# Fair Registration Practices Report Chiropodists (2016)

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) s. 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

#### 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
	No changes this year
	iii. Describe the impact of the improvements / changes on your organization.
	m. Describe the impact of the improvements / changes on your organization.
	No changes this year
c) Provi	sion of timely decisions, responses, and reasons
,	
	i. Describe any improvements / changes implemented in the last year.
	No changes this year
	ii Describe the improvements / showers on applicants
	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
d) Fees	
	i. Describe any improvements / changes implemented in the last year.
	1. 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 organizatio	on.
No changes this year	
f) Policies, procedures and/or processes, including by-laws i. Describe any improvements / changes implemented in the last year.	
is Describe any improvements / changes impremented 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	)n.
No changes this year	
g) Resources for applicants i. Describe any improvements / changes implemented in the last year.	
No changes this year	
<b>ii. Describe the impact of the improvements / changes on applicants.</b> No changes this year	
The changes this year	

iii. 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

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

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

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

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

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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a) Languages	s in which application information materials were avail	able in the reporting
year.	a in which application information materials were avail	able in the reporting
Language	Yes/No	
English	Yes	
French	No	
Other (please specify		
Additional comment	s:	1
b) Gender of applicants		
Indicate the number of	f applicants in each category as applicable.	
Gender	Number of Applicants	
Male	13	
Female	22	
None of the above	0	
	0	
None of the above	0	
None of the above	0	
None of the above Additional comment c) Gender of members	0 s:	
None of the above Additional comment c) Gender of members Indicate the number of	0 s: f members in each category as applicable. Select the op	otion that best
None of the above Additional comment c) Gender of members Indicate the number of	0 s:	ption that best
None of the above Additional comment c) Gender of members Indicate the number of	0 s: f members in each category as applicable. Select the op	otion that best
None of the above Additional comment c) Gender of members Indicate the number of corresponds to the ter	0 s: f members in each category as applicable. Select the op minology used by your organization.	otion that best

Additional comments:

#### d) Jurisdiction where applicants obtained their initial education

Indicate the number of applicants by the jurisdiction where they obtained their initial education<sup>1</sup> in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
28	0	1	Australia 1 Scotland 2 U.K. 2 S. Africa 1 Total 6	0	35

<sup>1</sup> 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<sup>1</sup> in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
27	0	0	U.K. 2 Total 2	0	29

<sup>1</sup> 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<sup>1</sup> in the profession or trade.

	Ontario	Other Canadian	Provinces	USA	Other In	nternational	Unknown	Total
	573	2		77	26 2 3 7 2 40	U.K Australi S. Afric Scotland Ireland Tota	a a d <sup>0</sup> d	692
0 C	of this question	g that applicants may rece ion, include only the jurisd required to practice the pro	diction in which	ch an entry-le	vel degree, dip		ise	
	<u>Authonal</u> C	0						
Applic	ations proce	essed						
I	ndicate the r	number of applications you	ur organizatior	n processed i	n the reporting	g year:		
	Jurisdiction	where applicants were init			ion (before the on in Ontario)		use of the prote	ted title or
t		ary 1 <sup>st</sup> to December 31 <sup>st</sup> e reporting year		Other Canadian Provinces	USA	Other International	Unknown	Total
	New ap	plications received	28	0	1	6	0	35
(	licensing ( some c	nts actively pursuing (applicants who had contact with your n in the reporting year)	28	0	1	6	0	35
(	who had r	applicants (applicants no contact with your n in the reporting year)	0	2	11	13	0	26
]	requirement	cants who met all ts and were authorized members but did not	0	0	0	0	0	0

