COLLEGE OF HOMEOPATHS OF ONTARIO

COUNCIL AGENDA

Tuesday, October 27, 2026

10:00 a.m. – 12:47 p.m.

Item	Time	Topic	Documents	Purpose
1	10:00	Call to Order		Information
2	10:05	Agenda		
2.1		Consent Agenda [1] (SEE PAGES 42-70) 1) Minutes, June 18, 2026 2) Update on Action Items 3) ICRC Report 4) Resources from SML 5) Submission on Bill C-224 6) Submission on Bill C-218 7) Response to Bill 119	 2.1.1 2.1.2 2.1.3 2.1.4 2.1.5 2.1.6 2.1.7	Decision
2.2	10:10	Adoption of Agenda	2.2	Decision
3	10:13	Declaration of Conflict of Interest	3.1	Information
4	10:15	Election of Executive Member-at-Large (if necessary)		Decision
5		Audit		
5.1	10:30	2025-2026 Audit	5.1	Decision
5.2	10:45	Approval of Auditor for 2026-2027	5.2	Decision

[1] 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?

Item	Time	Topic	Documents	Purpose
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	10:50	Finances 6.1 Reserve Policy (CPMF requirement) 6.2 Statement of Operations	 6.1 6.2	 Decision Decision
7	11:05	*in camera* minutes, February 26, 2026	7.1	Decision

Item	Time	Topic	Documents	Purpose
8	11:10	Equality, Diversity and Inclusion Policies (CPMF Requirement)	8.1	Decision
9	11:20	Prioritized Strategic Directions and Draft Strategic Plan, 2027–2029	9.1 - 9.3	Decision
10	12:20	Insurance Codes Proposal	10.1 - 10.2	Decision
11	12:40	Other Business and Action Items		Discussion
12	12:45	HBS – Preparation Time		Information
13	12:46	Adjournment		Decision
1:20	**ICRC Meeting to follow (for ICRC members only)**			

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

College of Homeopaths of Ontario
Council Member Declarations
re: Conflict of Interest as of October 2026

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	YES	Ontario Homeopathic Medical Association, Director 2017-2021 (resigned upon assuming seat on Council)	None
Sajeev Ampadi	YES	None	None
Ayinde Azeez	YES	Licensed Financial Professional/Trainer	None
Kerri Flood	YES	CCHM, contract teacher	None
Tyler Groen	YES	None	None
Catherine Kerr	YES	None	None
Maha Mansour		None (reported as part of nomination package)	None
Florence MacLean		None (reported as part of appointment)	None
Kamika McLean	YES	Member, Federal Judicial Advisory Commission Member at Large, Ontario Bar Association	None
Yen Tran	YES	None	None
Paridhi Wasal	YES	Board of Directors, Ontario Homeopathic Medical Association, 2022-2024 (resigned upon election to Council)	None

October 2026

Agenda Item: 5.2

COLLEGE OF HOMEOPATHS OF ONTARIO

BRIEFING NOTE

Objective

To forward to Council a recommendation to approve Welch LLP as the College's auditors for 2026-2027.

Background

Guiding Legislation/Bylaw/Policy

> *Bylaw 4.12 – Appointment of Auditor*
> *Council shall appoint an accountant or a firm of accountants licensed under the Public Accounting Act to audit the accounts of the College and to prepare financial statements for each fiscal year.*

Key Considerations

Competitive cost, effective working relationship.

Resource Implications

Remaining with the same auditing firm will result in no change in current human or financial resource requirements.

Changing firms would entail a learning curve and potentially higher costs.

Recommendation

Reappoint Welch LLP as the College's auditors for 2026-2027.

Suggested Motion

That Council reappoint Welch LLP as the College's auditors for 2026-2027.

Moved by: Seconded by:

COLLEGE OF HOMEOPATHS OF ONTARIO

REPORT FORM

CPMF	Diversity, Equity, and Inclusion (DEI) Requirements

Background

Over the last several years, the Ministry has increased its efforts to ensure that all organizations have in place a policy structure based in principles of diversity, equity, and inclusion. Thus far, the CHO has not independently established such a framework but instead has relied on efforts undertaken by HPRO and its collective of regulators, which continues to meet regularly.

After a year off, the College Performance Measurement Framework (CPMF) has returned. Due in March 2027, this iteration covers the 2026 calendar year. As this is the final Council meeting of 2026, Council is required to address this issue so that its efforts can be included in the 2026 CPMF report.

From the revised CPMF:

Standard 3

Measure 3.1 - The College upholds the principles of Diversity, Equity, and Inclusion (DEI).

Required Evidence 3.1a

The College has a DEI plan which is reflected in planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).

Note: Colleges are best positioned to determine topic areas most relevant to their professions for inclusion in their DEI plan (potential suggestions colleges may consider could include racial equity, cultural safety, commitment to Truth and Reconciliation Commission of Canada Calls to Action).

Prompting Question(s):

- Please insert a link to the Council meeting minutes where DEI was discussed as part of planning and appropriate resources were approved and indicate the page number.
- Please insert a link to the College's DEI plan OR webpage where the DEI plan is included.
- Please provide an example of a recent strategic or operational initiative which advanced DEI principles.

Does the College fulfill this requirement? (Please.type.Yes?.Partially?.or.No)

College Response to the Prompting Question(s):
Improvement Commitment:

Required Evidence 3.1b

The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.

Note: Colleges are best placed to determine how to report on this Evidence. There are several Equity Impact Assessments which a College may draw upon. The ministry encourages Colleges to use the tool best suited to their situation based on the profession, system partners, and patients/clients the profession works with.

Prompting Question(s):

- Please describe how the College conducts Equity Impact Assessment OR insert a link to the tool or framework used and indicate page number.
- Please describe OR provide a link to an example where the College has conducted Equity Impact Assessments to support decision-making in the current reporting period and indicate page number.

Does the College fulfill this requirement? (Please.type.Yes?.Partially?.or.No)

College Response to the Prompting Question(s):
Improvement Commitment:

Potential Approach

Several colleges have undertaken extensive work internally and/or with external expertise to develop an EDI strategy that would meet or exceed the Ministry's requirements. Among these is the College of Physiotherapists of Ontario.

CHO Council members are encouraged to read the full CPO Equity, Diversity and Inclusion 2025-2026 Report. The diagram on page 3 offers a simple overview of the CPO strategy.

Recommendation

Accept the CPO's longstanding offer to share resources. Modify the CPO framework to reflect the CHO's particular resource limitations and characteristic registrant and patient populations.

Complete by late November for approval of Executive Committee.

Equity, Diversity & Inclusion Strategy

Embrace a culture where an Equity, Diversity and Inclusion lens is intentionally incorporated into all levels of decision making at the College

Diversity & Representation

Increasing diversity and representation among people who do work for the College so that they reflect the diversity of the profession and society at large.

Countering Bias

Empowering individuals to identify and address unconscious bias so that they don't lead to inequitable or unfair decisions.

Equitable Access & Outcomes

Designing our processes to support equitable outcomes and equitable access for all individuals.

Meaningful Engagement

Meaningfully engage with groups who are impacted by our work to understand their needs and to address them.

Supporting EDI in Care

Supporting registrants to incorporate equity, diversity and inclusion principles to advance safe, welcoming, and equitable physiotherapy care.

Incremental Improvements

Always pursuing incremental improvements, acknowledging that work towards achieving equity, diversity and inclusion is never truly done.

SWOT Analysis: Homeopathy Profession in Ontario

Purpose:

Strategic Implication

Ontario's regulation of homeopathy is the profession's principal strength. To maximize the public benefit arising from that regulatory framework, CHO must continue to address unregulated practice, strengthen organizational and committee capacity, improve public awareness of regulation, and support informed decision-making through evidence-informed leadership.

Workforce sustainability, insurer recognition, research development, interprofessional collaboration, and future modernization initiatives should proceed in a deliberate and evidence-informed sequence supported by stakeholder engagement, regulatory safeguards, accountability mechanisms, and demonstrable public benefit.

The SWOT analysis demonstrates that many of the profession's challenges and opportunities are interconnected. Successfully addressing these issues requires a coordinated strategic plan that establishes priorities, aligns resources, guides decision-making, and provides a framework for measuring progress and accountability over time.

Strengths

- Homeopathy is regulated in Ontario. The College sets registration requirements and practice standards, runs quality assurance, handles complaints and discipline, and maintains a public register.
- The College's primary mandate is public protection. Regulation helps Ontarians identify homeopaths who are registered, accountable, and subject to professional standards.
- The College is committed to ethical practice, competent practitioners, good governance, risk management, and transparent reporting.
- Registered homeopaths are trained to provide patient-centred care and may contribute to team-based care, virtual care, and services in rural and underserved communities where appropriate roles and safeguards are in place.

- The College maintains relationships with government, healthcare regulators, educators, professional associations, insurers, healthcare organizations, and community partners.
- The College has experience working within Ontario's regulatory framework and established government processes to support potential modernization initiatives.
- Sixteen insurers currently recognize homeopathic services, providing a foundation for future insurer engagement.
- Existing relationships with public-interest and patient-choice organizations provide opportunities for outreach, stakeholder engagement, and public education regarding Ontario's regulatory framework.
- Experience in other regulated jurisdictions may inform future policy development, modernization initiatives, and evidence-informed decision-making.

Weaknesses

- Many people do not know about the College, the public register, or the difference between registered and unregulated practitioners.
- Some non-members use the protected title without authorization or hold themselves out as qualified to practise as homeopaths. This weakens the value of registration and makes it harder for the public to know whom to trust.
- Many insurers and healthcare organizations still do not recognize homeopathy. This limits public access, referrals, and the profession’s visibility.
- The College has limited staff, money, legal support, and data. It may be difficult to handle enforcement, public education, research, partnerships, and modernization at the same time.
- Because CHO is small, it can be difficult for every statutory committee to meet regularly, keep work plans current, and meet CPMF and Office of the Fairness Commissioner requirements.
- The College needs better information about the workforce, where registrants practise, how services are used, and patient outcomes.
- Registration, labour mobility, and professional development may need to be updated while keeping registration and competence standards strong.
- The College has limited relationships with academic researchers, research institutions, evidence-development organizations, and industry stakeholders, which may constrain opportunities for Ontario-based research, data collection, and evidence-informed policy development.

- The roles of the College and professional associations are not always well understood. This can lead people to expect the College to do work that is outside its legislated role.
- Professional associations have limited membership, participation, and funding. They may need stronger leadership, clearer goals, and more capacity to promote the profession and work with CHO and government.

