AGENDA
Council Meeting
College of Homeopaths of Ontario
by teleconference
Thursday, October 1, 2020 10:00 a.m. – 12:34 p.m.

		ITEM	ACTION	FORMAT	WHO	START TIME	DURATION
1		Call to Order	Information	Verbal	M Heller	10:00	2 min
2	2.1	Adoption of Agenda	Decision	Written	M Heller	10:02	2 min
	2.2	Consent Agenda 2.2.1 Extension of Approved Programs 2.2.2 Database Update 2.2.3 Executive Committee Report	Information	Written	M Heller	10:04	5 min
3		Declaration of Conflict of Interest	Decision	Verbal	M Heller	10:09	1 min
4		Approval of minutes - June 11, 2020	Decision	Written	M Heller	10:10	5 min
5		Ministry of Health College Performance Measurement Framework (CPMF)	Information	Written	J Blanchard	10:15	10 min
IN CAMERA							
In-camera *As permitted by the* Regulated Health Professions Act, 1991*, Schedule 2, section 7.2, there are times when it is appropriate for Council to discuss matters* in camera*. These include issues of public security; financial or personal or other matters of such a nature that it is desirable to avoid public disclosure; information related to a person involved in a criminal proceeding or civil suit; personnel matters or property acquisition; or instructions to be given to or opinions received from legal counsel. A meeting or any portion of a conference held* in-camera *is not open to the public.*							
6		Approval of *in camera* minutes - June 11, 2020	Decision	Written	M Heller	10:25	5 min
7		2019-2020 Audit	Decision	Written	Auditors	10:30	20 min
8		2019-2020 Statement of Operations	Decision	Written	B Ziv	10:50	5 min
9		Membership Scorecard and Report on Renewal	Discussion	Written	B Ziv	10:55	10 min
10		2020-2021 Statement of Operations & Budget	Decision	Written	B Ziv	11:05	15 min
11		Confidential Item	Decision	Verbal	M Heller	11:20	10 min
12		2020 – 2021 Goals & Objectives Planning	Decision	Written	M Heller	11:30	45 min
13		2020-2021 Meeting Dates	Discussion	Verbal	B Ziv	12:15	10 min
14		Other Business and Action Items Arising	Discussion	Verbal	M Heller	12:25	5 min
15		HBS – Preparation Time	Decision	Written	M Heller	12:30	2 min
16		Adjournment	Decision	Verbal	M Heller	12:32	2 min

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.

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes

Thursday, June 11, 2020
by telephone and video conference

Present

Council

Mark Heller	Public (Chair)	
Heather Broadhead	Public	
Anna Cardozo	Professional	(Left meeting at 12:40 p.m.)
Kerri Flood	Professional	
Eden Gajraj	Public	
Julie Hughes	Public	
Paul Joseph	Professional	
Gary Kapelus	Public	
Sukhdev Kooner	Professional	(telephone only)
Kamika Mclean	Public	
Sanjeev Nayyar	Professional	
Guru Dutt Vaid	Professional	
Bhupinder Sharma	Professional (Past-President)	

Staff

Janet Blanchard	Senior Manager, Quality Assurance, Patient Relations, Communications
Kathryn Harvey	Communications Officer (recorder)
Basil Ziv	Registrar

Guest

Ana Miletic	Ministry of Health

1 Call to Order
The President called the meeting to order at 10:05 a.m. and conducted a roll call.

2 Adoption of Agenda

2.1 Adoption of Agenda
(Appendix 2.1 Agenda, Council Meeting, June 11, 2020)

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

That Council adopt the agenda.
CARRIED

3 Declaration of Conflict of Interest
None declared.

DRAFT / CONFIDENTIAL

4 Approval of Minutes
(Appendix 4.1 Minutes, February 27, 2020 Council meeting)

Motion # 2: To approve the minutes of February 27, 2020
Moved by H. Broadhead, seconded by J. Hughes

That Council approve the minutes of its February 27, 2020 meeting.
CARRIED

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

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

That Council move *in camera* at 10:12 a.m.
CARRIED

6 Elections and Appointments

6.1 Election of Executive Committee
(Appendix 6.1.1 Slate of Executive Committee & Officers)

In response to a concern related to eligibility raised by S. Kooner, staff clarified that in accordance with Bylaw 6.01 and 6.01.1 pertaining to the eligibility for nomination and election of officers and for President and Vice-President, in order to be eligible to stand for the position of President or Vice-president, a Council member is required to have spent a minimum of one year on the Executive Committee.

