

Bylaws Submission – Consolidated Review

Context and Considerations

This document provides a comprehensive review of the draft bylaws for the College of Complementary Health Professionals of British Columbia (CCHPBC). It assesses the bylaws as presented, identifying areas that may benefit from clarification, refinement, or additional guidance to support consistent implementation across all regulated professions.

The review considers the bylaws in their entirety, including governance, licensure, quality assurance, delegation, professional conduct, and public protection provisions. Each section has been examined for clarity, fairness, and alignment with statutory intent.

Key considerations emerging from the review include:

- **Clarity and Consistency:** Definitions and terminology should be applied uniformly across sections and aligned with the Health Professions and Occupations Act (HPOA) to minimize interpretive uncertainty and support transparent communication with registrants and the public.
- **Transparency and Accountability:** The bylaws grant significant administrative authority to the Registrar and Board. Publishing policies that describe how discretion is exercised, and how decisions are reviewed, would strengthen confidence in governance and operational fairness.
- **Proportionality and Administrative Impact:** Certain provisions, such as insurance thresholds, monetary penalties, and non-practising class closures, could have unintended impacts if applied uniformly across diverse practice contexts. Provisions for discretion or transitional flexibility may be appropriate.
- **Procedural Safeguards:** Clear processes for notice, response, reconsideration, and appeal are essential to ensure procedural fairness. Timelines and communication standards should be explicitly stated wherever possible.
- **Efficiency and Accessibility:** The number and complexity of required forms, attestations, and approvals may be streamlined through standardized templates and digital submission processes. Supporting resources and plain-language guidance would help ensure compliance and reduce administrative burden.
- **Equity and Cultural Safety:** The bylaws incorporate important commitments to cultural safety, humility, and anti-racism. Embedding these principles in operational procedures, assessor training, and evaluation criteria will help ensure consistent application.

Overall, the draft bylaws represent a detailed and comprehensive framework. The comments that follow are intended to support their clear, fair, and effective implementation, and to promote confidence in the College's capacity to protect the public and regulate its professions with consistency and integrity.

Part 1 – Definitions and Interpretation

Definitions and Interpretation

Comments:

- The section functions as an interpretive framework and does not raise substantive concerns.

- Schedule 1 should clearly distinguish definitions drawn directly from the Act from those created by the College for operational use.
- To ensure consistency across regulatory instruments, definitions should mirror wording in the HPOA unless a deviation is necessary for clarity.
- Where new or modified definitions are introduced, a brief rationale or cross-reference should be published to support consistent interpretation.
- Clause 1.6 appropriately clarifies that headings and formatting are non-substantive.

Part 2 – Board

Comments

- The section defines a clear structure for Board leadership and meetings. The process for election of the Chair and Vice Chair is transparent, but it would be helpful to include provisions ensuring balanced representation and succession planning for continuity.
- The bylaws allow the Board to set their own remuneration, as they can amend the schedule 3 at any time. There should be clear guidelines and timelines for providing notice of proposed changes to schedule 3, consultation, and independent review prior to implementing any changes to the compensation of the Board.
- The requirement for four meetings per year meets minimum expectations but may not ensure sufficient oversight for a multi-profession College of this scale. Consider specifying a mechanism for additional scheduled meetings or standing committees to manage ongoing regulatory obligations.
- The bylaw allows meetings to be conducted through various virtual or hybrid formats. The College should establish policy guidance to ensure quorum verification, secure access, and record-keeping integrity during electronic meetings.
- Open meeting provisions are appropriate but could benefit from a commitment to publish an annual calendar of meetings and to livestream or record sessions to strengthen transparency and accessibility.
- The list of closed meeting exceptions is comprehensive but would be clearer if it required notation in the published minutes identifying the specific clause relied upon for closing the meeting.
- The process for written resolutions (2.30) requires them to be passed by special resolution, which is an unusually high threshold. Clarification should be added confirming when written resolutions are intended for use and how these are disclosed to the public.
- The conflict-of-interest framework (2.36–2.40) provides reasonable protections but would be improved by requiring mandatory disclosure statements at the start of each term and inclusion of conflict declarations in the Board's public record. It is good to see that conflicts of interest have been defined in schedule 1 as including actual, potential and perceived conflicts of interest. However, the schedule does not describe the type of behaviour that may constitute a conflict of interest. This creates inherent uncertainty and risk as it is the Board that will create its own Conflict of Interest policy. To ensure transparency and accountability, the Bylaws should define the type of behaviour that constitutes conflicts of interest. In addition, to align with standard corporate governance expectations for directors, 2.37 should require a Board Member to disclose *any* conflict of interest, not just when a matter they have an interest in is before the Board.
- Section 2.40 appropriately prohibits presumptions of conflict based on identity or culture. The Board could extend this protection by adopting an equity and inclusion statement linked to the code of conduct.

