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. 2013 • Please provide the length of the cooling off period. Two years • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; CHO Bylaws, Bylaw 16.10, page 22 of Bylaws (page 27 of pdf) – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. **Council to Staff** CHO Bylaw 16.10 - Staff (Employee) Positions A member of Council or a Committee member may not hold any other position, employment, contract or appointment with the College while serving as a member of Council or its Committees. There is a two-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or other management or administrative staff. **Staff to Council or Committee Member** CHO Human Resources/Employee Policies Handbook (Last approved by Council in June 2015) **6. Council Positions** A member of staff may not hold any position on Council, Committee, or Panel with The College. There is a two-year waiting period before the individual may apply for a Council, Committee or Panel position with The College.	

			Association Authority - Council CHO Bylaw 16.03 - Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of any Professional Association relating to homeopathy. **Other Organization Authority - Council** CHO Bylaw 16.04 - Conflicts Relating to Position in Other Organizations A member of Council or a Committee member should refrain from participating in any discussion or voting if he or she holds a responsible position such as director, owner, board member or officer in or is an Employee of another organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by the Council or its Committees. For example, an educator in a school should not participate in any decisions relating to the status of that school, its program(s) or the acceptability for registration of graduates from that school. The CHO bylaws reflect various other cooling off periods that apply to different circumstances which may give rise to an actual or perceived conflict of interest in connection with the member's role on Council or committee. This may include recent employment with the College (within two years), maximum consecutive term of an officer of the College in one position (three (3) consecutive, full-year terms), or where an officer has been the subject of any professional misconduct, incompetence or incapacity finding in the preceding 3 years, or where the officer has had his or her certificate of registration revoked or suspended in the preceding 6 years, or for disqualification for any reason from Council or Committee (preceding 3 years), or reaching the nine year term limit for board members (3 years). **Action required but no cooling off period:** The Registrant a) has agreed to resign and does, before taking office, any position such as director, owner, board member, officer or Employee that the Registrant holds with a Professional Association relating to homeopathy. b) does not have a conflict of interest to serve as a Council or committee member or has agreed to remove any such conflict of interest before sitting on the committee or panel. **Other Eligibility Requirements** A Registrant is eligible for election to Council or appointment to a committee if the Registrant has been nominated in accordance with the bylaws, - is not in default of payment of any fees to the College; - is not the subject of any disciplinary or incapacity proceeding; - his/her certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee; - is not in any default of returning any required form or information to the College.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. Implemented in 2009/evaluated in 2021. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The Conflict of Interest form was implemented in 2009 and last updated/evaluated in 2021. Currently, all Council members are required to sign an annual acknowledgment of their fiduciary duties and responsibilities that includes an acknowledgment and undertaking to declare any conflicts of interest. Council members are also required to complete a Declaration of Conflict of Interest form which provides members with a copy of the College's Bylaws and conflict of interest policy. The document asks the member to declare his or her current and recent affiliations with Professional Associations and other organizations. Both new and returning nominees for professional seats on Council are also required to complete a conflict of interest form. In relation to standard 2.1c. the College demonstrates the following: i. A summary of each Council member's identified affiliations is provided in the Council package. ii. The questionnaire provides a copy of the conflict of Interest policy and bylaw which defines real and perceived conflict of interest. iii. While the conflict of interest policy is Council approved, the questionnaire/form contains no specific questions based on areas of risk identified by Council that are specific to the profession and/or College. At the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda. Materials for the October 6, 2022 Council meeting include a summary each Council member's conflict of interest declaration (see agenda item 4).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. All briefing notes include a section on public interest considerations as well as alignment with strategic and legislative direction and guiding legislation/bylaw/policy. Specifically, the section relating to purpose of protecting the public is to prompt a discussion on the public interest rationale and/or implications of the decision that is being made by Council. The report writer is to provide context in each one of these areas. Examples of such reports can be found in each of the Council materials packages posted here. Contents of each briefing note include: STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's Operating Plan, Goals and Objectives in the Key Result Area or other requirement: □ 1 Delivering on Legislative & Legal Mandate □ 2 Practicing Good Governance □ 3 Achieving Growth □ Fulfilling RHPA Objects □ Meeting a Legislative/Regulatory or Bylaw Requirement □ CPMF - College Performance Measurement Framework □ Other, specify: _____ GUIDING LEGISLATION/BYLAW/POLICY: PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations. Meeting minutes do not include a link to publicly available briefing notes; however, prior Council meeting packages are available online and content reports discussed in public.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Partially
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The CHO has an established risk-assessment framework, primarily used to assess risks of undertaking (or not undertaking) major projects. It was developed in 2012 and last employed in 2016. An informal risk-assessment approach is used in the development of each year's strategic goals and objectives. Additionally, risk assessment measures are built into the processing and review of Inquiries, Complaints and Reports and System Partner Initiative review process (developed in 2021).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE

STANDARD 3

Measure:

3.1 Council decisions are transparent.

Required Evidence	College Response	
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. Council minutes are posted separately and as part of Council meeting packages here. Status updates on the implementation of Council decisions and other action items are included as part of the minutes. Status updates on ongoing items included in each set of Council meeting materials. The College's annual operating goals and objectives (OPGO) are reported on in the OPGO status report. Action item tracking is included in every set of minutes. Additionally, a note is included on the website to instruct visitors to the site on how to request additional information.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee reports are included in the Council package for each meeting and are available on the website. Information provided includes the meeting date, rationale for the meeting, a report on discussions and decisions of Executive Committee when it acts on behalf of Council or discusses or deliberates on matters or materials that will be brought forward to Council, and finally an indication as to whether decisions will be ratified by Council.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: **3.2 Information provided by the College is accessible and timely.**		
		Required Evidence	**College Response**	
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. Notice of Council meetings and materials can be found here until the date of the meeting. Following the meeting, materials are posted here	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings can be found here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: **3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.**		
		Required Evidence	**College Response**	
		a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	No
			• Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. Our preliminary assessment is that overall our College is inactive in terms of having a DEI plan that is integrated and appropriately resourced. • DEI initiatives are not part of reporting • DEI is not defined • DEI issues are considered at a surface level when they arise • Legal aspects of DEI are met • The College has not made DEI specific resourcing or funding commitments	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	-		Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. For resourcing, Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in developing a comprehensive DEI plan and integrating it with our strategic and operational planning efforts. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next two reporting periods to engage our Council and Committee members in ensuring we have a planned set of commitments to DEI, reflecting this college's particular needs. Specifically, we anticipate using the materials to evaluate our current strengths and gaps, for action planning and implementation during our annual planning activities. We will explore opportunities for collaborative efforts with other RHPA colleges and partners.	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	No
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. Our preliminary assessment is that overall our College is blended in terms of our ability to conduct Equity Impact Assessments. • DEI in registration is limited to what is legally required • DEI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates • Only mandatory areas of focus (e.g., sexual abuse and registration) are being addressed. • The complaint, investigation and tribunal processes have limited scope and/or capacity for addressing DEI issues • Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing • Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates) • Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next two reporting periods to enable a customized assessment of equity impact, reflecting this College's particular needs. Specifically, based on our preliminary assessment, we will identify priority areas for a more thorough review of strengths and gaps, for action planning and implementation of actions to close the gaps.	

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Measure:

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Agenda item 7.2, October 6, 2022 Council meeting (*in camera*) The CHO has a small human resource complement and a limited financial budget. All responsibilities are managed by a staff of four. One staff member is responsible for registration; one is responsible for communication and support to Council and Executive Committees and provides additional support as required. Two senior staff manage all other components of the College's activities and mandate and provide direction to support staff. Small teams of assessors have been contracted and trained to conduct substantially equivalent evaluation of applicants and academic program-based assessments. Staff support regulatory programs and Council and committee training, in addition to the tasks identified in the operating plan goals and objectives (OPGO), although in many cases there is an overlap between regulatory program needs and OPGO. The OPGO is tied to three Key Result Areas including: 1. CHO Effectively Delivers its Legislative & Legal Mandate; 2. CHO to Practice Good Governance; and 3. CHO to Achieve Growth (Growth = Profession, Supporting Institutions, CHO Membership Levels). Staff are supported by outside services in the areas of bookkeeping, legal, investigations and database support. The current CHO budget provides limited discretion for additional initiatives or expenditures. All activities undertaken must fit within the budget and existing staff complement. College work is somewhat variable as far as contingencies such as complaints which may not be predictable (e.g., the number of complaints received and when they arise, discipline cases resulting in investigations and hearings, and other directives from the Ministry or other external agencies). Consequently, any attempt to predefine human resources allocation can be challenging especially with a small staff. Nevertheless, for the 2022-2023 planning cycle an estimated staff time allocation was assigned to each identified goal and objective – both of those activities scheduled for completion and those activities identified as important but could not be completed due to a lack of resources. The final goals and objectives were identified following an extensive review of risk, impact, requirement, priority, and consideration of available/existing human resources. Following outcome review and some modifications, the College will continue to take this approach moving forward. While the financial budget does not delineate a breakdown by area or project, the planning tools clearly demonstrates the allocation of human resources.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	Additional comments for clarification (optional)	

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	No
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Choose an item.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) While it is certainly the intent of the College to achieve the level of reserves set out in policy, the ability to do so is largely contingent on factors outside its control, namely the number of new and returning registrants and the number of complaints received, new and ongoing investigations and files referred to Discipline Committee. In 2023, the College increased its fees at the rate of cost of living for the first time in five years. Additionally, following consultation, a credit card service fee will be incurred for those opting to pay by credit card, and payment by electronic transfer/direct deposit will be offered to registrants and applicants. The College has conducted a review of best practices employed by other RHPA colleges and will be developing a draft reserve policy for consideration by Council.	

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		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Partially
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College addresses sustainability in its annual operational plan goals and objectives. The College has a growth plan and a goal to maintain membership at a level which is supportive of the operations of the College. Council and Executive Committee review the plan and monitor progress at each meeting. The College currently does not have operational policy which address staffing complement. Annually the Executive Committee is to review the Registrar's performance. Going forward, this review will be closely aligned with the specific goals and objectives approved for the review period. The Registrar is responsible for the management of the College's staff and ensuring fulfillment of the College's mandate and annual operating plan goals and objectives.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. The College has begun discussions with other small and medium size RHPA colleges to determine where resources sharing and collaboration may be mutually beneficial. The College will be reviewing this area and implementing improvements over the next two reporting periods. Steps include: • Review of existing human resource capacity, staff roles and responsibilities, cross-training and opportunities for reorganization, as required. • Review of areas for resource sharing and collaboration with other RHPA colleges and like-minded organizations. • Policy development and adoption based on research of other organizations to establish clear processes and procedures for succession planning. The new plan, policies and processes will be reviewed on an annual basis.	

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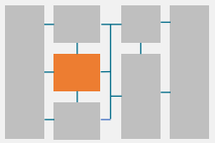
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Partially
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. The majority of the college's information systems are digitally based. This applies to registration, complaints, quality assurance, and information management. Further changes are enhancements are being explored and implemented. The College operates on a Microsoft Office 365 for Business platform with enhanced capacity for administrative and committee management, as well as an electronic file storage/records management and telephone system. As part of the College's Operating Plan Goals and Objectives, a number of technology goals have been identified: 1. To update the College's existing database with a move to a new database allowing additional features such as online complaint submissions, and online applications for individuals who are seeking substantially equivalent review and determination of eligibility for registration. It should be noted that the College's existing applicant and registrant portal supports a variety of digitalized processes which makes registration from anywhere in the world an easier and possible experience. 2. Development of a secure registrant portal will allow improved access to information, resources and educational offerings which will support understanding of the registrant's legal, professional and quality assurance obligations. The College does not currently have a separate technology plan. Technology implementations are currently monitored by staff with input from an IT and database consultant.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) Work on the two goals identified above will continue. The development of an annual technology plan is a priority consideration in conjunction with a cyber security plan.	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required. ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* • As an active participant in HPRO, the College has both contributed to and benefited from initiatives designed to advance Diversity, Equity and Inclusion, modernize governance and regulatory management, understand and address regulatory changes to registration requirements, and ensure compliance with CPMF requirements. • During the reporting period, the Registrar met with representatives from other Colleges (e.g., COKO) to discuss areas of common interest and ways in which to build stronger relationships. At its June 16, 2022 meeting, Council heard from Deborah Adams, Registrar and CEO of the College of Registered Psychotherapists of Ontario, who presented a comprehensive overview of the efforts undertaken to develop and implement competency-based governance at the CRPO. (reported in the June 16, 2022 minutes, item 5.1 in the October 6, 2022 Council materials package, page 8). • Among the College's goals and objectives is stakeholder outreach (Regulatory College/Education/Professional Association) to support professional growth and practice excellence in homeopathy in Ontario. To this end, the CHO had multiple discussions with homeopathic education programs and the

	profession's main association to promote, among the leadership, greater awareness of the unique roles and responsibilities of each partner. This dialogue, through an environment of trust, mutual respectful and appropriate collaboration, is bringing the partners to a common understanding and commitment to pursue growth of the profession. The dialogue to date has been positive and has developed a solid foundation and commitment to explore a range of possible initiatives to encourage growth including public and profession education, and explore ways to improve patient access to care, among other opportunities. This will be beneficial to the College in increasing interest in College and Council membership. CHO will contribute, as possible, within its mandate of public protection. • Work toward completing the recommendations of the Office of the Fairness Commissioner was ongoing, with significant progress made in 2022. Quarterly meetings have been held with OFC since Fall 2022. • Additionally, the Registrar engaged in a series of one-on-one meetings with registrants to support the focus on ensuring that the public could rely on anyone practising homeopathy in Ontario to have proven themselves competent and ethical.

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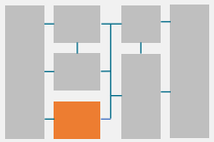
-	**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.** The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* • The System Partner Initiatives framework was presented to and approved by the Executive Committee on February 15, 2022. This framework proposed two areas of activity that would fulfill CPMF requirements for system partnerships. This proposal was also discussed by Council at its June 16, 2022 meeting (see item 11 in June 16, 2022 minutes in October 6, 2022 package, page 8). • With limited human capacity to move these initiatives forward during the 2022/2023 fiscal year, these projects will be considered again in 2023/2024. These projects remain a priority. • In addition, the CHO will increase its public engagement and response by becoming a member of the Citizen Advisory Group.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. Policy documents pertaining to Privacy and Confidentiality Bylaws CHO By-Laws Bylaw 17 Confidentiality SCHEDULE 3 TO THE BYLAWS Code of Conduct for Council and Committee Members (page 37) **Human Resource Policies** HR - 22 Confidentiality HR - 27 Standards for Telecommuting HR - 28 Email and Internet Use **Operations and Governance Policies** OP - 01 Records Management OP - 02 Privacy Code OP - 03 Privacy Breach Reporting Process COM - 06 Privacy Code - Website **GOV -15 Confidentiality** The College has policy which defines a privacy breach, provides an overview of applicable privacy legislation, and describes how the College will address breaches. The College relies on the best practices approach of the Information and Privacy Commissioner of Ontario and Office of the Privacy Commissioner of Canada. The College has a records management policy adopted from that of the College of Physicians and Surgeons. This policy describes how the College stores information, how long information is retained and how it should be destructed. All board and committee members sign a confidentiality agreement on an annual basis.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Partially
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College has implemented several procedural processes including: • Secure online record management through Micr*osoft Office 365.* • Introducing new automated payment processes so that it will no longer be necessary to collect credit card information.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. Work will be conducted on this requirement over the next two reporting periods. Cyber security research and education has commenced with management staff and both the Registrar and Deputy Registrar attended the *Regulatory Cybersecurity Summit* organized by the HPRO Corporate Services Group in March 2023. This is considered the launching point into the cyber security planning process. Future steps include: • Developing a cyber security checklist and questionnaire for consultation with our existing data/information management partners. Identification of gaps and weaknesses, and creation of a plan to address. • Research into existing plans, policies, procedures, and processes utilized by other RHPA colleges. Requests for information sharing, modification, and adoption. • Implementation of staff education plan to improve cyber security and information privacy knowledge. • Sharing of plan and policies with Executive Committee and Council. • Review and updating of policies, practices and processes to address accidental or unauthorized disclosure of information. • Implement annual review of policy and plans.	

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Partially

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

The college regularly monitors changing practice environments and technology through environmental scans and consultations with stakeholders and system partners, including but not limited to homeopathy educators and associations, Health Profession Regulators of Ontario (HPRO), Health Canada, and Ontario Regulators for Access Consortium (ORAC).

Standards of Practice and Practice Guidelines were last reviewed in 2018 for currency and are revised as required.

The College is in the process of setting a regular policy review schedule for all policies across the organization which will create an expected time framework for review of policies, standards of practice and practice guidelines.

In late 2021, the Patient Relations Committee commenced on the review and revision of three professional practice standards/guidelines in addition to one practice guide. While the review and development will continue through 2023, the Committee has proposed the elimination of one practice guideline, to be replaced with three new standards. Additionally, the committee is proposing revisions to two existing standards and the introduction of one new public facing policy.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process. The College did not conduct any reviews or made amendments to policies, standards, or practice guidelines in 2022. The next review which will be undertaken pertains to professional practice standard/guideline/policy by the Patient Relations Committee looking at documents related to patient communication, patient examination, informed consent, professional boundaries, prevention of sexual abuse, and zero tolerance approach to complaints management. That review considers the following components: i. **Evidence and Data**: What do complaints to the college tell the committee about red flag issues? What are the typical questions received from registrants and the public on these topics? Do the existing and proposed standards adhere to legislation? What changes are required? ii. **Risk to Patients/Public**: What information is needed for both the patient and the registrant to eliminate sexual abuse of a patient? What information is required to protect patients/the public from harm? What information is necessary to ensure patients have a clear understanding of what to expect from a Homeopath, and what their rights are? iii. **Current Practice Environment**: How does remote practice impact the patient and practitioner experience in relation to these documents? What has changed in the practice environment since the original documents were created in 2014 (reviewed with editorial updates in 2018)? How has remote practice impacted the patient examination process? What do patients and registrants need to know about sending pictures and data to support examination and assessment while ensuring patient privacy and confidentiality? iv. **Alignment with other Health Regulatory Colleges**: CHO conducts a thorough review of how other RHPA colleges address the same subject and adopts with permission and modification materials which are similar in approach to that of homeopathy. In some cases, the CHO may use an integrated approach to creating documents by using the best approach from several sources. v. **Expectations of the public**: the College works to meet the expectations of the public through consultation and feedback and through a common-sense approach to policy/standards/guideline updates. vi. **Stakeholder views and feedback**: Once the draft professional practice documents have been approved in principle by Council, they are circulated for public consultation for 60 days. The consultation process involves distribution by email to any interested party including all registrants and stakeholders, regular reminders to provide feedback, and posting the documentation on the College's website.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	No
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Our preliminary assessment is that overall our College is blended in terms of ensuring that our policies, guidelines, standards and Code of Ethics promote Diversity, Equity and Inclusion. Currently, the following is applicable: • Limited DEI consideration in most policies, current practice standards and guidelines. Elevated level incorporated into registration policies; • Review of policies, practice standards and guidelines through a DEI-lens is being planned; when documents are being created or reviewed DEI impact is considered; • Research into the best available evidence is incorporated as part of any policy/guidelines/standard development or review; • External DEI stakeholders initiate relations; • DEI stakeholder relations are minimal; • There is ongoing collaboration across health professions groups.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy co-design with racialized and minoritized stakeholders. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews, including engagement with stakeholders. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next two reporting periods to ensure we apply a DEI lens in reviewing, developing and amending our practices, prioritized according to our particular needs. Specifically, based on our preliminary assessment, we will identify priority areas for a more thorough review of strengths and gaps, for action planning and implementation if actions to close the gaps.	