Motion # 7: To accept the Executive Committee slate by acclamation
Moved by H. Broadhead, seconded by K. Flood

That Council accept the Executive Committee slate by acclamation.
CARRIED, S. Kooner opposed

6.2 Committee Appointments
(Appendix 6.2.1 Committee Appointments)

Motion # 8: To approve committee appointments as presented
Moved by G. Kapelus, seconded by S. Nayyar

That Council approve committee appointments as presented.
CARRIED

DRAFT / CONFIDENTIAL

6.3 Council Member Transitions

The President reported that the term of G. Kapelus had not been renewed by government despite the College's efforts to reverse the decision. It was also noted that A. Berger had opted not to run again and would not be returning to Council. The contributions of these Council members were noted with appreciation. Mr. Kapelus will continue to be involved with the College, particularly in the area of governance.

7 Bylaws

7.1 Fees Bylaw 10.03 B6 Proposed Increase to Fee for Substantially Equivalent Competency Assessment

(Appendix 7.1.1 Report Form: Substantially Equivalent Assessment Fee – Bylaw Revision)

Staff described to feedback received from the Office of the Fairness Commissioner and the College's response.

Motion # 9: To approve the change to fee bylaw 19.03 for Substantially Equivalent initial and retake assessment effective October 1, 2020
Moved by E.Gajraj, seconded by K. Flood

That Council approve the change to fee bylaw 19.03 for Substantially Equivalent initial and retake assessment effective October 1, 2020
CARRIED

7.2 Council Seat – North District

(Appendix 7.2.1 Report Form: Council Seat – North District)

Motion # 10: To support the decision to leave the North district professional Council member seat vacant until the 2021 Council election
Moved by H. Broadhead, seconded by G. Kapelus

That Council supports the decision to leave the North district professional Council member seat vacant until the 2021 Council election.
CARRIED, E. Gajraj abstained

8 2019 / 2020 Goals & Objectives Wrap Up

8.1 Final Year-End Status Report on Deliverables

(Appendix 8.1 Summary of Deliverables as of April 1, 2020)

The Registrar reviewed the deliverables report as of April 1, 2020. It was agreed that the process had been useful in keeping both Council and staff on track.

9 2020 / 2021 Goals & Objectives

9.1 Finalize Operational Goals

(Appendix 9.1 2020-2021 Operating Plan, Goals & Objectives, Working Draft: 2020-06-10)

DRAFT / CONFIDENTIAL

The President and staff presented a draft document outlining operational goals for the next year. Through discussion, the document was amended to account for overall workload and strategic priorities. Remaining items will be completed by the Executive Committee, with the final document to be circulated to Council.

9.2 2020/2021 Financial Projections
(Appendix 9.2: Financial Projections)

The Registrar described the College's financial position currently and for the year ahead based on projected registration numbers.

10 Outreach
B. Sharma described a number of initiatives undertaken to reach out to international homeopathy regulators and to gather information about best practices. A report describing findings will be circulated.

11 Other Business
None.

12 Meeting Actions and Follow Up Summary

Action Plan resulting from the June 11, 2020 Council Meeting

1. Provide SS Kooner with materials provided to Council and the profession on changes related to bylaw 6.01, 6.01.1 and Schedule 1.
2. Send thank you letters to non-returning Council members.
3. Update the 2019/2020 feedback on operating plan to document culpable loss strategy.
4. Communicate the outcome of the 2019/2020 operating plan.
5. Update the 2020/2021 operational plan and send to Executive Committee for final review and approval. The finalized document will be circulated to Council for their information.
6. Circulate B. Sharma's outreach report to Council. Include list of targeted organizations.