Opportunities

- Ontario faces healthcare worker shortages and problems with access to primary care. This creates an opportunity to explore appropriate roles for registered homeopaths in team-based care.
- Small, carefully managed pilot projects could help show what works. They could measure patient experience, access, safety, service use, cost, and whether the approach is practical.
- Clear public education, social media, and better promotion of the public register could help people understand regulation and make informed choices.
- Working directly with third-party insurers could lead to more benefit plans covering registered homeopaths.
- Working with other regulatory colleges, schools, multidisciplinary clinics, hospices, retirement homes, and organizations serving rural and underserved communities could improve referrals and support safe, practical collaboration.
- Better registration pathways, cooperation with other jurisdictions, and outreach to students and educators could help recruitment, mobility, and retention.
- A well-supported proposal could allow qualified homeopaths to order certain laboratory tests or take specimens, if government approves and proper safeguards are in place.
- Regularly watching changes in government policy and taking part in consultations can help CHO respond early to changes affecting the profession.
- A three-year plan for the College and its statutory committees could set clear priorities, strengthen governance, meet CPMF and fair-registration requirements, improve accountability, and help Council and committee members work toward shared goals.
- Carefully designed projects could draw on homeopathy research undertaken in countries such as the United Kingdom, Switzerland, India, France, Argentina, and elsewhere. Independent research in Ontario should also be encouraged, including possible partnerships with research institutes at recognized universities. This work could examine where regulated homeopathic care may have a safe complementary

role for children and adults, including pregnant patients and older adults, when conventional medicines are difficult to use or tolerate or when side effects, tolerability, or dependence are concerns. Any project would require clear eligibility criteria and outcome measures, independent research oversight, informed consent, medical referral requirements, and safeguards to ensure that homeopathy does not replace or delay necessary medical care.

- Partnerships with universities, research institutes, and independent researchers could support Ontario-based studies evaluating patient experience, continuity of care, service utilization, safety, workforce trends, and potential complementary-care models involving regulated homeopathic practice.
- Community health centres may be good places to explore the role of registered homeopaths, especially in rural, remote, and Indigenous communities. Any project would need local interest, culturally safe engagement, clear referrals, informed consent, accountability, and safeguards against delaying needed medical care.

Threats

- Unregulated practice, unauthorized use of the protected title, non-members holding themselves out as qualified to practise as homeopaths, and misleading claims can harm the public and reduce trust in the profession and the College.
- Federal or provincial rule changes could affect professional authority, natural health products, access to materials used in practice, and the roles of governments and regulators.
- If insurers do not provide consistent coverage, homeopathic care may be less affordable and less accessible.
- Limitations to opportunities for sustainable professional practice may contribute to registrant attrition and reduce the long-term viability of the regulated profession.
- The profession's reputation can be harmed by adverse events, poor or inconsistent practice, unsupported claims, public controversy, or the actions of people who are not accountable to the College.
- Limited finance and staff, together with too many competing priorities, could slow enforcement, modernization, research, public education, and partnership work.
- Weak evidence, poorly designed studies, or proposals made too early could hurt efforts to expand collaboration or change the profession's scope.
- Cybersecurity, privacy, recordkeeping, or business-continuity failures could interrupt College operations and reduce public trust.

- Healthcare reform may move ahead without considering homeopathy unless CHO and professional partners stay involved and present a clear, credible, and united position.
- There is a risk of losing a proportion of the College's mature membership through retirement.
- The profession has not grown since proclamation in 2015 and has not kept pace with Ontario's population growth, potentially reducing access to regulated homeopathic care.
- There are currently three privately funded schools in Ontario graduating relatively small numbers of homeopaths, which may limit workforce renewal.
- There is no publicly funded homeopathic educational institution in Ontario.

College of Homeopaths of Ontario Strategic Plan 2027–2029

Executive Summary for Council

The College of Homeopaths of Ontario (CHO) enters the 2027–2029 planning cycle amid healthcare workforce pressures, changing patient expectations, expanding virtual and interprofessional care, and ongoing regulatory modernization. This plan combines CHO's earlier growth initiatives with a strengthened regulatory framework so that growth of the College and the profession proceeds in a way that is lawful, evidence-informed, sustainable and centred on public protection.

CHO's mandate is to protect the public by ensuring access to competent, ethical and accountable registrants. Addressing individuals who practise or present themselves as homeopaths without registration—particularly where protected titles are used, the public may be misled, or there is a risk of harm—is therefore the College's foremost strategic priority. Effective action in this area protects patients, reinforces the value of registration, supports confidence in regulation, and creates the conditions for responsible growth of the College and the profession.

Strategic outcome: By 2029, CHO will be a more visible, capable and trusted regulator; registrants will be better supported to meet standards; the public will have clearer information about regulated homeopathic care; and Council will have decision-ready evidence for future modernization and integration opportunities.

Order of Strategic Priorities

1. **Public Protection and Unregulated Practice Enforcement** — make prevention, detection, investigation and proportionate enforcement of illegal practice and misuse of protected titles the College's foremost priority.
2. **Organizational Excellence and Governance** — build the capacity, systems, risk controls and accountability needed to deliver sustainable growth and effective enforcement.
3. **Communications, Public Engagement and Professional Visibility** — help the public distinguish registered practitioners from unregulated providers and understand the value of registration.

4. **Registrant Growth, Mobility and Professional Development** — improve registration pathways, support competence and expand responsible participation in the profession.
5. **Government Relations and Strategic Partnerships** — build durable relationships with governments, regulators, educators, insurers and healthcare organizations.
6. **Clinical Integration and Demonstration Projects** — develop collaborative-care opportunities and carefully designed pilots in appropriate community settings.
7. **Regulatory Modernization and Scope Development** — prepare evidence and proposals regarding laboratory testing, specimen collection and other appropriate authorities.
8. **Environmental Scanning and Future Readiness** — monitor legislative, policy, workforce and delivery-system developments and translate them into timely Council decisions.

The sequence reflects a clear dependency: decisive action on unregulated practice protects the public and demonstrates the value of registration; organizational capacity sustains that action; visibility and registrant support enable partnerships; and partnerships and evidence support clinical integration and future modernization.

Strategic Goal 1: Public Protection and Unregulated Practice Enforcement

Objective: Protect the public and uphold confidence in regulation by establishing a visible, intelligence-led and legally sound program to address unregistered practice, misuse of protected titles, misleading representations, and related risks.

Priority Initiatives

- Establish a dedicated unregulated-practice and protected-title enforcement program with clear authority, accountability, procedures and annual resources.
- Create accessible reporting channels for the public, registrants, employers, insurers and healthcare partners.
- Implement proactive monitoring, triage, investigation, evidence-preservation and risk-based escalation protocols.
- Define proportionate responses, including education, compliance correspondence, undertakings, referrals, injunction-related options where legally available, and coordination with appropriate authorities.
- Prioritize cases involving risk of harm, public deception, repeated non-compliance, vulnerable persons, or misuse of protected titles.

- Develop public education explaining how to verify registration, why regulation matters, and how to report suspected illegal or misleading practice.
- Engage government, law enforcement where appropriate, other regulators, insurers, employers, digital platforms and professional associations to improve prevention and information-sharing within lawful limits.
- Report trends, outcomes, legal risks and resource needs to Council at least quarterly.

Success Measures

- Dedicated program, procedures, service standards and staff accountability established in 2027.
- Reports acknowledged, risk-triaged and assigned within approved service standards.
- Number and source of reports, files opened, compliance actions, recurrence rates and time to resolution tracked quarterly.
- High-risk and repeat matters escalated consistently, with reasons documented.
- Increased public use of the register and awareness of reporting mechanisms.
- Annual public report describes trends and outcomes without compromising privacy, fairness or active matters.

Strategic Goal 2: Organizational Excellence and Governance

Objective: Build the operational capacity, governance discipline, legal readiness and financial resilience required to support effective public protection and sustainable growth of the College and profession.

Priority Initiatives

- Modernize governance policies, Council orientation and decision-making practices.
- Implement an enterprise risk-management framework and annual risk review.
- Establish a corporate performance dashboard linking strategy, operations, enforcement, resources and outcomes.
- Advance digital transformation, records management, cybersecurity and service efficiency.
- Develop workforce, succession and business-continuity plans.
- Maintain access to appropriate legal advice and enforcement expertise.
- Align annual budgets and staff work plans with the ranked priorities in this plan.

Success Measures

- Annual governance and risk reviews completed.
- Quarterly KPI and enforcement oversight reporting in place.
- Improved operational timeliness and service standards.
- Multi-year resource, legal-readiness and succession plans approved.

Strategic Goal 3: Communications, Public Engagement and Professional Visibility

Objective: Increase awareness of CHO's public-protection role, the importance of registration and the contribution of safe, ethical homeopathic practice.

Priority Initiatives

- Adopt an integrated communications strategy for the public, registrants, government, healthcare partners and insurers.
- Modernize website content and establish a coordinated presence on appropriate social media channels.
- Launch quarterly stakeholder updates and an annual regulatory and public-protection report.
- Develop a professionally produced Registrar podcast explaining regulation, accountability, complaints and discipline, healthcare policy developments and collaborative practice.
- Create culturally appropriate outreach approaches, developed through respectful engagement with Indigenous partners and communities.
- Promote the public register and explain how regulated care differs from unregistered practice.

Success Measures

- Growth in website, publication, podcast and social-media engagement.
- Increased use of the public register.
- Greater participation in consultations and stakeholder activities.
- Measured improvement in awareness of CHO and the value of registration.

Strategic Goal 4: Registrant Growth, Mobility and Professional Development

Objective: Grow and sustain a competent profession by improving registration, mobility, engagement and continuing professional development.

Priority Initiatives

- Review registration pathways, service standards and unnecessary administrative barriers while maintaining entry-to-practice requirements.
- Assess inter-jurisdictional and national registration models and opportunities for harmonization.
- Strengthen quality-assurance resources, practice advice and continuing education.
- Engage registrants and professional associations in coordinated initiatives, with clear separation between the College's regulatory role and profession-building activities appropriately led by associations.
- Use workforce data to understand geographic access, areas of unmet need and future registration trends.
- Support educational partners in communicating regulatory expectations and pathways to registration.

Success Measures

- Registration review and mobility recommendations completed.
- Improved application-processing times and applicant experience.
- Increased quality-assurance participation and registrant engagement.
- Annual workforce and registration trend report produced.

Strategic Goal 5: Government Relations and Strategic Partnerships

Objective: Build relationships that increase CHO's regulatory visibility and create responsible opportunities for the profession.

Priority Initiatives

- Establish a government-relations program with regular Ontario and federal monitoring, briefing materials and consultation participation.
- Clarify federal and provincial roles when issues affect natural health products, professional regulation or access to practice inputs.

- Strengthen inter-college collaboration on public protection, interprofessional competencies and patient-centred care.
- Engage educational institutions, healthcare organizations, community providers and research partners.
- Continue structured outreach to third-party insurers to demonstrate regulatory safeguards, practitioner accountability and the value of recognizing registered homeopaths in benefit plans.
- Track stakeholder commitments, opportunities and follow-up actions.