	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**	
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	**Required Evidence**	**College Response**
	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). The following links inform much of the registration process: ○ the Guide to Registration, Substantially Equivalent Competence Assessment (SECA) process, ○ Substantially Equivalent Interview Preparation Guide, and ○ the Homeopathy Individual Assessment Application Guide In addition, two policies inform the substantial equivalence and individual assessment processes: o REG CS 08 Substantially Equivalent o REG AD 02 Individual Assessment Appeals Process and Timelines Registrants enter the College in one of two ways: as graduates of a post-secondary program in homeopathy which has been approved by Council, or through a process of demonstrating that their education and clinical training is substantially equivalent to that received by a graduate of an approved program. Ensuring that those who enter the College have an appropriate level of education and clinical training and demonstrate entry to practice knowledge, skill and judgment is a critical role for the College and an important aspect in ensuring public protection. In 2021 (the most recent statistics available), 39% of applicants graduated from CHO-approved post-secondary programs in homeopathy in Ontario. Some applicants to the College come with a wide and diverse range of education and clinical training, sometimes earned from outside of Ontario. The College's 2021 Fair Registration Practice Report to the Ontario Office of the Fairness Commissioner shows 21% of applicants who went on to become registrants received their initial education outside of Canada. The content of the education and clinical training received by applicants outside of Ontario varies from greatly exceeding the CHO requirements to falling below the complement of courses and skills training required to demonstrate the requirements laid out in Ontario Regulation 18/14 Registration, College policies and/or evidence that the applicant has been taught and evaluated on the competencies laid out in the Entry-to-Practice Competency Profile for Homeopaths Practicing in Ontario. The CHO has excellent rapport with the administrators of the CHO-approved programs. These schools provide transcripts and any additional support information

			required (i.e. training logs, supervisor reports, etc.) on a as needed and as requested basis. Sometimes this information is required if an applicant is re-entering the workforce and graduated prior to the program becoming approved. Most applicants who are program graduates from a post-secondary program in homeopathy within Canada, but outside of Ontario, come from one program in Quebec. The CHO also has an excellent rapport with that school. Between 2015 and 2022, the majority of applicants from outside of Canada received their education from India (57%), Pakistan (17%), the United Kingdom (9%)mor the United States (7%). Typically, the homeopathy programs in India and Pakistan are medically based four-and-a-half-year degree programs followed by one year of internship. While these programs generally meet or exceed the Ontario-based program requirements, all individuals who have not graduated from an Ontario approved program must undergo a Substantially Equivalent Competency Assessment (SECA) review administered by the CHO. Additionally, the individual must provide proof of education and training along with all other registration requirements. Certification boards in India, Pakistan and Quebec oversee and validate the applicant's training and education. These certification bodies provide verification information directly to the CHO. All applications, regardless of the pathway to registration, must include verified proof of identification. Supporting information received from educators, supervisors, or regulators must be submitted directly from source. Applicants who have been or are currently registered with another regulatory body must request that a Certificate of Professional Conduct be issued to CHO. The CHO registration process also includes the following components: **Applicants without currency in the past three years**: If an applicant does not have currency, he/she may be directed to undergo a Refresher Program from a CHO approved program in Ontario. This program includes theory refreshment set to CHO entry-to-practice competency profile and clinical supervision. The program provider issues a progress report and a certificate of completion. **Substantial Equivalence Competency Assessment (SECA)**: The SECA review for individuals who have not graduated from an approved post-secondary program in homeopathy includes a thorough examination of the applicant's submission package including training and education, and a comprehensive in-person interview (conducted via video call during 2021, previously the interview may have been in person). The interview is conducted by a trained assessor who is also a homeopath. The applicant must provide proof of identification prior to commencing with the interview. The SECA process can result in one of the following outcomes: 1. Demonstration of substantial equivalence [scored 80% or more on both the theory and clinical requirements] 2. Failure to demonstrate [scored less than 80% on either the theory or clinical requirements or both] Where gaps in the applicant's knowledge, skill and judgment exist, the applicant is notified of the results and is provided with a complete results report. The applicant may remedy the outcome by a. retaking the SECA interview to improve their demonstration or b. the file will be referred to the Registration Committee who provides specific instruction to the applicant on the additional education or clinical training, and the acceptable source, required to satisfy the registration requirements. The SECA process may be undertaken up to three times. If the individual is unable to demonstrate equivalence by the third attempt, the College requires the individual to provide proof of additional training or education prior to again attempting the SECA process. The SECA results can be appealed to the Registration Committee.

[1] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. Also refer to the answer in 9.1a for information on the validation process to detect fraudulent applications or documents. CHO's criteria for applicants of full class is outlined in section 6 (1) of Ontario Regulation 18/14 O. Reg. 18/14: REGISTRATION (ontario.ca) **Registration requirements, Full class** 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. The criteria for an approved post-secondary program in homeopathy in Ontario, supported by 6.(1)1i was approved in 2015 and has remained unchanged since that time. The criteria, for the determination of applicants who are deemed to have successfully completed education and clinical training which is considered to be substantially equivalent to that of a graduate from an approved post-secondary program in homeopathy in Ontario, have undergone substantial fine-tuning since they were first introduced in 2016. In late 2018 staff undertook a review of the substantially equivalent process to make the process more transparent for the applicant while enhancing public protection. Throughout the 2020 and 2021, the College continued to work on strengthening its SECA (substantially equivalent competency assessment) review process to include a thorough interview process intended to provide a deeper understanding of an applicant's knowledge, education and training and to determine if gaps exist between the applicant's training and the College's requirements. This interview process, utilizing trained assessors, who are also homeopaths, provides the College and the public with a greater level of confidence about the entry-to-practice readiness of future registrants. Where a gap or gaps are identified, the College provides the applicant with clear direction on additional education and/or training required to demonstrate eligibility to register in Full Class. Once the applicant demonstrates substantial equivalence, they are still required to successfully complete all remaining registration requirements including the Individual Assessment (IA) process. This stronger assessment component was in place throughout 2022, during which 11 applicants completed the process. The IA, first adopted in 2014, is administered by an independent third-party psychometric assessment company. Together the substantial equivalence review	

			and the individual assessment requirement help to ensure registrants are knowledgeable and appropriately trained on entry to practice competencies and requirements. Discussion with the College's third-party assessor will commence in 2023 to audit and review the process and determine if any fine-tuning is required to modernize and refresh the process. The substantial equivalence and the individual assessment processes has been developed in accordance with the general and specific duties outlined in the *Fair Access to Regulated Professions and Compulsory Trades Act* and supporting materials provided by the Office of the Fairness Commissioner of Ontario. The process meets both the applicant's needs for a process which is transparent, objective, impartial and fair, and the public's need for protection and confidence in their health care providers. Additional review and adjustments will be considered in preparation for the implementation of the proposed Emergency Class which will utilize a modified version of the substantial equivalence process. All registration requirements have been reviewed against the recent regulatory changes mandated under O.Reg. 508/22 *Registration Requirements*. CHO requirements were already aligned with the majority of the new registration requirements. In 2023, CHO is preparing to add an Emergency Class in accordance with O.Reg. 508/22, pending government approval.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. CHO's currency requirements are outlined in section 7(1) of Ontario Regulation 18/14 O. Reg. 18/14: REGISTRATION (ontario.ca) **Terms, etc., Full class** 7. (1) Subject to subsection (2), the following are terms, conditions and limitations on every Full certificate of registration: 1. The member shall practise the profession a minimum of 750 hours during every three-year period, with the first three-year period beginning on the day that the member is issued a Full certificate of registration, and each subsequent three-year period beginning on the first anniversary of the commencement of the previous period. 2. At all times the member must be certified in health care provider CPR and standard first aid. O. Reg. 18/14, s. 7 (1). These requirements were last reviewed in 2014. Monitoring of currency requirements occurs through self-declaration once a year at renewal time. The annual reporting on actual currency hours is provides a detailed recording of the registrant's practice hours during their selected 12-month reporting period. This information is reviewed for completeness and is followed up by staff and confirmed. Additionally, staff review each registrant's practice currency over a rolling three-year period. Registrants issued a Full Class certificate of registration, who report very small or minimal practice hours are flagged for further follow-up. As the primary focus is ongoing competent and safe practice, the registrant maybe referred for peer assessment by the College's Registrar. Registrants are required annually to reaffirm matters of good character. The registrant has the option to provide additional information at the time of renewal. Any matter that is flagged by the registrant is followed up by staff. Throughout the remainder of the year registrants are required to declare matters of good character within 30-days of any reportable matters including professional misconduct with another regulatory body, conditions of bail, findings of guilt, etc. Additionally, at the time of renewal registrants are required to provide proof of renewal of their certificate in health care provider CPR and standard first aid and insurance.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

[2] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

		Measure: **9.3 Registration practices are transparent, objective, impartial, and fair.**		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Partially
			• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: In Progress In September 2021 the OFC notified CHO that "Based on our review of how your organization has performed against these indicators, the OFC has determined that the College of Homeopaths should be assigned a "substantial compliance" provisional rating. This means that, following completing this review, there remain several compliance recommendations that are outstanding." Further in April 2022, the OFC assessed and notified CHO that is falls into the moderately low risk category for the 2022-2023 period. The CHO is continuing to work on addressing all its outstanding 16 compliance issues and three recommendations with the expectation this work will be significantly completed in 2023. The College meets quarterly with the OFC to discuss progress. Priority improvements focus on resolving compliance issues related to training processes, education/awareness/monitoring of matters which could lead to objectivity, bias and discrimination, and review of third-party assessors.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure:
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Partially
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: No *If not, please provide a brief explanation:* The College did not revise or create/release any new standards or practice guidelines during the 2022 calendar year. Most predominantly support is provided through one-on-one practice advisory service and newsletter articles. Practice advice related to COVID-19, masking and virtual practice guidelines was provided in newsletters sent in January and May. Information about the discipline process and professional misconduct was detailed in the November newsletter. While this was not new information, it was provided as part of the report on the College's first completed discipline decision.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	No
			• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • *If yes, please insert link to the policy.*	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2023 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2023/2024 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

[3] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	No
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2023 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2023/2024 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	No
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The implementation and expansion of the CHO's QAP will move forward in 2023 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2023/2024 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		
	-	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Partially
			• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. The College uses a variety of spreadsheets and relations databases to monitor remediation activities. In conjunction with the data/information management tools College staff utilize template letters and emails to communicate with registrants as well as one-on-one phone contact/outreach were appropriate and required. **Complaints/Disciplines** activities are monitored through a combination of the registration database which attaches monitoring to the administrative side of the registrant's profile. Additionally, the College uses a customized tracking process developed through Microsoft Lists which is interactive and alerts staff when follow-up is required, or activities are due. **Registration** activities are monitored through a combination of the registration database which attaches monitoring to the administrative side of the registrant's profile. Additionally, the College uses Excel spreadsheets to tracking other pertinent data points and follow-up notes. Registration related processes are most frequently tied to specific annual events and activities and follow-up is built into the functional task specific sequences performed by registration staff. **Quality Assurance** activities in addition to monitoring of CEPD and hour currency are monitored through a combination of the registration database which attaches monitoring to the administrative side of the registrant's profile, Excel spreadsheet and Microsoft Lists. The College uses a customized tracking process developed through Microsoft Lists which is interactive and alerts staff when follow-up is required, or activities are due for remediation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The implementation and expansion of the CHO's QAP will move forward in 2023 and will focus on the required criteria for assessment and remediation mentioned above. By the end of 2023/2024 fiscal year, all registrants will have completed one cycle of the Quality Assurance Program and the results will be in the hands of the Committee for review. The action plan will bring CHO into the required alignment of both program offerings and monitoring/registrant compliance. This will be done in conjunction with seeking mentorship assistance, as required, from some fellow RHPA colleges.	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 11

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence	College Response	
a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
	• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. The College's website includes a page describing the complaints process in detail. Additionally, a number of downloadable resources are available, in addition to a Word or Adobe form fillable complaints form: Information Package on How to Make a Complaint How to make a complaint What should you do if you suspect sexual abuse by a homeopath? I Have Been or Know of a Client Who has Been Sexually Abused by a Homeopath. What do I do? Understanding sexual abuse Information and support are provided to the complainant throughout the process both by telephone and email. The complainant is provided with documents related to the specific complaints, such as the registrant's response to the complaint and a copy of the investigations report (if this exists). At the end of the process the complainant is also provided with a copy of the decision on reasons. All of which promotes transparency. For patients who are victims of alleged sexual assault, information is provided on sexual assault telephone and community resources for immediate access to support care, and access to the application form for funding for therapy and counselling services. College staff are flexible and can speak to complainants during regular business hours or evenings. Both male and female staff are available to speak with complainants.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Partially
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The College has reviewed all the materials on its website related to the complaints process, and specifically reviewed the information intended for the public. Further it compared this information to other RHPA websites with special attention to those Colleges who have already conducted such an evaluation. Generally, the CHO information for complainants is clear and useful. However, additional resources and presentation methods have been identified as areas of improvement including the addition of video and audio material, and translation of materials into French, Hindi, Punjabi, and Bengali. These additions will be undertaken in 2023.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. Please see note in second paragraph above.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). • in 2022, 5 inquiries were received. 100% of these inquiries received a response within 3 days, with an average of 1 day. • in 2021, 5 inquiries were received. 80% (all but one) of these inquiries received a response within 3 days, with an average of 2 days. • In 2020, 10 inquiries were received. 90% (all but one) of these inquiries received a response within 3 days, with an average of 2 days. One of five formal complaints received were resolved by the Registrar within 35-days. Three went through the process of referral to ICRC and appointment of an investigator. These same three complaints are ongoing. One complaint, first received in 2020, was referred to Discipline. [Discipline Committee held two hearings in 2022.] In all cases, responses were sent and actions initiated within one to five business days.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The College staff provide complainants access to the following supports throughout the complaints process. Their availability is detailed on the College's website and in the available materials. • Information on the college's website with additional access to sexual abuse funding for therapy and counselling. • Providing a list of resources and hotlines for victims of abuse for immediate assistance and support. • One-on-one discussions with Registrar to use the right-touch approach, where appropriate, to address matters raised by the complainant. This is not the approach taken with matters of sexual abuse which are prioritized and referred to ICRC in a prompt and timely manner. • Responding to email and phone inquiries about the complaints process. • Helping members of the public identify a homeopath for the purpose of making a complaint. • Helping complainants to record or transcribe their complaint if they were unable to write their complaint. • Providing status updates throughout the process both by telephone and email. • In an attempt to be user-friendly, the College makes necessary adjustments to its communication style and approach to accommodate a complainant's accessibility and comprehension requirements. • Recording and resolving concerns about the complaints process. • The complainant is provided with documents related to the specific complaints, such as the registrant's response to the complaint and a copy of the investigations report (if this exists). At the end of the process the complainant is also provided with a copy of the decision on reasons. All of which promotes transparency. • College staff are flexible and can speak to complainants during regular business hours or evenings. Both male and female staff are available to speak with complainants.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. The College communicates regularly, by email and telephone, with the parties throughout the complaints process and each stage of the matter. Complainants and respondents are provided with new relevant information that is received by the college during the complaints investigation process and invited to make submissions. If the complaint is not disposed of within 150 days, the College notifies the parties that the investigation is still ongoing. If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time (if known). The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. Once the ICRC has met and made a decision, the College advises the parties that a decision has been made, and that the decision will be issued during a particular time frame. College staff also respond to all inquiries from parties about the status of matters. In these communications, staff describe the next steps regarding the matter. The procedure manual directs that complainants be notified by the college if allegations of professional misconduct arising out of their complaint are referred to the Discipline Committee. Complainants subsequently receive updates from the prosecutor representing the college in the discipline matter, either directly or through their legal counsel or representative. In the case of discipline matters, information about hearing dates and the specific allegations that have been referred to Discipline Committee are posted on the College's website, and the prosecuting lawyer will advise the parties of hearing dates.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure:** **12.1 The College addresses complaints in a right touch manner.**		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Partially
			• Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). While the risk assessment/triage protocol for assessing complaints and reports at intake is not formally documented, every complaint and report is reviewed by the manager within two business days to assess risk, determine whether any urgent action is required (e.g., appointment of an investigator) and otherwise prioritize the matter for investigation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	**Measure:** **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
			• Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). Information is sought and/or shared with other colleges or other relevant system partners on a case-by-case basis. Legal counsel is consulted prior to disclosing any confidential information with another college or system partner. In 2022, the College received one complaint involving a dual registrant. An investigation was jointly undertaken by the two RHPA colleges. The College is looking to the HPRO ICR working group for policy development assistance for the coming year.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT

STANDARD 14

Measure:

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

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

- Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection.

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

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

Key Result Area 2: CHO to Practice Good Governance

It is important for the College's Council (which acts as a Board of Directors) to manage its Governance. The CHO creates efficiency in the work they do, and with current resources, they meet their statutory objects and regulatory mandate. With the oversight provided, the legal and ethical standing that they maintain, they uphold the reputation on behalf of the College. On behalf of the College, the Public and Registrants, the CHO Council practices good governance allowing it to flag potential issues and respond efficiently and appropriately. They make decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, with monitoring of programs and activities under its legislative and legal mandate. The CHO imparts transparent communication about its performance and the College strives to effectively manage its activities, keep its stakeholders informed and fulfil its mandate.

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

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

-

		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. Council meeting materials including discussion of the College's progress against stated strategic objectives: Agenda and Meeting Materials, October 6, 2022 (agenda item 10, consent agenda item 3.1.4) Agenda and Meeting Materials, June 16, 2022 (agenda items 7.1, page 26, and 7.2, page 33) Agenda and Meeting Materials, March 10, 2022 (agenda item 9.1, page 23) The College regularly reports to the President, Executive Committee and Council on the College's performance of the initiatives identified under each KRA in the College's strategic and operating goals and objectives. Risk and impact assessments are built into each item on the College's annual operating plan goals and objectives. This assessment ranking is reviewed annually. While the College has a risk management policy, more refinement of the reporting process is required to integrate the risk management approach and policy framework into the process.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure: **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**			
a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:	No	
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. As in b. above. Council meetings include discussion of the College's progress against stated strategic objectives and with improvement activities in mind. The improvement process also needs to be better integrated into the reporting cycle.		
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. The College is aware that several other RHPA colleges have developed this process. CHO will review the approaches taken and adopt a similar process. This will be researched, developed and integrated over the next two reporting periods.		
Measure: **14.3 The College regularly reports publicly on its performance.**			
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	• Please insert a link to the College's dashboard or relevant section of the College's website. Council meeting materials, including discussion of the College's progress against stated strategic objectives, can be found here.		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.	
	Additional comments for clarification (if needed)		

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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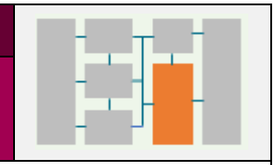
Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	
i. Completion of CEPD	411	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
ii. Currency of Hours reported for 2021/2022 period of April 1, 2021 to March 31, 2022	406	
-		

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.* *NR*	
Additional comments for clarification (if needed)	

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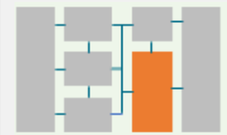
Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	0	0	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	0	0	
NR			
Additional comments for clarification (if needed) -			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

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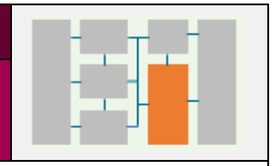
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item.
If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care	1	25			*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse	2	50	3	75	
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Qther <*please specify*> Use of Doctor Title	1	25	1	25	
Total number of formal complaints and Registrar's Investigations**	4	**100%**	4	**100%**	

Formal Complaints *NR* Registrar's Investigation ***The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*	
Additional comments for clarification (if needed)	

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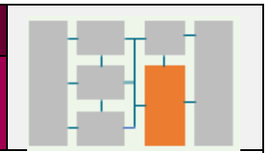
Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**			
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	4		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	0		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	4		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	0	0	
IV. Formal complaints that proceeded to ICRC and are still pending	1	25%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	25%	

ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant *NR* Registrar's Investigation *# May relate to Registrar's Investigations that were brought to the ICRC in the previous year.* *** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*
Additional comments for clarification (if needed)

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**							
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	0	0	0	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	0	0	0	0	0	0	0
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	1	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0
X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <*please specify*>	0	0	0	0	0	0	0

• *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.* *++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.* *NR*
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.
Additional comments for clarification (if needed)

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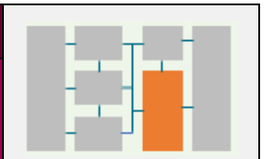
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

If College method is used, please specify the rationale for its use:

The data collected in these documents relate to complaints that were received by the College and addressed through right-touch regulation which included registrar's dialogue with the complainant and the registrant. Using educational monitoring, the registrant was asked to rectify the issues of concern and demonstrate compliance. These steps were taken prior to determining referral to ICRC. Only those complaints referred to ICRC are reflected on this page.