13 HBS Preparation Time

Full day preparation, full day meeting
Start time: 10:05 a.m.
End time: 3:20 p.m.

14 Adjournment

Motion # 11: To adjourn
Moved by H. Broadhead, seconded by P. Joseph

That Council adjourn at 3:20 p.m.
CARRIED

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

Mark Heller, Chair **Date**

DRAFT / CONFIDENTIAL

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, SEPTEMBER 24 2020**	**DECISION**	□
DATE:	**SEPTEMBER 18, 2020**	**DISCUSSION**	□
ITEM NAME:	**MOH College Performance Measurement Framework**	**INFORMATION**	**X**
INITIATED BY:	**B ZIV**		
PRESENTED BY:	**J BLANCHARD**		

OBJECTIVE OF THIS REPORT (relevance to the business of Council, potential impact/outcome of decision):
To inform Council about a new performance measurement framework introduced by the Ministry of Health (MOH) for all regulatory health colleges.

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 1A (see below)**
□ **2 Practicing Good Governance**
□ **3 Achieving Growth**
□ **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
X **Other, specify: College Performance Measurement Framework**

PROTECTING THE PUBLIC: Provide a brief summary and rationale for any proposed decision including 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 Ministry of Health "is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals. The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well."[1]

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).:

As anticipated, on September 1 the MOH released the draft of the College Performance Measurement Framework (CPMF) for the final round of consultation. On word from the Ministry the contents of the CPMF may not be shared beyond College Registrars and senior staff until the final document is released (this is anticipated for early October). The draft release includes a letter from the Assistant Deputy Minister of Health (which has been okayed for distribution – see separate file), a technical briefing on the performance standards, and the CPMF reporting tool.

[1] September 1st, 2020 Memo from Assistant Deputy Minister Sean Court to College Registrars and CEOs RE: College Performance Measurement Framework Implementation

The reporting tool allows College's to indicate if they fully, partially, or do not demonstrate each of the 41 standards and to provide supporting evidence and/or indicate future action steps planned to achieve the standard (if not achieved). There are also 14 stat reports. Colleges have been asked to review their activities of specific regulatory standards and benchmarks, and to report back to the MOH by March 31, 2021 and to post a copy of the report submission on the College's website.

Although the CPMF is still in draft form, the development of this project has been underway for over a year. Based on the detailed evolution of the project and the level of consultation throughout its development, CHO staff believes there is a high degree of likelihood that we will see few changes in the final iteration. Based on this premise we have embarked on its first review of CHO performance against the benchmarks with the intention of identifying areas which meet prescribed measurements, evidence and standards and areas which could quickly come in line with a little effort. We anticipate our initial review will be completed by the end of October which will generate a list of action items including some policy review/development.

Staff look forward to sharing the full tool with Council in the near future.

The College's participation in this review has been identified as KRA 1A) CHO Delivery of Legislative and Legal Mandate – Participate in the MOH Cycle 1 of College Performance Measurement Framework.

DEADLINES AND NEXT STEPS:

1. Ongoing review and identification of action steps to align with best practices for enhanced public protection.

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5

Ontario

MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
A/Assistant Deputy Minister

DATE: September 1st, 2020

RE: **College Performance Measurement Framework Implementation**

I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College's commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting

Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,

Sean Court
A/Assistant Deputy Minister

c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

AGENDA ITEM # 12
APPENDIX 12.1

COLLEGE OF HOMEOPATHS OF ONTARIO
REPORT FORM / BRIEFING NOTES

MEETING/DATE:	**COUNCIL, OCTOBER 1, 2020**	**DECISION**	**X**
DATE:	**SEPTEMBER 24, 2020**	**DISCUSSION**	□
ITEM NAME:	**2020-2021 Goals and Objectives Planning**	**INFORMATION**	□
REPORT PREPARED BY:	**J BLANCHARD**		
PRESENTED BY:	**M HELLER**		

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

To provide an update report following Executive Committee's review of the College's 2020-2021 operating plan, goals and objectives.