Success Measures

- Increased government and consultation engagements.
- Growth in strategic partnerships and collaborative initiatives.
- Expanded insurer recognition and public access, where supported by insurer decisions.
- Annual stakeholder-engagement report completed.

Strategic Goal 6: Clinical Integration and Demonstration Projects

Objective: Explore appropriate, patient-centred roles for registered homeopaths within collaborative care and generate credible evidence to inform future decisions.

Priority Initiatives

- Identify compatible regulated professions and develop joint educational sessions on standards, competencies, referrals and scopes of practice.
- Explore partnerships with community health settings, multidisciplinary clinics, rural and underserved communities, hospices, retirement homes and end-of-life care organizations.
- Develop pilot-study protocols with independent methodological input, ethics review where required, defined patient-safety safeguards and transparent outcome reporting.
- Assess access, patient experience, service utilization, operational feasibility and cost outcomes without predetermining results.
- Ensure community-specific initiatives, including those involving Indigenous communities, are co-developed with the communities and organizations concerned.

Success Measures

- At least one collaboration framework developed.
- Feasibility assessment and research protocol completed before any pilot launch.
- Outcomes evaluated against pre-established measures.
- Council receives evidence-based recommendations on continuation, modification or cessation.

Strategic Goal 7: Regulatory Modernization and Scope Development

Objective: Position CHO to assess and, where justified, pursue legislative, regulatory and scope initiatives that improve safe access to care.

Priority Initiatives

- Review previous controlled-acts, scope-expansion, laboratory-testing and specimen-collection work.
- Update the evidence base, jurisdictional analysis, risk assessment and public-interest rationale for potential proposals.
- Assess the authority and safeguards required for registrants to requisition appropriate laboratory tests.
- Consult government, regulatory colleges, laboratories, educators, insurers, registrants and public representatives.
- Prepare options, resource implications and decision-ready recommendations for Council before advocacy or implementation.

Success Measures

- Annual regulatory opportunities report completed.
- Updated scope-modernization framework approved.
- Stakeholder consultation process established.
- Council reviews evidence and determines next steps annually.

Strategic Goal 8: Environmental Scanning and Future Readiness

Objective: Provide Council with timely intelligence and organizational readiness for legislative, regulatory and health-system change.

Priority Initiatives

- Monitor federal natural health product legislation, Ontario healthcare reform, regulatory modernization and workforce planning.
- Produce quarterly briefings and an emerging-issues dashboard.
- Conduct an annual scan of access pressures, primary-care reform, chronic-disease burden, integrative-care trends, virtual care and public expectations.
- Monitor relevant public inquiries, reviews and recommendations, including the Allison Inquiry where applicable, and assess implications for CHO.
- Maintain response protocols for urgent policy, legal or reputational developments.

Success Measures

- Quarterly briefings delivered on schedule.
- Annual environmental scan and policy recommendations completed.
- Material emerging issues assigned, tracked and reported.
- Council decisions reflect current evidence and risk analysis.

Three-Year Implementation Plan

Year 1 — 2027: Build the Foundation

- Launch the strategic plan, governance review, risk framework and KPI dashboard.
- Launch the dedicated unregulated-practice and protected-title enforcement program, including reporting channels, triage criteria, investigation protocols, escalation pathways, service standards and baseline measures.
- Complete the first environmental scan and regulatory opportunities assessment.
- Adopt communications, government-relations and stakeholder-engagement strategies.
- Review registration processes and develop the Registrar podcast charter.
- Inventory prior scope, laboratory-testing and pilot-study research.

Year 2 — 2028: Expand Engagement and Delivery

- Evaluate and refine unregulated-practice enforcement, regulatory case-management processes and performance standards using Year 1 data and risk trends.
- Launch the podcast, social-media program and public registration campaign.
- Complete mobility and registration modernization recommendations.
- Expand insurer, government, inter-college and healthcare partnerships.

- Develop collaboration frameworks and complete pilot feasibility work.
- Undertake formal consultation on priority modernization options.

Year 3 — 2029: Demonstrate Impact and Prepare the Next Cycle

- Evaluate strategic outcomes and publish a three-year results report.
- Assess communication reach, public confidence, registration trends and partnership growth.
- Evaluate approved demonstration projects against pre-established measures.
- Present evidence-based scope and laboratory-testing recommendations to Council.
- Implement governance improvements and confirm organizational readiness.
- Develop the 2030–2033 strategic planning framework.

Performance and Accountability Framework

Growth and Access

- Registrant applications, registrations, retention and geographic distribution.
- Registration processing times and applicant experience.
- Insurer recognition and partnership activity.

Public Protection

- Reports of suspected unregulated practice received, acknowledged and risk-triaged.
- Unregulated-practice files initiated, escalated, resolved and recurring after intervention.
- Time from report to initial assessment and from file opening to disposition.
- Protected-title misuse and misleading-representation matters addressed.
- Complaint and investigation processing times and completion rates.
- Discipline timeliness, transparency and consistency indicators.
- Public inquiries, registration-verification activity and awareness of reporting channels.

Engagement and Visibility

- Website engagement, podcast reach, social-media reach and publication readership.
- Registrant, public and stakeholder participation.
- Government consultations and strategic partnerships.

Organizational and Regulatory Readiness

- Governance and policy implementation rates.
- Risk treatments completed.
- Environmental-scan recommendations addressed.
- Modernization milestones completed on schedule and within approved resources.

Staff will report quarterly to Council, distinguish activities from outcomes, identify risks and dependencies, and recommend corrective action where targets are not being met.

Council Decision Requested

Council is requested to:

1. Approve the strategic direction and ranked priorities in this 2027–2029 plan.
2. Direct staff to prepare annual operational plans, budgets, accountabilities and risk assessments aligned with the priority sequence.
3. Authorize establishment of the performance dashboard and quarterly reporting framework.
4. Authorize immediate commencement of the Year 1 unregulated-practice and protected-title enforcement program as the first implementation priority, together with the other foundation initiatives, subject to approved budgets and applicable legal, privacy, procedural-fairness and consultation requirements.
5. Require a mid-cycle review in 2028 and a comprehensive outcomes evaluation in 2029.

Guiding principle: Growth of the College and the profession will be pursued through public confidence, regulatory excellence, registrant competence, strategic partnerships and evidence-based modernization.

COLLEGE OF HOMEOPATHS OF ONTARIO

SOCIAL MEDIA POLICY

Document Information	
Approved By	
Policy Owner	Registrar & CEO
Applies To	College Staff, Council Members, Statutory Committee Members, Contractors and Authorized Social Media Administrators
Effective Date	[Insert Date]
Review Date	[Insert Date]
Version	1.0

1. PURPOSE

The College of Homeopaths of Ontario ("the College") uses social media to support its public protection mandate and statutory responsibilities by:

1. Sharing regulatory information and updates.
2. Communicating statutory and governance activities.
3. Promoting awareness of professional standards, regulatory requirements, and professional obligations.
4. Providing access to public resources, consultations, and notices.
5. Supporting transparent communication with registrants, stakeholders, government, media, and the public.
6. Monitoring developments within the healthcare, regulatory, policy, and public health environments that may affect the College's ability to fulfil its mandate.

7. Enhancing the College's understanding of the broader healthcare landscape in which registrants practise and within which the College must operate and succeed as a regulator.
8. Raising awareness of matters pertaining to human health, healthcare regulation, health system priorities, patient safety, and other issues relevant to the public interest.
9. Supporting environmental scanning activities that assist the College in identifying emerging opportunities, risks, trends, and developments that may have implications for public protection, the profession, healthcare consumers, or the College's strategic objectives.
10. Facilitating awareness of legislative, regulatory, scientific, technological, and health system developments relevant to the regulation of homeopathy in Ontario.

The College's use of social media is intended to advance its public interest mandate by supporting informed decision-making, transparency, stakeholder awareness, environmental intelligence, and effective regulation within an evolving healthcare environment.

The College's use of social media further supports its public interest mandate through regulatory communication, public education, increased access to regulatory information, stakeholder engagement, transparency, and the sharing of information regarding healthcare sector developments relevant to public protection, professional regulation, and human health.

---

2. SCOPE

This policy applies to all official College social media accounts, including but not limited to:

- X (formerly Twitter)
- Facebook
- Instagram
- YouTube
- Any future social media platforms approved by the Registrar

This policy does not govern personal social media use by registrants unless otherwise addressed through applicable standards of practice, professional misconduct provisions, or other regulatory requirements.

---

3. GUIDING PRINCIPLES

Transparency

Information shared will be accurate, timely, and consistent with the College's regulatory mandate.

Professionalism

Communications will maintain an objective, respectful, and professional tone.

Independence

Social media activity will not promote political parties, candidates, commercial products, or private interests.

Accessibility

Content should be clear and understandable to registrants and the public.

Public Interest Focus

All social media activity shall support the College's duty to protect the public and regulate the profession in the public interest.

Evidence-Informed Practice

The College will seek to remain informed of developments, trends, issues, and emerging risks across the healthcare system that may impact public protection and effective regulation.

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4. OFFICIAL SOCIAL MEDIA ACCOUNTS

Only accounts authorized by the Registrar may represent the College.

The Registrar shall designate authorized administrators who may:

- Create content;
- Publish content;

- Respond to inquiries;
- Monitor activity; and
- Maintain account security.

Passwords and account credentials remain the property of the College and shall be stored securely.

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5. CONTENT STANDARDS

Content published by the College may include:

- Regulatory updates;
- Council decisions and notices;
- Registration information;
- Professional practice resources;
- Consultation opportunities;
- Legislative and policy developments;
- Public education materials;
- Employment opportunities;
- Event announcements;
- Healthcare system updates relevant to the College's mandate;
- Public interest and patient safety information;
- Environmental scanning observations relevant to healthcare regulation; and
- Educational information regarding healthcare sector developments, human health issues, public policy developments, regulatory innovation, and matters relevant to the College's public protection responsibilities.

All content shall:

- Be factual and accurate;
- Respect confidentiality requirements;
- Respect copyright and intellectual property rights;

- Be consistent with legislation, bylaws, policies, and standards; and
- Avoid misleading or promotional claims.

---

6. FOLLOWING, SHARING, AND REPOSTING CONTENT

The College may follow, monitor, share, repost, or link to content from:

- Health profession regulators;
- Government bodies;
- Legislative organizations;
- Educational institutions;
- Professional associations;
- Healthcare organizations;
- Public health agencies;
- Patient safety organizations;
- Research institutions;
- Homeopathy-related organizations;
- Healthcare stakeholders;
- Media outlets; and
- Any other members of the public or entities it deems necessary to advance its mandate through the use of social media.