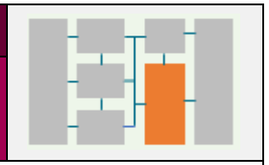
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2022	185	
II. A Registrar's investigation in working days in CY 2022	115	

Disposal

Additional comments for clarification (if needed)

In all cases, a response was sent, and action initiated within one to five business days.

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested discipline hearing in working days in CY 2022	124	
II. A contested discipline hearing in working days in CY 2022	142	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed): CHO heard only two discipline cases during this reporting period.

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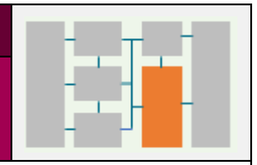
Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If College method is used, please specify the rationale for its use:*	

Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*			
Type		#	
I.	Sexual abuse	1	
II.	Incompetence	0	
III.	Fail to maintain Standard	7	
IV.	Improper use of a controlled act	0	
V.	Conduct unbecoming	2	
VI.	Dishonourable, disgraceful, unprofessional	2	
VII.	Offence conviction	0	
VIII.	Contravene certificate restrictions	0	
IX.	Findings in another jurisdiction	0	
X.	Breach of orders and/or undertaking	0	
XI.	Falsifying records	0	
XII.	False or misleading document	0	
XIII.	Contravene relevant Acts	0	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
Additional comments for clarification (if needed)

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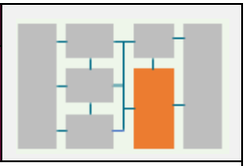
Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation	1	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	1	
V. Undertaking	0	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR -

Additional comments for clarification (if needed)

A panel has issued a decision and reasons for one case, with a penalty and costs hearing scheduled for 2023.

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: Table 5, Table 7, Table 8

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: Table 4, Table 5

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: Table 10

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: Table 10

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: Table 10

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10

CONSENT AGENDA ITEM # 3.1.5

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**Council April 21, 2023**	**DECISION**	□
DATE:	**April 6, 2023**	**DISCUSSION**	□
ITEM NAME:	**COMMITTEE REPORT – DISCIPLINE**	**INFORMATION**	**X**
INITIATED BY:	**K MCLEAN, J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To provide an update of the activities of the Discipline Committee from January 2023 to April 2023.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2022/2023 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

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

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

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

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

At a hearing, a Panel selected will:

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

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

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

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

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

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

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

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

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

Two cases were dealt with during the reporting period:

- CHO vs Sarabpreet Ghatoura Statement of Specified Allegations can be found on CHO website. Decision and Reasons are appended to this document.

- CHO vs John Somerton Decision and reasons were distributed to Council at its March 10, 2022 meeting and are posted on the CHO website. An oral reprimand was delivered on February 22, 2023 and is appended to this document.

One case remains before the Committee:

- **CHO vs Sukhdev Singh Kooner** – For decision and reasons see January 27 meeting materials, agenda item 3.1.5.2.
  Hearing Date, Penalty and Costs: Wednesday, April 19, 2023

NOTICE OF PUBLICATION BAN

This is notice that the Discipline Committee ordered that no person shall publish, broadcast or otherwise disclose the name of the patient referred to during the hearing or in documents filed at the hearing that commenced on February 22, 2023, or any information that would disclose the identity of the patient. This order was made pursuant to section 45(3) of the Health Professions Procedural Code (the "Code") being Schedule 2 to the Regulated Health Professions Act, 1991.

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

The Panel's reasons for granting the motion to impose a publication ban is that personal health information or other personal matters may be disclosed at the hearings, which are of such a nature that the harm created by disclosure would outweigh the desirability of adhering to the principle that hearings be open to the public.

DISCIPLINE COMMITTEE OF THE
COLLEGE OF HOMEOPATHS OF ONTARIO

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

B E T W E E N:

COLLEGE OF HOMEOPATHS OF ONTARIO

- and -

SARABPREET SINGH GHATOURA

DECISION AND REASONS

A panel of the Discipline Committee of the College of Homeopaths of Ontario **(the "Panel")** held a hearing on February 22, 2023. The hearing proceeded electronically pursuant to the *Regulated Health Professions Act, 1991* - Health Professions Procedural Code, the *Hearings in Tribunal Proceedings (Temporary Measures) Act, 2020* and the Discipline Committee Rules.

Justine Wong was counsel to the College of Homeopaths of Ontario **(the "College")**. Basil Ziv, Registrar, attended on behalf of the College. Sarabpreet Ghatoura **(the "Registrant")** attended and was self-represented. Elyse Sunshine acted as independent legal counsel **("ILC")** to the Panel.

ALLEGATIONS

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

The Registrant

1. The Registrant registered with the College on or about May 3, 2016.

2. The Registrant resigned from the College on or about April 1, 2022.

Sexual Assault

3. It is alleged that on or about December 8, 2020 the Registrant sexually assaulted and/or sexually abused a patient at his clinic.

4. It is alleged that on or about December 13, 2021 the Registrant was found guilty of sexually assaulting the patient.

5. It is alleged that the Registrant has not appealed the finding.

Acts of Professional Misconduct

6. It is alleged that the above noted conduct constitutes professional misconduct:

   a. pursuant to section 51(1)(a) of the *Health Professions Procedural Code*, being Schedule 2 to *the Regulated Health Professions Act, 1991* **(the "Code")** as the registrant was found guilty of an offence that is relevant to the registrant's suitability to practise;

   b. pursuant to section 51(1)(b.1) of the Code as the registrant sexually abused the patient; and/or

   c. pursuant to section 51(1)(c) of the Code, as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 315/12 made under the *Homeopathy Act, 2007* **(the "Act")**:
      i. Paragraph 48 - Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable or unprofessional.

AGREED STATEMENT OF FACTS

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

The Registrant

1. The Registrant registered with the College on or about May 3, 2016.

2. The Registrant resigned from the College on or about April 1, 2022.

3. Even though the Registrant is no longer registered with the College, he is still under the jurisdiction of the College and the Discipline Committee of the College pursuant to s. 14(1) of the Code:

   14 (1) A person whose certificate of registration is revoked or expires or who resigns as a member continues to be subject to the jurisdiction of the College for professional misconduct or incompetence referable to the time when the person was a member and may be investigated under section 75.

Sexual Assault

4. On or about December 8, 2020 the Registrant treated the patient at his homeopathic clinic. This was the patient's second appointment with the Registrant. The patient was a 22-year-old woman. The Registrant sexually assaulted and/or sexually abused the patient at his clinic.

5. It is agreed that on the December 8, 2020 appointment:
   a) The Registrant touched the patient's right breast;
   b) The Registrant told the patient that he "liked her boobs";
   c) The Registrant asked the patient if he could "suck her boobs";
   d) The Registrant proceeded to suck the patient's breast;
   e) The Patient asked the Registrant to stop sucking her breast; and
   f) The Registrant told the Patient that he liked sucking her breasts.

Criminal Charges and Finding of Guilt

6. It is agreed that later that day, on December 8, 2020, the patient went to the police and the Registrant was charged with sexual assault.

7. On December 13, 2021, the Registrant's trial commenced. The Registrant pled guilty to the sexual assault of his patient. As a result, the Registrant was found guilty of sexual assault.

8. It is agreed that the sentence ordered by the judge on December 13, 2021 included the following:
   a) Conditional sentence of imprisonment for one year;
   b) Probation conditions, that are in force for one year after the conditional sentence concludes, including:
      i) Prohibition on practicing homeopathy or any other traditional or non-traditional forms of medicine;
      ii) The Registrant surrendering his license [sic] to the College;
      iii) Prohibition on operating a homeopathic business or advertising therapeutic services in the Registrant's name.

9. It is agreed that being found guilty of sexual assaulting a patient, during a homeopathic appointment is relevant to the Registrant's suitability to practice.

10. It is agreed that the Registrant has not appealed the finding or the sentence.

Sexual Abuse

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

> *1 (3) In this Code, "sexual abuse" of a patient by a member means,*
>
> *(b) touching, of a sexual nature, of the patient by the member; or*
>
> *(c) behaviour or remarks of a sexual nature by the member towards the patient.*

12. It is agreed that the conduct described in paragraph 5 and that gave rise to the criminal finding of sexual assault also amounts to sexual abuse.

Admission of Professional Misconduct

13. It is agreed that the above noted conduct constitutes professional misconduct:
   a) pursuant to section 51(1)(a) of the Code, as the Registrant was found guilty of an offence that is relevant to the registrant's suitability to practise;
   b) pursuant to section 51(1)(b.1) of the Code as the Registrant sexually abused the patient; and
   c) pursuant to section 51(1)(c) of the Code, as set out in the following paragraph of section 1 of the *Ontario Regulation 315/12 Professional Misconduct* made under the Act:
      i) Paragraph 48 – Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Admission of Facts

14. By this document, the Registrant admits to the truth of the facts referred to in paragraphs 1 to 12 above (the "Agreed Facts").

15. By this document, the Registrant states that:
    a) he understands that by signing this document he is consenting to the evidence as set out in the Agreed Facts being presented to the Discipline Committee;

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

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

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

ADMISSION AND PLEA INQUIRY

The Registrant admitted to the allegations of professional misconduct set out the Notice of Hearing and the Agreed Statement of Facts. The Panel received a written plea inquiry signed by the Registrant. The Panel also conducted an oral plea inquiry and was satisfied that the Registrant's admissions were voluntary, informed, and unequivocal.

SUBMISSIONS OF THE PARTIES ON LIABILITY

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

Regarding the allegations of sexual abuse, the College relied on the records of the Ontario Court of Justice and the following admissions of the Registrant to argue that his actions amounted to sexual abuse of the Patient: (a) that he exposed her breasts; (b) that he touched her breasts; (c) that he sucked on her breasts; (d) that he did so without her consent and when the patient asked that he stop, he refused to do so; and (e) that this touching and behaviour was done without the patient's consent and was sexual in nature and not of a clinical nature appropriate to the service provided.

The College also relied on the criminal court findings to submit that the Registrant should be found to have been found guilty of an offence that is relevant to the Registrant's suitability to practice. All of this conduct would reasonably be regarded by other members of this profession as disgraceful, dishonourable and unprofessional.

The Registrant made no submissions on liability.

DECISION AND REASONS ON LIABILITY

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

By touching the patient's breasts in a sexual nature without any clinical purpose and by his inappropriate behaviour and remarks of a sexual nature towards the patient, the Registrant engaged in sexual abuse of a patient.

The Registrant was charged with and convicted of the criminal offence of sexual assault. The sexual assault of a patient during a homeopathic appointment is relevant to the Registrant's suitability to practice. Accordingly, the Registrant was found guilty of an offence relevant to his suitability to practice.

All of this conduct would be reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

POSITION OF THE PARTIES ON PENALTY AND COSTS

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

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

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

3. The Registrant is required to partially reimburse the College for its costs in the amount of $3,000.00 to be paid in 24 monthly instalments of $125.00, beginning one month after the date of the Discipline Committee's order and continuing every month until paid in full.

SUBMISSIONS OF THE PARTIES ON PENALTY AND COSTS

The College submitted that two of the components of the Proposed Order (the reprimand and revocation) were mandatory because of the findings of sexual abuse made. The College noted that the fact that the Registrant agreed to this joint submission was a mitigating factor that should be considered but the conduct itself was a significant aggravating factor.

With respect to costs, the College submitted that they were separate from penalty. The College submitted that the amount of costs and time for repayment reflected the Registrant's financial circumstances.

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

The Registrant provided no additional comments.

DECISION AND REASONS ON PENALTY AND COSTS

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

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

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

With respect to costs, the Panel has the authority to award costs under section 53.1 of the Code, to ensure that the entire cost of prosecuting registrants who are found to have engaged in professional misconduct does not rest on the general membership of the profession. The Panel accepted the proposed amount for costs and timing for repayment was jointly submitted by the parties.

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

ORDER

The Panel stated its findings in its written order of February 22, 2023 (the "Order"), in which the Panel directed as follows on the matter of penalty:

1. The Registrant is required to appear before a panel of the Discipline Committee for a reprimand following the hearing (see Appendix A).

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

3. The Registrant is required to partially reimburse the College for its costs in the amount of $3,000.00 to be paid in 24 monthly instalments of $125.00, beginning one month after the date of the Discipline Committee's order and continuing every month until paid in full.

Dated in Ontario on February 23, 2023

DISCIPLINE PANEL

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

Signed: Michael R Steele
Mike Steele, Chair

Appendix A

DISCIPLINE COMMITTEE OF THE COLLEGE OF HOMEOPATHS OF ONTARIO

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

B E T W E E N:

COLLEGE OF HOMEOPATHS OF ONTARIO

- and -

SARABPREET GHATOURA

ORAL REPRIMAND

Even though you have resigned from the College, you were a member at the time of the incident and as such you are still under the jurisdiction of the College and the Discipline Committee pursuant to section 14(1) of the Health Professions Procedural Code.

The Panel has found that you have engaged in professional misconduct in the following ways:

- By touching the Patient's breasts in a sexual nature without any clinical purpose, making comments of a sexual nature, and sucking on the Patient's breasts you engaged in sexual abuse. Such conduct would also be inherently a contravention of the standards of practice.
- All of this conduct would be reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

It is clear to the Panel, that you have not upheld your professional commitment to:

- enhance the care and safety of your patients
- be a positive reflection of the profession
- conduct yourself in a manner that is honourable, professional and becoming of a registrant of this College
- abide by the laws, rules, guidelines and requirements of the College
- comply with the standards expected of this profession.

Of particular concern is that

- The professional misconduct in which you engaged has put at risk the public's confidence in the profession's ability to govern itself and erodes the profile of this profession in the minds of the public and other regulated health care professionals.
- Your failure to adhere to the College's standard of practice places patients at risk of harm and impacts the public's confidence in the profession and jeopardizes the relationship between homeopaths and the public.

Consequently, it is necessary for us to take steps to impress upon you the seriousness of the misconduct in which you have engaged.

The Panel acknowledges that you took responsibility for your actions and admitted to the allegations in the Notice of Hearing. However, your actions were inappropriate.

This concludes our reprimand.

DISCIPLINE PANEL
Mike Steele, Chair, Public Member
Heather Broadhead, Public Member
Anna Cardozo, Professional Member

DISCIPLINE COMMITTEE OF THE COLLEGE OF HOMEOPATHS OF ONTARIO

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

B E T W E E N:
COLLEGE OF HOMEOPATHS OF ONTARIO
- and -
JOHN SOMERTON

ORAL REPRIMAND

As part of our penalty order this Discipline Panel has ordered that you be given an oral reprimand. The fact that you have received this reprimand will be part of the public portion of the Register and, as such, part of your record with the College.

The Panel has found that you have engaged in professional misconduct in the following ways:

- By touching the Client's breasts in a sexual nature without any clinical purpose, you engaged in sexual abuse. Such conduct would also be inherently a contravention of the standards of practice.
- You performed a Lymphatic Drainage Massage (LDM) which is outside the scope of practice of a homeopath and which you did not have sufficient training and/or competency to perform. You did not obtain the Client's medical history and did not obtain sufficient consent. This is a breach of standards and an independent act of misconduct as well.
- By discussing and offering a procedure that you are not appropriately qualified to perform and not disclosing this to the Client, you attempted to treat a condition that you knew or ought to have known you did not have the knowledge, skills or judgment to treat and offered a service that was beyond your scope of practice.
- All of this conduct would be reasonably be regarded by members as disgraceful, dishonourable and conduct unbecoming a member of the profession.

It is clear to the Panel, that you have not upheld your professional commitment to:

- enhance the care and safety of your clients
- be a positive reflection of the profession
- conduct yourself in a manner that is honourable, professional and becoming of a registrant of this College
- abide by the laws, rules, guidelines and requirements of the College
- comply with the standards expected of our profession
- Obtain informed consent before providing treatment, which is a legal obligation and is vital to the safety of your clients.

Of particular concern is that

- the professional misconduct in which you engaged has put at risk the public's confidence in the profession's ability to govern itself and erodes the profile of this profession in the minds of the public and other regulated health care professionals.
- Your failure to adhere to the College's standard of practice places clients at risk of harm and impacts the public's confidence in the profession and jeopardizes the relationship between homeopaths and the public.

Consequently, it is necessary for us to take steps to impress upon you the seriousness of the misconduct in which you have engaged.

The Panel acknowledges that you took responsibility for your actions and admitted to the allegations in the Notice of Hearing. However, your actions were inappropriate.

This concludes our reprimand.

DISCIPLINE PANEL
Mike Steele, Chair, Public Member
Heather Broadhead, Public Member
Anna Cardozo, Professional Member

Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
SML Steinecke Maciura LeBlanc Barristers & Solicitors

Using the Discipline Process to Enforce Governance Obligations

by Julie Maciura
of the Ontario and New Brunswick Bars
March 2023 - No. 276

Council/Board members of professional regulators have a fiduciary duty to the organization and its public interest mandate. For example, they must avoid breaching confidentiality or acting when in a conflict of interest. A significant breach of those obligations will result in a "Code of Conduct" process that could result in censure or even removal from their office. In serious matters, those investigations and recommendations for action are usually performed by external experts.

Where the individual is also a registrant, can the regulatory complaints and discipline process be used instead? If so, should it?

Most regulators strongly discourage the use of the disciplinary process to address governance matters. Complaints about governance issues are frequently screened out as either an abuse of process or not warranting disciplinary action. The primary process, using the regulator's Code of Conduct, is best suited to address those matters. Using the disciplinary process can easily be misused by those who disagree with the views of the Council/Board member. It can "politicize" regulatory activities. Regulatory committees are placed in the awkward position of considering the conduct of those who appoint them to the committee and who review their performance. Using the discipline process to address governance matters can also discourage registrants from serving in these important positions.

Ultimately, the discipline process has a different mandate than a Code of Conduct process. The former protects the public from the incompetent or unethical conduct of registrants. It is not designed to ensure that the leadership of the regulator comply with their fiduciary duties.

Perhaps these considerations were best illustrated two decades ago in *Manitoba Chiropractors Assn. v. Alevizos*, 2003 MBCA 80 (CanLII). There, a Board member was referred to discipline for allegations of revealing confidential information about an investigation of a practitioner to the practitioner's legal counsel and spouse. The hearing panel concluded that there had been a serious breach of confidentiality, but that it did not amount to professional misconduct in the circumstances. After further litigation, Manitoba's highest court upheld the dismissal of the allegations.

Interestingly, the Board member then sued the regulator and many of its representatives for malicious prosecution and other torts for having tried, unsuccessfully, to discipline him. Years later, after a full civil trial, the court concluded that the regulator had not acted improperly in taking the matter to discipline.

However, a recent case illustrates the successful use of the discipline process to address governance concerns. In *Wanglin v College of Acupuncturists of Alberta*, 2023 ABCA 25 (CanLII), a registrant was disciplined for having a conflict of interest while serving on the Council of the regulator. While on the Council, she also served on its executive including as its President. A complaint was made by another member of the profession that the registrant was continuing to serve in a leadership position, including as President, of a professional advocacy and support association. Having such a dual role is prohibited by most regulators and was contrary to this regulator's policies and by-laws.

At the hearing, the regulator rejected the registrant's "innocent explanation" defence attributing the apparent dual role on the lack of updated records for the professional association. This evidence included information on website pages, including both the

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registrant's and the association's pages, recent association cheques signed by the registrant, and that the professional association's corporate mailing address remained the registrant's office. It concluded that the documents and testimony established that she had maintained her leadership role with the association.

The regulator required the registrant to take an ethics course, pay a $3,000 fine, and reimburse the organization for part of its costs in the amount of $72,000.

