College of Chiropodists of Ontario

Council Meeting Agenda

Thursday, March 25, 2021 7:00 p.m.

Zoom Meeting

if the link does not work, copy, and paste:

https://zoom.us/j/97948502657?pwd=K0hhcEdMZk51M0RsYzhWV3BkNnBzQT09

You will be placed into the waiting room upon arrival

7:00 p.m.	1.0	Call to Order
	1.1	Call to Order, Appointment of Secretary
	1.2	Welcome Guests
	1.3	Approval of Agenda
	1.4	Declaration of Conflict of Interest
	1.5	Preparation time confirmation for professional Council members
	1.6	Approval of Minutes of February 26, 2021 Council Meeting**

7:10 p.m.	2.0	Information Items
	2.1	College Performance Measurement Framework**

7:20 p.m.	3.0	Decision Items
	3.1	Approval of College Budget**

8:15 p.m.	4.0	In Camera
	4.1	Personnel Issue (pursuant to section 7(2)(d) of *Health Professions Procedural Code*)
	4.2	Approval of *In Camera* Minutes of February 26, 2021 Meeting

9:00 p.m.	5.0	Adjournment

*The agenda items may not necessarily be dealt with in the order in which they appear.

** Denotes an agenda item with supporting document

![College of Chiropodists of Ontario]

Minutes of the Council Meeting
Friday, February 26, 2021, 9:00 a.m.
Online via Zoom

Peter Stavropoulos, President

Council Members in Attendance:

1. Andrew Gassmann
2. Matthew Doyle
3. Winnie Linker
4. Peter Ferguson
5. Melanie Atkinson
6. Nosheen Chaudhry
7. Ed Chung
8. Sasha Kozera
9. Irv Luftig
10. Cesar Mendez
11. Eliot To
12. Jim Daley
13. Douglas Ellis
14. Allan Katz
15. Ramesh Bhandari

Regrets: N/A

Staff in Attendance:

1. Julie Maciura, Acting Registrar
2. Meghan Clarke, Manager, Professional Conduct and Hearings
3. Meghan Hoult, Practice Advisor
4. Tera Goldblatt, Executive Assistant

Guests:

1. Kumail Karimjee, Legal Counsel
2. Tara Breckenridge, Ministry of Health and Long-term Care

1. Call to Order

1.1 Call to Order, Appointment of Secretary

The Chair opened the meeting noting that notice of the meeting was given, and the meeting was properly constituted with a quorum present.

Meghan Clarke was appointed as Secretary.

1.2 Welcome Guests and Introduction of Acting Registrar

President, P. Stavropoulos, welcomed guests to the meeting. He also welcomed the Acting Registrar, J. Maciura, noting that her appointment was ratified at a Council meeting on February 18, 2021, as well as College staff. He thanked College staff for their assistance during the transition to the new Registrar.

P. Stavropoulos noted that K. Karimjee, Legal Counsel and T. Breckenridge from the Ministry of Health were in attendance.

1.3 Approval of Agenda

The agenda was revised to add item 3.2.2, a motion from the Executive Committee to approve the next standard to be updated by the Standards and Guidelines Committee. Also, a small typo was noted in section 1.5 – the approval of the minutes should be for the October 23, 2020 Council meeting, not October 20, 2020.

Approval of the minutes of the February 18, 2021 Special council meeting were added for approval in item 1.5.

It was moved by S. Kozera and seconded by I. Luftig to approve the agenda with the amendments noted. Motion CARRIED.

1.4 Declaration of Conflict of Interest

No conflict of interests were declared.

1.5 Approval of Minutes of October 23, 2020 and February 18, 2021 Council Meetings

It was moved by J. Daley and seconded by S. Kozera to approve the minutes of the October 23, 2020 and February 18, 2021 Council meetings. Motion CARRIED.

2. *In Camera*

Council moved *in camera* to discuss personnel issues with Legal Counsel, K. Karimjee, pursuant to section 7(d) of the *Health Professions Procedural Code*.

It was moved by M. Doyle and seconded by N. Chaudhry to move in camera pursuant to section 7(d) of the Health Professions Procedural Code at approximately 9:10 a.m. Motion CARRIED.

Council came out of in camera at approximately 9:30 a.m.

3. Decision Items

3.1 Committee Appointments (and Chair of Audit Committee)

J. Daley resigned from the Audit Committee, which created a vacancy. The Executive Committee was required to appoint a Council member to replace him. D. Ellis expressed an interest in joining the Audit Committee and has relevant experience. Pursuant to Bylaw 26.02, the Executive Committee appointed D. Ellis to the Audit Committee on February 3, 2021 so that it met its quorum requirements and was properly constituted.

It was moved by A. Gassmann and seconded by N. Chaudhry that Council approve the appointment of D. Ellis to the Audit Committee to fill the vacancy on that Committee. Motion CARRIED.

J. Daley was the Chair of the Audit Committee, and so with his resignation, the Executive Committee was required to appoint a new Chair. A. Gassmann expressed an interest in becoming Chair, at least for the rest of the 2021 term. The Executive Committee appointed A. Gassmann as Chair of the Audit Committee pursuant to Bylaw 26.03 on February 3, 2021.

It was moved by D. Ellis and seconded by M. Doyle that Council approve the appointment of A. Gassmann as Chair of the Audit Committee. Motion CARRIED.

R. Bhandari is a new public Council member. On February 3, 2021, the Executive Committee appointed R. Bhandari to the Quality Assurance Committee, the Registration Committee, the Inquiries, Complaints and Reports Committee and the Discipline Committee.

It was moved by J. Daley and seconded by E. Chung that Council approve the appointment of R. Bhandari to the Quality Assurance, Registration, Inquiries, Complaints and Reports and Discipline Committee. Motion CARRIED.

Given D. Ellis' appointment to the Audit Committee, he was removed from the Quality Assurance Committee. Because of R. Bhandari's appointment to the Quality Assurance Committee, D. Ellis' removal from the Quality Assurance Committee will not cause any committee composition issues.

It was moved by E. Chung and seconded by A. Gassmann that Council approve the removal of D. Ellis the QA Committee. Motion CARRIED.

3.2 Bylaw Amendments re Standards and Guidelines Committee

Issue 1:

The Standards & Guidelines Committee has working as an ad hoc committee of Council to date. Given the important work undertaken by this Committee, it is recommended that the Committee become a Standing Committee of Council established in the bylaws.

It was moved by J. Daley and seconded by E. Chung that Council establish the Standards and Guidelines Committee as a Standing Committee of the College by amending By-law No. 1 to add the following new articles under the heading "Standards and Guidelines Committee" as follows:

> *23.4.01 The Standards and Guidelines Committee shall be a standing committee of the College composed of*
> > *i) at least one elected or selected councillor;*
> > *ii) at least one public councillor; and*
> > *iii) at least one non-council committee member.*

23.4.02 The President shall be an ex-officio member of the Standards and Guidelines Committee.
23.4.03 The Standards and Guideline Committee's responsibilities are to assist the Executive Committee and Council in developing and amending Standards of Practice, Guidelines, Advisories, policies and other documents, when requested or directed to do so by the Executive Committee or Council.
23.4.04 A quorum of the Standards and Guidelines Committee is a majority of the Committee.

Motion CARRIED.

Issue 2:

It is appropriate to keep the existing committee members on the Standards & Guidelines Committee for 2021 but one public member of Council will also have to be appointed to the Committee so that it is properly constituted.

It was moved by M. Atkinson and seconded by S. Kozera that the current members and Chair of the Standards and Guidelines Committee as it existed immediately prior to revising the by-laws to make the Committee a Standing Committee continue to be the Chair and members of the new Standing Committee and that Mr. Jim Daley be appointed to the Standards and Guidelines Committee, effective immediately. Motion CARRIED.

