Fair Registration Practices Report Chiropodists (2015)

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

This Fair Registration Practices Report was produced as required by:

- the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA) 5, 20 and 23(1), for regulated professions named in Schedule 1 of FARPACTA
- the Health Professions Procedural Code set out in Schedule 2 of the Regulated Health Professions Act (RHPA) s. 22.7 (1) and 22.9(1), for health colleges.

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1. Qualitative Information

1. Qualitative information
a) Requirements for registration, including acceptable alternatives
I. Describe any Improvements / changes Implemented in the last year.
No changes this year
ii. Describe the Impact of the improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
b) Assessment of qualifications
i. Describe any improvements / changes implemented in the last year.
No changes this year
ii. Describe the impact of the improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
c) Provision of timely decisions, responses, and reasons
i. Describe any improvements / changes implemented in the last year.
No changes this year
il. Describe the impact of the Improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
d) Fees
i. Describe any Improvements / changes implemented in the last year.
No changes this year
II. Describe the impact of the improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
e) Timelines

i. Describe any improvements / changes implemented in the last year.
No changes this year
ii. Describe the impact of the improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
f) Policies, procedures and/or processes, including by-laws
i. Describe any improvements / changes implemented in the last year.
No changes this year
ii. Describe the impact of the improvements / changes on applicants.
No changes this year
iii. Describe the impact of the improvements / changes on your organization.
No changes this year
g) Resources for applicants
i. Describe any improvements / changes implemented in the last year.
No changes this year
II. Describe the Impact of the improvements / changes on applicants.
No changes this year
ill. Describe the impact of the improvements / changes on your organization.
No changes this year
h) Review or appeal processes
i. Describe any improvements / changes implemented in the last year.
No changes this year
il. Describe the impact of the improvements / changes on applicants.
No changes this year
lii. Describe the impact of the improvements / changes on your organization.
No changes this year
i) Access to applicant records
i. Describe any improvements / changes implemented in the last year.
No changes this year
ii. Describe the impact of the improvements / changes on applicants.
No changes this year
III. Describe the impact of the improvements / changes on your organization.
No changes this year
j) Training and resources for registration staff, Council, and committee members
Describe any improvements / changes implemented in the last year.
No changes this year
ii. Describe the impact of the improvements / changes on applicants.
No changes this year

HI. Describe the impact of the improvements / changes on your organization.	
No changes this year	\neg
k) Mutual recognition agreements	_
I. Describe any improvements / changes implemented in the last year.	
No changes this year	
ii. Describe the impact of the improvements / changes on applicants.	
No changes this year	
iii. Describe the impact of the improvements / changes on your organization.	_
No changes this year	
l) Other (include as many items as applicable)	_
i. Describe any improvements / changes implemented in the last year.	
No changes this year	
ii. Describe the impact of the improvements / changes on applicants.	
No changes this year	
iii. Describe the impact of the improvements / changes on your organization.	_
No changes this year	İ
Describe any registration-related improvements/changes to your enabling legislation and/or regulations in the last year	_
No changes this year	
	_
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2. Quantitative Information

indicate the languages in	which application information materials were avallable in the reporting year.
Language	Yes/No
English	Yes
French	No
Other (please specify)	N/A
Additional comments:	
Gender of applicants	
Indicate the number of ap	plicants in each category as applicable
Gender N	umber of Applicants
Male	9
Female	20
None of the above	0
Additional comments:	
Gender of members	
	embers in each category as applicable. Select the option that best corresponds to the terminology used by your organization.
	mber of Members
	323
Male	
Male Female	349
	349 0
Female	
Female None of the above	

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
28	0	0	U.K. 1 Total 1	0	29

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

Additional comments:

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

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

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
27	0	0	n/a 0 Total 0	0	27

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

Additional comments:

f) Jurisdiction where members were initially trained

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

Ontarlo	Other Canadian Provinces	USA	Other International	Unknown	Total
S47	2	83	U.K. 35 Scotland 1 Ireland 1 S. Africa 3 Total 40	0	672

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

Additional comments:

g) Applications processed

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

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

from January 1 st to December 31 st of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	28	0	0	1	0	29
Applicants actively pursuing licensing (applicants who had some contact with your organization in the reporting year)	0	0	0	0	0	o
Inactive applicants (applicants who had no contact with your organization in the reporting year)	0	0	0	0	0	0
Applicants who met all requirements and were authorized to become members but did not become members	0	0	0	0	0	0
Applicants who became FULLY registered members	27	0	0	0	0	27
Applicants who were authorized to receive an alternative class of licence ¹ but were not issued a licence	0	0	0	0	0	0
Applicants who were issued an alternative class of licence ¹	0	0	0	0	0	٥