- Publishing requirements for Board policies (2.42) are important for accountability. To enhance transparency, add a requirement that all governance policies be dated, archived, and publicly accessible through the College website.
- The bylaw-making and consultation process (2.44) aligns with the HPOA but would benefit from mandatory minimum consultation periods, summary publication of feedback themes, and a clear description of how input is considered in final decisions.
- The section on recommendations to the Superintendent (2.45) would be stronger if it required consultation with the professions regulated by the College when proposing Board appointments or qualifications.
- Consider requiring a publicly available annual governance report that summarizes Board meetings, attendance, major decisions, and financial statements to promote trust and transparency across all regulated professions.

Part 3 – Committees

Comments:

- The section establishes a solid committee structure but would benefit from a preamble explaining how committee functions relate to statutory duties under the HPOA to clarify purpose and scope for the public.
- Membership requirements for the Licence, Permit, and Investigation Committees include representation from each regulated profession and public members, which supports balanced perspectives. To improve transparency, the College should publish current committee rosters, including public members, and update them annually.
- The Board's authority to set terms of reference (3.2) should include a requirement for consultation with regulated professions when developing or amending committee mandates.
- Appointment criteria (3.13) are appropriate but should be expanded to require a transparent selection process, publication of vacancies, and defined timelines for appointments and renewals.
- The three-year term of office is reasonable, but reappointment limits (3.15) may create unnecessary turnover, particularly in smaller professions. Consider flexibility to extend terms to preserve expertise when continuity is required for ongoing files or long investigations.
- The bylaw's inclusion of a provision recognizing the value of retaining Indigenous committee members (3.15) is positive and should be paired with explicit commitments to Indigenous representation on all committees.
- Remuneration provisions (3.23) defer to policy. The College should publish these policies and review them annually to ensure they reflect fair compensation and transparency.
- Rules for panels (3.25–3.32) appropriately require inclusion of public members and profession-specific representatives. The College should ensure each panel roster is publicly available and that the rationale for panel composition is documented.
- The requirement for Indigenous perspectives on panels involving Indigenous-specific issues (3.27) is commendable. The College should formalize a process for identifying qualified Indigenous advisors or members to meet this requirement consistently.
- The confidentiality of committee meetings (3.34) aligns with statutory requirements but should be balanced by publishing non-identifying summaries of committee activities or outcomes to maintain public confidence.
- Conflict of interest provisions (3.35) mirror those for the Board and should also require annual declarations and an internal log of recusals.

- Reporting obligations (3.36) should specify that committee reports to the Board include activity summaries, decisions made under delegated authority, and recommendations requiring Board approval.