3.2.2 Direction to the Standard and Guidelines Committee to update the Prescription Shoe Standard

It was moved by E. Chung and seconded by D. Ellis that the *Standards and Guidelines Committee* be directed to update the Prescription Footwear standard. *Motion CARRIED.*

Allan Katz joined the meeting at 9:42 a.m.

3.3 Registration Examination for 2021

Issue 1:

The Council of the College is required to "set or approve" a registration examination for entry-to-practice, pursuant to the College's Registration Regulation. The examination approved by Council consists of a written competency component, a written Jurisprudence component and an Objective Structured Clinical Examination (OSCE). The examination questions are created by subject matter experts and the validity, reliability and fairness of the examination (and any changes to it) is measured by a psychometrician retained by the College. The College administers the examination, and prior to COVID-19, it was physically offered at the Michener Institute (but the examination itself is independent of the Michener Institute).

Council approved the use of the updated Profile of Competencies (approved by Council in October 2019) to serve as a guide for the development of the College's registration examination. The use of the updated Profile of Competencies was intended to start in 2021. Unfortunately, Council's previous decision in that regard was not articulated to stakeholders, and as a result, it would be unfair to current students to implement the new Profile of Competencies any earlier than 2022. With Council's approval, the updated Profile of Competencies will serve as a guide for the College's registration exam starting in 2022. Stakeholders, including the Michener Institute (which offers the approved Ontario chiropody program and which is aware of the issue), will be advised immediately after Council's decision (and this information will also be included on the College website immediately so that applicants for registration will have sufficient and fair notice).

It was moved by M. Doyle and seconded by P. Ferguson that stakeholders be advised immediately that starting in 2022, the updated (2019) Profile of Competencies will serve as a guide for the College's registration examination. Motion CARRIED.

Issue 2:

It is extremely expensive for the College to offer supplemental OSCEs for candidates who fail the OSCE. It is also expensive, as well as distressing, for candidates to have to retake a high-stakes examination. In the Examination Committee's experience, preparation for the written competency examination and jurisprudence examination contributes greatly to the chances of the candidate being successful at the OSCE, and as such, the Examination Committee believes that successful completion of both written parts of the registration examination should be required prior to a candidate being permitted to sit the OSCE.

It was moved by M. Doyle and seconded by E. Chung that Council approves, starting in 2022, that candidates attempting the College's registration examination must first successfully complete both the written Jurisprudence examination and the written competency examination before being permitted to attempt the OSCE. Motion CARRIED.

C. Mendez asked if the Committee discussed the scheduling of the examinations and whether it would be done over the course of two weekends, for example. M. Doyle advised that these logistical issues were still to be discussed, and that he would bring it to the Committee's attention for discussion.

Issue 3:

Given that it is unclear when in-person examinations for large groups of people will be safe/permitted again because of COVID-19, the Examination Committee believes it is prudent to put steps in place to be able to offer the June 2021 written portions of the registration examination electronically. This decision is in the public interest given the safety concerns created by the COVID-19 pandemic.

It was moved by P. Ferguson and seconded by E. Chung that, in light of the COVID-19 pandemic, starting June 2021, Council approves the jurisprudence and written competency registration examinations of the College being offered either in-person or via an online format, whichever is operationally more feasible at the time at the sole discretion of the College. Motion CARRIED.

3.4 Member Request re Prescribing and Injecting

It was moved by W. Linker and seconded by C. Mendez that, if a member pays the associated fee ($625), the member's credentials should be assessed for equivalence by Dr. Anthony Merendino and if Dr. Merendino's opinion is that the program is equivalent to the College's approved course on prescribing and injecting, that the member be authorized to prescribe and inject. Once a program has been assessed as equivalent, then as long as the program does not substantially change, the program will be deemed to be equivalent to the College's approved prescribing and injecting program. Motion CARRIED.

A. Gassmann asked if injecting and prescribing is a course taken by most students in Ontario and P. Stavropoulos confirmed that it is.

3.5 Advertising Guideline and Social Media Advisory

The Standards and Guidelines Committee carried out important work last year creating an Advertising Guideline to assist members in understanding their legal and professional responsibilities regarding any advertising related to a member's practice. Furthermore, the Committee also created a Social Media Advisory intended to assist members when using various social media platforms, which have become sources of information and sources of innovative ideas for clinical practice, networking and social support.

Given that the College has an Advertising Regulation (which is law), the Guideline and Advisory (which are not law) are purposely drafted using language such as "should" and "may," rather than "must' or "shall" as guidelines and advisories are not binding documents that can be enforced in the same way that regulations can be. Issues such as the inappropriate use of search terms or algorithms to drive traffic to a particular website will be addressed through a Question & Answer section in an upcoming College Newsletter.

Council members discussed protected titles and how the College will police the use of hashtags, Google analytics, algorithms and website optimization. J. Maciura explained that any Q+A to the membership about this issue will be reviewed by legal counsel and will take into account the issues raised in the discussion.

It was moved by P. Ferguson and seconded by D. Ellis that the Advertising Guideline dated January 2021 be approved by Council. Motion CARRIED.

Council members discussed why "don't cheat" from the 12-Word Social Media Policy by the Mayo Clinic Social Media Network was omitted in the Social Media Advisory. N. Chaudhry explained that it was removed on advice from legal counsel, and J. Maciura suggested that the reference to the Mayo Clinic could be moved to a footnote, as a compromise.

It was moved by A. Katz and seconded by S. Kozera that the Social Media Advisory dated January 2021 be approved by Council, with the revisions discussed by Council. Motion CARRIED.

BREAK from 10:30 a.m. to 10:45 a.m.

4. **Discussion Items**

4.1 Proposed Amendment to the Drug Regulation and Professional Misconduct Regulation Update

C. Mendez provided background on the amendments to the Drug Regulation. He advised that the proposed changes to the Drug Regulation are still with the Ministry of Health for its review.

J. Maciura noted that College will respond to the Ministry's questions about the proposed changes to the Professional Misconduct Regulation.

4.2 HPRO Government Training for Council Members

J. Maciura said the College is offering to cover the cost of the HPRO governance training course to Council members which is held on the mornings of two consecutive Fridays in either April 2021 or October 2021 for those who are interested. To date five councilors had expressed interest.

4.3 Registrar Search Update

P. Stavropoulos noted that the Registrar position was posted earlier this month and closes today. The next step will be to review applications, which will then be brought forward to Council.

4.4 CPMF Update

J. Maciura said a draft of the College Performance Measurement Framework will be provided to the Executive Committee for its review early March. It is an operational document and therefore it will not come to Council for approval but they will be provided a copy for their information.

4.5 Budget Update

J. Maciura explained that the 2021 budget is almost complete, and some areas of efficiency have been identified. Once the 2020 financial statements are ready, a draft budget will be provided to the Executive Committee. A special Council meeting will be required in March to approve the budget.

5.   Other Committee Reports

P. Stavropoulos noted that, at other regulatory colleges, reports from standing committees are generally included as part of a consent agenda and are approved as part of one motion, leaving more time for Council to focus on its important decisions. At future meetings, Council will use this approach.

5.1 ICRC

P. Stavropoulos thanked College staff and members of the Committee and he referred Council to the report in the material. There were no questions about the report.

5.2 Discipline Committee

C. Mendez thanked College staff and Committee members, and noted that since the report was drafted, one pre-hearing conference was heard and three more were scheduled. As well, a hearing is in the process of being scheduled. There were no questions about the report.

5.3 Registration Committee

M. Doyle advised that the Committee met once to approve the registration of a member. The registration was approved pending the completion of the jurisprudence examination, which was completed in December 2020. There were no questions about the report.

5.4 Quality Assurance Committee

P. Stavropoulos thanked the Quality Assurance Committee for its work.

Council discussed CE logs and C. Mendez explained that the Committee's intent is to provide feedback to members who were audited, but that this feedback has been delayed.