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

□ **KRA1 Delivering on Legislative & Legal Mandate**
X **KRA2 Practicing Good Governance**
□ **KRA3 Achieving Growth**
X **Fulfilling RHPA Objects**
□ **Meeting a Legislative/Regulatory or Bylaw Requirement**
□ **Other, specify:** _____

GUIDING LEGISLATION/BYLAW/POLICY:

RHPA, 1991, Schedule 2 – Health Professions Procedural Code, section 3 Objects of the College

PROTECTING THE PUBLIC: Provide a brief summary and rationales for any proposed decision including how the decision 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 initiatives captured in the College's 2020-2021 operating plan, goals and objectives guide CHO in initiatives in three key result areas (KRA):

1. CHO Delivery of Legislative and Legal Mandate (strong promotion of public protection);
2. CHO to Practice Good Governance (to ensure a transparent, ethical and well-functioning organization); and
3. CHO to Achieve Growth (to ensure a strong and viable organization)

All three KRAs are required to have a strong and functional college which effectively fulfils its public protection mandate.

LINK TO CURRENT/FUTURE OPERATIONAL STRUCTURE:

This is the College's second operating plan, goals and objectives document.

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

The development of this document reflects input from Council members, the Registrar, Staff, the Ministry of Health, and other stakeholders based on feedback received by the College.

While there is no priority placed on any specific goal, members of the Executive Committee emphasized the need to focus on those projects most likely to engage and support current registrants.

Each KRA has been divided into two sections 1. Projects to be completed; and 2. Projects to move to 2021/2022. Prior to making the planning document public, staff will remove the projects/goals and

objectives earmarked for 2021/2022, and data tables related to goal 2A (financial) and 3A (membership levels) – which have been provided for Council's information.

The 2020/2021 KRAs contain 10 goals and objectives and 22 deliverables. Note, this includes some goals/objectives (4) and deliverables (7) carried forward from the 2019/2020 plan. Proposed goals have been reviewed to determine the availability of human resources to bring each goal to completion.

At its September 17, 2020 meeting, the Executive Committee reviewed the 2020/2021 document and made the following decisions:

To accept the strategic goals and objectives as amended and give staff the authorization to proceed. Moved by G. Vaid, seconded by K. Flood

That the Executive approve the strategic goals and objectives as amended and give staff the authorization to proceed immediately.
CARRIED

This decision requires ratification by Council.

KEY CONSIDERATIONS:

1. Ensuring that public protection requirements are met, while supporting registrants and providing resources to ensure there is full understanding and compliance for operating effectively and safely within a pandemic environment.
2. Adequate registrant engagement to promote confidence in the value and role of the College.
3. Limited staff and volunteer resources available.
4. Limited financial resources to engage assistance from outside of the organization.
5. Ensuring that all activities undertaken are tied to advancing public interest and protection.

RESOURCE IMPLICATIONS:

1. Operating plan, goals and objectives are supported primarily by College staff with a reliance on Council and committee members, and other volunteers to provide expertise and assistance as required.

OPTIONS:

1. Support ratification of decision by Executive Committee to approve the CHO 2020/2021 operating plan, goals and objectives as presented.
2. Support ratification of decision by Executive Committee to approve the CHO 2020/2021 operating plan, goals and objectives with Council directed amendments.
3. Reject ratification of decision by Executive Committee to approve the CHO 2020/2021 operating plan, goals and objectives.

RECOMMENDATIONS:

1. Support ratification of decision by Executive Committee to approve the CHO 2020/2021 strategic goals and objectives as presented.

RESOLUTION:

BE IT RESOLVED THAT Council ratify the decision of Executive Committee to approve the CHO 2020/2021 operating plan, goals and objectives as presented.