The College may monitor a broad range of organizations and viewpoints for environmental scanning, information gathering, and strategic awareness purposes.

Following, sharing, reposting, liking, commenting on, or linking to third-party content does not constitute endorsement.

---

7. POLITICAL NEUTRALITY

As a regulator, the College shall maintain political neutrality.

The College will not:

- Endorse political parties;
- Support political candidates;
- Solicit political donations; or
- Engage in partisan advocacy.

The College may communicate factual information concerning legislation, regulatory developments, consultations, and governmental initiatives relevant to its mandate.

---

8. INTERACTION WITH USERS

The College welcomes respectful discussion.

Users are expected to:

- Remain respectful;
- Avoid abusive language;
- Remain on topic; and
- Comply with applicable laws.

The College is not obligated to respond to comments, messages, mentions, or tags.

The College's social media channels are intended primarily as information-sharing and educational platforms and are not intended to replace formal regulatory, complaint, registration, consultation, or governance processes.

---

9. DIRECT MESSAGES

Social media platforms are not appropriate channels for:

- Complaints;
- Investigations;
- Registration matters;
- Confidential information; or
- Legal proceedings.

Individuals seeking assistance may be directed to communicate through official College channels.

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10. MODERATION

The College reserves the right to hide, restrict, report, or remove content that:

- Contains personal health information;
- Reveals confidential information;
- Is defamatory;
- Contains threats, harassment, intimidation, bullying, or discrimination;
- Contains spam or commercial advertising;
- Impersonates another individual or organization;
- Promotes unlawful activity;
- Contains offensive material; or
- Is repetitive, disruptive, or irrelevant.

Repeated violations may result in account restrictions or blocking where permitted by the platform.

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11. PRIVACY AND CONFIDENTIALITY

The College will not discuss:

- Individual complaints;
- Investigations;
- Non-public discipline matters;
- Registration applications;
- Employment matters; or
- Personal information.

Users should not post confidential, personal, or health information through social media channels.

12. ACCESSIBILITY

The College will make reasonable efforts to ensure accessibility by:

- Using plain language;
- Providing alternative text where practicable;
- Using accessible visual formats; and
- Linking to accessible website content.

---

13. RECORDS MANAGEMENT

Social media content may constitute College records.

The College may retain records of:

- Posts;
- Comments;
- Messages;
- Shared content; and
- Analytics and engagement information.

Record retention shall comply with applicable legislation and College policies.

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14. SOCIAL MEDIA DISCLAIMER

The Social Media Disclaimer attached as **Appendix A** forms part of this Policy and applies to all official College social media channels.

The Disclaimer shall be:

- Published on the College website;
- Reviewed concurrently with this Policy;
- Referenced, where feasible, from College social media profiles; and
- Administered by the Registrar or designate.

15. ACCOUNT CHANGES

The College reserves the right to add, amend, edit, upgrade or remove any content to or from any of its social media outlets, including followers, and follows.

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16. ROLES AND RESPONSIBILITIES

Registrar & CEO

Responsible for:

- Strategic oversight;
- Approval of major communications initiatives;
- Oversight of environmental scanning activities;
- Crisis communications decisions; and
- Policy compliance.

Communications Staff / Administrators

Responsible for:

- Day-to-day account management;
- Content creation and publication;
- Monitoring activity;
- Environmental scanning and reporting;
- Applying moderation standards; and
- Escalating issues where required.

Council Members

Council members are not authorized to communicate on behalf of the College through personal social media accounts unless specifically authorized.

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17. ENVIRONMENTAL SCANNING AND STRATEGIC INTELLIGENCE

The College may use social media to support environmental scanning and strategic awareness activities, including monitoring:

- Healthcare system trends;
- Regulatory developments;
- Public health issues;
- Legislative initiatives;
- Workforce trends;
- Patient safety issues;
- Emerging technologies;
- Professional regulation developments; and
- Public discourse relevant to healthcare regulation.

Information obtained may be used to support strategic planning, risk identification, policy development, stakeholder engagement, and public protection initiatives.

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18. CRISIS COMMUNICATIONS

In situations involving:

- Public safety concerns;
- Significant regulatory actions;
- Legal proceedings;
- Reputational risks;
- Emergencies; or
- Significant healthcare system developments affecting the profession or the public,

communications shall be coordinated through the Registrar and in accordance with College communications protocols.

---

19. PUBLICATION

Following approval by Council, this Policy and the accompanying Social Media Disclaimer shall be published on the College website.

Publication supports transparency, public awareness, stakeholder engagement, and access to information regarding the College's regulatory activities, public protection mandate, and matters affecting Ontario's healthcare sector.

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20. REVIEW

This policy shall be reviewed at least every three years, or sooner where required by legislative, operational, technological, strategic, or governance developments.

PAGE BREAK

APPENDIX A

SOCIAL MEDIA DISCLAIMER

(Insert the complete Appendix A disclaimer section beginning with "Purpose" and ending with "Amendments" from the approved version.)

APPROVAL

Approved by Council on: _____

Chair, Council: _____

Registrar & CEO: _____

APPENDIX A

SOCIAL MEDIA DISCLAIMER

Purpose

The College of Homeopaths of Ontario ("CHO" or the "College") uses social media as one of several communication tools to engage with registrants, applicants, stakeholders, health system partners, government, members of the public, and other interested audiences.

Consistent with its statutory mandate to regulate the profession in the public interest, the College uses social media to:

- communicate College news, announcements, decisions, consultations, and regulatory updates;
- share information regarding registration, quality assurance, professional conduct, complaints and discipline processes, and other regulatory programs;
- improve public access to regulatory information and resources;
- provide information regarding the role and importance of health profession regulation in Ontario;
- share educational information concerning healthcare regulation, patient safety, public protection, professional accountability, human health, and developments affecting Ontario's healthcare sector;
- increase awareness and understanding of the College's role and responsibilities;
- inform stakeholders of upcoming events, deadlines, reports, publications, consultations, and initiatives;
- promote transparency regarding the College's activities and decisions; and
- support environmental scanning activities by monitoring and sharing information regarding healthcare, regulatory, scientific, technological, public policy, and health system developments relevant to the College's mandate.

The College's social media channels are intended primarily for information sharing, public education, transparency, stakeholder engagement, and awareness of matters affecting healthcare and professional regulation.

Information shared through the College's social media accounts should not be interpreted as legal advice, professional advice, clinical advice, healthcare advice, or a formal statement of College policy unless expressly identified as such.

Users are also subject to the terms of use, privacy policies, and community standards established by the applicable social media platform. These platforms are operated by independent third-party service providers and are not controlled by or affiliated with the College.

Official Communications

Communications made through any of the College's social media channels do not constitute legal notice or official notice to the College, Council, committees, the Registrar & CEO, or College staff.

Official complaints, applications, notices, submissions, requests, or regulatory communications must be submitted through the College's established processes and official communication channels.

The College cannot guarantee that comments, mentions, direct messages, or other social media communications will receive a response.

User Participation and Comments

Any comments and views expressed on the College's social media channels are those of the individual author and do not necessarily reflect the views, decisions, positions, or policies of the College.

The College does not verify or confirm the accuracy of user comments or content posted by third parties and does not endorse comments, opinions, products, services, organizations, or external content referenced by users.

Links to external websites are provided for informational purposes only. The College does not control or assume responsibility for the content, accuracy, privacy practices, security, availability, or reliability of external websites.

Users are responsible for any content they post and are expected to participate respectfully, constructively, and in accordance with applicable laws.

Content Moderation

The College reserves the right, but is not obligated, to review, edit, hide, delete, restrict, or remove content and to block or restrict user access to its social media channels if, in the College's sole discretion, content:

- may be unlawful, harmful, threatening, abusive, harassing, defamatory, vulgar, obscene, hateful, discriminatory, misleading, fraudulent, or otherwise objectionable;
- impersonates any person or entity or falsely represents an affiliation with any organization;

- infringes copyright, trademark, intellectual property, privacy, confidentiality, or other legal rights;
- contains personal information, personal health information, confidential information, or information published without appropriate consent;
- identifies patients, complainants, witnesses, registrants, applicants, staff, Council members, or other individuals inappropriately;
- attempts to discuss, influence, interfere with, or comment upon ongoing complaints, investigations, discipline proceedings, registration matters, fitness-to-practise matters, or other regulatory proceedings;
- is unrelated or irrelevant to the subject matter being discussed;
- contains advertising, solicitation, commercial promotion, spam, or repetitive content;
- uses offensive, abusive, threatening, discriminatory, or hateful language;
- is anonymous, deceptive, misleading, or generated through automated accounts;
- contains software viruses, malicious code, or technologies intended to interfere with the operation of systems; or
- violates the letter or spirit of this Disclaimer, the Social Media Policy, or applicable law.

The College may disable comments on specific posts or platforms where it determines doing so is appropriate to support respectful, informative, and productive engagement.

Regulatory and Public Protection Matters

The College's social media channels are not intended for:

- complaints;
- reports regarding unauthorized practice or unauthorized use of title;
- patient safety complaints;
- registration disputes;
- legal proceedings; or
- disclosure of confidential regulatory information.

The College will not discuss individual registrants, applicants, complainants, investigations, registration matters, complaints, discipline proceedings, or other confidential regulatory matters through social media.

Individuals wishing to raise a regulatory concern should follow the appropriate process identified on the College's website.

Content and Materials

Unless otherwise indicated, content created and published by the College remains the property of the College.

By submitting content to any College social media channel, users grant the College permission to reproduce, display, archive, moderate, and distribute the content for regulatory, educational, administrative, and communication purposes.

The College reserves the right to update information posted through its social media channels as necessary and without notice.

Users should be aware that information posted through social media may be copied, archived, shared, reproduced, or otherwise used by third parties beyond the control of the College.

The College disclaims liability for any loss or damage arising from comments, content, or interactions made available through its social media channels.

Users may:

- download and print copies of College content for personal and non-commercial purposes; and
- share or repost links to College publications, webpages, newsletters, and social media posts.

Except as expressly permitted above, College content may not be reproduced, modified, distributed, republished, or used for commercial purposes without prior written permission of the College.

Unless the College expressly states otherwise, websites and social media channels that link to the College's website or social media channels are not affiliated with or endorsed by the College.

The College does not guarantee the accuracy, completeness, reliability, or suitability of information contained on third-party websites or social media channels.

Interactions between users and organizations or individuals encountered through the College's social media channels are solely between those parties.

Monitoring and Response

The College will make reasonable efforts to monitor its social media channels during regular business hours. However, the College does not review all content and cannot guarantee that comments, messages, or requests for information will receive a response.

The College's social media channels are intended to support public awareness, public protection, transparency, and education regarding professional regulation and healthcare sector matters.