The Court found that there were no palpable and overriding errors in the factual findings of the regulator, or the finding that the policies and by-laws were breached. Interestingly, the registrant identified certain "disclosures" that she had made (e.g., that she was "affiliated" with the professional association during discussion of relevant by-law amendments). The Court observed that those statements did not meaningfully disclose the nature and currency of her position with the professional association.

As in the *Alevizos* case, the registrant argued that these governance lapses did not amount to professional misconduct. The Court upheld the regulator's finding that it was, stating:

> The crux of this issue is that the Hearing Panel and the Review Panel are better positioned than this Court to assess the impact of Dr. Wanglin's conduct on the public interest and the reputation of the profession from the perspective of a reasonable member of the public. We must defer to their findings on this topic absent some clearly unreasonable conclusion or clear mistake of fact or error of principle. Dr. Wanglin has not shown any such error.
>
> We agree with Dr. Wanglin that not every breach of a policy, including the College's Conflict of Interest Policy, necessarily amounts to professional misconduct. However, the factual record in this case is extensive and nuanced, and there is no basis for interfering with the Hearing Tribunal's conclusions that Dr. Wanglin's overlapping involvement as President of the College and executive member of the AATCMPA constituted professional misconduct.

The Court also found that the existence of a separate Code of Conduct process, that could have better addressed the issue, does not preclude using the disciplinary process in appropriate cases.

Regulators will probably continue to strongly view the Code of Conduct process as the preferred option for most governance transgressions. However, where there is a serious breach of a fiduciary duty that brings the credibility of the regulator into doubt and which reflects on the ability of the registrant to practise with integrity, the discipline process might also be available.

Hopefully, the *Wanglin* decision will not result in a flurry of governance complaints being addressed through the disciplinary process of regulators.

Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
SML Steinecke Maciura LeBlanc Barristers & Solicitors

The Legal Value of a Sound Policy-Making Process

by Bernie LeBlanc
April 2023 - No. 277

A major function of the Council or Board of a regulator is to make policies that direct the organization and guide the profession or industry. Most commentators agree that a sound process results in better quality policies. A model process might be described as follows:

1. Identifying an issue warranting a policy,
2. Researching the nature of the issue and options for addressing it,
3. Preparing a briefing note for the policy decision makers,
4. Consulting with stakeholders and affected persons,
5. Deciding on what the policy should be,
6. Implementing the policy, and
7. Monitoring the impact of the policy and reviewing and revising the policy as needed.

However, a sound policy-making process can also help defend the validity of the policy from legal challenge. In *Sobeys West Inc. v. College of Pharmacists of British Columbia*, 2016 BCCA 41 (CanLII), a lower court decision found a policy by a pharmacy regulator, prohibiting customer incentive programs, to be unreasonable because there was no empirical evidence to support it. (The decision was reversed on appeal, although the appeal court commented that "the evidence supporting the need for the bylaws was thin".)

The value of a sound policy-making process was demonstrated in the recent decision of *Hardick v. College of Chiropractors of Ontario*, 2023 ONSC 1479 (CanLII). In that case the regulator amended its election by-law to extend the period, from three years to six years, of disqualification for being elected to the Council after having been disciplined. The change was made after the registrant, who had been disciplined five years previously, indicated an interest in running for election. The registrant brought an application for judicial review challenging the validity of the by-law and sought a stay to enable him to seek office in the upcoming Council election. He argued that the by-law was amended in bad faith and for an improper purpose. He also argued that the by-law had an impermissible retrospective effect.

The Court refused to issue the requested stay.

The Court concluded that there was not a strong likelihood that the judicial review application would succeed. On the issue of retrospectivity, the Court found that there was evidence that the Council had expressly considered whether the amendment should apply to the upcoming election. In fact, there was a separate vote on the effective date of the amendment. The Council voted, six in favour and five opposed, that "if it was in the public interest to amend the Bylaw, it was equally in the public interest to implement the amendments immediately and not wait until after the next election." All six votes in favour of an immediate effect came from publicly-appointed members of the Council.

The Court noted that the information package considered by the Council identified that the by-law amendment was triggered by the registrant's interest in running for election. Thus, the fairness to the registrant of changing the rules was before the Council.

The Court also observed that the materials before the Council expressly stated that the decision should be made to protect the public interest. While the Council's Executive Committee was aware of the registrant's interest in running for election and that the current by-law only had a three-year cooling off period, circumstances had changed since that by-law had originally been enacted.

FOR MORE INFORMATION
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E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE
A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

> Since 1999, the environment in which the College operates as a regulatory health college had changed substantially. There had been significant changes to the expectation that regulatory colleges act in the public interest, including stricter requirements related, for example, to the publication of information regarding members on the public register. In addition, in 2020, the Ontario Ministry of Health established annual reporting requirements for all regulated health profession colleges using a College Performance Measurement Framework ("CPMF") to measure and report, in a standardized manner, how they were acting in the public interest. An important aim of the CPMF was consistency across colleges. The College had been working to improve its processes and structures, guided by the goals of the CPMF.

The information package before the Council indicated that several other health regulators had a six-year cooling off period. Three rationales were contained in the Council briefing materials as to why a six-year cooling off period would be a best practise:

> It reasoned that such a change increased the chances that the candidate would be running for election to regulate the profession in the public interest rather than to address their recent interactions with the College. Further, it found the amendment to be in the public interest because of enhanced public confidence in the College by members of the public who might be concerned about Council members who had recently been found to have committed professional misconduct or be incompetent. Finally, the EC was of the view that the amendment reduced the chance of a candidate, if elected, having a conflict of interest when dealing with issues related to a recent finding of professional misconduct.

The Court also noted that other portions of the by-laws that did not affect the upcoming election, such as appointments to committees, were amended at the same time in a similar way.

The Court also observed that, not only was the amendment considered over several meetings, but there had also been a public consultation on the proposed by-law amendment, and that feedback had been presented to the Council.

> In brief, Council passed the amendment with a focus on adhering to best practices in protecting the public and in the context of a regulatory environment intent on public accountability.

Similarly, the Court also found that it was unlikely that the registrant would be able to establish that the by-law amendment was made in bad faith and for an improper purpose.

> Although the process of amending the Bylaw was triggered by Dr. Hardick's expression of interest, the basis for the review was to ensure the College's qualification rules complied with best practice. The College proceeded on an expedited basis and ultimately Council decided to pass the amendment with immediate effect. But it only did so after engaging in consultations with the profession and public, through which the proposed amendment received broad support….
>
> Overall, in my view, a panel of this Court on judicial review would likely interpret the College as having acted in the public interest in a manner that impacted a particular member, Dr. Hardick, but not with the purpose of doing so. Therefore, in my view, Dr. Hardick

> has not demonstrated a strong likelihood that, on judicial review, the Bylaw would be found unreasonable.

While the Court found that the by-law amendment would cause irreparable harm to the registrant, the balance of convenience still weighed in favour of denying the stay. The potential disruption, of having to remove the registrant should he win the election but then be unsuccessful on the later application for judicial review, was too great.

The outcome for the regulator in this case was greatly assisted by its policy-making process involving:

- comprehensive briefing materials focussing on the public interest rationale for the change including evidence of the approach of other regulators,
- external consultation on the proposal (even though one was not required by the enabling legislation), and
- the participation of public members in the decision.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

Description of 2023/2024 KRAs

Key Result Area 1: CHO Effectively Delivers it's Legislative & Legal Mandate

The College's activities are outlined in the Objects under section 3 of the Health Professions Procedural Code, embedded as Schedule 2 of the Regulated Health Professions Act. The Objects give structure to the College's role to safeguard public protection by ensuring that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. These programs come in the form of registration, quality assurance, patient relations, inquiries/complaints and reports, fitness-to-practice and disciplines. [CPMF D7 Std 15.1]

Key Result Area 2: CHO to Practice Good Governance

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

On behalf of the College, the Public and Registrants, the CHO Council practices good governance allowing it to flag potential issues and respond efficiently and appropriately. They make decisions with integrity and transparency through the setting and achieving of goals, training Council and statutory committee members, with monitoring of programs and activities under its legislative and legal mandate. The CHO imparts transparent communication about its performance and the College strives to effectively manage its activities, keep its stakeholders informed and fulfil its mandate. [CPMF D7 Std 15.1]

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

The College strives to achieve the growth of its membership along with keeping the organization and registrant base strong and viable. In addition to delivering its legislative and legal mandate, it practices good governance. The College endeavors to work with other Colleges and system partners, where appropriate, to help execute its mandate in an effective, efficient and/or coordinated manner to ensure it is responsive to changing public expectations. Embedded in these activities are the added intent to improve patient access to quality care and advance the College's ability to protect the public. [CPMF D7 Std 15.1]

The 2023/2024 Operational Plan Goals and Objectives are under development and will presented at an upcoming Council meeting.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, APRIL 21, 2023**	**DECISION**	□
DATE:	**APRIL 17, 2023**	**DISCUSSION**	□
ITEM NAME:	**Executive Committee Report**	**INFORMATION**	**X**
INITIATED BY:	**B SHARMA, B ZIV**		
PRESENTED BY:	**B SHARMA**		

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

To update Council on the activities of the Executive Committee.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2019/2020 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:
Regulated Health Professions Act, 1991
Homeopathy Act, 2007

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

The Executive Committee is a Statutory Committee as defined in the Health Professions Procedural Code (Schedule 2 of the RHPA, 1991).

Since January 27, 2023, the Committee has met once.

On April 14, 2023, the Committee approved the appointment of Mark Heller to the Inquiries, Complaints and Reports Committee to replace Mike Steele.

As well, the Committee reviewed feedback from the 360 performance review of the Registrar, including the President's meetings with the Registrar. Committee members agreed that they were satisfied with the Registrar's performance. This was the first such review since adoption of the revised performance review process. The Committee will make recommendations to Council about the outcome of the review, the future of the review process and related goals. These recommendations will be further explored and considered by Council on April 21.

AGENDA
Council Meeting
College of Homeopaths of Ontario

by teleconference

Friday, April 21, 2023 10:00 a.m. – 12:14 p.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		**Call to Order**	**Information**	**Verbal**	**B Sharma**	**10:00**	**2 min**
2		**Welcome to Guests**	**Information**	**Verbal**	**B Sharma**	**10:02**	**5 min**
3		**Agenda**					
	3.1	Consent Agenda* and Committee Reports 3.1.1 Update on Action Items 3.1.2 Membership Scorecard 3.1.3 2022-2023 Operational Goals & Objectives 3.1.4 CPMF Submission 3.1.5 Discipline Cases 3.1.6 Annual Report 3.1.7 SML Grey Matters – Discipline Process and Governance Obligations 3.1.8 SML Grey Matters – Legal Value of Strong Policy Making 3.1.9 2023-2024 KRAs 3.1.10 Executive Committee Report	**Information**	**Written**	**B Ziv**	**10:07**	**5 min**
	3.2	Adoption of Agenda	**Decision**	**Written**	**B Sharma**	**10:12**	**5 min**
4		**Declaration of Conflict of Interest**	**Decision**	**Written**	**B Sharma**	**10:17**	**3 min**
5		**Approval of minutes**					
	5.1	January 27, 2023	**Decision**	**Written**	**B Sharma**	**10:20**	**5 min**
IN CAMERA							
6		**Approval of *in camera* minutes**					
	6.1	January 27, 2023	**Decision**	**Written**	**B Sharma**	**10:25**	**5 min**
7		**Finances**					
	7.1	Statement of Operations	**Decision**	**Written**	**B Ziv**	**10:30**	**10 min**
8		**Registrar's Performance Review and 2023**	**Discussion**	**Written**	**B Sharma**	**10:40**	**30 min**

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
		Goals					
9	9.1 9.2	**Registration Changes – Emergency Class Regulation** Draft Regulation Emergency Class Fees	**Decision**	**Written**	**J Blanchard**	**11:10**	**30 min**
10		**Council Evaluation by Third Party**	**Decision**	**Written**	**B Ziv**	**11:40**	**10 min**
11		**Council Self-Evaluation Outcome**	**Discussion**	**Written**	**K Harvey**	**11:50**	**10 min**
12		**Other Business and Action Items Arising**	**Discussion**	**Verbal**	**B Sharma**	**12:00**	**10 min**
13		**HBS – Preparation Time**	**Information**	**Verbal**	**B Sharma**	**12:10**	**2 min**
14		**Adjournment**	**Decision**	**Verbal**	**B Sharma**	**12:12**	**2 min**

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

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

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

Log-in Information

Join Zoom Meeting

https://us02web.zoom.us/j/82441557392

Meeting ID: 824 4155 7392

Passcode: 343861

1 647 374 4685

Upcoming Meetings

Wednesday, June 21, 2023

September/October 2023 TBA

College of Homeopaths of Ontario
Council Member Declarations
re: Conflict of Interest
as of April 6, 2023

Statement

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

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Akhlaq Ahmad	✓	Ontario Homeopathic Medical Association, Director 2017-2021 (resigned upon assuming seat on Council)	None
Heather Broadhead	✓	Rotary Club of London, member, ongoing Institute of Corp. Directors, member, ongoing Vimy Ridge Legion, member, ongoing	None
Anna Cardozo	✓	Member, Ontario Homeopathic Medical Association	None
Kerri Flood	✓	CCHM, contract teacher, 2020-2021	None
Mark Heller	✓	IPAC Canada, member, ongoing Canadian College of Health Leaders, member, ongoing Ontario Long Term Care Association, member, ongoing Advantage Ontario, member, ongoing Ontario Retirement Communities Association, member, ongoing Canadian Standards Association, member, ongoing	None

Council Member	Form Signed and Returned	Affiliations Identified	Conflict Identified
Catherine Kerr	✓	None	None
Kamika McLean	✓	None	None
Sanjeev Nayyar	✓	Member, Ontario Homeopathic Medical Association	None
Bhupinder Sharma	✓	LIGA Homeopathica Medicorum Internalis, NVP Canada, 2009-present Ontario Homeopathic Medical Association, member, 2017-present Canadian Homeopathic Medical College, Dean, teaching homeopathy, 2016-present Past affiliations: Community Advisory Council, William Osler Health, Brampton General Hospital, member, 2009-2019 Community Care Access Centre, board member, 2009-2017 Homeopathic Medical Educational Center of Canada, teacher, 2006-2008	None
Michael Steele	✓	Financial Planning Association (USA), Member, annual Addiction Services of Thames Valley, Board Chair, no end date MLHU Board of Health, Provincial Appointment, December 9, 2023 CIFPs, Member, annual	None
Guru Dutt Vaid	✓	None	None
Angela Vani	✓	Registrant, College of Opticians of Ontario	None

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Friday, January 27, 2023
by telephone and video conference

Present

Council

Bhupinder Sharma	Professional (Chair)
Akhlaq Ahmad	Professional
Heather Broadhead	Public
Anna Cardozo	Professional
Kerri Flood	Professional
Mark Heller	Public (until 11:45 a.m.)
Catherine Kerr	Public
Kamika Mclean	Public
Sanjeev Nayyar	Professional
Mike Steele	Public
Guru Dutt Vaid	Professional
Angela Vani	Professional

Staff

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

Guests

Vivian Pang	Ministry of Health
Maram Khalif	Office of the Fairness Commissioner (until 10:20 a.m.)

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

2 Welcome to Guests
The Chair welcomed Vivian Pang from the Ministry of Health and Maram Khalif from the Office of the Fairness Commissioner.

3 Agenda

3.1 Consent Agenda and Committee Reports

(Appendix 3.1.1 Update on Action Items)

(Appendix 3.1.2 Membership Scorecard)

(Appendix 3.1.3 2022-2023 Operational Goals and Objectives)

(Appendix 3.1.4 Registration Committee)

(Appendix 3.1.5 Discipline Committee)

DRAFT / CONFIDENTIAL

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

That Council adopt the consent agenda.
CARRIED

3.2 Adoption of Agenda
(Appendix 3.2 Council Agenda)

Motion # 2: To adopt the agenda.
Moved by K. Flood, seconded by G. Vaid

That Council adopt the agenda.
CARRIED

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

S. Nayyar and A. Cardozo reported that they are members of the Ontario Homeopathic Medical Association. Records will be updated accordingly.

5 Approval of Minutes

5.1 October 6, 2022
(Appendix 5.1 Minutes, October 6, 2022 Council meeting)

Motion # 3: To approve the minutes of October 6, 2022
Moved by H. Broadhead, seconded by A. Cardozo

That Council approve the minutes of its October 6, 2022 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 # 4: To move *in camera*
Moved by A. Cardozo, seconded by S. Nayyar

That Council move *in camera* at 10:09 a.m.
CARRIED

DRAFT / CONFIDENTIAL

9 Registration Changes – Emergency Class Regulation

9.1 Draft Regulation

(Appendix 9.1 Report Form: Draft Emergency Class Registration Regulation)

Staff described the process of developing an Emergency Class Regulation as required by the Ministry of Health. The draft regulation approved by the Registration Committee was presented.

Motion # 9: To approve the draft Emergency Class Registration Regulation in principle
Moved by M. Heller, seconded by M. Steele

That the matter of the draft emergency class registration regulation be approved in principle as presented for 60-day public consultation.
CARRIED

9.2 Emergency Class Fees

(Appendix 9.2 Report Form: Emergency Class Registration Fees)

Proposed fees for the new class were presented. It was noted that the fees listed in the amendment had been set with the overall fee increase taken into account.

Motion # 10: To approve the draft Emergency Class Registration Regulation fee schedule in principle
Moved by H. Broadhead, seconded by K. Flood

That Council approve, in principle, the proposed fee schedule related to payment of College fees for initial registration and annual membership for Emergency Class itemized in the new bylaw 19.03 B2.2 and C1.1. And further that this proposed schedule be circulated for 60-day public consultation.
CARRIED

10 Final Approval of Bylaw Changes

(Appendix 10.1 Report Form:)

Staff reported that the 60-day consultation on the two amendments approved in principle yielded one comment.

Date for Auditor Financial Report

Motion # 11: To amend bylaw 4.15 – Deadline for Report (Audit) as presented
Moved by H. Broadhead, seconded by C. Kerr

That Council amend bylaw 4.15 – Deadline for Report (Audit) to extend the period for preparation of the report of the Auditor to within six months of the close of the fiscal year.
CARRIED

New Fees – Credit Card Fees

Motion # 12: To amend bylaw 19.03 F9 a to e as presented
Moved by H. Broadhead, seconded by K. Mclean

That Council approve the fee schedule related to payment of College fees by credit card as itemized in new bylaw 19.03 F9 a to e.
CARRIED

DRAFT / CONFIDENTIAL

11 College Performance Measurement Framework (CPMF) Update

Staff presented a status update on the College Performance Measurement Framework, highlighting the addition of specific benchmarks and the need to plan and prioritize in keeping with the with the requirements in the report.

12 2023/2024 College Planning Cycle

Staff presented an update on planning for the 2023/2024 fiscal year. Potential candidates for President and Vice-President were encouraged to make their intentions known so that they might participate in planning meetings to be scheduled from February to April.

13 Council Evaluation by Third Party

The Registrar described a potential option to meet the Ministry's requirement for a third-party evaluation of Council. Further information will be gathered for discussion at the April Council meeting.

14 Other Business and Action Items Arising

No other business.

15 HBS Preparation Time

Half day preparation, half day meeting
Start time: 10:02 a.m.
End time: 12:01 p.m.

16 Adjournment

Motion # 13: To adjourn
Moved by H. Broadhead, seconded by C. Kerr

That Council adjourn at 12:01 p.m.
CARRIED

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

B. Sharma, Chair **Date**

DRAFT / CONFIDENTIAL

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

Preamble

The Council is responsible for the establishment and implementation of a timely, objective and constructive process for evaluating the performance of the Registrar on an annual basis, as directed in CHO HR Policy 31 (2015)[1]. The process of conducing the annual evaluation process is managed by the President through the Executive Committee. An effective performance evaluation process links performance to the College's goals including the strategic and operational plan[2], provides an objective basis for assessing performance and behavioural competency, promotes healthy dialogue between Council and the Registrar and creates an opportunity to provide the Registrar with constructive feedback on key strengths and areas for development.