Part 4 – College Administration

Comments

- The section consolidates extensive operational authority in the Registrar with limited counter-balancing oversight. Consider requiring periodic reporting to the Board on administrative decisions, staffing, and financial commitments to strengthen accountability.
- Bylaw 4.2 introduces a reconciliation and anti-discrimination role but does not define deliverables or reporting obligations. The bylaw should specify expectations such as annual reporting on cultural-safety initiatives and measurable outcomes.
- The delegation powers in 4.3 and 4.4 allow broad administrative discretion. Clear written delegation instruments and publication of delegated authorities would improve transparency.
- The Board's financial oversight under 4.8 could be expanded to require mid-year variance reporting, documented approval of significant expenditures outside the approved budget, and public disclosure of audited statements.
- Bylaws 4.9–4.11 authorize borrowing and investment by the Registrar subject to policy but without mandatory Board ratification of each transaction. Limits and approval thresholds should be defined within the bylaws rather than left entirely to policy.
- The auditor provisions (4.12–4.16) are appropriate but should include timelines for Board review of audited statements and confirmation that the audit report and the financial statements will be publicly accessible.
- The conflict-of-interest clauses (4.17–4.20) require a College policy but do not prescribe independent review or record-keeping requirements. The bylaw should require documentation of all conflict disclosures and annual confirmation of compliance.
- The non-presumption clause in 4.19 is consistent with equity obligations, but additional guidance should clarify how conflicts will be assessed to avoid inconsistent application.
- The notice provisions in 4.21 permit electronic delivery but do not require confirmation of receipt. Acknowledgement or proof-of-delivery requirements should be added for orders or decisions affecting a licensee's rights.

Part 5 – College Records and Information

Comments

- The section centralizes control of all records, privacy, and registry functions in the Registrar without corresponding oversight or audit requirements. Independent review mechanisms (e.g., annual privacy compliance audit) should be considered to ensure accountability.
- Bylaw 5.3–5.4 impose general obligations to take “reasonable steps,” but do not define those steps or reference a formal privacy management program. Minimum expectations—such as staff training, breach-response procedures, and timelines for notification—should be outlined.
- Delegation of FOIPPA authority under 5.2 should require written designation identifying the individual(s) authorized to act as “head” and should be publicly available.

- Disposal provisions in 5.5 allow records to be transferred to the licensee who compiled them, which may conflict with statutory custody obligations where the record forms part of an investigation or complaint file. Clarification is needed to prevent premature or improper transfer.
- Fee authority in 5.6 should specify that cost recovery must not impede timely access to personal information; reference to a fee-waiver process would align with transparency principles.
- Bylaw 5.7 requires a records-management policy but does not mandate publication or regular review. The bylaw should require that the policy be publicly posted and updated on a defined schedule.
- Registry provisions (5.9–5.12) grant broad discretion to add or withhold information. Criteria for inclusion, removal, and redaction should be codified to ensure consistent application and to prevent arbitrary disclosure or withholding.
- The power in 5.11 to publish extra-jurisdictional orders could expose inaccuracies if external decisions are later overturned. The College should be required to verify and maintain currency and include correction procedures.
- The safety exception in 5.12 is appropriate but should include a requirement to document and retain the rationale for any non-disclosure decision for future review.

Part 6 – Licensure

Comments

- The closure of all Non-Practising classes (6.3 – 6.5) may reduce workforce flexibility and continuity. The College should consider retaining a limited Non-Practising option for temporary leaves under defined conditions.
- Timelines for transition to full licensure by March 31 2027 are rigid. Adding an extension policy for exceptional circumstances would ensure fairness.
- The section is comprehensive but administratively heavy. Consolidating documentation, verification, and attestation steps would reduce burden without reducing accountability. The College must also publish clear guidance so applicants can understand the requirements they are expected to meet.
- Fee-waiver provisions (6.16 – 6.17) are appropriate but should be supported by clear, published criteria and transparent decision timelines.
- Equivalency and foreign-trained applicant provisions (6.21 – 6.30) are well structured. Publishing evaluation rubrics, assessor criteria, and typical processing times would enhance transparency and consistency.
- The currency-of-practice and continuing-education requirements should be aligned with risk and relevance rather than solely time-based measures.
- The uniform \$5 million insurance requirement (6.41) is high relative to other regulated professions. The College should review whether a lower minimum or tiered approach would maintain adequate protection.
- Provisional licences (6.45 – 6.50) are a useful tool but the time limits may be too short for examination or relocation delays. Extending the allowable period to six months would improve practicality.
- Registrar discretion under 6.69 – 6.78 is broad. Adding procedural safeguards such as written reasons, opportunity to respond, and proportionality criteria would strengthen fairness.
- The reinstatement pathways (6.59 – 6.68) are detailed but could be simplified. A clear summary table or flowchart would improve understanding and compliance.