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

lasses of certific	cate/license	
	de a description of the classes of certificate/licenso	e offered by your organization.
ou must specify a	and describe at least one class of certificate/license	(on line a) in order for this step to be complete.
#	Certification	Description
		Description (a)
		The applicant must have successfully completed a post-secondary program approved by the Council whose curriculum includes courses in health sciences, chiropodial sciences, humanities and clinical education that, in the opinion of the Council, are relevant to the scope of practice of the profession.
		The applicant must have successfully completed the examinations set or approved by the Council.
		2.1 The applicant must have successfully completed a jurisprudence examination set or approved by the Council.
a)	General Certificate	 The applicant must have engaged in clinical practice for a total of at least three months during the two years immediately preceding the date of the application.
		4. Where, in the opinion of the Registration Committee, the program that the applicant completed is deficient in one or more aspects, the applicant must give a written undertaking to the College whereby he or she agrees to abide by any terms, conditions and limitations imposed by the Registration Committee on his or her certificate of registration until the applicant meets the educational requirements set by the Registration Committee. 5. The applicant must be a Canadian citizen or a permanent resident of
		Canada or authorized under the Immigration and Refugee Protection Act (Canada) to practise the profession in Canada. O. Reg. 830/93, s. 4 (1); O. Reg. 92/12, s. 2.
		Description (b)
		The applicant must have successfully completed post-secondary program approved by the Council whose curriculum includes courses in health sciences, chiropodial science, humanities and clinical education that, in the opinion of the Council, are relevant to the scope of practice of the profession.
		The applicant must have an appointment to the faculty for a post- secondary program in Ontario described in paragraph 1.
b)	Academic Certificate	3. Where, in the opinion of the Registration Committee, the program that the applicant completed is deficient in one or more aspects, the applicant must give a written undertaking to the College whereby he or she agrees to abide by any terms, conditions and limitations imposed by the Registration Committee on his or her certificate of registration until the applicant meets the educational requirements set by the Registration Committee.
		4. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the immigration and Refugee Protection Act (Canada) to accept the appointment described in paragraph 2. O. Reg. 830/93, s. 5 (1); O. Reg. 92/12, s. 4
c)	Educational Certificate	Description (c)
		1. The applicant is,
		i. enrolled in Ontario in a post-secondary program approved by the Council whose curriculum includes courses in health sciences, chiropodial sciences, humanities or clinical education that, in the opinion of the Council, are relevant to the scope of practice of the profession, or
		ii. engaged in practice under the supervision of a member who holds a General or Academic certificate of registration in order to meet requirements imposed by the Registration Committee for qualification for a General certificate of registration.
		The applicant is a Canadlan citizen or a permanent resident of Canada or authorized under the Immigration and Refugee Protection Act (Canada) to enrol in a course referred to in subparagraph i of paragraph 1 or to engage

dditional comments:						
eviews and appeals processed tate the number of reviews and appeals your organ	nization neore	ssed in the reporting ve	ar fuse only w	holo rumbare: do no	t antor commas or	clasion als)
urisdiction where applicants were initially trained in						
from January 1 st to December 31 st of the reporting year	Ontarlo	Other Canadian Provinces	USA	Other International	Unknown	Total
Applications that were subject to an internal review or that were referred to a statutory committee of your governing council, such as a Registration Committee	0	0	0	0	0	0
Applicants who initiated an appeal of a registration decision	0	0	0	0	D	0
Appeals heard	0	0	0	0	0	0
Registration decisions changed following an appeal	0	0	0	0	0	0
dditional comments:						
nid staff						
sid staff I the table below, enter the number of paid staff en	nployed by yo	ur organization in the ca	tegories sho	wn, on December 31	of the reporting ye	ar.
the table below, enter the number of paid staff en then providing information for each of the categori	es in this secti	on, you may want to us				
	es in this secti	on, you may want to us				
the table below, enter the number of paid staff en then providing information for each of the categori	es in this secti ht be equivale	on, you may want to us nt to 1.5 employees.	e decimals if y	/ου count your staff ι		
the table below, enter the number of paid staff en then providing information for each of the categori ill-time employee and one part-time employee mig ou can enter decimals to the tenths position only. F	es in this secti ht be equivale	on, you may want to us nt to 1.5 employees. ou can enter 1.5 or 7.5 b	e decimals if y	/ου count your staff ι		
the table below, enter the number of paid staff en then providing information for each of the categori ill-time employee and one part-time employee mig ou can enter decimals to the tenths position only. F Category	es in this secti ht be equivale	on, you may want to us nt to 1.5 employees.	e decimals if y	/ου count your staff ι		
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3. Submission

I hereby certify that:

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

Feletia Smith

Title:

Registrar

Date:

2016/17/02

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