Policy

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

The overall purpose of the annual performance assessment

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

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

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

Performance Dimensions

The Registrar will be evaluated on the following dimensions:

1. **Achievement of Annual Performance Objectives**. An assessment of the 'Registrar's ability to deliver on the annual CHO Operating Plan Goals and Objectives set out at the beginning of each fiscal year that aligns with the Strategic Plan[3].
2. **Leadership**. An assessment of the 'Registrar's leadership competency.

Process for the annual performance assessment

From the Minutes of March 10, 2022
Item 13. Other Business and Action Items Arising
Consent agenda item 3.1.11
The President clarified that the January 2023 evaluation will be based on the 2021/2022 goals; then in October 22 the Registrar and the President will agree on the goals for the 2023 calendar year, which will then be evaluated in January 2024. From that point forward the goals will be set on a calendar basis and evaluation will take place in the following January.

Regular Cycle

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

[3] Ultimately, the College will also have a Strategic Plan and the Registrar will be responsible for ensuring the Strategic Plan is delivered
[4] It is assumed that the CHO annual Operating Plan, Goals and Objectives are developed collaboratively by CHO staff and Council during the fourth quarter of each fiscal year and that the Registrar is ultimately responsible for delivering on this plan over the course of the year.

c. An action plan is developed to address any issues that have been identified in these discussions.
d. The President and Registrar sign off on the annual performance assessment.[5]

5. The President reports on the completion of the annual performance assessment to the Council.
6. The signed annual performance assessment is maintained in the Personnel File. All related documentation is destroyed.

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

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

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

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

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

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

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

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

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

[5] Council should consider the following appeal process from the Ontario College of Physiotherapists (2011): *Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar's performance and will determine whether any variation from Council's decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.*

Appendix 2: Annual Performance Assessment

1. Assessment of Leadership Behaviour:

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

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

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

Additional Comments

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

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

a. 'Registrar's Comments:

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

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

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

c. Achievement of CHO Annual Objectives:

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

d. Signatures: (President and Registrar)

_____ _____

President Registrar

Appendix 3: Form for external reviewers

Dear _____

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

We would appreciate your feedback on the following three questions:

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

Additional Comments

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

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

Sincerely

CHO President

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/APRIL 21, 2023**	**DECISION**	**X**
DATE:	**April 14, 2023**	**DISCUSSION**	□
ITEM NAME:	**Draft Emergency Class Registration Regulation**	**INFORMATION**	□
INITIATED BY:	**J BLANCHARD/B ZIV**		
PRESENTED BY:	**J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To present for final approval the draft registration regulation for Emergency Class Certificate of Registration.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2023/2024 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:

Regulated Health Professions Act, 1991 (RHPA)
ONTARIO REGULATION 508/22
REGISTRATION REQUIREMENTS

Note: Section 5 comes into force on August 31, 2023, the day subsection 3 (3) of Schedule 6 to the *Pandemic and Emergency Preparedness Act, 2022* comes into force.
Emergency classes of registration

5. (1) The regulations establishing an emergency class of registration required by section 16.3 of the Code must include at least the following requirements:

1. They must specify emergency circumstances that will cause the class to be open for issuance and renewal.
2. They must specify that the emergency class of certificates of registration expire no more than one year after they are issued but are renewable for the same period of time, with no limit on the number of times they may be renewed as long as the emergency circumstances persist.
3. They must specify circumstances in which a member of the emergency class may apply for another class of registration and must exempt the applicant from at least some registration requirements that would ordinarily apply to the application.

(2) Paragraph 3 of subsection (1) does not prevent the Council from establishing alternative requirements that must be met by the applicant.

RHPA – Schedule 2 – the Code

Note: On a day to be named by proclamation of the Lieutenant Governor, Schedule 2 to the Act is amended by adding the following section: (See: 2022, c. 11, Sched. 6, s. 3 (3))

Emergency classes of registration

16.3 (1) The Council shall make regulations under clause 95 (1) (b) establishing an emergency class of registration. 2022, c. 11, Sched. 6, s. 3 (3).

(2) The emergency class of registration required by subsection (1) must meet the requirements in any regulation made under clause 43 (1) (k.3) of the *Regulated Health Professions Act, 1991*. 2022, c. 11, Sched. 6, s. 3 (3).

BRIEFING NOTES:

Under the RHPA and *Registration Requirements Regulation* (O. Reg. 508/22) the College has been mandated by the Government of Ontario to draft and submit regulations to create an emergency class of registration. This is an important step in the Province's emergency preparedness process and a requirement for each of the colleges regulated until RHPA. Further, opening this class may help the Government to ensure there is an adequate supply of qualified professionals to service the health care needs of the Ontario public.

In accordance with O. Reg. 508/22, the draft emergency class regulation must include:

1. The specific emergency circumstances that will create the class to be open for registration.
2. A time period of no more than a year duration, but renewable for the same period of time with no limit on the number of times they may be renewed as long as the emergency circumstances persists.
3. Circumstances in which a member of the emergency class must become eligible for registration in another registration class and be exempt from at least some registration requirements that would ordinarily apply to that other class of registration.

Staff, with assistance from legal counsel Richard Steinecke and Rebecca Durcan, have drafted an emergency class registration regulation, which was presented to and discussed among members of the Registration Committee. The Committee has supported the proposed draft (see draft at the end of this report).

On January 27, 2023 Council approved the draft for 60-day public consultation. The document was circulated by the College from January 30 to April 5, 2023 as follows:

Consultation posted on website January 30
Announced in newsletter February 1
Reminder included in newsletter March 6
Consultation period January 30 - April 5

One comment/question was received:

"As a suspended homeopath, due to the fact that I did not make enough money to pay for insurance, let alone the yearly registration fee, does this emergency registration affect my ability to practice?"

During this time period, the draft was also posted on Ontario's Regulatory Register and no comments were received.

Here are some highlights – please note these apply only to emergency class registration:

- Council would be able to use the emergency class regulation in the public interest, such as:
  - Circumstances which would create a significant delay to application processing time;
  - Supply and demand concerns of having an adequate supply of qualified members to service the health care needs of the Ontario public; and
  - At the direction of the government.
- Allow members of the emergency class to be exempt of completing the individual assessment process if they satisfy a practice assessment, provide evidence that they may practice the profession in a competent/safe/ethical manner, and all other requirements for Full Class – should they choose to transition to permanent (full class) registration with the College.
- The College would create a process to review equivalent programs from any jurisdiction.

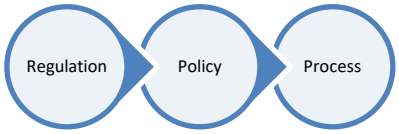
Equivalent programs would require approval by Council.

Building Blocks to support implementation

Regulations

➢ Broad directives and rules with some detail.

- O.Reg. 18/14
- Defined by/with Government



Policies

➢ Granular details that help to interpret the regulation.

- Categories of CHO registration policies fall under: Administrative, Class-specific, General.
- Defined by College with expectation of consistency between colleges and implementation of legal obligations overseen by the Office of the Fairness Commissioner i.e. fair registration principles/practices and concepts of transparency, objectivity, impartiality, and fairness (TOIF).

Processes

➢Provides details and steps on required action.

- Substantially Equivalent Competence Assessment (SECA), Refresher, Program approval, etc.
- Defined by College with expectation of embedded principles of TOIF and fair regulation practices.

KEY CONSIDERATIONS:

- This is a mandatory requirement of each RHPA college.
- The language will likely change following final drafting by staff at the Ministry of Health – although the intent and spirit of the document is likely to remain consistent. The drafting process is usually negotiated; however, the Ministry has the final say and the College will sign-off on the final revision.
- The regulation must be in place by August 31, 2023. The Ministry will look to pass as many of the regulations at the same time as possible.
- Satisfying requirements within existing processes, while recognizing some policies and processes will require revision to fully service emergency class applicants.

RESOURCE IMPLICATIONS:

Some staff time is required to meet all aspects of implementation of a new class of registration. This will impact timelines and deliverables of other projects and operating goals and objectives.

DEADLINES AND NEXT STEPS:

1. Final approval by Council at April 2023 meeting.
2. Submission to Ministry shortly thereafter.
3. Concurrently, Staff and Registration Committee to review and revise registration policies as required. Some policy revisions will come to Council.

OPTIONS:

1. Accept the Emergency Class regulation as presented and submit to the Ministry of Health.
2. Accept the draft Emergency Class regulation with amendments and submit to the Ministry of Health.
3. Send the draft Emergency Class regulation back to the Registration Committee with direction for further review and redrafting, to come back to the next meeting of Council for consideration.
4. Reject the draft Emergency Class regulation.

RECOMMENDATIONS:

1. Accept the Emergency Class regulation as presented and submit to the Ministry of Health.

RESOLUTION:

BE IT RESOLVED THAT THE MATTER OF THE EMERGENCY CLASS REGISTRATION REGULATION BE APPROVED FOR SUBMISSION TO THE MINISTRY OF HEALTH.

VOTE BY ROLL CALL REQUIRED.

College Process for Public Consultations and Approval of New or Amended Regulations

Steps for regulation development and implementation

1. **Drafting** – Draft changes are based on direction from the appropriate committee – depending on the nature of the regulation. For example, issues related to the registration regulation are managed by the Registration Committee. The intended change is communicated to legal counsel who provides draft language. Staff and the Committee review the draft language and may have panel deliberation/discussion with legal counsel prior to forwarding a recommendation to Council.

2. **Review by Council** – Council receives the recommendation from committee and a marked-up version of a rationale chart of the proposed regulatory changes. Council has the chance to discuss and debate the proposed changes, and may provide additional feedback or direction to the committee. Regulatory changes sometimes require discussion at more than one Council meeting. Once the regulation amendments are accepted by Council they may be "approved in principle pending the results of public consultation". During the consultation period the regulatory changes are considered proposed not final. If individual Council members have particularly strong opinions about the regulatory amendments, he/she/they may also provide individual comment through the consultation process.

3. **Circulation and Consultation** – the 60-day consultation period is typically 65 days in length allowing time to distribute the consultation document to interested parties. Distribution occurs via the College's website, email to registrants, and outreach to other stakeholders such as government, other RHPA Colleges, patient advocacy groups, the Office of the Fairness Commissioner, etc. Feedback is collected through a feedback survey and written correspondence from interested parties. In the case of regulatory changes, the feedback is provided to the managing committee, who may wish to propose further amendments as tweaks or, if warranted, significant amendments. Only if an amendment is considered substantial, would further consultation be required.

4. **Final Approval by Council** – At the next meeting following the consultation period Council will again review the proposed changes, considering any committee recommendations and feedback from the consultation or any other new information put forward. Council may find that changes are appropriate. Minor changes may be incorporated without substantially changing the intent of the proposed regulation. If Council as a whole is satisfied with the proposed regulation, they may approve it for submission to the Government. During the Council vote a role call is made, each Council member in turn will speak their vote for or against and each vote is recorded as such in the minutes.

   If Council determines that substantial changes are required, the regulation may require additional consultation for a further 60-day period before it can be put for a final vote.

5. **Submission to Government** – Regulations are under the jurisdiction of the Government of Ontario. When a regulation has passed through Council, staff prepare a written regulatory submission which addresses a lengthy questionnaire, provides details on the reason for the submission, supporting evidence for the submission, and rationale for each proposed change. The submission also includes proof of consultation, copies of all feedback received through the public consultation, any responses provided to the public, Council minutes and record of votes, and any other supporting documentation which explains the College's research, development and planned implementation.

6. **Regulatory Review and Government Approval** – Submissions to the Government via the Ministry of Health are reviewed by Ministry staff. The Ministry staff will meet with College staff to address questions and seek/provide clarification and when the regulation has completed the internal review stage the Government puts the document through another round of public consultation on the Regulatory Registry. Once the Government has completed its approval stage an official copy is provided to the College for signature. The regulation is signed by the Ontario's Lieutenant Governor in Council, receives Royal Assent and is published in the Hansard. At the point the regulation receives Royal Assent the College must be ready to implement the new requirements.

Draft Emergency Class Registration Regulation for the College of Homeopaths of Ontario

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
2	The following are prescribed class of certificates of registration: a) Full. b) Grandparented. c) Inactive.	The following are prescribed class of certificates of registration: a) Full. b) Grandparented. c) Inactive. d) Emergency.	The addition of an emergency class has been made at the direction of the Ministry of Health pursuant to *O.Reg. 508/22 Regulation Requirements* under the *Regulated Health Professions Act, 1991 (RHPA)*.
Requesting change in numbering to insert emergency class after inactive class. At the pleasure of the legislative drafters, the College respectfully requests that numbering of the College's current *Registration Regulation O.Reg. 18/14* be adjusted to insert the proposed section 14 to 20 related to emergency class before the current sections: ~~14~~ 21 – Reinstatement ~~15~~ 22 – Suspensions, failure to provide information ~~16~~ 23 – Suspension, lack of insurance ~~17~~ 24 – Lifting of suspension for failure to pay fees, etc. ~~18~~ 25 – Automatic revocation			
Registration Requirements, Emergency Class			
14[2]	New provision	The following are requirements for the issuance of a certificate of registration in the emergency class: (1) The Council of the College has determined that there are emergency circumstances such that it is in the public interest to issue certificates of registration in the emergency class. In making such determination, the Council may take into account the relevant circumstances including, but not limited to, the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy	The subsections under 14 provide details on when the emergency class may be initiated, including at the direction of Council and/or at the request of the Minister of Health. This is a non-exemptible requirement meaning that the class can only be initiated by one of these two authorities.

[1] Numbering to be corrected upon review by legislative drafters.

[2] Numbering of section 14 series of provisions to be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
		delay in their being registered, supply of an adequate number of qualified Homeopaths to meet health care system demands, and/or requests by the Minister of Health to initiate registrations under the emergency class.	
14		1. (2) The applicant must have satisfied the educational requirements set out in paragraphs 1 and 2 of subsection 6(1) offered by an approved program in Ontario <u>or an equivalent program in any jurisdiction approved by Council.</u>	Applicants to emergency class are considered to have satisfied the education and clinical training requirements specified under the full class requirements of the regulation provided the applicant has graduated from an approved program offered in Ontario or an equivalent program in any jurisdiction approved by Council. Through policy, based on previously established criteria for education and training, the Registration Committee may conduct comprehensive review of programs of post-secondary education and clinical training in other jurisdictions to determine if they are equivalent to that of an Ontario approved program. The Committee may make recommendations to Council for approval. This process is intended to satisfy requirements of the Office of the Fairness Commissioner (OFC) to ensure that registration practices and processes conform to legal obligations and the principle of transparent, objective, impartial, fair and inclusive, and the Ministry of Health's requirement to ensure processes are rigorous and adequate to ensure public protection. This requirement is non-exemptible meaning the applicant must have satisfied the education and clinical training requirements of the College.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
14	New provision	(3) The applicant must have successfully completed the jurisprudence course set or approved by the Registration Committee.	All applicants to emergency class must have completed the jurisprudence program prior to application. This is a non-exemptible requirement meaning that the applicant must successfully complete this course.
14	New provision	(4) <u>The requirements of section 14 (1), (2) and (3) are non-exemptible.</u>	This section confirms that subsection (1), (2) and (3) above are non-exemptible requirements.
15[3]	New provision	Except in the case of an applicant to whom subsection X (X) *[Labour Mobility]* applies, where the applicant has not successfully completed at least one of the requirements of paragraph 2 of subsection 14 within the three-year period immediately before the date on which the applicant submitted his or her completed application for a certificate of registration in the emergency class, the applicant has: (1) practised the profession for 750 hours, or (2) successfully completed a refresher program approved by the Registration Committee.	The subsections under 15 outline the issue of currency. Currency is typically measured in two ways: 1. The amount of time that has elapsed since the applicant has graduated from an approved post-secondary program in homeopathy or completion of a refresher program; or 2. The number of hours the applicant has practiced in the prior three-years (if the applicant previously practiced outside the province of Ontario). The intention of this subsection says, unless labour mobility applies (see description below), if the applicant has not completed his/her education or clinical training in the prior three-years then he/she/they is/are required to have 1. Have practiced 750 hours over that period of time or 2. successfully completed a refresher program approved by the College's Registration Committee. As set out in paragraphs 1 and 2 of subsection 6(1) of the College's Registration Regulation, education in homeopathy may be covered in one program which teaches and evaluates both theory and clinical training or a student may

[3] Numbering of section 15 series of provisions to be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
			study theory at one institution and gain their clinical training from a second institution. If the applicant did not graduate from any approved program in homeopathy in Ontario, the College may review the totality of the applicant's education and training through a fair but comprehensive substantially equivalent competency assessment also referred to as SECA. The currency clock starts at the end of the completion of the applicant's education and training. Regardless, education/clinical training, practice or refreshment must be current, as these are considered to be important components to safe, competent patient care. This subsection also refers to the exemption of an applicant who has recognition under *Ontario's Labour Mobility Act, 2009*, meaning that at a point in the future, should another province in Canada create legislation to regulate the profession of homeopathy, CHO must recognize an applicant moving from that province to Ontario[4] and applying for registration in the same class as that which they are registered in their home province. In that case, provided the applicant demonstrates any other requirements of the CHO, this College would grant the individual a certificate of registration without delay.
16[5]	New provision	Every certificate of registration in the emergency class is subject to the following terms, conditions and limitations:	This section details the title and designation information for emergency class members.

[4] This can also apply to an individual who is not moving but wishing to be registered in more than one province.

[5] Numbering of section 16 series of provisions to be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
		(1) The member shall use the title Homeopath (Emergency Class) and designation HOM (EC).	
17[6]	New provision	(1) Unless stated otherwise on the certificate, a certificate of registration in the emergency class expires on the final date of the annual renewal period after it is issued unless it is renewed prior to the renewal date.	As the emergency class is intended to be temporary, but in place for as long as is required, the subsections under 17 detail the renewal requirements and expiry of the certificate in accordance with *O. Reg. 508/22 Registration Requirements*. This subsection is intended to clarify that the length of the certificate is tied to the renewal cycle of the College. It expires on the final day of the renewal period unless the member renews.
17	New provision	(2) Unless stated otherwise on the certificate, a renewed certificate of registration in the emergency class expires *one year* after it is issued unless it is renewed again prior to each subsequent renewal date.	The member is eligible to renew each subsequent renewal period (of one year), with no limit on the number of times the certificate may be renewed as long as the emergency circumstances persist.
17	New provision	(3) Unless stated otherwise on the certificate, a certificate of registration in the emergency class shall be open as long as the emergency circumstance persists. Following which the member must meet the requirements to transition to a certificate of registration in the full class or allow the emergency certificate to expire.	Once the emergency circumstance is deemed to have ended, the member is required to meet the requirements to transition to full class or the emergency certificate will expire.
17	New provision	(4) Despite subsections (1) through (3), pursuant to section 14(1) a certificate of registration in the emergency class expires six months	The certificate will expire six months after the date that Council of the College or the Minister of Health determines that the emergency circumstance no longer exists.