- 6.59(l) and 6.60(e) should be revised to state that the licensee must be in compliance with all applicable Continuing Professional Development requirements immediately prior to the date they ceased to be licensed rather than immediately prior to the “In-Force Date”. As it is currently worded, it suggests that individuals who become licensees after April 1, 2026 will not have to meet Continuing Professional Development requirements in order to be reinstated.
- Renewal dates and late-fee provisions (6.55 – 6.58) are clear but could allow flexible payment options and prorated fees for mid-year entry.
- The examination and assessment framework (6.35 – 6.40) supports integrity but should include a defined candidate appeal process and communication timelines.
- Periodic reviews of barriers for extrajurisdictional applicants (6.31 – 6.34) are positive. Results should be published to demonstrate accountability and continuous improvement.
- Overall, Part 6 establishes a solid licensing structure but would benefit from clearer timelines, reduced administrative duplication, and stronger fairness safeguards.

Part 7 – Certified Practice

Comments:

- The process does not specify the evidentiary or procedural requirements the Licence Committee must apply when directing the Registrar to issue or renew Prescriptive Authority certification. Clear reference to qualifying standards or verification mechanisms should be added.
- There is no requirement for the Registrar to provide written reasons when refusing or revoking certification, which could limit procedural fairness and transparency.
- Bylaw 7.11(b) references failure to meet requirements in Bylaw 7.4, but 7.4’s criteria are general and could benefit from cross-referencing to the detailed eligibility conditions (training, insurance, or continuing competence) applicable to Prescriptive Authority.
- The grounds for removal in 7.11 and automatic revocation in 7.12 should include explicit notice provisions and an opportunity to remedy deficiencies before termination.
- It is unclear whether reinstatement after revocation requires a new application or whether prior approval can be reactivated upon meeting conditions; clarification is required.
- The section does not address appeal or reconsideration procedures specific to Prescriptive Authority certification, despite the heading “Issuance and Reconsideration.” These procedures should be articulated or referenced to avoid ambiguity.

Part 8 – Permits

Comments

- The section is detailed and procedurally sound but places a significant administrative burden on small professional corporations. The College should consider simplifying steps such as solicitor certificates and duplicate filings, particularly for straightforward renewals or minor ownership updates.
- Bylaws 8.3 and 8.5 establish high documentation thresholds for new and renewing corporations. A risk-based approach that differentiates between new incorporations and low-risk renewals would improve efficiency without reducing accountability.
- Restricting ownership of voting shares to Full class licensees is consistent with professional accountability but could unintentionally limit flexibility for small or family-operated naturopathic corporations. The Permit Committee’s discretionary power to approve other classes should be guided by transparent, published criteria and turnaround timelines.