Council discussed whether in-person assessments will occur next year, but it was noted that, due to COVID-19, nothing was certain at this time.

6.   Working Groups/Other Committee Reports

6.1 Technical Committee

P. Ferguson noted that, as set out in the Committee's report, given that the Swift System which utilizes microwave therapy is Health Canada approved, that it is recommended that no further action be taken at this time. There were no questions about the report.

6.2 Registration Examination Committee

P. Stavropoulos said the Committee's work has led to the motions that Council approved today in item 3.3.

M. Doyle reported that the College is working on retaining a new psychometrician. The written exam will take place on March 5, 2021 and the OSCE is still being scheduled.

N. Chaudhry asked if the College considered granting provisional licenses given the pandemic. J. Maciura noted that the College's Registration Regulation does not allow provisional licenses.

6.3 Audit Committee

A. Gassmann summarized his report, which was included in the package to Council.

7.   Next Meeting

7.1 Council Meeting Dates for 2021

The next Council hearing dates are: June 25, 2021 and October 29, 2021

7.2 Proposed Agenda Items for Next Meeting

J. Maciura noted that a special Council meeting will be required to approve the budget and select a new Registrar.

N. Chaudhry asked about a diversity policy. The Chair confirmed that the issue had been discussed previously and direction had been given to the Registrar to start work on that policy. That work will be undertaken.

Item 8.0 Adjournment

It was moved by I. Luftig and seconded by D. Ellis that the meeting be adjourned. Motion CARRIED.

The meeting was adjourned at 11:38 a.m.

COUNCIL BRIEFING NOTE RE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

Background:

The College's report on the College Performance Measurement Framework (CPMF), required by the Ministry of Health and Long-Term Care, is now complete and is being provided to Council for its information.

The CPMF was developed by the Ministry of Health in consultation with Ontario health regulatory Colleges. The goal is to establish common indicators and measures of performance based on industry best practices, and the key regulatory functions of Ontario health regulatory Colleges. Using the CPMF, Colleges will provide standardized reports to the Ministry on an annual basis.

The contents of the CPMF are organized around seven components or "domains": governance, resources, system partner, information management, regulatory policies, suitability to practice and measurement, reporting and improvement. Those components are applied against a number of measures to evaluate the College on its key statutory functions and duties. The domains are connected in a way that requires colleges to demonstrate how it has used evidence to inform the work that it does collectively between staff and Council and committees. The domains require colleges to see governance as an input rather than as the outcome of Council's efforts and to understand that good governance is best measured by good regulatory decisions and public protection outcomes.

The first reporting period is really to set a baseline for the health colleges and it is anticipated that there will be significant progress made over the next year with respect to the areas on which the Ministry is seeking information. All regulated health colleges in Ontario must submit their first report on the CPMF to the Ministry by March 31, 2021. The Acting Registrar, with sustained assistance from staff, oversaw this initiative for the College. The report will be posted on the College's website in April. The completed CMPF has been reviewed by the Executive Committee and is now being provided to Council for its information.

Public Interest Rationale for CPMF:

It is in the interest of the public that regulatory health colleges provide standardized reporting about their various statutory functions and programs so that stakeholders can better recognize how each college is meeting its obligations as compared to that college's peers. The CPMF is a means by which the College can engage meaningfully with the public that we protect both about the professions we regulate and about the service we provide as a regulatory body.

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?". This information will:

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and

2. help Colleges improve their performance.

a) Components of the CPMF:

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	Context measures	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	Planned improvement actions	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
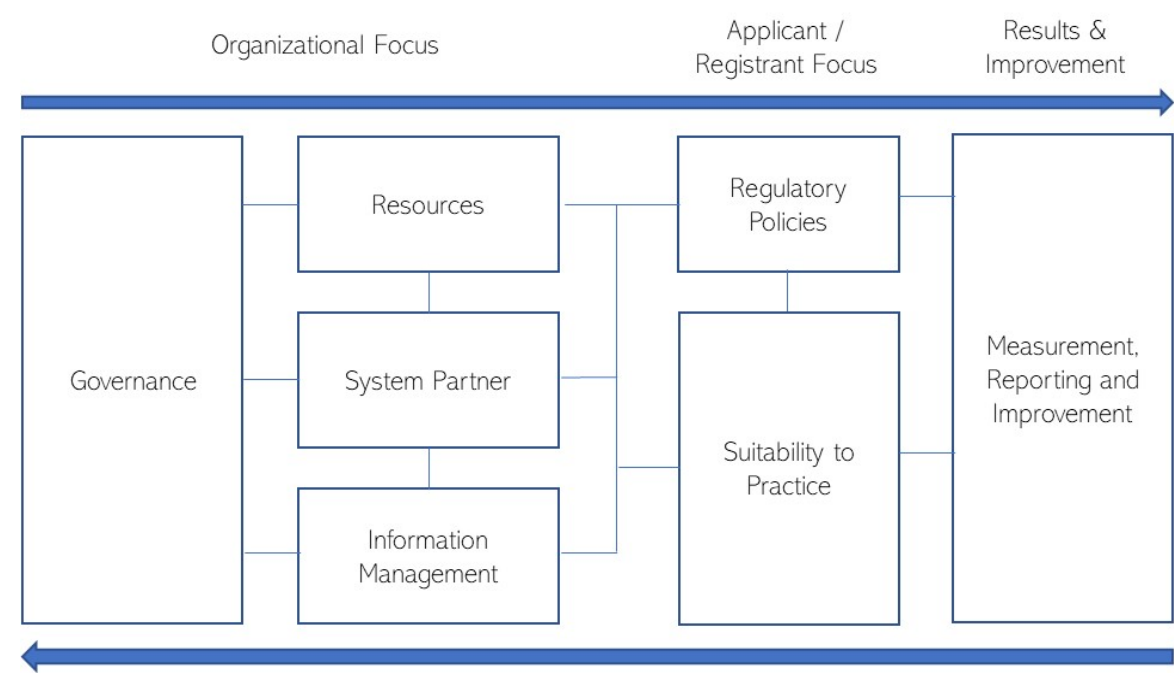
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard ⟶	Measure ⟶	Evidence ⟶	Improvement

1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

The CPMF Reporting Tool

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;

2. complete the self-assessment;

3. post the Council approved completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

---

[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two.

Furthermore,

- where a College fulfills the "required evidence" it will have to:

    o provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it "partially" meets required evidence, the following information is required:

    o clarification of which component of the evidence the College meets and the component that the College does not meet;

    o for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and

    o for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College does not fulfill the required evidence, it will have to:

    o indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.
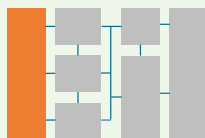
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE

Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public *OR* list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☐ No ☐ *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	**Required evidence**	**College response**
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No R • The competency/suitability criteria are public: Yes ☐ No ☒ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ☒ *No* ☐

<table>
<tr><td></td><td></td><td>Additional comments for clarification (optional):

The College intends to implement and make public the competency and suitability criteria for professional members of Council over the next reporting period.</td></tr>
</table>

	b. Statutory Committee candidates have:	The College fulfills this requirement: Yes ☐ Partially R No ☐
	i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The competency / suitability criteria are public: Yes ☐ No ☒ If yes, please insert link to where they can be found, if not please list criteria: • Duration of each Statutory Committee orientation training: Each statutory committee member is provided an orientation to the work of the committee by either staff or external legal counsel. Depending on the committee, the training may be a few hours or up to a day. • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Orientation training is in person (or since March 2020 via Zoom) with a facilitator (either staff or external legal counsel). Orientation involves discussion as well as mock scenarios. • Insert link to website if training topics are public **OR** list orientation training topics for Statutory Committee: Fundamentals of the *Regulated Health Professions Act, 1991* ("RHPA") and *Chiropody Act, 1991* and the relevant regulations, bylaws, standards and guidelines; conflict of interest; confidentiality; how to write reasons; how to hold a hearing.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional):

	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Duration of orientation training: Prior to attending their first meeting, public appointees meet with the Registrar and President to review their fiduciary duties as well as review the fundamental of the RHPA and *Chiropody Act, 1991*. Training is ongoing through the year as needed. Training is a few hours in length. • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Training is in person with a facilitator (or via zoom). The College also sends Council members to the HPRO Governance Training seminar. • Insert link to website if training topics are public *OR* list orientation training topics: Prior to attending their first meeting, public appointments meet with the Registrar and President to review their fiduciary duties as well as review the fundamental of the RHPA and *Chiropody Act, 1991*. Training is ongoing through the year as needed.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional): The College will implement a more formal orientation program for public appointees to Council prior to the next reporting period.