[6] Numbering of section 17 series of provisions to be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
		after the date the Council of the College or the Minister of Health determines that emergency circumstances no longer exist even where the certificate would otherwise expire before or after that time.	
18[7]	New provision	(1) A member who holds, or held within the previous six months, a certificate of registration in the emergency class may be issued a certificate of registration in the full class despite not having met the requirements set out in paragraph 3 of subsection 6(1), if the member applies for the certificate of registration in the full class,	The subsections under 18 detail the requirements a member of the emergency class must meet to move to full class, provided that the member currently holds or held within the previous six months a certificate in emergency class. In accordance with O. Reg. 508/22 Registration Requirements, Colleges are directed to "specify circumstances in which a member of the emergency class may apply for another class of registration and must exempt the applicant from at least some registration requirements that would ordinarily apply to the application". Subsection 18(1) exempts an emergency class member transitioning to full class from having to complete the Individual Assessment competency assessment process.
18	New provision	(2) satisfies all other requirements for the certificate of registration in the full class,	The intended meaning of this subsection is that individuals transitioning to another class must satisfy all other requirements of full class. Full class is the only other active registration class available to CHO members.
18	New provision	(3) provides satisfactory evidence based on their practice of the profession, that the member will practice competently and ethically even though practising without	The intended meaning of this subsection is that individuals transitioning to full class would be required to provide satisfactory evidence of their practice of the profession to

[7] Numbering of section 18 series of provisions to be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
		supervision, and	ensure the member is able to practice competently and ethically without supervision.
18	New provision	(4) successfully completes the practice assessment designed to assess the practice competencies of a holder of a certification of registration in the emergency class.	The intended meaning of this subsection is that individuals transitioning to full class would be required to successfully complete a practice assessment designed to assess practice competencies. Since the requirement of Individual Assessment is exempt for those moving from emergency to full class, assessment would be based on Substantially Equivalent Competency Assessment (SECA) and this would ensure public safety and protection. The SECA process, which is a comprehensive review of subjects, competencies and training is in-person/interactive, takes less time to prepare for and is less expensive for the person being assessed.
Labour mobility, Emergency class			
19[8]	New provision	(1) Where section 22.18 of the *Health Professions Procedural Code* applies to an applicant for an emergency class certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1 and 2 of subsection 6 (1) of this Regulation. O. Reg. 18/14, s. X (1).	The subsections under 19 detail the requirements which must be considered when an applicant moves from one province to another or chooses to be registered in more than one province, and the applicant is a member of a regulatory college in another province which regulates homeopathy. The intended meaning of this subsection is that the College must recognize the member in an equivalent registration class.
19	New provision	(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the	Labour mobility applicants are still required to satisfy good character and good standing requirements.

[8] Numbering of section 19 series of provisions be corrected upon review by legislative drafters.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
		applicant is in good standing as a practitioner of homeopathy in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 18/14, s. X (2).	
19	New provision	(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of homeopathy to the extent that would be permitted by an emergency class certificate of registration at any time in the two years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 18/14, s. X (3).	A labour mobility applicant who is unable to satisfy demonstration of education and training requirements to the Registrar or a panel of the Registration Committee at any time in the two years immediately before application, would still be granted membership however the applicant must undertake, obtain or undergo the necessary components of the prescribed training, experience or assessment to successfully demonstrate all requirements.
19	New provision	(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of subsection 4 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 18/14, s. X (4).	Labour mobility applicants are deemed to have demonstrated the College's language proficiency requirements.

Section	From *O.Reg. 18/14, CHO Registration Regulation* as at Jan 16, 2023	Proposed Text[1]	Explanation/Rationale (These notes apply only to emergency class registration.)
19	New provision	(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the *Health Professions Procedural Code*. O. Reg. 18/14, s. X (5).	If the College has clearly listed the registration requirements for emergency class on its website and a labour mobility applicant is not deemed to have met a requirement which is described in subsection 22.18(3)[9] of the *Health Professions Procedural Code* of RHPA, the College is not required to register the individual.
20[10]	New provision	A member's emergency class certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first: (1) The expiry date on the certificate has passed and has not been renewed.	The subsections under 20 detail the triggers which would cause automatic revocation of a certificate of registration. The expiry date on the certificate has passed and has not been renewed.
20	New provision	(2) The expiry of 30 days after receipt of notification from the College that the member has met all of the educational and assessment requirements for the issuance of a full class certificate of registration.	More than 30 days have passed since the College notified he/she/them that the member has demonstrated all of the requirements for a full class certificate of registration.
20	New provision	(3) The issuance of a full class certificate of registration.	The member is issued a certificate of registration in full class.

[9] 22.18 Exception, registration requirements listed on website.
(3) Despite subsection (2), the College is not prohibited from imposing on the applicant any registration requirement that,
(a) is listed on the publicly accessible website referred to in clause 9 (3) (a) of the *Ontario Labour Mobility Act, 2009;* and
(b) is stated on the website to be a permissible registration requirement for the certificate of registration being applied for, adopted by the Government of Ontario under Article 708 of the Agreement on Internal Trade. 2009, c. 24, s. 33 (5).

[10] Numbering of section 20 series of provisions to be corrected upon review by legislative drafters.

April 14, 2023

Competition Bureau comments on the Creation of Emergency Class Certificate of Registration

Thank you for the invitation to comment on the creation of emergency classes of registration as required by Ontario Regulation 508/22 under the *Regulated Health Professions Act, 1991* (Amendments).

The Competition Bureau (Bureau), as an independent law enforcement agency, ensures that Canadians prosper in a competitive and innovative marketplace. As part of its mandate, the Bureau promotes and advocates for the benefits of competition.

Why competition matters

Ontario's health regulatory Colleges (Colleges) play a critical role in protecting the public by making sure healthcare professionals are safe, ethical and competent.[1] Pro-competitive policies can help to advance these goals, as described in our market study: Empowering health care providers in the digital era. The study explained how policymakers can leverage technology to gain the benefits of competition including improved quality of care, access to care and fostering innovation and its adoption. Pro-competitive policies can have other benefits in healthcare, including contributing to the resilience of the workforce by lowering barriers to entry. As made evident by the COVID-19 pandemic, this is particularly important during emergencies, which can create additional shortages and pressures on healthcare workers.

The Bureau recommends that the Colleges create these emergency classes of registration to maximize the benefits of competition, such as increasing the supply of qualified healthcare workers, and advance their goal of protecting the public. Further, the lessons learned in the process may also be used to benefit competition and public safety during times of non-emergency.

Competition assessment in policymaking

The Bureau's Competition Assessment Toolkit was designed to assist policymakers in identifying competition issues and tailoring policies to maximize the benefits of competition. Once a policy is identified for assessment, the policymaker should consider whether it has the potential to restrict competition. This may be the case if it makes it difficult for businesses to emerge or compete, or for consumers to make informed choices or switch products or services.

The policymaker should then consider whether a feature in the policy that could restrict competition is necessary, narrowly cast and proportionate. If there is an alternative that

[1] Health Profession Regulators of Ontario (2023). Professions and their Regulatory Bodies.

achieves their policy goal in a more competition friendly manner, they should implement it accordingly and monitor its effects moving forward for any unintended consequences.

Restrictions and alternatives

The various registration requirements set out by the Colleges for healthcare workers to practice are barriers to entry for future workers. Such barriers are intended to keep the public safe by ensuring that healthcare workers are ethical and competent to practice. During an emergency though, increased demand for healthcare services and strains on healthcare workers can result in labor shortages that may present their own risk to public safety.[2] Temporarily easing these registration requirements with an emergency class of registration (and thereby increasing or speeding up the entry of healthcare workers) can balance these risks.

By setting up the emergency class of registration to only be as restrictive as necessary during times of emergency, the Colleges can maximize the benefits of competition (i.e. a more resilient healthcare workforce and patient safety). The Amendments require the Colleges to establish registration requirements for individuals joining the emergency class. These requirements can be used to lower barriers to enter the profession. For example, by allowing for competent healthcare students, recent graduates or accredited workers from other jurisdictions to register and by exempting certain requirements for emergency class registrants to move to another class. To strike the right balance between the risks and benefits associated with temporarily lowering these barriers requires the medical expertise of the Colleges. The Bureau hopes that the framework of a competition analysis presented in the Competition Assessment Toolkit may be helpful in doing so.

The Bureau also encourages the Colleges to consider how pro-competitive policies can benefit patients and healthcare workers outside of times of emergency as well. The Amendments require the Colleges to specify a path for healthcare workers in the emergency class to move into other classes of practice and to be exempted from certain registration requirements in doing so. Such exemptions will lower barriers to entry for those workers on a more permanent basis. These lowered barriers are likely to result in faster entry and more licensed healthcare providers, and as a result, a more resilient workforce. As such, the competitive benefits of the emergency class certification extend outside of times of emergency. We encourage the Colleges to use their expertise to make these exemptions as broad as possible to maximize the benefits of competition, while still meeting the central health and safety objectives of registration requirements.

In making these decisions, as in performing any competition assessment, the Colleges should base their decision to the greatest extent possible on objective empirical evidence.[3] To the extent data on the effects of similar exemptions in other jurisdictions or during the COVID-19 pandemic are available, this could inform their decision. It may also be beneficial to track data on worker entry and patient safety for healthcare workers operating under the emergency class provisions going forward. This data could be used to make future adjustments to the exemptions provided for under the emergency class, relaxing or

[2] Canadian Institute for Health Information (November 2022). Health workforce in Canada: In focus (including nurses and physicians).
[3] Competition Bureau (2020). Strengthening Canada's economy through pro-competitive policies. See Step 3: Identify alternatives to address policy goals, if necessary.

tightening them as needed.[4] Perhaps more importantly, this same data could also be used to determine whether the regular registration requirements are as necessary, narrowly cast and proportionate as can be. Having identified how much these barriers to entry can be safely lowered to offset the risk of worker shortages during times of emergency, those lessons may be used to maximize the benefits of competition in ordinary times.

We're here to help

The Bureau's goal is to promote the benefits of competition across the Canadian economy. On the other end, policymakers, as subject matter experts and authorities, are in a unique and critical position to seize upon these benefits. By incorporating competition analysis into your policy assessment, you can maximize the benefits of competition while still achieving your policy goals.

Such competition analysis can be complex, but is worthwhile and the Bureau can help. If you would like to discuss the Competition Assessment Toolkit, or have questions about particular policy proposals or the suggestions above, please contact our Competition Promotion Branch.

Yours Truly,

Bradley Callaghan
Associate Deputy Commissioner
Competition Promotion Branch
Competition Bureau

[4] *Ibid*. See Step 5: Conduct an ex-post assessment.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL/APRIL 21, 2023**	**DECISION**	**X**
DATE:	**April 14, 2023**	**DISCUSSION**	□
ITEM NAME:	**Emergency Class Registration Fees**	**INFORMATION**	□
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To present a proposed fee schedule for Emergency Class Certificate of Registration – initial registration and annual renewal for final approval, following 60-day consultation.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2023/2024 Operating Plan, Goals and Objectives in the Key Result Area or other requirement:

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

GUIDING LEGISLATION/BYLAW/POLICY:
Through the Regulated Health Professions Act, 1991 (RHPA), O.Reg. 508/22, Registration Requirements the College is required to have an emergency class of registration.
Fees are defined under section 19 of the Bylaws.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
Council of the College is responsible for managing the bylaws. The Registrar is responsible for setting fees.

PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision and how it may impact and advance public interest and protection. I.e. How action taken or proposed demonstrates and advances public interest and protection, increases public trust and transparency, reduces risk to patients/public, and/or addresses changing public expectations.
The proposed change will have no impact on the public or public protection.

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).:

Fees pertaining to Emergency Class include (plus HST):
Fees are based on rates applicable after April 1, 2023 or for the 2023/2024 membership year

Fee Description	Amount	Status/Notes
Initial Application Fee	$295	unchanged
First year registration fee	**$905**	**New fee** – same as other new registrants
Renewal Fee	**$1,335**	**New fee** – same as full class renewal fee
SECA Fee prior to movement to full class	$480	unchanged
Transfer Fee	$107	unchanged
Jurisprudence Program	$80	unchanged

The proposed bylaw change was circulated for required 60-day consultation from January 30 to April 5, 2023

Consultation posted on website January 30, 2023
Announced in newsletter February 1, 2023
Reminder included in newsletter March 6, 2023
Consultation period January 30 - April 5, 2023

No comments were received.

KEY CONSIDERATIONS:

1. Supports required emergency class regulation detailed under agenda item 9.1.
2. The regulation must be in place and ready for implementation by August 31, 2023.
3. The introduction of a new service fee requires 60-day public consultation in accordance with section 94 of RHPA, Schedule 2.
4. Fees in active – full and emergency – classes of registration are consistent.
5. Fees would not apply until the emergency class is approved by the government and the class is open.
6. Depending on when the class is closed registrants, who do not move to full class would be deemed eligible for a refund, since the change in class is evoked by Council of the College or the Minister of Health.
7. Fees are based on rates applicable after April 1, 2023 or for the 2023/2024 membership year.

RESOURCE IMPLICATIONS:

Expected to be minimal.

DEADLINES AND NEXT STEPS:

1. Advise Government of Ontario / Ministry of Health.
2. Implement when required.

OPTIONS:

1. Accept as final the fee schedule for initial registration and annual fees for emergency class and add new bylaws numbered 19.03 B2.2 and C1.1.
2. Accept an amended fee schedule for initial registration and annual fees for emergency class and add new bylaws numbered 19.03 B2.2 and C1.1.
3. Refer the matter to the Executive Committee for review and discussion.
4. Reject the proposed bylaw changes.

RECOMMENDATIONS:

1. Accept as final the fee schedule for initial registration and annual fees for emergency class and add new bylaws numbered 19.03 B2.2 and C1.1.

RESOLUTION:

BE IT RESOLVED THAT THE COUNCIL APPROVE THE FEE SCHEDULE RELATED TO PAYMENT OF COLLEGE FEES FOR INITIAL REGISTRATION AND ANNUAL MEMBERSHIP FOR EMERGENCY CLASS ITEMIZED IN THE NEW BYLAW 19.03 B2.2 AND C1.1.

CHO Bylaw – Fees

19.01 – Registration Year
The registration year for Registrants shall be from the day of the date of proclamation of the Act to one full calendar year from that day and each subsequent year thereafter.

19.02 – Renewal Process
The annual registration fee is due and payable on or before the day before each registration year. At least 45 days before the annual registration fees are due, the Registrar shall send to each Registrant a notice stating that the annual registration fees are due, setting out the amount of the annual registration fee for each category of registration and a request for information required under the regulations and the bylaws of the College. The obligation to pay the annual registration fee continues even if the Registrar fails to provide the notice or the Registrant fails to receive such notice.

19.03 – Fee Amounts

	Fee Item	**Fee Schedule April 1, 2023 to March 31. 2024**
B. Fees Relating to Applications for Initial Registration		
1.	Initial Registration Application Fee	$295
2.	Registration Fee Full Class	$905
2.1	One month after the first anniversary of proclamation, a Registrant issued a certificate of registration shall pay, in respect of the registration year in which the certificate was issued: one twelfth of the registration fee for that category of the registration multiplied by the number of calendar months remaining before the next registration year, including the month in which the certificate of registration was issued.	
2.2	**NEW→ Registration Fee Emergency Class**	**$905**
3.	Registration Fee (Inactive)	$775
4.	Transfer to a Different Class Fee	$107
5.	Jurisprudence Program Fee	$80
6.	Substantially Equivalent Assessment Fee	$480
7.	Substantially Equivalent Assessment Retake Fee	$240
C. Fees Relating to Renewal of Registration		
1.	Annual Registration Fee (Full)	$1,335
1.1	**NEW→Annual Registration Fee (Emergency)**	**$1,335**
2.	Annual Registration Fee (Inactive)	$775
3.	Late Renewal Fee (All classes)	$213
4.	Reinstatement Fee (after three (3) years)	$800
5.	Reinstatement Fee (within three (3) years)	$265

19.04 – Payment of Fees set by Registrar
A person shall pay the fees set by the Registrar for anything the Registrar is required or authorized to do.

19.05 – Fee Increases
Each year each fee described in these bylaws shall be increased by the percentage increase, if any, in the Consumer Price Index for goods and services in Canada as published by Statistics Canada or any successor organization.

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM

MEETING/DATE:	**COUNCIL, APRIL 21, 2023**	**DECISION**	**X**
		DISCUSSION	□
		INFORMATION	□
DATE:	**APRIL 17, 2023**		
ITEM NAME:	**CPMF Third-Party Council Audit Requirement**		
PRESENTED BY:	**B. ZIV**		

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

To consider issues related to the appointment of a 3rd party consultant to carry out audit of council as per the College Performance Measurement Framework (CPMF) Domain 1 – Governance, Standard 1.2 for Council to regularly assess its effectiveness and address opportunity for improvements.

STRATEGIC DIRECTIONS: This initiative fits with the strategic direction of the College's 2023/2024 Key Result Area of Good Governance or other requirements:

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

GUIDING LEGISLATION/BYLAW/POLICY:

CPMF – Domain 1 Governance
Standard 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement for ongoing education.

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

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:
The effective functioning of Council is the responsibility of the College's President. He/she is supported in this role by the Registrar and staff.

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

When Council understands its important role and is sufficiently trained and prepared, it works effectively and efficiently in the best interests of the College and within its statutory mandate. An effective Council and committees make good decisions which have a positive impact on public protection.

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).:

Annually, Council members are mandated to participate in an online survey assessing the performance of Council as a whole. This survey is subjective. CPMF Third-Party Assessment of Council is a Ministry standard which is in addition to the in-house self-evaluation of Council and its meetings. Third-party assessment of Council is a new requirement that is premised on principles of good governance within the legislative landscape of the *Regulated Health Professions Act* (RHPA). Each College must consider options for such an assessment to be completed every three years to comply with the CPMF. The Third-Party Assessment is intended to be objective and provides fair and balanced evaluation against multiple governance best practices.

KEY CONSIDERATIONS:

The need to engage a third party to conduct an evaluation has been spelled out in the CPMF. The cost of doing so could be significant, depending on how it is done. Costs that other Colleges have paid for an audit vary widely from $30,000 to $90,000. The choice of approach should be mindful of both resources and value and should be seen as an opportunity to gather valuable information as opposed to simply meeting the requirement spelled out in the CPMF.

Direct communication with the Ministry has not resulted in any specific direction as to a specified approach that colleges need to consider. However, Jason Maurier, Manager of the Regulatory Oversight and Performance Unit, did provide the general clarification as follows:

> *"Third-party assessments are meant be part of a larger framework to evaluate the effectiveness of Council and Council meetings (see Measure 1.2 a i-ii). Assessments can provide a subject matter expert's view on Council effectiveness with the purpose of identifying improvement opportunities (e.g., through ongoing education and training opportunities for Council). Such a review does not necessarily require a full assessment of College governance.*
>
> *To ensure a meaningful and informative evaluation, Colleges are encouraged to engage assessors who have expertise in the field of professional regulation and who do not have a conflict of role or interest. Given that this evaluation might necessitate the delivery of some critical observations and/or recommendations, having assessors who are not peers (e.g., a current Registrar of another health regulatory College) may be more suitable."*

Nicole Zwiers, Registrar of the College of Chiropodists of Ontario (COCOO) arranged for Nanci Harris, who has recently retired from a career at several Ontario RHPA Colleges, to act as the third party for evaluation of the COCOO Council. Ms. Zwiers has contacted a number of smaller Colleges to say that Ms. Harris would be willing to offer the same service should they wish to engage her.

A large-scale audit is cost prohibitive for CHO. Working with Ms. Harris would be the most cost-effective and practical option for the CHO at this time. The evaluation would involve Ms. Harris being present at a Council meeting as well as a review of Council materials.

RESOURCE IMPLICATIONS:

1. Cost: $1500.
2. Staff time to provide resources and reference materials and to prepare for the audit.

OPTIONS:

1. Approve the engagement of Nanci Harris to conduct a third-party evaluation of CHO Council.
2. Explore other options to meet the requirements of the CPMF.
3. Do not engage in a third-party evaluation this year.

RECOMMENDATION:

1. Approve the engagement of Nanci Harris to carry out the third-party evaluation in a way that will meet the requirements of the CPMF and provide useful information to Council.

RESOLUTION:

BE IT RESOLVED THAT NANCI HARRIS BE APPONTED AS THE 3RD PARTY CONSULTANT TO CARRY OUT AN EVALUATION OF CHO COUNCIL EFFECTIVENESS.