- The requirement to designate a Licensee as the corporation's main contact (8.21–8.22) is reasonable but should include a clear description of responsibilities and limits of liability. Without these, the role could expose an individual Licensee to disproportionate administrative or financial risk.
- The name-approval process (8.6–8.12) gives broad discretion to the Registrar or Permit Committee. Publishing objective naming criteria and examples would improve consistency and reduce unnecessary delays.
- The professional liability insurance requirement (8.13–8.15) is excessively rigid. The exemption for corporations with only licensed staff is unrealistic since nearly all naturopathic clinics employ administrative or allied staff. The College should allow blended coverage structures where corporate and individual insurance operate together, provided minimum patient-protection thresholds are met.
- The bylaws should clarify whether tail or extended coverage is required after permit cancellation or dissolution, and what constitutes acceptable proof of insurance at issuance, renewal, or reinstatement.
- Renewal procedures (8.26–8.34) are precise but inflexible. The rule requiring all outstanding fees owed by any licensee shareholder to be cleared before renewal could unfairly penalize compliant corporations. A fairness safeguard should be added to ensure corporate permits are not withheld for issues unrelated to the corporation's conduct.
- The annual renewal and late-fee structure is clearly defined. However, aligning renewal deadlines for corporations and individual naturopathic licenses would reduce administrative burden and streamline compliance.
- The requirement for approval of amalgamations, restorations, and name changes (8.16–8.19) is appropriate but would benefit from published service standards and a simplified process for administrative updates.
- The hearing provisions (8.40–8.52) correctly establish procedural fairness but require additional protection for confidentiality. Where hearings may involve patient records or third-party information, the College should implement a privacy screening step before any public session is convened.
- Schedule 5, which governs hearing costs, is currently blank. The College should not levy costs until this framework is completed and published. The policy should include clear caps, cost-sharing principles, waiver provisions, and timelines for payment.
- The disclosure clause (8.55) allows release of names and contact details of corporations and shareholders. The College should ensure disclosure is limited to business contact information only and complies with FOIPPA. Home addresses or personal contact details should never be published.
- From a naturopathic perspective, the structure is consistent with corporate regulation under the former framework but may increase costs for small and solo ND corporations. The \$5 million insurance minimum and solicitor-certificate requirement, combined with mandatory renewals, add disproportionate financial burden relative to risk.
- The bylaws should explicitly support multidisciplinary corporate models that include naturopathic doctors, provided ND practice scope and advertising standards are respected. A clear definition of acceptable mixed-ownership arrangements would promote collaborative care and access while maintaining regulatory oversight.
- Overall, the section would benefit from plain-language guidance and standardized forms. Publishing flowcharts for applications, ownership changes, renewals, and reinstatements would support compliance and reduce administrative workload for naturopathic and other small clinics.

Part 9 – Professional Responsibilities

Comments:

- The section references “Professional Standards for CCHPBC Licensees” (9.1) without identifying where these standards will be published or how they will be approved. The term “Professional Standards for CCHPBC Licensees” is not defined in the bylaws, which creates a lack of clarity for the College’s expectations for licensees. The bylaws should attach the professional standards as schedules. As per 70(2) of the Act the bylaws must include ethics standards on a variety of ethical issues, including anti-discrimination matters. If these standards are not included in the bylaws, at minimum the bylaws should specify that all practice and ethics standards must be publicly available and subject to consultation before adoption or amendment to be in alignment with the requirements of the Act and to provide transparency to licensees.
- Bylaw 9.2 implies the creation of profession-specific standards but does not mandate inclusion of representatives from each profession in their development. A defined consultation or approval process should be included to ensure content validity.
- Clause 9.5(b) extends compliance obligations to “uncodified expectations” within each profession, which is ambiguous and potentially unenforceable. These expectations should be codified or removed to ensure clarity and fairness.
- The requirement in 9.6 (“marked departure”) mirrors statutory misconduct language but could benefit from examples or guidance to promote consistent interpretation across professions.
- The duty-to-respond provision (9.7) should include reasonable timeframes and specify that communication must occur through verifiable channels to prevent inadvertent non-compliance.
- The transitional rule on reserved titles (9.9–9.10) is clear but will require communication to affected licensees well in advance of 2027 to prevent inadvertent breaches.
- 9.11 has incorrect section cross-references and possibly incorrect internal subparagraph numbering.
- The liability-insurance clause (9.12) should explicitly state the minimum coverage amounts, acceptable providers, and procedures for temporary lapses. It should also clarify whether coverage must extend to prior acts or only active practice.

Part 10 – Delegation

Comments:

- The section provides an appropriate structure for delegation but lacks clarity on what constitutes adequate “Supervision.” A clear operational definition and minimum expectations should be published in policy to ensure consistent application across professions.
- The accountability provisions correctly hold the licensee responsible for delegated services. It would be helpful to add that this responsibility includes ensuring that the delegatee has ongoing competency and access to the same safety protocols as the licensee.
- Bylaw 10.3(e) requires liability coverage but does not specify whether this coverage must include both the licensee and the delegatee. The College should clarify whether vicarious liability applies and what evidence of coverage is required.
- The list of activities that may be delegated by naturopathic doctors is limited to low-risk procedures and administrative or supportive functions, which aligns with current practice. However, the College should review these lists periodically to ensure they remain relevant as clinical settings and technologies evolve.