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	  i. Council meetings;
	
	  ii. Council
		The College fulfills this requirement: Yes ☐ Partially R No ☐

		• Year when Framework was developed *OR* last updated: Council currently assesses its effectiveness by way of ad hoc assessment throughout the year. • Insert a link to Framework *OR* link to Council meeting materials where (updated) Framework is found and was approved: N/A • Evaluation and assessment results are discussed at public Council meeting: Yes ☐ No ☒ • *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional)
		The College intends to introduce a more formal process for evaluating Council through the use of questionnaires at the end of every Council meeting.
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ No R
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☒ *If yes, how often over the last five years?*
		• Year of last third-party evaluation: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional)
		The College believes that it is a good idea to engage a third party to assess the effectiveness of Council and it will implement that for the next reporting period.
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;
		• Insert a link to Council meeting materials where this information is found **OR**
		• Describe briefly how this has been done for the training provided <u>over the last year</u>. Ongoing training to Council is informed by the needs identified by Council members and by the feedback provided by consultants (legal and accounting) working with the College.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional):

Standard 2		
Council decisions are made in the public interest.		
Measure	**Required evidence**	**College response**
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes R Partially ☐ No ☐
		• Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated: Council has a Code of Conduct that provides that Council and Committee members shall avoid any appearance of or actual conflict of interest or bias. • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved: Council Code of Conduct: https://cocoo.on.ca/code-of-conduct-for-members-of-council-and-its-committees/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional) The College believes that a more detailed conflict of interest policy (beyond that included in the Code of Conduct) would benefit Council and Committee members and it will endeavour to draft a more fulsome Conflict of Interest Policy for its members before the next reporting cycle.

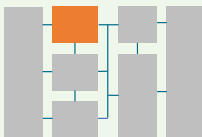|	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes R No ☐
		• Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☒ Competency/Suitability criteria ☐ Other *<please specify>*
		• The year that the cooling off period policy was developed **OR** last evaluated/updated: N/A
		• How does the college define the cooling off period?
		− Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; https://www.cocoo.on.ca/pdf/bylaws/bylaw-4.pdf
		− insert a link to Council meeting where cooling of period has been discussed and decided upon; **OR**
		− where not publicly available, please describe briefly cooling off policy:
		The bylaws have included for some time a requirement that a member is not eligible to be elected to Council if the member holds a position that would cause the individual, if elected as councillor, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization unless the member files with the Registrar, prior to the deadline referred to in Article 51.06, a written agreement to resign from the other position if elected as a councillor. The College does not have a specific "cooling off period" but agrees that at least a one year cooling off period would be appropriate.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional) The Council will endeavour to amend its bylaws to add a one year cooling off period.

[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

c. The College has a conflict of interest questionnaire that all Council members must complete annually.
 	
 Additionally:
 	
   i. the completed questionnaires are included as an appendix to each Council meeting package;
 	
   ii. questionnaires include definitions of conflict of interest;
 	
   iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
 	
   iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
	The College fulfills this requirement: Yes R Partially ☐ No ☐

	• The year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated 2021 • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ Often ☐ Sometimes ☐ Never ☐ • Insert a link to most recent Council meeting materials that includes the questionnaire: The disclosure form/questionnaire was implemented in February 2021. Meeting materials are available here: https://www.cocoo.on.ca/pdf/meeting_materials/Council_Feb_26_2021.pdf
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
	Additional comments for clarification (optional) The College has implemented a new conflict of interest disclosure form for the February 2021 Council meeting, and will continue to develop this form alongside a more detailed conflict of interest policy (see Standard 2 / 2.1 / a).
d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: Yes R Partially ☐ No ☐
	• Describe how the College makes public interest rationale for Council decisions accessible for the public: The College posts the material for Council meetings on its website in advance of the meeting, and describes the public interest rationale in all briefing notes. • Insert a link to meeting materials that include an example of how the College references a public interest rationale:

		https://www.cocoo.on.ca/pdf/meeting_materials/Council_Feb_26_2021.pdf
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed) The College is now including more overtly in its Council meetings the public interest rationale for all Council decisions.

Standard 3

The College acts to foster public trust through transparency about decisions made and actions taken.

Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes R Partially ☐ No ☐
		• Insert link to webpage where Council minutes are posted: https://cocoo.on.ca/council-meetings/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) Council minutes are posted to the College's website once approved. At the present time, the College does not attach separate status updates on implementation of Council decisions; however, status updates on previous agenda items are generally provided within the minutes of the subsequent Council meeting.
	b. The following information about Executive	The College fulfills this requirement: Yes ☐ Partially R No ☐

	Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	• Insert a link to webpage where Executive Committee minutes / meeting information are posted: https://cocoo.on.ca/council-meetings/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) The College will plan to post Executive Committee meeting dates and meeting rationales (i and ii) over the next reporting period.
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes R Partially ☐ No ☐
		• Insert a link to the College's latest strategic plan and/or strategic objectives: The College's Annual Reports outline the College's programs: https://cocoo.on.ca/annual-reports/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes R Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes R Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

DOMAIN 2: RESOURCES

Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification:	The College fulfills this requirement: Yes R Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget **OR** link to most recent approved budget: The 2020 budget was approved at the February 28, 2020 Council meeting (budget documentation can

	A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	be found at the end of the minutes): https://www.cocoo.on.ca/pdf/minutes/minutes-2020-02-28.pdf
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out	The College fulfills this requirement: Yes ☐ Partially ☐ No R
		If applicable: • Insert a link to "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved: N/A • Insert most recent date when "financial reserve policy" has been developed **OR** reviewed/updated: N/A • Has the financial reserve policy been validated by a financial auditor? N/A Yes ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐

	in its "financial reserve policy".	*Additional comments for clarification (if needed)* The College does not yet have a Financial Reserve Policy (but does in fact have reserves for funds for sexual abuse therapy and for general operations), but will create such a policy before the next reporting period.
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. The College has a Strategic Planning Committee, which is responsible for identifying key strategic goals and actions that in its opinion will need to be taken by Council over the next five years, and considering and making recommendations to Council on those goals and actions.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional)

DOMAIN 3: SYSTEM PARTNER

Standard 5

The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Standard 6
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.
Standard 7
The College responds in a timely and effective manner to changing public expectations.

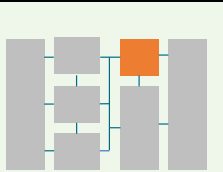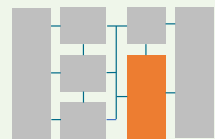|	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.* *Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).*
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).*

potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.** The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).*	**Standard 7: The College responds in a timely and effective manner to changing public expectations.** Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. • *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).* • *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*

DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects	a. The College has and uses policies and	The College fulfills this requirement: Yes ☐ Partially R No ☐

against unauthorized disclosure of information.	processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	• Insert a link to policies and processes **OR** provide brief description of the respective policies and processes. The College has not yet articulated in writing formalized policies and processes around the collection, use, disclosure, and protection of information that is of a personal or sensitive nature that it holds. However, all staff are well aware of the stringent confidentiality obligations in the RHPA. Furthermore, members' information in the iMIS database can only be accessed by College staff and the member themselves. Members' information is password protected. Standard protocols are followed with respect to the database and IT security. The College also uses secure file transfer (Dropbox Business) and password protects its documentation related to committee uses. Physical copies of documents are securely shredded via a third party company once they are uploaded to the College's server. Filing cabinets within the office itself remain locked when not in use.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) The College will endeavour to create more formalized policies and processes around the protection of personal information which it holds.