DEADLINES AND NEXT STEPS:

1. The Registrar, Staff, the President and identified committees initiate the required steps and processes to complete the 2020/2021 plan.
2. The Registrar will provide progress reports to Executive Committee and Council.

Key Result Area 1: CHO Deliver of Legislative & Legal Mandate

KRA 1 - Projects to be completed

1A) Participate in the MOH Cycle 1 of College Performance Measurement Framework

Fully participate in the College Performance Measurement Framework (CPMF) assessment administered by the Ministry of Health to demonstrate and support the regulatory functions and programs provided by CHO.

Deliverable/Timeframe:

1. Participate fully in fulfilling all requests from the MOH. The process is set to begin in September 2020 and will be completed in Q4.

1B) Quality Assurance Program (Self-Assessment Process)

To reduce organizational risk, enhance registrant competence and compliance, and improve member service, the CHO will launch the registrant self-assessment requirement of the Quality Assurance Program. [Carry forward from 2019/2020]

Timeframe/Deliverable:

1. Complete the pilot testing and launch of the registrant self-assessment requirement of the CHO Quality Assurance Program to ensure registrants understand and comply with the annual requirements, completed by the end of Q3
2. Complete the rollout of the self-assessment requirement to all registrants, completed by the end of Q4

1C) 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.

Deliverable/Timeframe:

1. Implement a plan to deliver a Patient Relations Program, completed by the end of Q4

1D) Spousal Treatment / Exemption Regulation

Consistent with practice-norms across all Ontario regulated professions, the CHO will establish a regulation controlling the practice of spousal treatments. [Carry forward from 2019/2020]

Deliverable/Timeframe:

1. Submit Regulation Submission Application for the MOHLTC, completed by Q2

DRAFT

KRA 1 Projects to move to 2021/2022

1E) Compliance with 2018 Fairness Commissioner Assessment Report

The 2018 Cycle 3 Assessment Report, by the Office of the Fairness Commissioner, identified nine areas of focus for the CHO. In this fiscal year, the CHO will address four areas, including Policy & Process Review (focus on mitigating strategies), Fairness in Special Accommodations, and Gathering Applicant Feedback. Overall, focus on internal policy review to ensure the implementation of mitigating strategies so that registration processes are TOIF and bias-free.

Timeframe/Deliverable:

1. Registration Policy and Internal Process review to improve mechanisms for monitoring registration decisions to satisfy General Duty – Fairness #2, page 16 of the action plan, completed by the end of
2. Fairness in Special Accommodation: Satisfy General Duty – Fairness #4, page 13 of the action plan, completed by the end of
3. Gathering Applicant Feedback: Satisfy General Duty – Transparency #1, page 15 of the action plan, completed by the end of
4. Review resources from all RHPA colleges for objectivity and impartiality tools and measurements and implement appropriate solutions to build in higher levels of objectivity and impartiality into the registration process – Satisfy i. Specific Duty – Assessment of Qualifications Practice 6.12, page 8 of the action plan; ii. General Duty Objectivity 1 to 4, pages 9 to 11 of the action plan; and iii. General Duty Impartiality 1, page 12 of the Action Plan, completed by the end of [carry forward from 2019/2020]

1F) Investigations, Complaints & Reports (ICR)

In 2019/2020, we initiated a framework to review registrant websites; in 2020/2021, the College will begin a program to monitor the advertising on electronic media of Homeopaths across Ontario, to ensure compliance with professional standards.

Timeframe/Deliverable:

1. Based on the established framework, the CHO will assess 10% of registrant websites, completed by
2. Bring a report to the Quality Assurance Committee to develop an action plan for education and auditing, completed by

DRAFT

Key Result Area 2: CHO to Practice Good Governance

KRA 2 - Projects to be completed

2A) Financial

The CHO will maintain/grow the cash reserves by 0%

Deliverable/Timeframe:

1. Preserve cash reserves at 2019 year-end levels by the end of the F2020 fiscal year, completed by Q4

	Actuals	Actuals	Starting Pt	Projected	Revenue	
	2018/2019	2019/2020	2020/2021	2020/2021	2020/2021	
Membership	528	520	497	497	Revenue	$562,225
Change	-8	-23	-54	-22	Expenses	$561,469
Net Position	520	497	443	475	Net Impact	$756
	-1.52%	-4.42%	-10.86%	-6.84%		

2B) Technology Infrastructure Enhancements to Support Regulatory Functions and programs including Quality Assurance and Jurisprudence [Carry forward from 2019/2020]

To improve administrative efficiency, reduce organizational risk, and enhance member service, the CHO will complete a two-phase project to:

- Update hardware, operating platform and data storage systems, and telephone integration;
- Utilize RUZUKU to support regulatory programs, including quality assurance and jurisprudence, including completing the update and relaunch of the Jurisprudence program, and launch the continuing education component of the Quality Assurance Program; and
- Investigate and, if appropriate, implement a new membership database with enhanced data collection for regulatory functions, including registration, complaints, and quality assurance.

Timeframe/Deliverable:

1. Technology and system update, completed by the end of Q1
2. Review and update of Jurisprudence Program and launch of the continuing education component of the Quality Assurance Program, completed by the end of Q3
3. Implementation of the new membership database, completed by the end of Q3

DRAFT

KRA 2 - Projects to move to 2021/2022

2B) Committee of Human Resource Management

Governance Panel has identified the need to explore strategies and make recommendations to maximize the skill, participation, and experience of volunteers/Council members on all CHO committees/panels.

Deliverable/Timeframe:

1. The Governance Panel will set up a framework to allow for the maximum utilization of Council member skill and experience, completed by

2C) Governance Policies

Review of the governance policies in the College's policy manual.

Deliverable/Timeframe:

1. Review and update 25% of the most timely or out-of-date governance policies in the College's policy manual, completed by

2D) Council Education

Create a Council and Committee Education/Training Plan

Deliverable/Timeframe:

1. Create an education/training plan with good quality education for Council and committee members and identifying appropriate internal and external resources, completed by

2F) Adopt Framework to Review Organizational Functions to Avoid and Reduce Systemic Racism

To review and adopt a framework to examine all components of the organization to identify, mitigate and eliminate systemic racism and cultural bias.

Deliverable/Timeframe:

1. Explore the engagement of a third-party consultant to assess the College's conduct, programs and processes, completed by
2. Review and adopt a framework for internal review, which should include regulatory College and Government sources, completed by
3. Deliver action plan to support the framework, including a plan for training of staff, Council/Committee members and CHO members, completed by

DRAFT

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

KRA 3 - Projects to be completed

3A) Membership Levels

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

Deliverable/Timeframe:

1. Deliver a strategy to understand culpable member loss by the end of Q1. [Carry forward from 2019/2020]
2. The CHO will maintain a membership level of 443 for the fiscal year, completed by Q4
3. The Registrar will continue to track and report to the Council, and the Executive Committee at every regular meeting, using the established Membership Scorecard reporting tool.

	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021	Total
Start	**0**	**268**	**486**	**528**	**520**	**497**	
New	**268**	**218**	**65**	**29**	**23**	**9**	**612**
Resigned	0	0	-9	-22	-22	-20	-73
Deceased	0	0	-1	-2	-1	0	-4
Suspended	0	0	-13	-13	-23	-20	-69
Revoked	0	0	0	0	0	-9	-9
Expired	0	0	0	0	0	-14	-14
Change	**268**	**218**	**42**	**-8**	**-23**	**-54**	**443**
Year End	**268**	**486**	**528**	**520**	**497**	**443**	
% Change		81.34%	8.64%	-1.52%	-4.42%	-10.86%	

3B) Support CHO and its members to Navigate the COVID-19 Pandemic

A clear understanding of the framework for practicing in a pandemic environment must be developed for Homeopaths. The framework should include definitions, decision trees and steps for implementation in a practice environment. This objective addresses the development, validation and education of professional practice standards and guidelines, which can be used by both members and the College to ensure effective patient care and protection. The CHO will facilitate a member-driven process to develop various leading practices. Through the Quality Assurance Committee, the CHO will ensure leading practice guidance documents are alignment and compliant with appropriate professional practice standards. The CHO will identify subject matter experts to facilitate the electronic town hall events, administer, promote and coordinate the specific web-events, complete a review of draft outcome materials, then publish the final guidance document on the CHO website.