DEADLINES AND NEXT STEPS (IF APPROVED):

1. Prepare for audit process [May to Sept]
2. Audit to take place [Fall 2023 Council meeting]
3. Receive and share summary report for consideration by Governance Panel and Council [Fall 2023]

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	Council/April 21, 2023	**DECISION**	□
DATE:	April 14, 2023	**DISCUSSION**	X
ITEM NAME:	Council Self-Evaluation	**INFORMATION**	□
INITIATED BY:	Governance Panel		
PRESENTED BY:	K Harvey		
REPORT BY:	K Harvey		

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

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

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

GUIDING LEGISLATION/BYLAW/POLICY:

From the MOH December 2021 – College Performance Measurement Framework

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

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

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

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

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

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

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

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

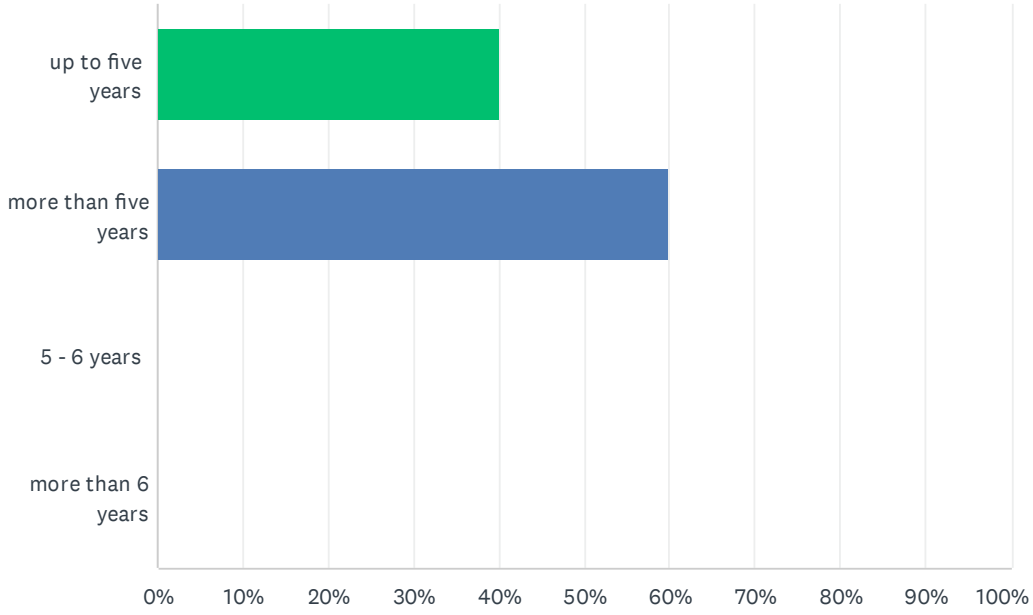
Council and Governance Panel Discussion

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

The 2022-2023 survey was distributed to Council members on March 24, 2023, and responses were received from nine Council members by the (extended) April 11 deadline. Aggregate results are presented here.

Q1 Length of Time on Council

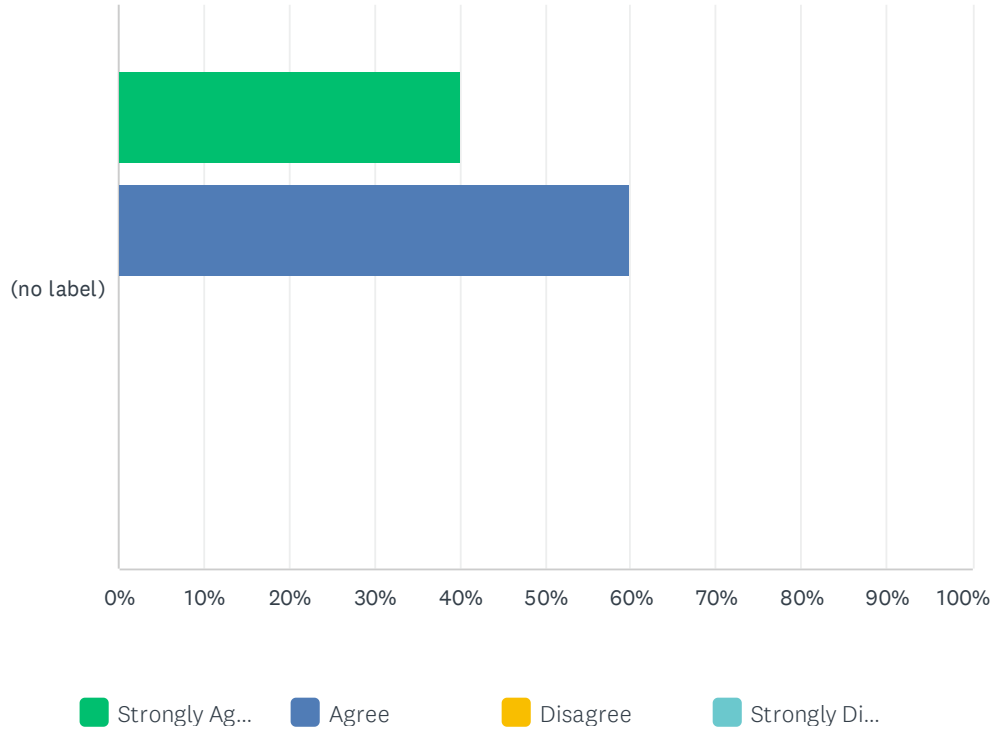
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
up to five years	40.00%	4
more than five years	60.00%	6
TOTAL		10

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

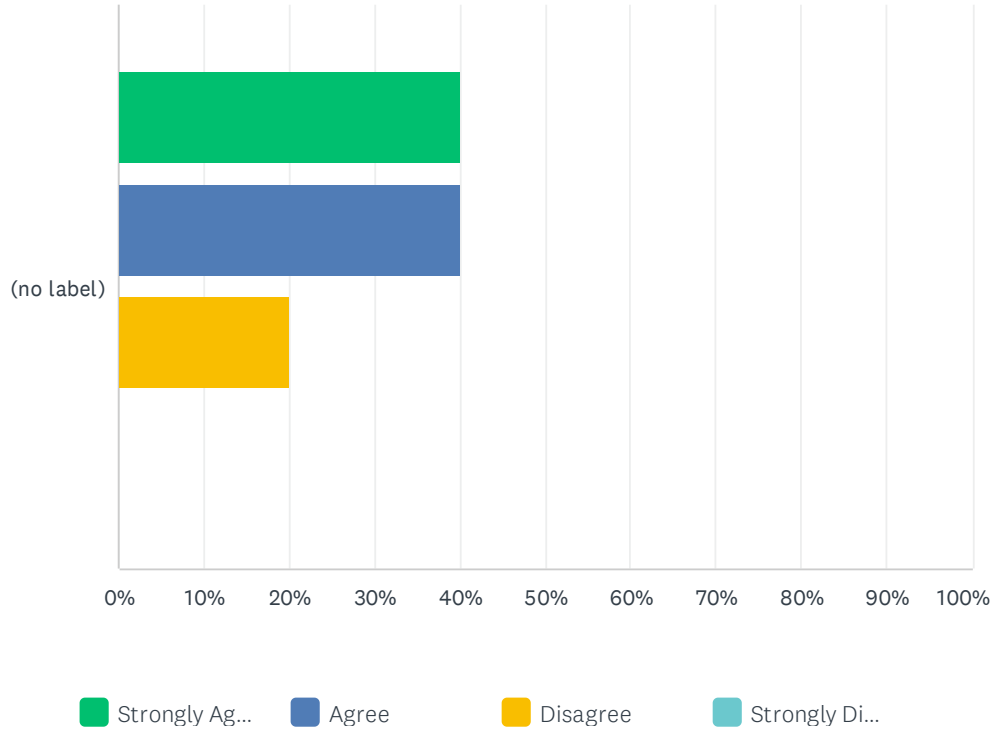
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	40.00% 4	60.00% 6	0.00% 0	0.00% 0	10	

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

Answered: 10 Skipped: 0

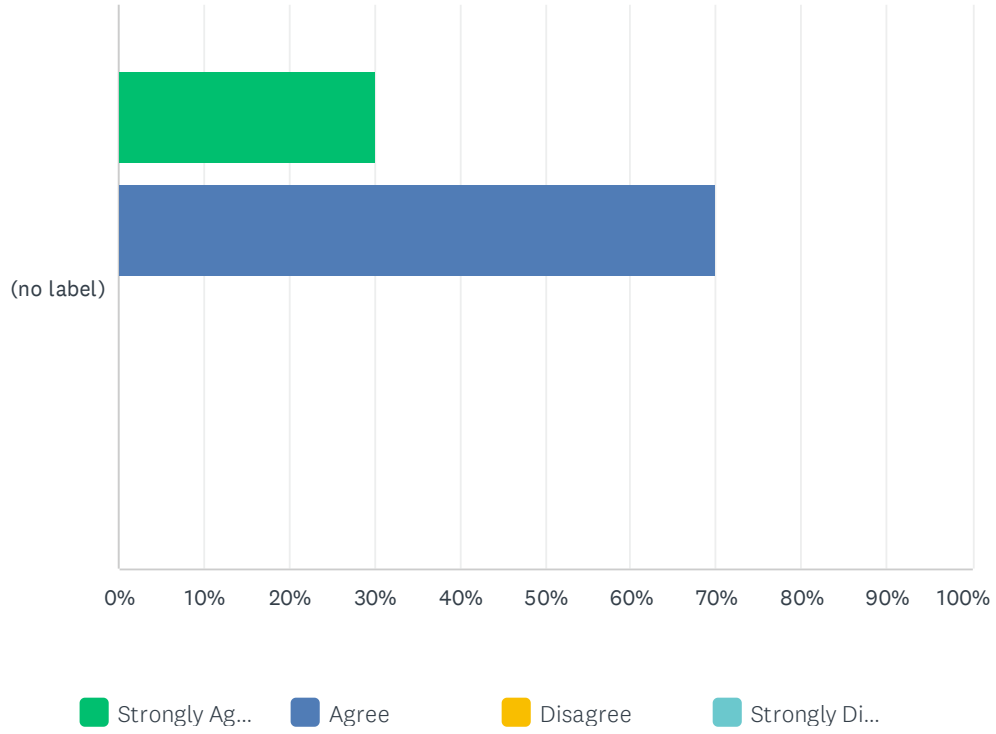


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	40.00% 4	40.00% 4	20.00% 2	0.00% 0	10	

#	COMMENTS:	
1	Not getting material in advance.	

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

Answered: 10 Skipped: 0

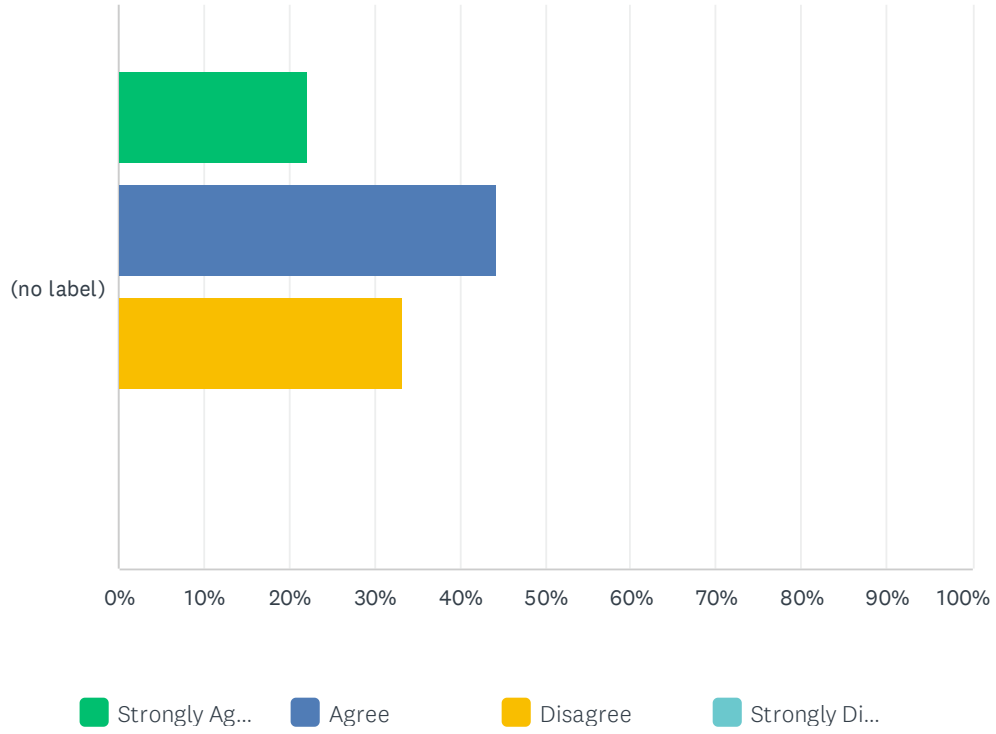


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	30.00% 3	70.00% 7	0.00% 0	0.00% 0	10	

#	COMMENTS:	
1	Even new updates and changes from the ministry should be communicated to the council members to stay abreast.	

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

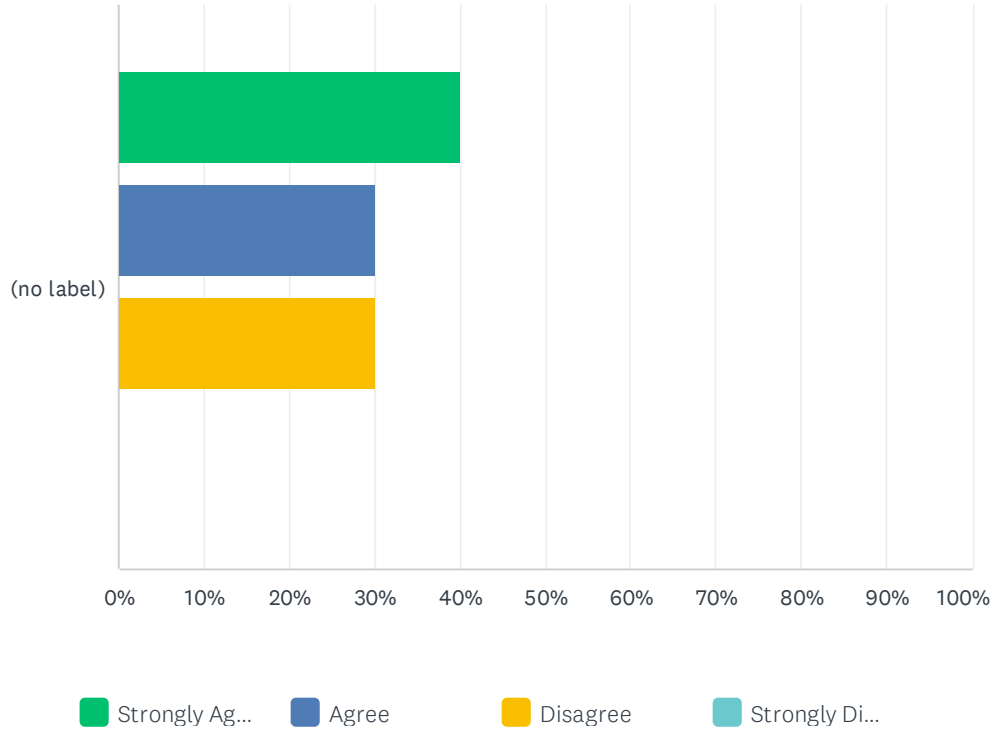
Answered: 9 Skipped: 1



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	22.22% 2	44.44% 4	33.33% 3	0.00% 0	9	

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

Answered: 10 Skipped: 0

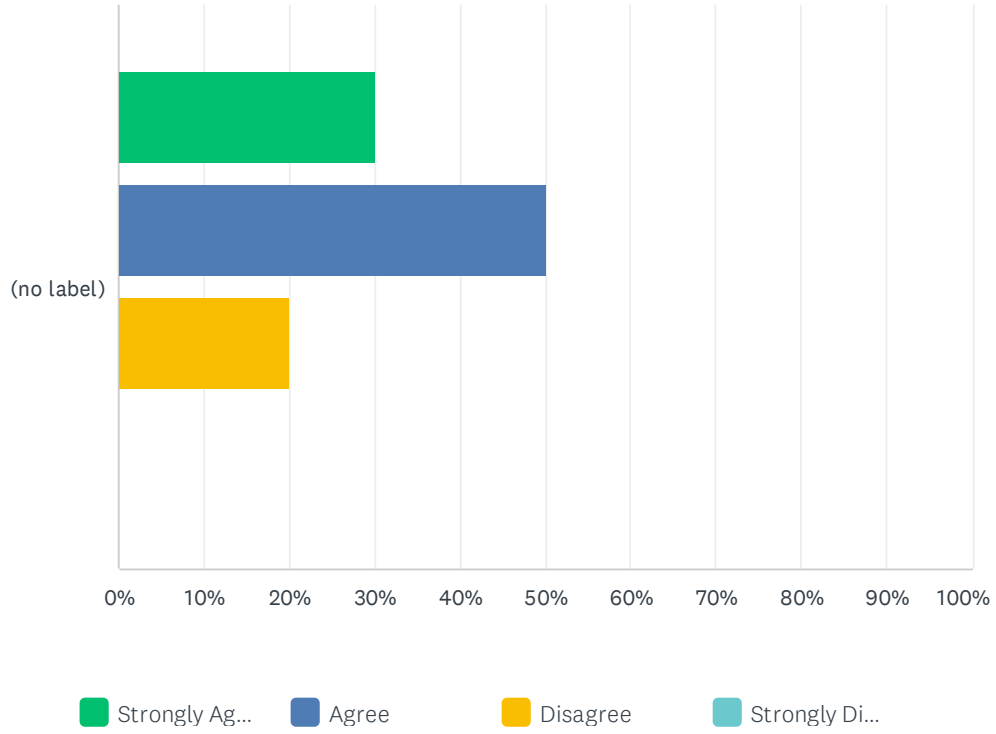


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	40.00% 4	30.00% 3	30.00% 3	0.00% 0	10	

#	COMMENTS:	
1	Sometimes the follow up of the items is not completed as we do not have resources or other important situations come up.	