- The requirement for supervision (10.12 and 10.14) should specify acceptable methods of supervision, including the degree of physical presence or electronic oversight required, particularly in telehealth or community settings.
- Delegation to students (10.17–10.18) is clearly aligned with recognized education programs. It would be beneficial to require formal documentation of supervision plans between the licensee and the educational institution, ensuring that both meet insurance and oversight obligations.
- The bylaw should confirm that delegated activities must be appropriate to the patient's condition and complexity and must not compromise care continuity or safety.
- Consider publishing a College-wide Delegation and Supervision Guideline that standardizes terminology, consent documentation, and supervision requirements across all professions under the College.

Part 11 – Quality Assurance

Comments

- The Registrar's unilateral authority to design and administer the QA Program (11.1–11.4) lacks explicit Board or profession-specific oversight. Governance mechanisms should ensure that QA policies are reviewed and approved by a multi-profession committee.
- The "non-exhaustive lists" in 11.3 give the Registrar discretion to determine educational and cultural-safety resources but provide no assurance of regular review, profession-specific input, or validation of listed courses. Requirements for consultation with the regulated professions should be incorporated.
- Minimum assessor qualifications (11.5) are appropriate but could specify mandatory training in assessment methodology, documentation standards, and cultural-safety principles to promote consistency across professions.
- Grounds for assessment in 11.6(d) ("on a recommendation by the Registrar on any basis other than those prohibited...") are broad and undefined. Clearer thresholds or documentation requirements should be added to prevent arbitrary selection.
- Methods of assessment (11.7) allow extensive data collection, including third-party information, without procedural safeguards. Time limits, notice requirements, and access-to-records provisions should be defined to protect licensee confidentiality.
- Clause 11.8 obliges licensees not under assessment to provide records upon request, effectively extending the assessor's powers without clear limits. The scope of this obligation should be clarified to avoid inappropriate disclosure of patient information.
- Bylaws 11.9–11.10 appropriately reference conflict-of-interest checks and communication of statutory duties, but should also require written confirmation that the licensee has received and understood this information.
- Reporting obligations under 11.11 should include timelines for delivery, requirements for factual substantiation, and notice to the affected licensee when a report is made.

Part 12 – Public Protection

Comments

- The reporting and complaint requirements (12.1–12.5) are clear and accessible. The inclusion of accommodations for individuals unable to submit written complaints supports fairness. It would be helpful to add guidance on confidentiality and timelines for acknowledgment and response.
- The Registrar's authority to issue disciplinary orders (12.7) centralizes decision-making and may need checks to ensure transparency and proportionality. Publishing procedural guidance on how discretion will be exercised would strengthen fairness.