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	**Required evidence**	**College response**
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment **OR** describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).
		The evaluation process is led by the Executive Committee, which reviews the policies, standards and guidelines on an ad hoc basis and selects those requiring revision.
		Stakeholders include the Standards & Guidelines Committee (which includes public representation), which are involved in the revision process.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional)
		The College intends to formalize and standardize the process (e.g. by creating an evaluation tool for documents to ensure they are current and relevant, and by introducing a schedule for review).
		The College will incorporate the role of Practice Advisor in identifying gaps in policies, standards and guidelines and liaising with Council/Committees to ensure documents remain current and relevant.
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or	The College fulfills this requirement: Yes R Partially ☐ No ☐

<table>
<tr><td>

updated, and demonstrate how the College took into account the following components:

i. evidence and data,

ii. the risk posed to patients / the public,

iii. the current practice environment,

iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)

v. expectations of the public, and

vi. stakeholder views and feedback.

</td><td>

- For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) **OR** describe it in a few words.

Prescription Custom Foot Orthoses (PCFO) Standard (amended October 2020)

- best practice amendments were made to ensure that the public of Ontario have access to the safest and most effective PCFO;

- amendments to the Standard were supported by the current practice environment as well as data from ICRC and Discipline;

- stakeholder feedback was considered from multiple sources prior to approval by Council.

Records Standard (amended October 2020)

- amendments were made to reflect the current practice environment and changes in technology by expanding on the standards relating to electronic medical records as well as online privacy and security;

- alignment with other Colleges was reviewed and referenced

</td></tr>
<tr><td></td><td>

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐

Additional comments for clarification (optional)

</td></tr>
</table>

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 10 **The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.**	

Measure	Required evidence	College response
10.1 Applicants meet all College requirements	a. Processes are in place to ensure that only	The College fulfills this requirement: Yes R Partially ☐ No ☐

before they are able to practice.	those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements **OR** describe in a few words the processes and checks that are carried out: https://cocoo.on.ca/to-apply-for-registration-in-ontario/ College staff reviews each piece of documentation which is submitted by candidates. Certain documents are required to be provided directly from the source (e.g. any proof of membership with another regulatory body in another profession or in another jurisdiction, transcripts from universities, etc.). If certain criteria are not met, the Registration Committee will review a candidate's application. • Insert a link **OR** provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): As above, certain documents are required to be provided directly from the source (e.g. proof of membership, transcripts, etc.). More information regarding Registration processes can be found within the College's 2014 Fair Registration Practices Report: https://www.cocoo.on.ca/pdf/fair_registration_practices_2014.pdf
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) The College will continue to improve and formalize its processes of documentation review and validation over the next reporting period.

---

[3] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon *OR* describe in a few words the process and checks that are carried out. https://cocoo.on.ca/to-apply-for-registration-in-ontario/ An applicant is able to be referred to the College's Registration Committee and provide evidence from an employer, pastor or whoever they deem appropriate to support language proficiency. Alternatively, in order to prove fluency, an applicant is able to take a language proficiency examination provided by a third party provider. 2014 Fair Registration Practices Report: https://www.cocoo.on.ca/pdf/fair_registration_practices_2014.pdf • Provide the date when the criteria to assess registration requirements was last reviewed and updated. Prior to 2014
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Additional comments for clarification (optional) The College will aim to review its criteria and processes for determining whether an applicant meets its registration requirements.
10.2 Registrants continuously demonstrate they	a. Checks are carried out to ensure that	The College fulfills this requirement: Yes ☐ Partially R No ☐

are competent and practice safely and ethically.	currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	- Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon **OR** provide a brief overview: https://www.ontario.ca/laws/regulation/930830 - List the experts / stakeholders who were consulted on currency: n/a - Identify the date when currency requirements were last reviewed and updated: The College conducted a review of its currency requirements when migrating information into its new IMIS database in 2019. - Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. Members provide a declaration within the annual membership renewal. The College relies on self-declaration in determining whether a registrant meets ongoing requirements (e.g. that Members are engaged in clinical practice as a registrant for at least a 3 month period over the last two years, mandatory reports, etc.). The College's Quality Assurance Program also gives the College a means of determining whether registrants have practised at least three months within the last two years – this would become apparent during random practice assessments.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) The College will re-evaluate its methods for ensuring currency over the next reporting cycle.
10.3 Registration practices are transparent,	a. The College addressed all	The College fulfills this requirement: Yes R Partially ☐ No ☐

---

[4] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

objective, impartial, and fair.	recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	• Insert a link to the most recent assessment report by the OFC **OR** provide summary of outcome assessment report: https://www.cocoo.on.ca/pdf/Final_Assessment_Practices_Report_2018.pdf • Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐ No Action Plan Issued R
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Measure	Required evidence	College response

11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes ☐ Partially R No ☐
		
		• Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
		   – Name of Standard: Amended Prescription Foot Orthoses Standard of Practice
		   – Duration of period that support was provided: Ongoing (Practice Advisor (PA) role)
		   – Activities undertaken to support registrants: PA available via phone/e-mail/online web form to answer questions; infographic developed outlining key changes from the previous version of the Standard
		   – % of registrants reached/participated by each activity: Information not collected
		   – Evaluation conducted on effectiveness of support provided: No
		
		• Does the College always provide this level of support: Yes ☐ No ☒
		If not, please provide a brief explanation: The PA role is new to the College and continues to evolve to meet the needs of our members. Moving forward, support will be provided where required to assist with uptake of new or amended standards.
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐

		Additional comments for clarification (optional) The College will aim to develop a variety of support activities for registrants, such as informational videos, webinars, live Q&A, as well as data collection on registrants reached and evaluation of the support provided.

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5].	a. The College has processes and policies in place outlining:
	
	i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
	
	ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
	
	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.
		The College fulfills this requirement: Yes ☐ Partially **R** No ☐
		
		• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** link to website where this information can be found:
		
		https://www.cocoo.on.ca/pdf/qa/qa-practice-assessment-tool.pdf
		
		The College has prioritized practice assessments as part of the QA program (see below).
		
		• Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No ☒
		If yes, please insert link to policy
		
		• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach **OR** describe right touch approach and evidence used: N/A
		
		• Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable): N/A
		If evaluated/updated, did the college engage the following stakeholders in the evaluation:
		   − *Public* *Yes* ☐ *No* ☐
		   − *Employers* *Yes* ☐ *No* ☐
		   − *Registrants* *Yes* ☐ *No* ☐
		   − *other stakeholders* *Yes* ☐ *No* ☐
		
		• Insert link to document that outlines criteria to inform remediation activities **OR** list criteria: N/A

[5] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional) In 2019, the College increased the percentage of Members required to undergo a practice assessment to 5% (up from 2%). The College will endeavour to implement a "Right Touch" approach for its QA Program over the next reporting cycle. The College's QA Committee is planning to review and update the assessment program for 2021.
11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process: Practice assessments are completed by College assessors (trained Members of the College). Assessors complete a report which is then reviewed by the QA Committee. Members who are identified as requiring remediation or follow-up undergo further investigation and/or additional visits by practice assessors. • Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* describe the process: The QA Committee reviews assessor reports and directs the Registrar to inform the Member regarding any further remediation or monitoring/visits required. The QA Committee reviews all follow-up reports and materials (from all visits), including the implementation of any recommendations made to the Member to satisfy outstanding requirements.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) The College is currently completing a review of its QA processes in order to improve the program, which will include more robust remediation requirements and processes.