Content shared by the College may include information, research, reports, initiatives, consultations, educational resources, healthcare sector developments, public policy developments, and updates from governments, regulators, healthcare organizations, professional associations, academic institutions, patient organizations, media organizations, and other sources.

Such content is shared for informational and educational purposes and should not be interpreted as endorsement unless expressly stated by the College.

Information posted through social media may not always reflect the most current legislation, regulations, standards, policies, guidance documents, or College requirements. Users should consult official College publications and authoritative sources when seeking regulatory information.

Limitation of Liability

The College makes reasonable efforts to ensure information it posts is accurate and current. However, the College makes no representation or warranty regarding the completeness, accuracy, reliability, timeliness, or suitability of information made available through social media.

The College shall not be responsible for any loss, cost, liability, damage, or injury arising from reliance upon information contained on its social media channels or from interactions between users and third parties through social media platforms.

Information provided through social media should not be relied upon as a substitute for professional, legal, regulatory, healthcare, or other expert advice.

The content available through the College's social media channels is provided for informational and educational purposes only. Individuals should seek appropriate advice before acting or refraining from acting based on information obtained through social media.

Media Enquiries

Media representatives are requested not to submit enquiries through comments, posts, direct messages, or other social media functions.

Media enquiries should be directed to the College through the contact information published on the College's website.

Modification or Discontinuance of Social Media Channels

The College reserves the right at any time to modify, suspend, restrict, discontinue, or replace any social media account, feature, or service, in whole or in part, with or without notice.

The College shall not be liable to users or third parties for any modification, suspension, restriction, or discontinuance of any social media account or service.

Amendments

The College reserves the right, at its sole discretion, to amend this Disclaimer from time to time without prior notice.

The most current version approved by Council and published on the College's website shall govern the use of the College's social media channels.

Users are responsible for reviewing the current version periodically.

Council Approval and Publication

Upon approval by Council, this Social Media Policy and accompanying Social Media Disclaimer shall be published on the College's website.

Publication supports transparency, public awareness, stakeholder engagement, improved access to regulatory information, and broader understanding of the College's public protection mandate and matters affecting Ontario's healthcare sector.

The version published on the College's website shall constitute the official public version approved by Council and amended from time to time.

Council Meeting
College of Homeopaths of Ontario (CHO)
Minutes
Thursday, June 18, 2026
by telephone and video conference

Present

Council

Kerri Flood	Professional (Chair)
Akhlaq Ahmad	Professional
Sajeev Ampadi	Professional
Ayinde Azeez	Public
Tyler Groen	Professional
Catherine Kerr	Public
Maha Mansour	Professional
Bhupinder Sharma	Professional
Yen Tran	Public
Paridhi Wasal	Professional

Regrets

Kamika Mclean	Public

Staff

Kathryn Harvey	Deputy Registrar (recorder)
Basil Ziv	Registrar and CEO

Guests

Vivian Pang	Health Workforce Regulatory Oversight Branch, Ministry of Health
Adam Fiore	MICH Academy for Holism and Classical Homeopathy (from 1:00 onward)
Sean Ovas	Steinecke Maciura LeBlanc (election scrutineer, item 12)

1 Call to Order

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

Welcome to New Council Members

The Chair welcomed Vivian Pang from the Ministry of Health and new Council member Maha Mansour.

2 Agenda

2.1 Consent Agenda

1) Minutes, February 26, 2026
2) Update on Action Items
3) Executive Committee Report
4) Resources from SML

Motion # 1: To adopt the consent agenda
Moved by Y. Tran, seconded by C. Kerr

That Council adopt the consent agenda.
CARRIED

DRAFT / CONFIDENTIAL

2.2 Adoption of Agenda
(Appendix 2.2 Council Agenda)

The Deputy Registrar indicated that item 6.2 Reserve Policy would be considered by the Executive Committee and returned to Council at its fall meeting.

Motion # 2: To adopt the agenda as amended
Moved by Y. Tran, seconded by C. Kerr

That Council adopt the agenda as amended.
CARRIED

3 Declaration of Conflict of Interest
(Appendix 3.1 Council Member Declarations re: Conflict of Interest)

None declared.

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 Y. Tran, seconded by T. Groen

That Council move in camera at 10:17 a.m.
CARRIED

8 Registrar's Report
The Registrar reported on a number of items, including consultations with Health Canada, complaints in progress, and a strategy to deal with unregistered practitioners.

9 Approved Program: MICH Academy for Holism and Classical Homeopathy
Adam Fiore described the MICH program and the process of becoming one of the CHO's approved programs.

10 2026-2027 Strategic Plan
The Registrar described a number of initiatives both underway and planned that would combine to become the 2026-2027 strategic plan.

11 Process for Election of Executive Committee
The Deputy Registrar noted that the same process would be used as in previous Executive Committee elections.

Motion # 7: To appoint a Chair for the election
Moved by B. Sharma, seconded by A. Ahmad

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

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Motion # 8: To appoint a scrutineer
Moved by K. Flood, seconded by C. Kerr

That Council appoint as scrutineer Sean Ovas of Steinecke Maciura LeBlanc.
CARRIED

The result of the election process was as follows:

President: Kerri Flood
Vice-President: Akhlaq Ahmad
Treasurer: Yen Tran
Member-at-Large: Ayinde Azeez
Member-at-Large: Bhupinder Sharma

Motion # 9: To destroy the ballots
Moved by Y. Tran, seconded by C. Kerr

That Council instruct the scrutineer to destroy the ballots.
CARRIED

13 Other Business

The Deputy Registrar reported that a new public representative had recently been appointed to the College, and that Committee assignments would be made based on the outcome of the election and the addition of new Council members.

14 HBS Preparation Time

Full day preparation, full day meeting
Start time: 10:05 a.m.
End time: 2:38 p.m.

15 Adjournment

Motion # 10: To adjourn
Moved by A. Ahmad, seconded by C. Kerr

That Council adjourn at 2:38 p.m.
CARRIED

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

Chair **Date**

DRAFT / CONFIDENTIAL

October 2026

Agenda Item: 2.1.2

COLLEGE OF HOMEOPATHS OF ONTARIO

UPDATE

Update	Disposition of Action Items since June 2026

1. Complaints [in progress, see agenda item 2.1.3]
2. Academic Program Approval [completed]
3. Unregistered Practitioners Strategy [in progress, see items 2.1.3, 9.2]
4. Benefits and insurance conference follow-up [see agenda item 10]
5. Quality Assurance [education ongoing, submission of learning plans late fall]
6. Review OPGO, update strategic plan [agenda item 9]
7. Set Council meeting dates for 2026-2027 [completed]

October 2026

Agenda Item: 2.1.3

COLLEGE OF HOMEOPATHS OF ONTARIO

COMMITTEE UPDATE

Committee	Inquiries, Complaints, and Reports Committee
Members	Kerri Flood (Chair) – Professional Akhlaq Ahmad - Professional Sajeev Ampadi – Professional (Absent) Catherine Kerr - Public Yen Tran – Public Paul Joseph – Public, non-Council (Absent)
Staff	Basil Ziv – Registrar Kathryn Harvey – Deputy Registrar
Meeting Dates	August 25, 2026
Submitted By	Kathryn Harvey

Issues Addressed

At its August 25 meeting the Committee addressed three complaints as well as the general topic of unregistered practitioners.

Homeopath Remediation Case Review
The Committee reviewed a complaint about care provided by an unregistered colleague of a registrant. The unregistered colleague has since been determined to have left Canada. The Registrant was advised about his unacceptable behavior and the need to better understand college standards. The ICRC determined that the registrant needed remediation in areas including informed consent, ethics principles, therapeutic relationships, record keeping, credentials, and patient communication. The case has been resolved based on the college's remediation approach, with the complainant indicating his willingness to accept the resolution.

Miscommunication Case Review
The committee discussed and resolved a complaint based in unproductive communication between complainant and registrant. Because the case involved a language barrier, the College conducted mediation with a bilingual registered homeopath. The registrant was required to complete educational sessions on communication, informed consent, and professional standards. The committee agreed to close the complaint as adequately resolved, noting that the college had taken appropriate actions to address the issues and ensure compliance with standards.

Scope of Practice Case Review
The group discussed a complex case involving a homeopath's potential violations of scope of practice, mandatory reporting requirements, and conflict of interest. It was emphasized that the case will require careful consideration of whether the homeopath's actions were within her scope of practice and why she failed to report suspected child abuse to authorities. The team agreed to review the relevant standards and gather more information about the timing of events and the homeopath's specific actions before meeting with lawyers to reach conclusions about the case.

Registration Enforcement Strategies
The committee discussed strategies for addressing unregistered homeopaths practicing in Ontario. Members explored various approaches including sending positive letters to encourage registration, making examples of violators, and potentially bringing in investigators. The group agreed to develop a multi-pronged strategy that would make it easy for compliant practitioners to join the college while making unauthorized practice difficult. They also discussed creating a website form for reporting unregistered practitioners, though concerns were raised about handling anonymous complaints. The committee noted that while the *Homeopathy Act* provides strong penalties for using the title without registration, the college needs to determine the best approach for enforcement given resource constraints.

Next Steps

The ICRC is scheduled to meet following the Council meeting on October 27. The Registrar will report on resolution of the first two cases mentioned above. The Committee will then continue its deliberations on Case 20-05-2025-1 with legal counsel present.

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Unanticipated Consequences

Natasha Danson

July 2026 - No. 316

Technology often brings unanticipated consequences. AI is no exception. A recent article called Synthetic Grievances: AI-Generated Bar Complaints and the Chilling of Criminal Defense by American law professor Ashley Krenelka Chase illustrates the point. While the paper has a narrow focus (complaints against criminal defence lawyers), it points to a potentially much larger issue.

Regulators already face situations in which an individual makes multiple complaints against one registrant or separate complaints against many registrants. Generally, the regulator must follow its entire legislated process for each complaint including rendering separate decisions and reasons. This process is resource intensive. Where there is a right of appeal, both the regulator and the appeal body must follow yet another process.

Some regulators can take no action where they find a complaint is frivolous, vexatious, or an abuse of process. However, even this abbreviated process involves resources and can typically only be implemented where it is obvious that the complaint has no merit (e.g., where a complaint is repetitive). Regulators are cautious about screening out concerns that could be legitimate.

There is little to prevent an individual from making an improper complaint, and AI is poised to make the challenge associated with processing complaints even more difficult for regulators. AI will make it easier for individuals (or even organizations posing as individuals) to make detailed and seemingly legitimate complaints. Just as concerning, AI will enable someone who wants to overwhelm a complaints system to make multiple complaints that do not appear, at first glance, to be repetitive.

As the author says in the article, in the context of complaints against lawyers:

> The doctrinal and institutional architecture of attorney regulation is not designed for this world. Bar disciplinary systems assume that complaints will be rare enough to be read, screened, and, hopefully, informally resolved by human staff.