- The \$100,000 maximum administrative monetary penalty (12.8) is high relative to other professional regulatory frameworks. Consider scaling penalties to the severity and nature of the administrative matter.
- Reconsideration and review provisions (12.6, 12.9–12.10, 12.17–12.19, 12.22–12.23) are appropriate but could benefit from a standardized notice and response timeline to ensure consistent application across all review types.
- The creation of a College Monitoring Program (12.11–12.13) supports accountability but should clearly distinguish between educational, remedial, and investigative purposes to prevent perceived overlap with discipline functions. 12.11 and 12.12 use the term “Monitoring Program” but Schedule 1 does not define the term.
- Competence assessments (12.14) are well defined. It would be useful to add assurance that assessors are qualified, impartial, and trained in cultural safety and fairness.
- Capacity evaluations and related reconsiderations (12.15–12.19) are procedurally sound, but further clarity is needed on timelines and communication protocols with affected practitioners.
- Summary protection and dismissal provisions (12.20–12.25) provide strong public-safety tools. However, additional clarity on the criteria and evidence thresholds used to trigger these orders would support procedural fairness and transparency.
- The duties imposed on suspended licensees (12.30–12.31) are highly prescriptive and may create hardship for small or shared clinics. The College could consider a proportional approach that maintains public notice while allowing more flexibility in shared facilities.
- The section on investigation expenses (12.32) should specify how costs are calculated and whether a cap or waiver process exists to prevent undue financial burden.
- Administrative and judicial review clauses (12.35) appropriately assign responsibility but would benefit from published timelines and criteria for when the Registrar will seek or respond to reviews.
- The unauthorized-practice monitoring program is necessary but should include principles for proportional enforcement, inter-regulator cooperation, and clear guidance on when public alerts are warranted.
- Overall, Part 12 establishes robust oversight and enforcement mechanisms but would benefit from clearer procedural safeguards, proportionality in penalties and compliance expectations, and greater transparency in administrative processes.

Part 13 – Support Programs

Comments

- The bylaw delegates appropriate authority to the Registrar but lacks requirements for transparency and public notice when policies are created or revised. All Support Program policies should be published and include version dates.
- The section establishing the three Support Programs should clarify whether they will be managed independently or jointly with other regulators and describe how alignment across professions will be maintained.
- The roles of Administrators and Support Officers could overlap. Clear reporting relationships and accountability measures should be included to avoid confusion.
- The eligibility and reconsideration processes would benefit from published service standards and written notice requirements so applicants know when to expect decisions.
- Reconsiderations are limited to written submissions. Allowing oral or virtual hearings when sensitive or credibility-based issues arise would improve fairness.

- The authority to collect and share information must be balanced with privacy obligations under FOIPPA. The bylaw should include a statement committing to data minimization and secure handling of records.
- Information Services provisions should include examples of what information can be provided to ensure consistent application across professions.
- Criteria for determining that a Service Provider is “fit and suitable” should be standardized and publicly available to avoid subjective judgments and delays in access to care.
- Funding limits and the two-year expiry period may disadvantage complainants involved in lengthy processes. The policy on extensions should include clear criteria, decision timelines, and a requirement to publish those policies.
- The Support Worker provisions should define oversight responsibilities, caseload limits, and reporting processes to protect recipients and maintain role clarity.
- The College should produce an annual public report on Support Program activity, including the number of applicants, timelines, funding allocations, and outcomes, to strengthen accountability.

Part 14 – General

Comments

- The criteria for imposing a special fee (14.1) are broad and discretionary. The bylaw should require a documented financial justification, public notice, and consultation with affected professions before adoption.
- The proportionality clause (14.2) refers to licence fee ratios but does not define how proportionality will be calculated or reviewed. Clarification is needed to ensure equity across professions of differing size or regulatory cost.
- The 35% cap (14.3) may still represent a significant financial burden if imposed without consultation. The bylaw should specify that any special fee is time-limited and reviewed annually.
- There is no requirement for the College to disclose how special-fee revenues are used. A mandatory post-implementation financial report to licensees should be added.
- The single-payment rule for multi-licensed practitioners (14.4) is appropriate but may require coordination with other regulatory bodies to avoid duplicate fees.
- Interest rates in 14.5–14.6 should distinguish between amounts owed by licensees and refunds owed to licensees, ensuring reciprocal fairness and explicit timeframes for payment.
- Schedule 2 (referenced in 14.7) should be publicly accessible and updated on a fixed schedule to maintain transparency in service fees.

Schedules

Schedule 1 – Definitions

- Distinguish which terms are adopted directly from the Act and which are newly created by the College; definitions that modify statutory meaning should include rationale and publication date.
 - Terms that trigger obligations or disciplinary consequences should cross-reference the relevant bylaw or Act provision.