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

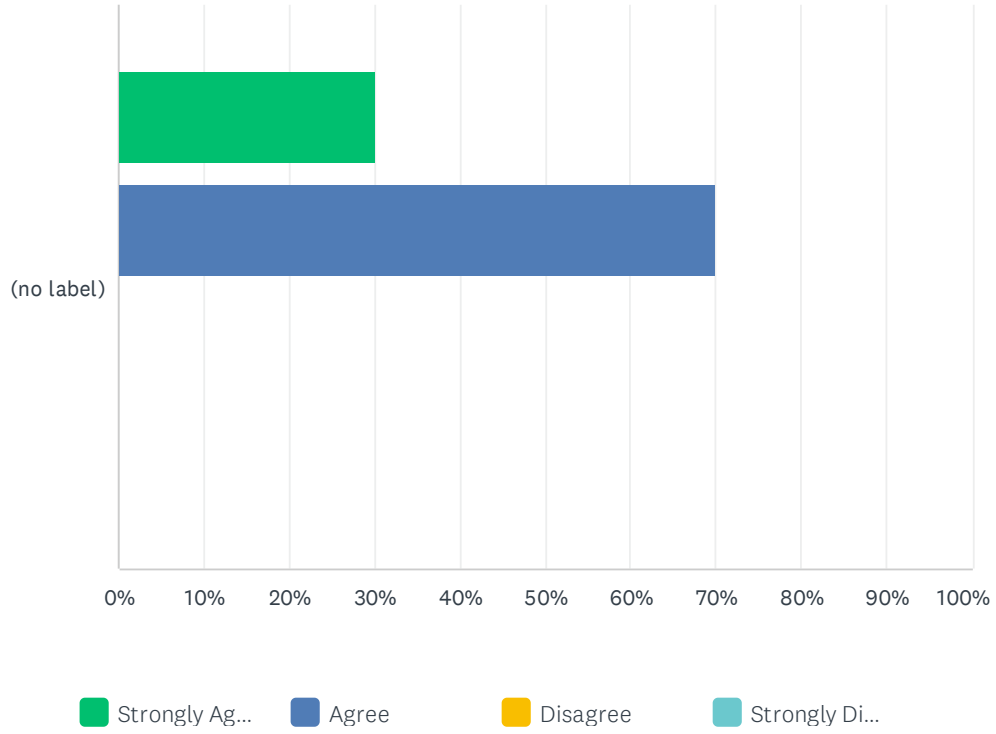
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	30.00% 3	50.00% 5	20.00% 2	0.00% 0	10	

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

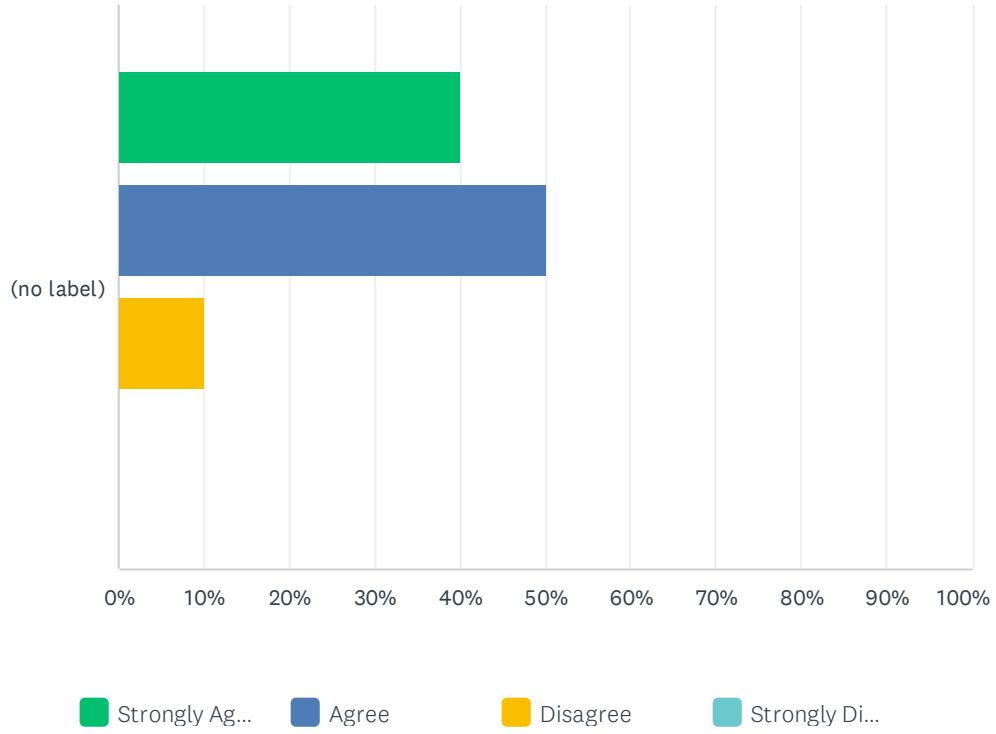
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	30.00% 3	70.00% 7	0.00% 0	0.00% 0	10	

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

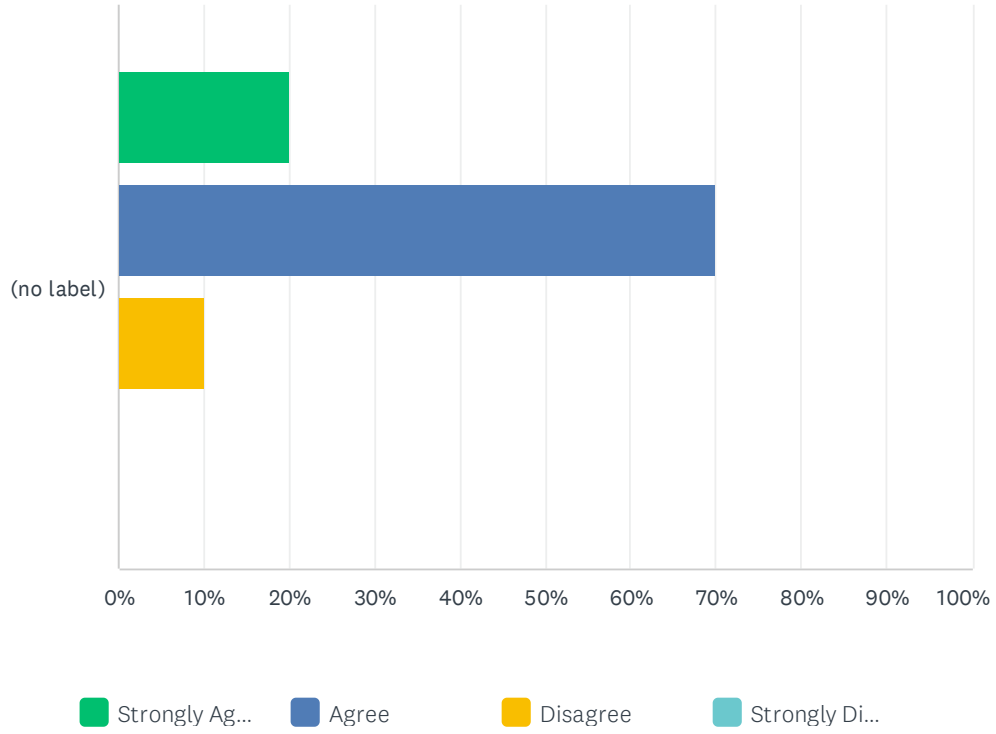
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	40.00% 4	50.00% 5	10.00% 1	0.00% 0	10	

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

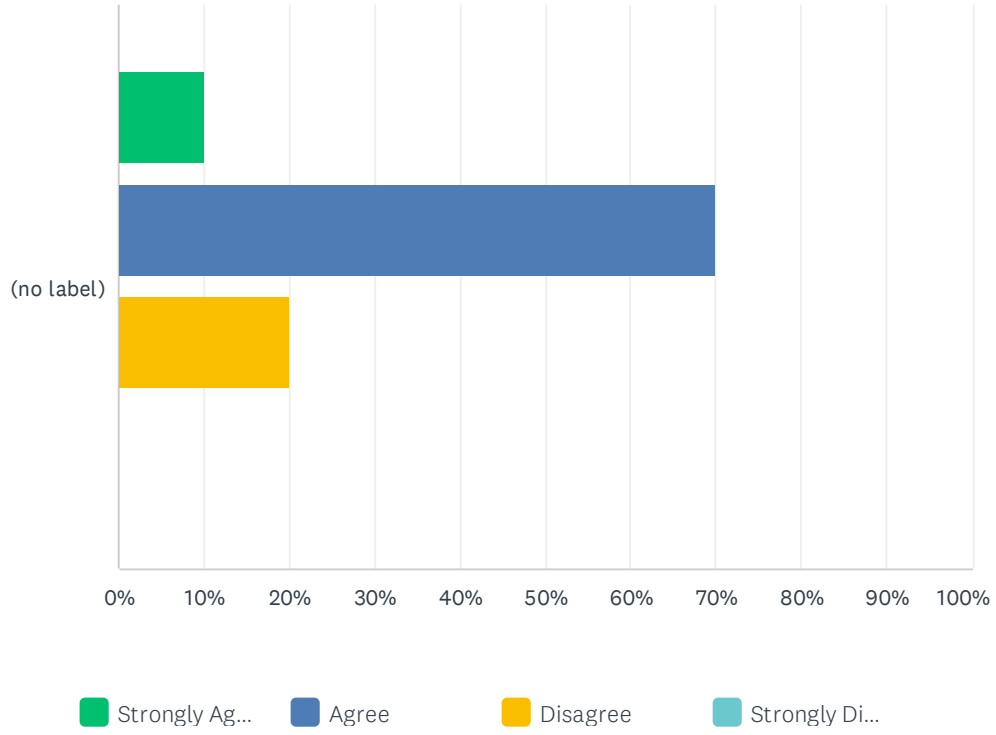
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	20.00% 2	70.00% 7	10.00% 1	0.00% 0	10	

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

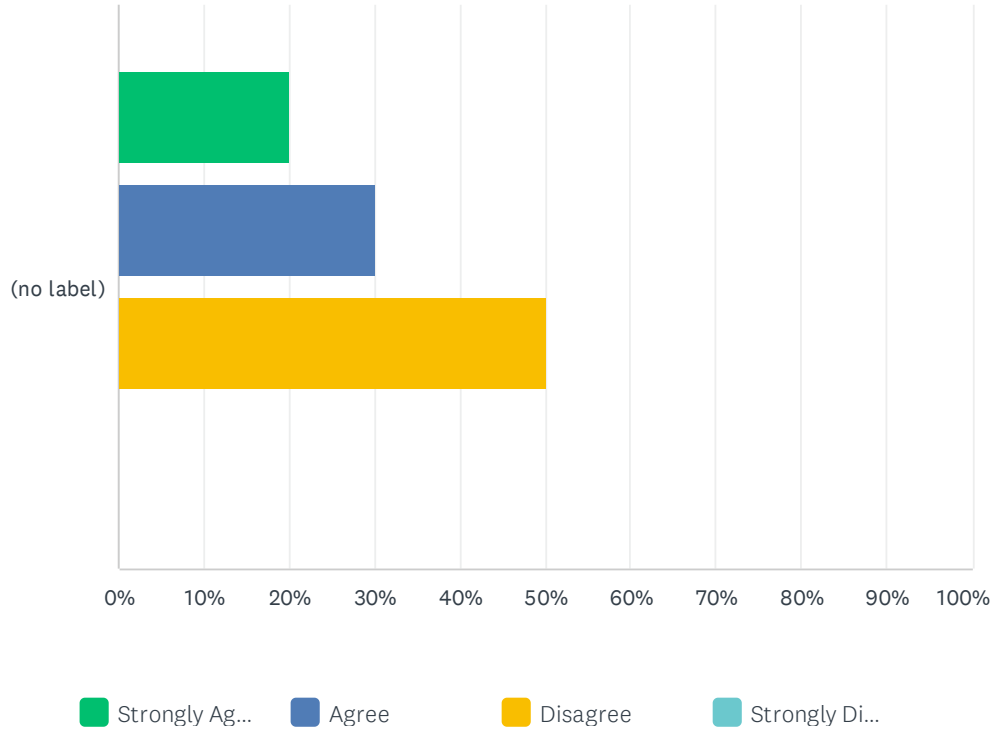
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	10.00% 1	70.00% 7	20.00% 2	0.00% 0	10	

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

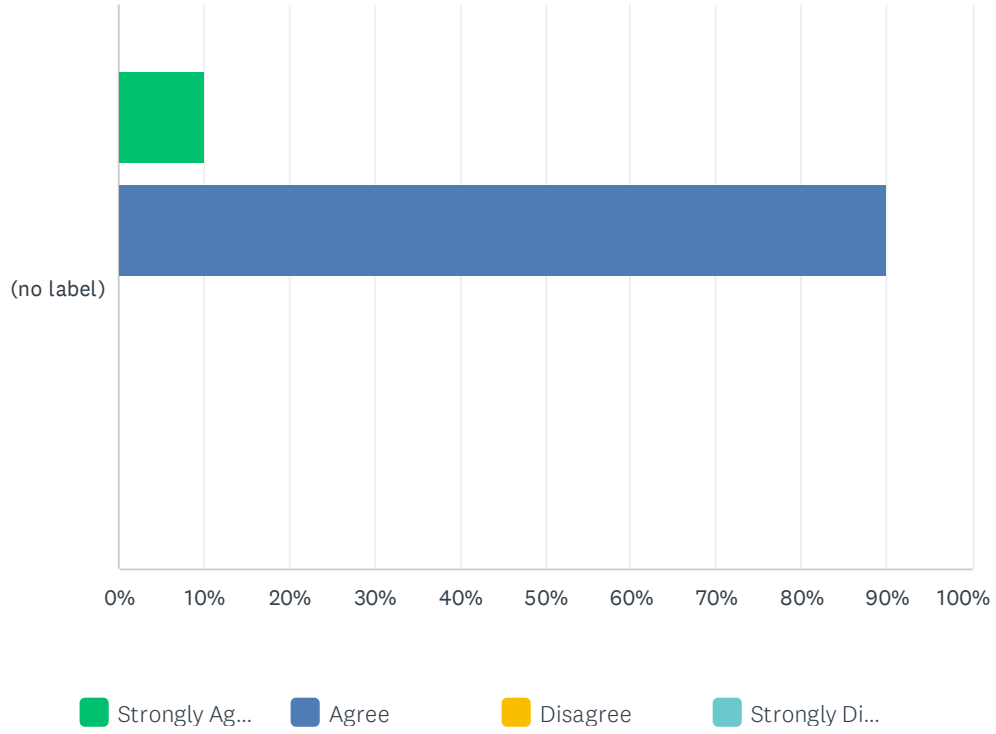
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	20.00% 2	30.00% 3	50.00% 5	0.00% 0	10	

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

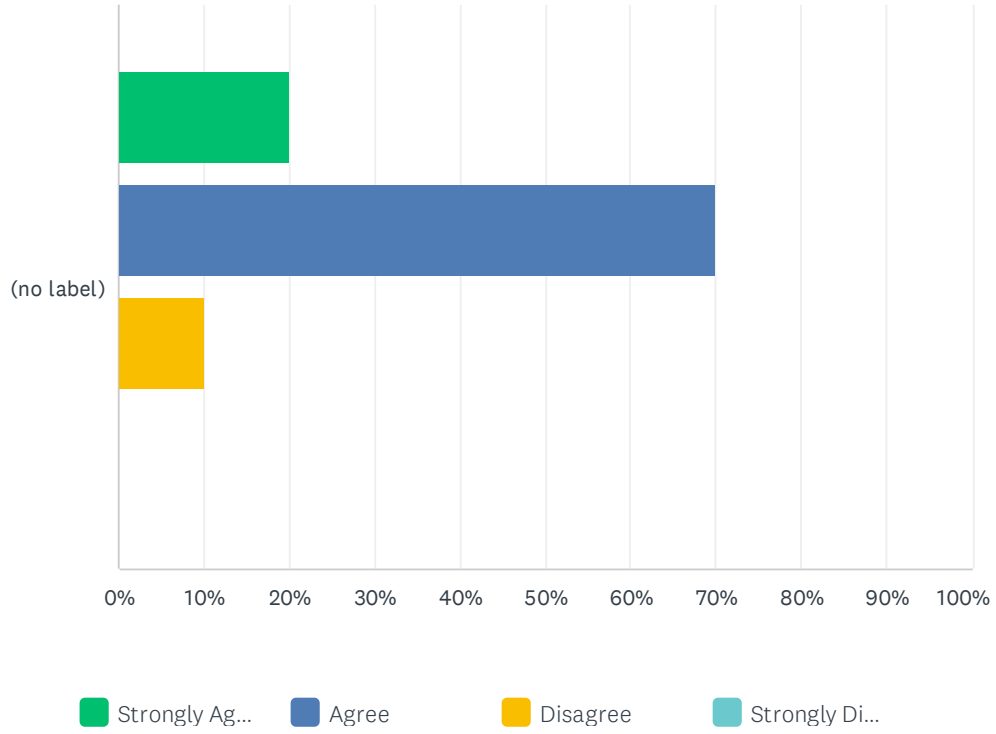
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	10.00% 1	90.00% 9	0.00% 0	0.00% 0	10	

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

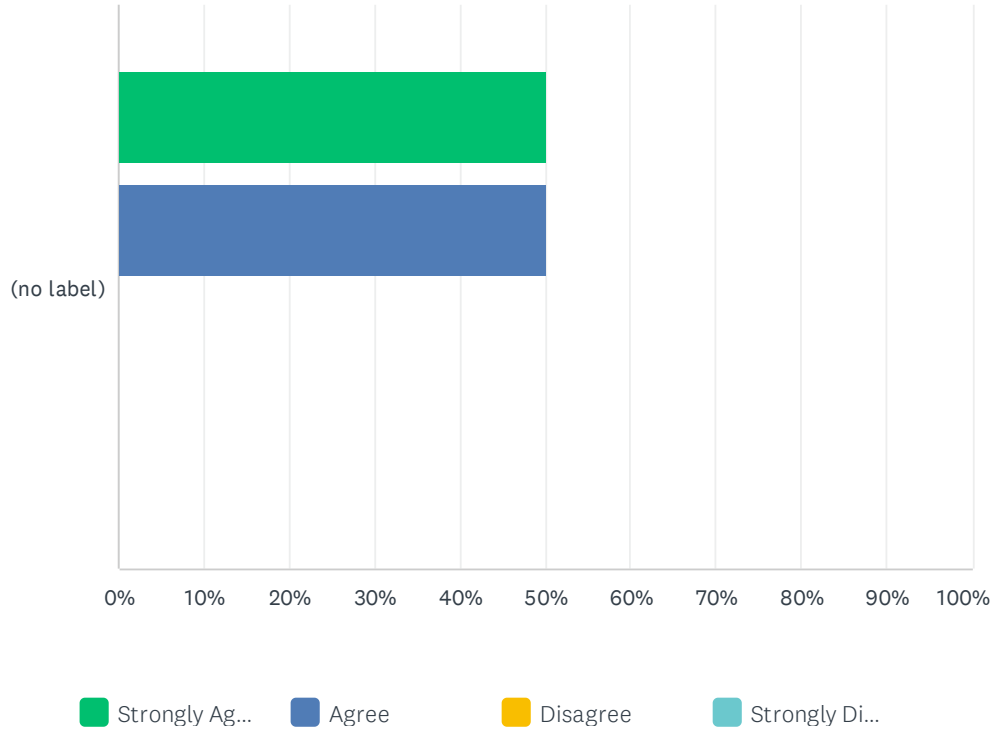
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	20.00% 2	70.00% 7	10.00% 1	0.00% 0	10	

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

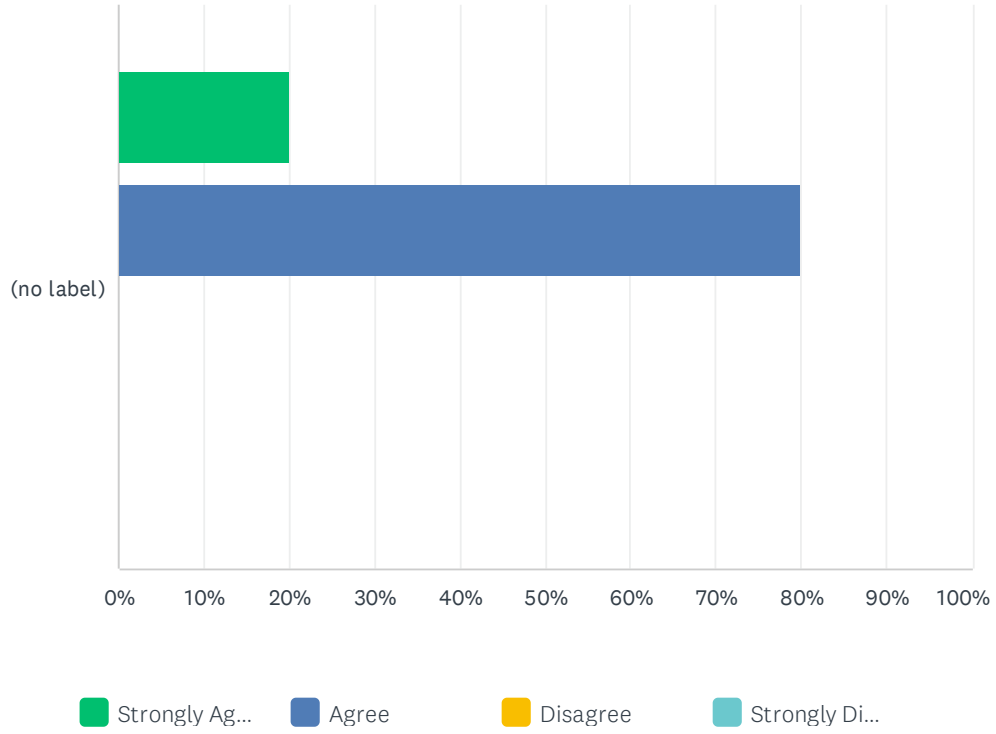
Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	50.00% 5	50.00% 5	0.00% 0	0.00% 0	10	

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

Answered: 10 Skipped: 0



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	
(no label)	20.00% 2	80.00% 8	0.00% 0	0.00% 0	10	

Q17 Any further comments, clarifications or suggestions:

Answered: 1 Skipped: 9

#	RESPONSES	
1	We Should Start now In Person Meetings that will help to resolve the issues efficiently and will be more helpfull. Secondluy there must be a Physical College Office Location in Toronto.	