- Leading Practice 1: Understanding the definition of Essential Services
- Leading Practice 2: Remote Patient Screening & Clinical Assessment
- Leading Practice 3: Virtual Practice Administration (Patient Outreach and Management)

Deliverable / Timeframe

1. Source subject matter experts (one for each of the three topics), as volunteers, preferably from within the CHO membership base, to host the leading practice Webinar, completed by Q2
2. Organize and promote electronic town hall events on CHO Website, and through email, completed by Q2
3. For each topic, complete the review by the Quality Assurance Committee of final draft guidance material within 15-days of receipt from the subject matter expert Q3
4. Host Two (2) Electronic Townhalls for each of the three topics
   - Leading Practice 1: Understanding the definition of Essential Services, completed by Q3
   - Leading Practice 2: Remote Patient Screening & Clinical Assessment, completed by Q4
   - Leading Practice 3: Virtual Practice Administration (Patient Outreach and Management), completed by Q4
5. For each topic, publish guidance material on CHO Website, within 30-days of receipt of the draft, from the subject matter expert

3C) Assess the impact of the Pandemic, on the requirements for 2021/22 membership renewal in the CHO

Deliverable / Timeframe

1. Conduct a College-wide survey of registrants to establish the impact of Pandemic on practices. The College will also attempt to understand how registrants have responded to COVID-19 imposed practice changes, completed by Q3
2. Utilize the AdHoc Advisory Panel to act as advisors to the CHO on matters of 2021/22 membership renewal, completed by Q3
3. Based on the results of the survey of registrants and the input from the AdHoc Advisory Panel, develop communication and action strategies, completed by Q3

4. Report back to the Council/Executive on any potential barrier and recommendation for mitigation, completed by Q3

3D) Launch initiatives that will support long-term improvement to patient care which will also benefit the growth and viability of the profession of homeopathy in Ontario.

Develop a case for Homeopaths to perform specified Controlled Acts. This initiative is a long-term solution to improved patient care and access (estimate is 8-10 years), with multiple stages, including initial viability assessment, formal submission, passing legislation, development and implementation of regulations. This project requires approval by the Government of Ontario.

Deliverable / Timeframe

1. Strike a task force or ad-hoc sub-committee of the Registration Committee shall lead the preparation of responses for the initial viability assessment; the task force will be in place and active by Q4.

2. Complete the initial assessment and submit to Ministry in 2021-2022.

KRA 3 - Projects to move to 2021/2022

3E) Educate Insurers on homeopathy services and billing practices and the standards/guidelines which apply to CHO registrants.

Deliverable / Timeframe

1. Investigate and identify other regulated health professional colleges, who have secured insurable services, and identify their process to achieve success, completed by
2. Identify any Insurance schemes that currently cover homeopathy services and provide education and improved access to information on the College's standards and guidelines, completed by

3F) Identify opportunities for CHO members to participate in Integrated Health Delivery Models

Deliverable / Timeframe

1. Investigate case-study examples of emerging health professionals in Ontario who have successfully participated in Integrated Health Delivery Models; completed by
2. The CHO Registrar and President will establish a calendar for meetings with executive leaders from HPRO and target professional colleges to inform the development and implementation of the strategy; completed by

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3G) Identify resources to evidence and model the significant of Interprofessional Collaboration to support improved patient care

Deliverable / Timeframe

1. Poll the membership to identify registrants who have collaborated with health professionals in Ontario to improve patient care, completed by
2. Create a single source (aka Living Library) of high-quality research and clinical evidence supporting the opportunities for interprofessional collaboration (in any jurisdictions), completed by

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