- Clarify how *Practice Authority*, *Licencee*, *limits and conditions*, and *class* interact to avoid inconsistency in applying restrictions.
- Require a publicly accessible “definitions index” showing effective dates, revision history, and cross-references.
 - For *Equivalency Determination* and *Examination*, require published criteria, documentation standards, and decision timelines to support procedural fairness.
- The definition of *Anti-Discrimination Measures* should provide examples of what measures licensees can take for the purposes of providing health services in a manner that is consistent with the anti-discrimination measures referred to in the Act.
- The definition of *Closed Meeting* should say “members of the public” rather than “member of the public”.
- The definition of *Conflict of Interest* should describe the type of situations that constitute a conflict.
- The definition of *Prescriptive Authority* should explicitly reference the sections governing eligibility, renewal, and expiry, and clarify that authority is limited to drugs permitted by regulation or bylaw.

Schedule 2 – Fees

- The fee schedule should include a preamble describing how fees are determined, reviewed, and approved, referencing cost-recovery principles and consultation expectations.
- Any fee change should require advance public notice and a statement linking the adjustment to financial or operational needs.
- The College should maintain and publish a refund, proration, and fee-waiver policy applicable across professions.
- Late and interest charges must be paired with required notice periods and an opportunity to remedy before penalties accrue.
- The naturopathic registration fee (\$2,645) is substantially higher than other categories; the College should publish a transparent cost breakdown demonstrating proportionality and commit to regular fee review.
- Include a clear explanation of proration and renewal alignment with the March 31 licence cycle to prevent overpayment for partial-year applicants.
- Publish any available mitigations (new-graduate discounts, instalment options, hardship provisions) in a single, accessible policy.

Schedule 3 – Board Member Remuneration

- Replace the placeholder with a completed remuneration schedule specifying daily or hourly rates, stipends, and reimbursable expenses.
- Require annual review and publication of the remuneration schedule, with disclosure of total annual expenditures in the College’s public report.
- Add a conflict-of-interest safeguard requiring Board members to recuse themselves from decisions affecting their own remuneration and requiring independent review.

Schedule 4 – Specific Eligibility Standards by Designated Health Profession

- Establish a standardized process for adding or removing recognized programs across professions, including public notice, rationale, and review frequency.

- Identify who determines recognition status and require regular verification against accreditation or equivalent quality benchmarks.
- Publish examination and certification policies covering content, delivery, attempt limits, remediation, and appeal.
- Maintain consistent documentation requirements for CPR or life-support credentials and recognize equivalent certifications to improve accessibility.
- Ensure all program and examination lists include effective dates and update procedures to prevent outdated references.

Part 3: Naturopathic Medicine

- The provisions largely reflect current ND licensing practice; however, greater clarity is needed on how the Licence Committee determines equivalency when CNME accreditation status changes.
- The three-year recency rule for examinations should allow discretion for applicants maintaining active licensure in another jurisdiction.
- Accepted CPR and NALS providers should be published and updated regularly to ensure transparency and regional accessibility.
- Examination attempt limits should be supported by a written remediation policy outlining acceptable upgrading activities, review criteria, and approval timelines.
- Appeal or reconsideration routes for examination decisions should align with those used for other licensure matters, with clear timelines and documentation standards.
- Publish service standards for processing ND applications, exam results, and reconsiderations to enhance predictability.

Schedule 5 – Health Profession Corporation Hearing Costs

- Replace the placeholder with a cost-recovery framework describing what constitutes “hearing costs,” how they are calculated, capped, and apportioned.
- Include provisions for cost reduction or waiver in cases of financial hardship or when a matter is resolved without findings of misconduct.
- Publish typical cost ranges and a procedure for disputing assessed amounts to promote transparency and fairness.

Schedule 6 – Investigation Expenses

- As this schedule is blank, a framework should be developed before implementation defining what expenses qualify as recoverable, how they are assessed, and maximum allowable amounts.
- Include clear criteria for cost allocation between the College and licensees, with limits when no wrongdoing is found.
- Provide a transparent appeal or review process for disputing assessed expenses.
- Publish annual summary data on investigation-related costs to support accountability and predictability.