> They assume that the narrative in a complaint reflects, in some recognizable way, the voice and experience of a client or other complainant. They assume, too, that the staff who screen complaints can quickly identify wildly implausible allegations, doctrinal nonsense, or claims that are obviously made in bad faith. Generative AI undermines each of these predicates. It can produce high-volume, high-verbiage complaints that bury thin allegations under thick legalese. It can fabricate precedent and procedure that look convincing enough to survive initial screening. And it can do so in the voice of a "model" complainant—educated, literate, and doctrinally aware—even if the actual client is not.

The author also discusses the impact of improper AI-generated complaints on registrants themselves. Again, while focussing on lawyers acting as defence counsel, these concerns would apply equally to other types of registrants:

> The predictable response from many defense lawyers will be to practice more defensively. If every strategic choice, like whether to call a witness, file a motion, or advise a plea, can later be recast by a chatbot as unethical or incompetent, the rational lawyer will spend more time building a record for the bar than building a defense for the client. Counsel will overdocument, over-explain, and over-counsel against risk, not only to guard against ineffective assistance claims in appellate courts, but to inoculate themselves against the next AI-authored grievance. That defensive posture is not free. It consumes scarce time in already overloaded dockets, incentivizes conservative choices over risk-acceptant advocacy, and may push lawyers to prioritize their own exposure over the client's best interests---precisely the inversion that professional-responsibility rules are supposed to prevent.

Addressing this concern will not be easy for regulators. Some suggestions made by the author include:

- Requiring complainants to certify whether AI was used to help generate a complaint. This requirement may not be complied with except for well-intentioned complainants. However, it may also form the basis for screening out complaints made by those intending to overwhelm the system or cause harm to registrants.
- Regulators using algorithms to flag AI-generated content.
- Training regulatory staff to recognize the hallmarks of AI-generated content.
- Using an expedited dismissal process for such complaints.
- Publicly reporting likely AI-generated complaints. The author appears to be referring to statistical reports so that the public, the profession, and policy makers are aware of the scope of the problem.
- Publishing guidelines for a registrant's responsibilities when they become aware of AI-generated complaints by others, especially other registrants.
- Imposing sanctions upon complainants who repeatedly submit AI-generated grievances. However, it is difficult to contemplate what an effective, yet acceptable, sanction might be.

One measure that the author does not mention is for regulators to implement a policy prohibiting individuals from using AI to help generate a complaint. Where AI use is suspected, no action will be taken on the complaint on that basis alone. In those

cases, the individual could potentially be asked to resubmit a complaint in their own words.

Currently most of these measures seem a little excessive, but perhaps the author is correct that at least some of them will soon become necessary.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: https://sml-law.com/resources/grey-areas/

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Regulators' Role in Addressing Racism

Erica Richler

August 2026 - No. 317

Few would dispute that a regulator should discipline registrants who engage in overtly racist behaviour. However, beyond overt acts, racism also includes unconscious bias, micro-aggressions, and disparate outcomes for patients/clients. In addition, registrants themselves experience racism from their colleagues and clients. What is the role of a professional regulator in addressing this?

To provide some context, the UK regulator for nurses and midwives has recently posted the following information:

> Overall, inequities are directly linked to worse clinical outcomes, including higher mortality, greater disease burden, delays in care, and reduced patient safety. For example:
>
> - Black women are 2.3 times as likely to die from pregnancy-related causes during childbirth or within six months postpartum as White women. Asian women are 1.3 times as likely
> - Black babies are more than twice as likely to be stillborn as White babies; Asian babies around one and a half times as likely
> - Racist stereotypes – such as the false belief that Black women "don't feel pain" or have a "higher pain threshold," or that sickle cell patients seeking pain relief are "drug-seeking" – continue to shape clinical decisions and cause avoidable harm
> - People from racially minoritised groups with learning disabilities face a 190% increased risk of premature death compared to their white counterparts
> - A higher prevalence of racially minoritised service users' being sectioned under the *Mental Health Act*.

Racism and other forms of discrimination not only affect people receiving care, but also many midwifery and nursing professionals who provide it.

Spotlight, the NMC's annual insight report, shows that 40% of nursing

> and midwifery professionals who responded to a survey said they had experienced discrimination in the previous year, most often on grounds of ethnicity or age.

In the UK, an independent report entitled *Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system* provides some guidance. Lord Mann is the UK government's independent advisor on antisemitism. However, in conducting this review, Lord Mann addressed all forms of racism in the health care sector.

Mann cites research that "shows racism is deeply pervasive and has reached the stage where it has become normalised in the NHS [National Health Service]. This includes interactions between NHS staff and with patients, their relatives and members of the public." In the case of Jewish patients, Mann "found a specific unaddressed issue of antisemitism within the NHS that is making Jewish patients uneasy about accessing care and Jewish NHS staff feeling that discrimination against them is not being addressed. This means a real fear in seeking care, considering removing religious symbols before seeking treatment, or being uneasy about asking for kosher meals. An environment that allows this fear to persist is never acceptable, and needs real, demonstrable and visible action to address this." Similar concerns were reported by Muslim and Black communities.

Mann says:

> …the central tenets of the approach to tackling racism across health and social care should be:
> - calling out racism, including antisemitism, wherever it occurs
> - supporting its victims
> - treating with kindness those that report having suffered it

Call for a Coordinated Response

The central theme of Mann's review is that all partners in the health care system (especially health administrators, employers and regulators) must coordinate their anti-racism activities. Mann says:

> Employers should be the first line of defense and best understand the context in which patients and professionals are operating. Where behaviour is concerning but may not reach the level of concern that might warrant regulatory action, the employer can and should take appropriate action, which may range from informal interventions to serious disciplinary action. Where an employer or NHS contractor fails to act, or where the complainant remains dissatisfied with the outcome, a referral to the regulator will always remain an option…
>
> If, having considered the issue, an employer believes there to be a case for regulator involvement, they should, and in many cases do, refer the case to the relevant regulator. Strong relationships between regulators and employers are essential to both protecting the public and ensuring consistent approaches and action.

One of Mann's recommendations is that:

> …health and care system and professional regulators should establish a taskforce to clarify and reinforce the appropriate mechanisms, including the emerging concerns protocol, for sharing information about local areas of concern, racist incidents, thematic issues related to antisemitism and other forms of racism, and best practice for employers and regulators to address them. Health and care system and professional regulators

> should co-ordinate actions where more than one regulator has a role to play in responding to issues or incidents…

Inappropriate Resort to Regulators

Mann notes that individuals, employers, and third-party organizations are increasingly referring concerns to professional regulators even where they are more appropriately dealt with at the local level. This is problematic because "[h]igher caseloads may result in delays in cases being heard, increased pressure on regulators and a growing lack of confidence in the regulatory system and the decision making of tribunals." In addition, employers sometimes decline to address concerns that are suitable for local resolution because they are pending before the regulator.

Mann recommends that there should be:

> …a clear, single set of national guidance for employers (in England), clearly defining employers' responsibilities in tackling discrimination incidents and providing guidance and examples of the types of incidents that may require a regulatory referral, to build consistency.

Regulatory Reform

In addition to better coordination, Mann suggests that a current proposal for regulatory reform to introduce "accepted outcomes" should proceed. Accepted outcomes would enable the complaints-screening body to impose disciplinary outcomes (e.g., conditions, suspensions, and even removal) where the registrant consents (thus avoiding a discipline hearing).

Mann considers additional aspects of regulatory and governance reform arising out of his review of evidence submitted by Jewish and Muslim associations. The themes from these submissions included concerns that there is a perceived "hierarchy of discrimination" that results in "unequal outcomes faced by under-represented groups in disciplinary and regulatory processes." Further themes included the need for transparency, particularly for complaints closed at an early stage, stronger accountability mechanisms (i.e., appeals) of individual decisions, and improved education and understanding by decision-makers about racism, particularly about antisemitism and anti-Muslim hostility.

Mann suggests that the oversight body, the Professional Standards Authority (PSA), should have the right to appeal interim orders (e.g., terms, conditions and limitations, suspensions) to the courts where they do not adequately protect the public interest. The PSA should also have the power to compel regulators to provide information that would assist the PSA in performing its oversight functions.

Additional Strategies

Apart from its specific disciplinary role, regulators should also, collectively, support employers in dealing with all forms of discrimination including those not amenable to regulatory disciplinary action. Regulators should also have a more active role in educating registrants who are not part of the public health care system (e.g., chiropractors).

Mann also says that regulators and other system partners should engage with community organizations to understand how racism is experienced, develop policies and procedures, and help design educational programs for all participants. This engagement should include adopting consistent, clear definitions of racism and religious hatred to help individuals and organizations know how to respond effectively to incidents of discrimination. The same applies to "guidance for reporting and

investigating incidents of racism and religious hatred."

> The UK health and care system and professional regulators currently use multiple definitions of racism. This is not a sustainable or acceptable approach, and this inconsistency should be addressed.

Further, Mann calls for coordination amongst regulators to ensure consistency in decision making. The PSA:

> …should convene fitness to practise staff across health and care professional regulators to probe their approach to cases involving racism, including antisemitism and discrimination. With complaints potentially arising from staff, patients, volunteers, contractors, students and members of the public, consistency is required.

In addition, Mann suggests that regulators secure "expert advice on relevant fitness to practise decisions, particularly where they involve matters relevant to those with protected characteristics, to support cultural awareness and learning among relevant decision makers."

Mann also recommends that training programs for registrants should not only include anti-racism instruction in the curriculum, but that they must model such behaviour within their institutions including disciplinary sanctions for both educators and students exhibiting racist behaviour.

On a related note, Mann says that "health and care professional regulators should work with patient representative groups to develop material that is clear, brief, and helpful for navigating the system."

System partners need to collect data on workforce indicators of inequality "such as workplace discrimination, career progression, bullying and harassment, and entry into disciplinary processes. Organisations are expected to use this data to develop and implement actions to address identified workforce race inequalities." In addition, organizations should be rated on their race equality and staff experience metrics, which results should be made public.

Freedom of Expression

Mann discusses how the freedom of expression of registrants fits into anti-racism guidance. He indicates that limitations are justifiable:

> What is acceptable or allowable by employers for staff in other settings is not automatically transferable to the NHS. The risk factor is both higher and more critical. A patient failing to present for or seek care because of their avoidable perception of an NHS service, of a perceived bias of a medical practitioner or other employee, is not acceptable.

Mann recommends that all employers publish consistent and precise policies as to what types of expression are acceptable in the health care setting. This could include not wearing health care uniforms on political marches or using the NHS logo or brand in association with third party organizations. Similarly, political badges, clothing or other identifiers should not be permitted in the health care context. However, a uniform policy should not inhibit religious expression.