Standard 12		
The complaints process is accessible and supportive.		
Measure	**Required evidence**	**College response**
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes R Partially ☐ No ☐ • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://cocoo.on.ca/submit-a-concern/ • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☐ No ☒ • Does the College evaluate whether the information provided is clear and useful: Yes ☒ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* The College's website contains information about funding for sexual abuse therapy or counselling: https://cocoo.on.ca/sexual-abuse-mandatory-reporting-sexual-abuse/ And the Patient Relations Plan is available here: https://cocoo.on.ca/patient-relations/
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☐ Partially R No ☐ • Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) • The College responded to complainants/members of the public filing complaints within 0.02 days of receiving a complaint during the reporting period. • For cases that resulted in a Registrar's investigation, the College responded to information it received in an average of 0.4 days.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		The College does not track its response time for other inquiries that did not result in a complaint.
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: https://cocoo.on.ca/submit-a-concern/ • Most frequently provided supports in CY 2020: Members of the public were referred to the College's website for a general overview of the complaints process. A member of staff was available to answer any additional questions or provide clarity about the information on the College's website. Aside from general information about the complaints process, no additional support was provided to the public in 2020.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (optional)
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: Yes R Partially ☐ No ☐
		• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process *OR* provide a brief description: • The College provides the complainant with information about timelines on its website: https://cocoo.on.ca/submit-a-concern/ • The initial letter to the complaint, acknowledging the complaint, sets out rough timelines and outlines the process. The initial letter to the member, with notice of the complaint, also sets out timelines and outlines process. Both letters indicate that the ICRC attempts to dispose of complaints within 150 days. • When the ICRC does not meet the 150-day timeframe, delay letters are sent to both parties. Letters are also sent at the 210-day mark, and at 30-day intervals thereafter. The letters outline the reason the file has been delayed. • Parties are provided with the ICRC decision, including when the decision is to refer the matter to the Discipline Committee. • The College maintains a list of upcoming Discipline Committee hearings on its

		website: https://cocoo.on.ca/scheduled-discipline-hearings-referrals/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		• The College does not historically have many referrals to the Discipline Committee. To improve its communication in the next reporting period, it will develop a guide for complainants and witnesses involved in the Discipline process to inform them about what to expect and how they may be asked to participate.

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes R Partially ☐ No ☐
		• Insert a link to guidance document **OR** describe briefly the framework and how it is being applied:
		• The ICRC's risk assessment framework is on the College's website here: https://cocoo.on.ca/pdf/ICRC_Risk_Assessment_Tool.pdf
		• The framework is discussed on the website here: https://cocoo.on.ca/submit-a-concern/
		• Provide the year when it was implemented **OR** evaluated/updated (if applicable): The framework has been in effect since January 2019.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		• The College does not have a framework for triaging cases that are in the ICRC process, though the volume of files does not necessitate this right now. Cases are processed as soon as they are received and files are opened, on average, two days after a complaint is received.

Standard 14

The College complaints process is coordinated and integrated.

Measure	Required evidence	College response

14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes ☐ Partially R No ☐
		• Insert a link to policy *OR* describe briefly the policy: The College does not have a written policy setting out how it shares information with other Colleges and stakeholders. • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'): The College provided information to another regulatory health college about the conduct of one of its members that arose out of the College's investigation.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		The College will develop a policy or procedure that outlines how it share information with other regulators and external system partners, if applicable.

<table>
<tr><td colspan="3" style="background:#2E5A87;color:white">Domain 7: Measurement, reporting, and improvement</td></tr>
<tr><td colspan="3" style="background:#7BA7D7;color:white">Standard 15
The College monitors, reports on, and improves its performance.</td></tr>
<tr><td>Measure</td><td>Required evidence</td><td>College response</td></tr>
<tr><td>15.1 Council uses Key Performance Indicators</td><td>a. Outline the College's KPI's, including a clear</td><td>The College fulfills this requirement: Yes ☐   Partially ☐   No R</td></tr>
</table>

(KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	rationale for why each is important.	• Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) College Council will be reviewing the use of KPIs in future.
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☐ Partially ☐ No R
		• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) College Council will be reviewing the use of KPIs in future.
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☐ Partially ☐ No R
		• Insert a link to Council meeting materials where relevant changes were discussed and decided upon: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐

		Additional comments for clarification (if needed) College Council will be reviewing the use of KPIs in future.
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: Yes ☐ Partially ☐ No R
		• Insert a link to College's dashboard or relevant section of the College's website: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ No ☐
		Additional comments for clarification (if needed) College Council will be reviewing the use of KPIs in future.
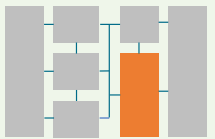
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, <u>a recommended methodology to calculate the information is provided in the companion document</u> "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology:	☒ Recommended	☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#	
i. In 2020, the College randomly selected 20% of the membership (165 members) to submit their Continuing Education (CE) material for the 2018/2019 Cycle per the criteria found here: https://cocoo.on.ca/members/quality-assurance-continuing-education-program/ Members were asked, for the first time using the iMIS database, to upload their CE logs for review. This process was completed in February 2021, and the College is currently finalizing development in IMIS for the Quality Assurance Committee to be able to review and assess the members' submissions.	165	***What does this information tell us?*** *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*
ii. In order to accommodate members during the COVID-19 lockdown, the College implemented changes for the 2020/2021 CE cycle, allowing for the acceptance of more online learning-based educational activities. The details are outlined here: https://cocoo.on.ca/pdf/qa/CE_letter_to_members_2020.pdf	ALL (approx. 750 in 2020)	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.*
iii. As part of the annual renewal, members must complete their Declaration of Completion (Quality Assurance Program) which includes the following questions: 1. I have reviewed my practice and completed the Quality Assurance Self-Assessment Tool, which is available here: https://www.cocoo.on.ca/pdf/qa/sat.pdf 2. I have created a plan to address the continued professional developmental objectives I have identified in this Self-Assessment Tool. 3. I understand that I must retain the completed Self-Assessment Tool and Continuing Education Log in my files.	ALL (approx. 750 in 2020)	
iv. The College is in the process of migrating all of the Quality Assurance processes into IMIS. Once		

this is complete it will be easier for members to keep track of their own CE documentation, as well as making it easy to submit to the College. In addition, once trained on its use, committee members will be able to easily assess more members which will in turn allow the College to examine an increased number of members.	
v. The Quality Assurance Committee is exploring the possibility of expanding the Practice Assessments to be submitted and evaluated year-round as opposed to in a concentrated way once every two years. This will allow the College to increase the percentage of members who receive a practice assessment and aim to assess every member of the College once every 5 cycles.	
vi. *<Insert QA activity or assessment>*	
vii. *<Insert QA activity or assessment>*	
viii. *<Insert QA activity or assessment>*	
ix. *<Insert QA activity or assessment>*	
x. *<Insert QA activity or assessment>*	
* *Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.* **NR** *= Non-reportable: results are not shown due to < 5 cases*	

Additional comments for clarification (if needed)
The Quality Assurance Committee is exploring several options to expand the program including:
- Requiring members to submit their Continuing Education hours as part of their renewal package annually, as opposed to every two years, and then selecting which members to review.
- Looking at integrating a tiered system of random selection which would include a percentage of members who are targeted based on various criteria, and a percentage of randomly selected members.
- Exploring the possibility of continual practice assessments throughout the year as opposed to every two years with a goal of assessing a higher percentage of the membership annually and guaranteeing that all members are assessed in a timelier manner.
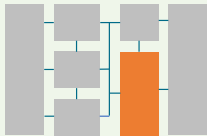
DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	165	20	***What does this information tell us?*** *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.*
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	0	0	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*

Additional comments for clarification (if needed)
At the time of submitting the CPMF report, the College was still engaged in the processing of the 2018-2019 CE cycle due to delays as a result of COVID-19 as well as migration of QA processes into IMIS. Therefore, at this time the College has not yet finalized whether any members are required to undergo remediation.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		

Context Measure (CM)			
	#	%	
CM 4. Outcome of remedial activities in CY 2020*:			***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	N/A	N/A	
II. Registrants still undertaking remediation (i.e. remediation in progress)	N/A	N/A	

Additional comments for clarification (if needed)
At the time of submitting the CPMF report, the College was still engaged in the processing of the 2018-2019 CE cycle due to delays as a result of COVID-19 as well as migration of QA processes into IMIS. Therefore, at this time the College has not yet finalized whether any members are required to undergo remediation.