from January 1 <sup>st</sup> to December 31 <sup>st</sup> of the reporting year	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Tota
become members						
Applicants who became FULLY registered members	27	0	0	2	0	29
Applicants who were authorized to receive an alternative class of licence <sup>3</sup> but were not issued a licence	0	0	0	0	0	0
Applicants who were issued an alternative class of licence <sup>3</sup>	0	0	0	0	0	0
<sup>1</sup> An alternative class of licence enable requirements must be met in order for				but additional		
				but additional		
requirements must be met in order for t Additional comments: ses of certificate/license	the member	to be fully licen	ised.			
requirements must be met in order for a Additional comments:	the member	to be fully licen	used.	oy your organizati		
requirements must be met in order for a Additional comments: ses of certificate/license Inidcate and provide a description of th You must specify and describe at least	the member the member the member the member the member the member of the	to be fully licen	used.	oy your organizati	s step	
requirements must be met in order for a Additional comments:  ses of certificate/license Inidcate and provide a description of th You must specify and describe at least to be complete.	the member the member the member the member the member the member of the	to be fully licen	used.	by your organizati a) in order for thi	s step ion	
requirements must be met in order for a Additional comments:  ses of certificate/license Inidcate and provide a description of th You must specify and describe at least to be complete.	the member ne classes of one class of <b>on</b>	to be fully licen certificate/licen certificate/licen TI	ise offered b ise offered b ise (on line he applicant secondary p curriculu hiropodial s that, in the c	by your organizati a) in order for thi Descript	s step ion on (a) ssfully comple l by the Counc es in health sci es and clinical uncil, are relev	il whos iences, educat ant to the

							-
				examination	ons set or appro	oved by the Co	ouncil.
					cant must have s ce examination Counci	set or approved	
				for a total of at	nt must have en t least three mor preceding the c	onths during the	e two years
			t ı a by	the program tha one or more as undertaking to abide by any te y the Registrati registration ur requirement 5. The appli permanent resi	e opinion of the at the applicant spects, the appli the College wh erms, conditions ion Committee ntil the applicar ts set by the Re- icant must be a ident of Canada and Refugee Pro	t completed is c licant must give hereby he or she s and limitation on his or her c nt meets the ed egistration Com a Canadian citiz a or authorized	deficient in e a written he agrees to ns imposed certificate of lucational nmittee. zen or a l under the
				practise the p	profession in Ca . 4 (1); O. Reg.	anada. O. Reg.	
	A 3 3944 3						
	Additional comments:						
i) Revie	ews and appeals processed						
1)	State the number of reviews and appear whole numbers; do not enter commas of			sed in the repo	orting year (use	only	
	Jurisdiction where applicants were ini		in the professional designation			use of the prot	tested title or
	from January 1 <sup>st</sup> to December 31 <sup>st</sup> of the reporting year	Ontario	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

Appeals heard00000Registration decisions changed following an appeal00000Additional comments:staffIn the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.Staff 3 3 1	from January 1st to December 31st of the reporting yearOntarioOther Canadian ProvincesUSAOther InternationalUnknown								
following an appeal       0       0       0       0       0       0       0         Additional comments:         staff         In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.         When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.         You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.         Category       Staff         Total staff employed by the regulatory body       3         Staff involved in appeals process       1	Appeals heard	0	0	0	0	0			
staff         In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.         When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.         You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.         Category       Staff         Total staff employed by the regulatory body       3         Staff involved in appeals process       1		ed 0	0	0	0	0			
In the table below, enter the number of paid staff employed by your organization in the categories shown, on December 31 of the reporting year.         When providing information for each of the categories in this section, you may want to use decimals if you count your staff using half units. For example, one full-time employee and one part-time employee might be equivalent to 1.5 employees.         You can enter decimals to the tenths position only. For example, you can enter 1.5 or 7.5 but not 1.55 or 7.52.         Category       Staff         Total staff employed by the regulatory body       3         Staff involved in appeals process       1	Additional comments:								
Total staff employed by the regulatory body3Staff involved in appeals process1	In the table below, enter the numb shown, on December 31 of the rep When providing information for e if you count your staff using half	porting year. each of the catego units. For exampl	ries in this secti	on, you may	want to use dec	imals			
Staff involved in appeals process 1	You can enter decimals to the ten	ths position only.	For example, ye	ou can enter	1.5 or 7.5 but no	ot			
	You can enter decimals to the ten 1.55 or 7.52. Category		For example, ye	Staff	1.5 or 7.5 but no	ot			
Staff involved in registration process 2	You can enter decimals to the ten 1.55 or 7.52. Category Total staff employed by the reg	ulatory body	For example, y	Staff 3	1.5 or 7.5 but no	ot			
Staff involved in registration process2Additional comments:2	You can enter decimals to the ten 1.55 or 7.52. Category Total staff employed by the reg	ulatory body	For example, ye	Staff 3	1.5 or 7.5 but no	ot			

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## 3. Submission

#### Submission

I hereby certify that:

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

Felecia Smith

**Title:** Registrar & CA0

**Date:** 2017/02/22

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