In terms of political expressions in one's personal life, Mann says:

> This is not to say that healthcare professionals should be discouraged from or cannot express political beliefs in their personal life, but they must be particularly mindful of doing so lawfully and in a way that does not undermine public confidence.

Needless to say, it will be challenging to implement policies that appropriately balance the freedom of expression with the rights of patients, colleagues and other members of the public. Mann's suggestions require delicate application.

Racism by Patients

Mann's discussion on protecting health care workers from racist actions by patients is comparatively brief. He supports guidelines for "when staff face violence or discrimination from patients or the public. This should include clear, context-specific guidance on how, in non-life threatening situations, [institutions] support staff to refuse access to services (to protect their safety and dignity)."

Conclusion

In Mann's view, regulators have an important role to play in combatting racism, even if the employer is considered the first line of defence. Most Canadian jurisdictions see anti-racism initiatives as part of the mandate of regulators, with the notable exception of Alberta. Lord Mann's review provides suggestions as to what role regulators can play where anti-racism is viewed as part of their mandate.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Case Study on Intimate Partner Violence

Rebecca Durcan

September 2026 - No. 318

Regulators are called upon to assist registrants to identify and intervene appropriately when they encounter intimate partner violence (IPV) in their practice. The November 2025 report of the Domestic Violence Death Review Committee (under the auspices of the Ontario Office of the Chief Coroner) made several recommendations, including the following:

- While education of registrants about IPV has been a recurring recommendation, 16 regulatory Colleges were urged to "develop and distribute comprehensive educational materials on recognizing and responding to risks associated with IPV and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and IP homicide."

- Several regulatory Colleges were urged to "ensure risk assessment tools are being utilized for all IPV situations within their respective sectors…."

- Some regulatory Colleges were urged to require their registrants to "undertake at least 16 hours of professional development on family violence and coercive control dynamics in family law given the critical nature of these issues in mother and child safety and then four hours on an annual basis thereafter, provided by experts in the field."

Several regulators have already taken at least some action on these recommendations. For example, the Ontario College of Social Workers and Social Service Workers have posted an information update and a reminder to its registrants of their professional obligations related to IPV, including ensuring that "they have the competence to complete intimate partner homicide risk assessments and develop client safety plans." The posting is accompanied by several resources, including training options, a risk assessment tool, and guidance from the Information and

Privacy Commissioner (IPC) on sharing information about clients at risk of harm with and without their consent. The IPC guidance, primarily for health practitioners, is particularly useful, and includes flow charts for decision making and an example scenario. It should be kept in mind that the test for disclosing client information without consent is likely different for other professions, such as lawyers. The test is also different where there are children in need of protection.

The risk assessment tool emphasizes the value of obtaining the "victim's" perceptions: "Results have shown that victims' perceptions of risk can have similar predictive validity for future violence to certain risk assessment tools and that when victims' perceptions of risk are included in risk assessments, the predictive validity of the assessment substantially improves."

The risk assessment tool also mentions the value of interventions with the perpetrator: "An evaluation of the program revealed that perpetrators who participated in the second-responder program were significantly less likely to be arrested for another offense two years after the interventions compared to perpetrators who did not participate in the program. Specifically, the rates of re-arrest and arrest for domestic-violence-related offenses were twice as high for perpetrators who did not participate in the program compared to perpetrators who did participate." This, of course, has implications for regulators advising registrants who are providing services to perpetrators.

The College of Nurses of Ontario (CNO) has also posted a resource page including a list of signs that a client may be experiencing IPV, such as where the client:

- "has unexplained bruises or questionable explanations for injuries
- acts differently when their partner is around (for example, doesn't speak up, doesn't speak for themselves)
- tries to change the subject if they are questioned about their partner's behaviour
- appears to be controlled by their partner and seems reluctant to make decisions by themselves
- withdraws from their friends and family
- is pressured to have their online activity monitored by their partner
- has an uncharacteristic change in risk-taking behaviours (for example, doing drugs, drinking alcohol)
- experiences a drop in school or work performance
- is humiliated or criticized by their partner in front of others
- is frequently contacted by their partner wanting to know where they are and what they are doing
- has poor physical health, cognitive impairment, low income and functional dependence specifically in older adults."

The CNO also provides a link to the Ontario Network of Sexual Assault / Domestic Violence Treatment Centres.

The CNO, along with other health College regulators, will be providing an education session for their registrants on IPV later this month.

A recent, groundbreaking, family law decision highlights the complexity of IPV. In *Mitchell v. Mitchell*, 2026 ONSC 4259 (CanLII), the Court awarded $400,000 in compensatory damages and $25,000 in

punitive damages to the victim using the new tort of IPV. The facts were horrific, involving decades of physical abuse and coercive control perpetrated by the husband on his wife. Even an untrained observer would recognize that any risk assessment would have generated a high score, especially given the threats that were found to have been made, the criminal charges and convictions including failing to comply with a release order, frequent hospital visits of the wife for injuries, financial control, and, not least of all, the husband's gun collection.

Two registered health practitioners gave evidence about the cause and impact of the IPV on the wife. The wife's family physician and naturopathic doctor both gave opinion evidence that the IPV contributed to her mental (e.g., depression, insomnia) and physical (e.g., high cholesterol and blood pressure) conditions.

Notable observations from this proceeding, from a regulatory point of view, include the following:

- While the decision does not recount all the interactions between the registrants and the wife, the registrants appeared to have taken an informed supportive role. The wife accepted some of the registrants' recommendations, but not all (e.g., she declined a referral for therapy). It is not clear whether the registrants considered additional reports to authorities (with or without the wife's consent) given the high risk involved, but they were aware of already existing police involvement.

- Registrants should anticipate the possibility of having to testify about the IPV and should conduct adequate assessments and note taking to support that responsibility.

- The wife advised the naturopathic doctor not to testify, for fear that the husband would harm the naturopathic doctor. Regulators may wish to address the risk to registrants in their resources.

- This proceeding did not involve a registrant who treated the husband. However, as noted above, the professional responsibilities of registrants treating perpetrators in such circumstances warrants encouragement and regulatory guidance.

- The Court discussed the possible litigation abuse by the husband. Many regulators already receive frequent complaints about the role of registrants who testify in family law proceedings. Regulators may wish to plan for such complaints flowing from IPV civil proceedings.

- The new tort of IPV, including through coercive control, provides another option for those experiencing IPV. There may be a role for regulators to explore informing some complainants, who have experienced IPV, of this option.

It is still early days with respect to regulators' providing guidance to registrants who deal with clients experiencing IPV. Learning from this court decision and future proceedings discussing IPV should assist in informing those initiatives.

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Risk-Based Regulation: A Case Study

Bernie LeBlanc

October 2026 - No. 319

Risk-based regulation is now the norm. While there are many ways of describing it, Julia Black, Professor of Law at the London School of Economics and Political Science terms it as:

> targeting regulation and regulatory effort on things which pose the greatest risks to society or to regulatory objectives…. Risk-based regulation at the operational level means targeting regulatory resources on those organizations or activities which pose the greatest risk to the regulator's objectives, which are usually legally defined.

However, implementing an effective risk-based regulatory approach is difficult. What are the best indicators that a registrant poses a risk of harm? How should those indicators be analyzed? Once analyzed, what regulatory tools are most appropriate for that particular risk? What resources should be allocated? Who should make these decisions? Who monitors and evaluates (and directs modifications to) the approach?

Some guidance might be gleaned from the sudden collapse of an association of UK law firms, known as PM Law, in February 2026. The BBC reported that over 600 staff learned they had lost their jobs from a paper notice posted on the office windows when they arrived for work. Tens of thousands of matters (including real estate transactions in the midst of closing, personal injury claims, and wills and estate matters) were interrupted. It was estimated that £39.5 million of trust funds were improperly removed or misused. The regulator, the Solicitors Regulation Authority (SRA), made £30 million in compensation payments.

The SRA retained the international law firm of Jenner & Block to provide a Serious Event Review of whether the SRA could have intervened earlier and, if so, to make recommendations for improvement. Many of the lessons from that Review can be extrapolated to other regulators' risk-based regulation approaches.

The Review found that the SRA could have identified and intervened earlier, reducing the resulting harm:

- The unconventional corporate structure of PM Law caused the SRA to not treat it as a single entity. While there were about a dozen entities, they were run on a centralized basis including IT and accounting functions. Two individuals, only one of whom was a lawyer, managed the group's compliance with its financial and legal obligations.

- "As an institution, the SRA held a substantial body of information about the PM Law Group before the intervention." This included two forensic investigations, an anti-money laundering inspection, a random compliance inspection, categorization of PM Law as adopting an aggressive growth strategy (that made it a "High Risk" entity for a period of time), and several complaints against registrants and firms within the group. However, that knowledge "was distributed across different teams, systems and individuals, and was never drawn together into a single, composite picture of the risk [that PM Law] presented." Also, "[t]hat failure of aggregation is, in our view, the central finding of this [Review]."

- Several individual concerns were closed because they were treated in isolation.

- Because there was no clear picture of the risk PM Law created, concerns were frequently not escalated, and when they were, regulatory actions were delayed and conducted with insufficient rigour. There were few failures by individual SRA staff. "What was missing was the ability to convert that engagement into timely and effective regulatory action." For example, senior management and the Board were unaware, before PM Law collapsed, of information "which might suggest financial instability and accounting rules concerns…."

- There were instances in which the SRA investigators, inspectors, and auditors took PM Law's explanations at face value when the overall risk picture suggested that verification of data was indicated.

- Some key departments in the SRA had significant capacity concerns preventing it from allocating adequate resources to high-risk registrants.

The Review made the following recommendations for improving the SRA's risk management approach (some of which are already underway):

- The SRA "needs the technological capability to aggregate intelligence across workstreams so that decision-makers see a complete picture of an entity at the point of decision." This might include "a risk assessment matrix that would allow for quantitative assessment of the risk of each individual case."

- Some of the SRA staff need better training and supervision when doing complex regulatory work, such as forensic inspections and risk assessments.

- The SRA "needs fully defined escalation criteria so that the accumulation of very serious concerns reaches the appropriate level in the organisation without depending on the initiative of individual officers."

- These recommendations do not mean that the Board (or even the CEO) should manage individual high-risk matters. What is needed is a risk-based regulation system that provides meaningful assurance that

risks are being identified, assessed, and addressed appropriately.