* *NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*
** *This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.*

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡	
Themes:	#	%	#	%
I. Advertising	1	0.03	4	0.8
II. Billing and Fees	4	0.14	0	0
III. Communication	2	0.07	0	0
IV. Competence / Patient Care	15	0.5	0	0
V. Fraud	6	0.22	0	0
VI. Professional Conduct & Behaviour	2	0.07	0	0
VII. Record keeping	4	0.14	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0
IX. Unauthorized Practice	0	0	0	0
X. Infection Control	2	0.07	0	0
XI. Breach of Discipline Committee Order	0	0	1	0.2
Total number of formal complaints and Registrar's Investigations	**27**	**100%**	**5**	**100%**

Comment [MC1]: I have reported these numbers, although most of them are under 5. Should I change these to NR?

What does this information tell us? *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*

*   **Formal Complaint**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.
   Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.
‡   **NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
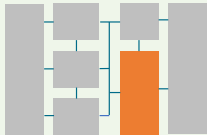
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

		#	%	
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2020	27		
CM 7.	Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	5		
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	5		
CM 9.	Of the formal complaints* received in CY 2020**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ	0	0	
II.	Formal complaints that were resolved through ADR	0	0	
III.	Formal complaints that were disposed** of by ICRC	14	0.37	
IV.	Formal complaints that proceeded to ICRC and are still pending	15	0.4	
V.	Formal complaints withdrawn by Registrar at the request of a complainant Δ	5	0.13	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII.	Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	3	0.08	*What does this information tell us?* The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.

** **Disposal:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

* **Formal Complaints:** *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.*

ǂ **ADR:** *Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

Δ *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*

May relate to Registrars Investigations that were brought to ICRC in the previous year.

** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*

φ **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR = *Non-reportable: results are not shown due to < 5 cases (for both # and %)*

Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	42

Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions‡

Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising						1	
II. Billing and Fees							
III. Communication	2						
IV. Competence / Patient Care	5	1		3		1	
V. Fraud/Incentives						13	
VI. Professional Conduct & Behaviour	8					1	
VII. Record keeping				2		1	
VIII. Sexual Abuse / Harassment / Boundary Violations	1						
IX. Unauthorized Practice							
X. Other [Infection Control]	2						
XI. Other [Breach of College Order]						1	

Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

ǂ NR = Non-reportable: results are not shown due to < 5 cases.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.

What does this information tell us? *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
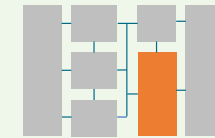
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	177.6	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2020	551	
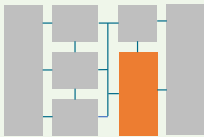
*   ***Disposal Complaint:*** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
*   ***Disposal Registrar's Investigation:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
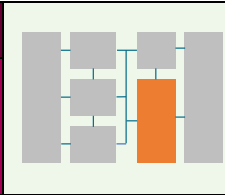
Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. * *
I. An uncontested^ discipline hearing in working days in CY 2020	1	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
II. A contested# discipline hearing in working days in CY 2020	3	

*   ***Disposal:*** *Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).*

^   ***Uncontested Discipline Hearing:*** *In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.*

Contested Discipline Hearing: *In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	0
II.	Incompetence	0
III.	Fail to maintain Standard	2
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	2
VII.	Offence conviction	1
VIII.	Contravene certificate restrictions	0
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	0
XI.	Falsifying records	1
XII.	False or misleading document	1
XIII.	Contravene relevant Acts	1
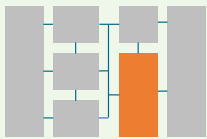
What does this information tell us? *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*

* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

NR *= Non-reportable: results are not shown due to < 5 cases.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

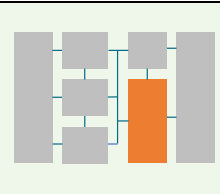*If College methodology, please specify rationale for reporting according to College methodology:*

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type		#
I.	Revocation+	2
II.	Suspension$	0
III.	Terms, Conditions and Limitations on a Certificate of Registration**	0
IV.	Reprimand^ and an Undertaking#	0
V.	Reprimand^	0

***What does this information tell us?** This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

\+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.

\^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

\# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

The College also had a case where a member signed an undertaking to permanently resign and the allegations against the member were stayed. There was no reprimand issued in that case.

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Public Interest

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

https://www.presentationgo.com/presentation/silhouette-icons-cycle-powerpoint-google-slides/

College Performance Measurement Framework (CPMF) Reporting Tool
Domain 3

Standard 5:
The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

The College engages with other health regulatory Colleges and system partners, which include: the Health Profession Regulators of Ontario (HRPO), the Ontario Society of Chiropodists (OSC), the Ontario Podiatric Medicine Association (OPMA) (associations for chiropodists and podiatrists in Ontario), the Canadian Life and Health Insurance Association (CLHIA), the Michener Institute for Applied Health Sciences (Michener), the Ministry of Health (MOH) and Public Health Ontario (PHO). The College also participates in working groups, including: the Practice Advisors Network, Quality Assurance Working Group, and Investigations & Hearings Group to work collaboratively with other Colleges to develop resources, policies and standards.

Amendments to Regulations and Standards
The College communicates with other Colleges to strengthen the execution of its mandate, to give the public confidence that it is acting in a manner that serves and protects the public interest. In particular, the College collaborated with the College of Midwives and College of Optometrists on its expanded Drug Regulation proposal.
The College also worked closely with other Colleges when there were overlapping authorizations (e.g. during the development of the Administration of Inhaled Substances and the Use of Sedation Standard) to ensure that it had the best information available to understand how the regulation and standard would need to be developed to safeguard our members' patients.
The College worked collaboratively with PHO to develop IPAC Checklists alongside its amended Infection Control Standard in 2018 (more information here).

COVID-19 Pandemic Response
The College mounted a rapid response to the COVID-19 pandemic and was able to respond to the rapidly changing dynamic by accessing resource in other jurisdictions that experienced outcomes from the pandemic, such as Europe and the United States. The College was approached by other Colleges (including the College of Physiotherapists and the Royal College of Dental Surgeons) to share information. The College used its website to keep members and the public informed (more information and COVID-19 documentation here). The College recognized very early that the key was to deliver accurate and complete information direct from the College, rather than from the associations or other sources. Representatives were called in from the associations (OSC and OPMA) to collaborate and send out information to members directing them to the College. The College continues to consult with the MOH's Health System Emergency Management Branch where required to ensure the information to members and the public is accurate and complete.

Zero Tolerance Policy
As a result of increasing trends related to inappropriate business practices (identified through recurring themes encountered by the Inquiries, Complaints and Reports Committee (ICRC)), Council believed that protecting the public demanded enhanced efforts to eliminate these inappropriate practices. The College collaborated with the College of Physiotherapists to learn more about their statement on Inappropriate Business Practices and to assist in the development of its own statement.

A Zero Tolerance Policy Statement was approved in 2019 to inform Members and the public unequivocally where the College stands on this issue. By taking this step, the College is reflecting the importance of following appropriate business practices that reflect the expectations and confidence of the Ontario public. On February 22, 2019, Council adopted, in principle, a zero tolerance policy for inappropriate business practices. The Executive Committee approved and implemented the policy statement on May 10, 2019.