Interestingly, a few days before the Review was released, Ontario developments reflected similar themes. The Real Estate Council of Ontario (RECO) has also recently faced the collapse of a large industry entity that resulted in a significant loss of trust funds. There is a consultation proposal on several suggested changes that would facilitate enhanced risk-based regulation, including:

- Creating a new category of registration for those who manage or supervise a brokerage.
- Requiring brokerages to establish policies covering the conduct of their staff and agents in high-risk situations.
- Clarifying and expanding trust account requirements.
- Requiring brokerages to submit annual financial filings with RECO and to prepare monthly trust account reconciliation statements that can be produced to RECO upon request.
- Allowing the issuance of compliance orders, which can take effect immediately in urgent circumstances, without an application to court.
- Permitting the imposition of a freeze order (to protect monies) at a more preliminary stage than is currently authorized.
- Permitting the imposition of administrative monetary penalties for violations of regulatory requirements. The amount of the penalty would increase with the degree of risk of harm to the public from the conduct.

These proposals would provide additional useful risk indicators and permit a proportionate and timely risk-based response to concerns.

Similarly, the Law Society of Ontario has recently implemented a requirement for law firms to provide an irrevocable authorization for the Society to verify trust fund information with the law firm's financial institution. This additional measure addresses the concern about taking registrants' explanations at face value.

Risk-based regulation is becoming more sophisticated.

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College of Homeopaths of Ontario
www.collegeofhomeopaths.com

October 2, 2026

Catherine Ngando Edimo, Clerk of the Committee
Standing Committee on Health
Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6

By e-mail to HESA@parl.gc.ca

Subject: Support for Bill C-224, An Act to Amend the *Food and Drugs Act* (natural health products)

Members of the Standing Committee on Health,

I am writing in support of Bill C-224, *An Act to amend the Food and Drugs Act (natural health products).*

Bill C-224 would clarify that natural health products are not therapeutic products under the *Food and Drugs Act* and should not be subject to the same regulatory monitoring regime as pharmaceuticals. The bill recognizes the longstanding distinction between natural health products and higher-risk therapeutic products and promotes a more proportionate, risk-based approach to regulation.

Natural health products already operate within a dedicated regulatory framework that includes licensing, manufacturing, labelling, quality, and safety requirements. Subjecting these products to regulatory measures designed for pharmaceuticals creates unnecessary compliance burdens without demonstrating a corresponding public health benefit.

As discussed in the College of Homeopaths of Ontario's submission to Health Canada regarding proposed Natural Health Product Compounding and Raw Materials Policies, excessive federal oversight risks restricting access to low-risk natural health products, limiting patient choice, and creating barriers for regulated healthcare practitioners who rely on these products in the course of providing care. The submission further notes that public protection is achieved through existing federal product standards and provincial professional regulation, and that regulatory requirements should be proportionate to actual risk.

Bill C-224 supports consumer access, regulatory clarity, and patient choice while preserving Health Canada's authority to regulate product quality and safety. It provides an appropriate legislative balance between public protection and access to natural health products that millions of Canadians rely upon.

For these reasons, I encourage the Committee to support Bill C-224.

Respectfully submitted,

Basil Ziv
Registrar & CEO
College of Homeopaths of Ontario

Supporting References

1. Bill C-224, *An Act to amend the Food and Drugs Act (natural health products)*, First Reading, September 18, 2025.
2. CHO Response to Health Canada proposed NHP Compounding and Raw Materials Policy, College of Homeopaths of Ontario, July 8, 2026. The submission argues that restrictions on access to natural health products should be proportionate to risk and should not unnecessarily interfere with patient access or regulated professional practice.

College of Homeopaths of Ontario
Public-Interest Submission Regarding Bill C-218

Regulating homeopathy in Ontario in the public interest.

Executive Summary and Position Statement

From a public protection perspective, the College supports the objectives of Bill C-218 and the principle that individuals whose sole underlying condition is a mental disorder should have meaningful opportunities to access healthcare services, community supports, and referral pathways before an irreversible decision is made.

The College does not suggest that homeopaths assess, diagnose, or treat serious mental illness beyond their legislated scope of practice or professional competence.

Homeopaths, like all regulated health professionals, have a responsibility to recognize when a patient's needs exceed their scope of practice and to facilitate appropriate referrals to qualified healthcare providers, crisis services, community supports, or emergency resources.

The College believes public protection is enhanced when individuals are aware of and able to access the broad range of healthcare, social, community, and support services available within Ontario's healthcare system.

Scope of Submission

The College's comments are limited to matters relating to public protection, professional scope of practice, access to healthcare services, referral responsibilities, and connections to community supports. These comments should not be interpreted as expressing a position on the broader legal, ethical, religious, philosophical, or political debates surrounding Medical Assistance in Dying (MAID). Rather, the College's interest is confined to ensuring that individuals experiencing significant mental health challenges are aware of and have meaningful opportunities to access appropriate healthcare services, community resources, and referral pathways in the public interest.

Submitted by:
Basil Ziv
Registrar & CEO
College of Homeopaths of Ontario

Re: Bill C-218, An Act to Amend the Criminal Code (Medical Assistance in Dying)

The College of Homeopaths of Ontario respectfully submits the following public-interest comments regarding Bill C-218. The Bill proposes to amend the Criminal Code so that a mental disorder would not constitute a grievous and irremediable medical condition for the purposes of eligibility for Medical Assistance in Dying (MAID) where it is the sole underlying condition.

As Ontario's regulator of the homeopathy profession, the College's mandate is to regulate the profession in the public interest and to promote safe, ethical, and competent practice. The College's comments are offered from a public protection perspective and focus on the importance of ensuring that individuals experiencing significant mental health challenges have meaningful access to healthcare services, social supports, community resources, and appropriate referral pathways before an irreversible decision is made.

The College recognizes that individuals whose sole underlying medical condition is a mental disorder may experience profound suffering and face complex personal and healthcare circumstances. Given the irreversible nature of MAID, the College believes it is important that such individuals have meaningful opportunities to access available healthcare services, community supports, and referral pathways before an irreversible decision is undertaken.

Ontario's healthcare system includes 26 regulated health professions, each contributing within its legislated scope of practice, professional competencies, and areas of expertise. Collectively, these professions form part of a broader healthcare system intended to support the diverse needs of Ontarians.

Individuals experiencing mental health challenges may access assistance from a range of healthcare professionals, community organizations, social supports, crisis services, housing supports, peer-support networks, and other resources. Public protection is enhanced when individuals are aware of available healthcare options, community supports, and referral pathways that may assist them in addressing their circumstances.

Access to multiple forms of care and support may help alleviate suffering, improve quality of life, strengthen coping capacity, enhance resilience, and ensure that individuals are aware of available healthcare and community services. Ensuring that individuals have meaningful opportunities to learn about, access, and consider available supports is consistent with a patient-centred approach to care and with broader public protection objectives.

Role of Homeopaths and Referral Responsibilities

The College does not suggest that homeopaths assess, diagnose, or treat serious mental illness beyond their legislated scope of practice or professional competence.

Rather, homeopaths, like all regulated health professionals, have a responsibility to recognize circumstances in which a patient's needs exceed their scope of practice, expertise,

or available resources and to facilitate timely referral to appropriate healthcare providers, services, or emergency resources.

Homeopaths may encounter patients experiencing distress, grief, anxiety, depression, social isolation, or other life challenges. In such circumstances, practitioners are expected to provide care only within their professional competencies and to facilitate referrals where additional assessment, diagnosis, treatment, crisis intervention, psychiatric care, or other services are required.

Homeopaths may also assist patients in accessing relevant healthcare, social, community, housing, crisis, and peer-support services where appropriate. Assisting patients in identifying and connecting with available supports can help promote continuity of care and improve access to services.

The College believes that coordinated care, interprofessional collaboration, and appropriate referral practices contribute significantly to patient well-being and public protection. Individuals facing significant mental health challenges may benefit from access to a broad continuum of services and supports provided by qualified professionals and community organizations.

Conclusion

The College of Homeopaths of Ontario believes that individuals experiencing significant mental health challenges should have meaningful opportunities to access healthcare services, community supports, and appropriate referral pathways before an irreversible decision is made.

Ontario's regulated health professionals each contribute within their respective scopes of practice and competencies and play an important role in facilitating access to appropriate care when referral or collaboration is required.

From a public protection perspective, the College supports the objectives of Bill C-218 because they reflect the importance of ensuring that individuals whose sole underlying condition is a mental disorder have meaningful opportunities to access available healthcare services, community supports, and referral pathways before an irreversible decision is made.

The College respectfully encourages Parliament to consider the importance of healthcare access, community supports, interprofessional collaboration, and appropriate referral pathways when deliberating Bill C-218.

Thank you for considering the College's comments.

Respectfully submitted,

Basil Ziv

Registrar & CEO
College of Homeopaths of Ontario

October 6, 2026

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September 22, 2026

Hi Jason,

Thank you for the discussion yesterday and for sharing the proposed wording.

Your proposed wording captures the College's concern about preserving access to precursors and tools used for legitimate homeopathic purposes. We prefer the revised statement below because our concern also includes the need to avoid overlap or uncertainty between federal product oversight and Ontario's regulation of professional practice.

The College regulates the practice of homeopathy in Ontario under the Regulated Health Professions Act, 1991 and the Homeopathy Act, 2007. Its mandate is to protect the public and ensure that legitimate professional practice operates within a clear and coherent regulatory framework. We recognize and respect the federal role in regulating products and substances. Federal product oversight and Ontario's regulation of professional practice should operate in a complementary manner, with clear responsibilities that avoid unnecessary duplication, conflicting obligations, and regulatory uncertainty.

This distinction is particularly important in homeopathic practice. Although homeopathic products are generally regarded as low-risk, Ontario's professional regulatory framework addresses the broader safeguards governing practitioner competence and conduct. Through registration requirements, standards and guidelines, quality assurance, and complaints and discipline processes, the College promotes competent, ethical, and accountable practice consistent with the standards expected of regulated health professionals. Public protection therefore includes not only product oversight, but also professional judgment, informed consent, ethical conduct, and accountability within the practitioner-patient relationship.

For these reasons, we propose the following statement of the College's position:

Position Statement
The College of Homeopaths of Ontario supports measures to prevent the criminal misuse of pill presses, precursor substances, and related equipment. However, the proposed legislation may unintentionally restrict access to materials and equipment required for regulated homeopathic practice or create overlapping, conflicting, or uncertain regulatory obligations. The College therefore supports an approach that distinguishes unlawful activity from legitimate professional and healthcare-related use, preserves appropriate access for regulated practice, and respects federal responsibility for products and substances and Ontario's responsibility for professional practice. These regulatory roles should operate independently but complementarily, and Ontario's regulation of the profession should not depend on the outcome of separate federal processes.

We believe this wording preserves the concern in your proposed statement while more accurately reflecting the College's statutory mandate, public-protection role, and the need for clear, complementary federal and provincial regulatory frameworks.

Thank you for the opportunity to provide input. I hope this clarification is helpful.

Respectfully submitted,

Basil Ziv
Registrar and Chief Executive Officer
College of Homeopaths of Ontario