Revised Profile of Competencies
The College revised its Profile of Competencies for entry to practice and intends to implement the revised competencies in 2022, to more accurately reflect the practice expectations for chiropodists in Ontario. This was and continues to be a collaborative effort between College committees and the Michener.

Unregulated Clinics Project
The College participated in the Clinic Regulation Working Group, a project with other health regulatory Colleges to consider how to regulate clinics that were not run by regulated health professionals, to ensure that it would be able to protect the public from inappropriate treatment and business practices. The College engaged in research and stakeholder consultations to address this issue.

Supporting Chiropody Research
The College was approached by the research study team at Unity Health Toronto – St. Michael's Hospital to assist with the distribution of a survey to its Members regarding the impact of regulated foot care services during the COVID-19 pandemic. College Council voted unanimously to assist St. Michael's Hospital with the distribution of the study to support its Members and their research, to better understand the impact of COVID-19 on the practices of chiropodists and podiatrists and to better prepare for future epidemics. The College sent a communication to all Members to invite them to participate in the study (participation was voluntary). More information on the study can be found here.

Standard 6:
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.

As identified above in Standard 5, the College maintains relationships with other Colleges and system partners to respond to changing public expectations.

Registrar and College staff
The Council of the College (both public and professional members), works closely with its Registrar to ensure that the College's vision and mandate is carried out in accordance with its statutory objects. The Council view the staff of the College as partners with the Council in fulfilling the College's important task of protecting the public. The Council is committed to strengthening this cooperative and collaborative relationship in 2021 and beyond.

Practice Advisory Service
The College introduced a Practice Advisory Service in September 2020, to provide guidance to members and the public regarding the professional obligations of members in providing safe, ethical and competent foot care. Members and the public can contact the Practice Advisor via the College's website

(online form), phone, or e-mail. There are also resources available on the College's website (more information [here](#)).

The College consults and collaborates with the HPRO Practice Advisor Network. In developing the role in the summer of 2020, the College consulted with the College of Occupational Therapists and College of Massage Therapists to assist with the introduction of the role and to learn what resources and communication methods have been successful for other Colleges.

The College gathers data from inquiries from members and the public to guide the development of resources and communications to members. FAQs are developed and posted to the College's website on an as-needed basis. The Practice Advisor also works collaboratively with the Manager of Professional Conduct and Hearings (via the ICRC), and Council and its committees, in order to stay informed of trends.

Social Media Presence

Over the past year, the College has introduced a social media presence in light of the events of COVID-19 and the need to better connect with its Members and the public across a variety of platforms. The College now uses Facebook, Twitter and LinkedIn to communicate in a timely manner with Members and the public.

Standard 7:

The College responds in a timely and effective manner to changing public expectations.

Improved Technology and Online Presence

The combination of substantive changes to the College's website/database and the introduction of social media platforms has allowed for significantly improved communication and interaction with Members and the public. The new database allows Members (and College staff) to update their practice information to the public register in real time. The College's social media presence also allows it to disseminate information quickly.

These technological changes, combined with the newly created role of Practice Advisor, allow Members and the public to remain informed of rapid changes (particularly as they occur with COVID-19). This has also encouraged feedback from Members and the public often through dialogue with practitioners in real time.

COVID-19 Pandemic Response

During the early stages of the pandemic, the College's Standards and Guidelines Committee was broken down into various sub-groups to work on developing resources based on the information as it was coming in. The College developed a number of resources during the pandemic, including a [COVID-19 webpage](#), [clinical practice directive](#), and Frequently Asked Questions (for [members](#) and [the public](#)). These continue to be updated and revised based on new information and guidelines from the Ministry of Health and Public Health Ontario. The Practice Advisor acts as a relay between the College committees (where required) to facilitate responses in a timely manner. The College also rescheduled and revised the format of its registration examinations in response to the rapidly changing lockdown frameworks in regions across the province.

COUNCIL BRIEFING NOTE RE COLLEGE 2021 OPERATIONAL BUDGET

Background:

Council has not yet approved the 2021 Operational Budget for the College because of a delay in receiving all outstanding 2020 invoices. The Acting Registrar believes that those invoices have now been received and so Council is now in a position to approve the budget.

Certain areas of the College's work, in particular complaints and discipline, are extremely difficult to plan for in light of the fact that some cases can settle at the last minute and others can turn into long, hotly contested matters that cost a great deal of money to litigate. However, the Acting Registrar has worked closely with the Chair of the Audit Committee to identify areas of efficiency for the College, including in the complaints and discipline areas, as it carries out its statutory duties in 2021 and so the budget being presented demonstrates an anticipated surplus.

The College is moving to a new psychometrician but it is anticipated that the cost of putting on the Registration examination should be similar to those in years past.

The ongoing COVID-19 pandemic will mean reduced travel, accommodation and catering costs.

This year will be a "peer assessment" year in terms of the Quality Assurance Program, and so costs will be increased for that committee as compared to 2020 which was a "continuing education" year.

Public Interest Rationale for Decision:

It is in the interest of the public that the College considers and plans carefully for the cost of fulfilling its statutory duties each year; strong financial stewardship, which represents the care, conservancy, planning, attention, upkeep, and management of financial resources, will allow the College to weather any unforeseen costs in future years, while maintaining sufficient reserves for both sexual abuse therapy/counselling and general operations.

Recommended Motion:

That the proposed 2021 Budget be approved by Council.

Mover: _____

Seconder: _____

Notes to Budget – 2021

The notes contain an explanation for only those budget items that have changed from 2020 or require further explanation in order to understand the line item.

Revenue

Annual Membership Fees

The College currently has 734 members (x $1700) for membership fees of $1, 247,800.

Application Fees

42 potential new members (who pay initial application fees). I have budgeted 39 x $200.00 (from approved programs) and 3 x $500.00 (from non-approved programs).

Examination Fees

45 candidates x $1600.00 = $72,000. (This includes the Michener students and those who apply from out-of-province).   Some students will not pass the exam the first time, so in terms of the supplemental examination, the total budgeted line item ($79,550.00) also includes:

3 - Written component $1,500.00 (3 x $500.00)

3 – OSCE $4,800   (3 x $1,600.00)

5 - Jurisprudence $1,250   (5 x $250.00)

Incorporation Fees

132 corporations x $475.00 renewal fee ($62,700) plus 15 new corporations at an initial fee of $950.00 ($14,250) plus an application fee of $100.00 (15 x 100 = 1,500.00). The renewal fee is due on September 30th for all corporations.

First Time Registrants

42 new first time registrants who normally will be applying after July 1 (because the College exam is usually in June) x $850.00 = 35,700.00. (The by-law stipulates that the $850.00 (rather than $1700.00) applies if the applicants pay their first time fees after July 1st.) This number represents the likely number of Michener graduates as well as out of-province candidates.

Late Fee penalty

This includes late fees for annual fees and incorporations. Based on 2020, we budgeted for 15 members x $200.00 = $3000.00.

Other Revenue

Interest

At the time of doing the budget, the College had $2,008,496.00 in the bank.

Miscellaneous (Inhalation Course)   The course will likely be run again in the Fall and there would be an income of 18 x $850.00 = 15,300.00. Expenses would be $8792 for a net profit of $6508.00

Legal Recovery   Currently there are 18 files awaiting discipline. The estimate for cost recovery this year is truly just an estimate because at this point, we have no idea what it will be or how many of these matters will be finalized in 2021. The calculation is based on an estimated $10,000 in cost recovery per matter with a 40% discount for those cases that do not achieve this recovery.

Expenses
Committees

Council   The budgeted amount is based on the 2020 actuals. The per diem is for 5 meetings x 10 members' per diems [does not include public members] x $150.00 /day = $7,500.00. Three regular Council meetings and two Special Council meetings are anticipated for 2021. It is anticipated that because of COVID-19 all Council meetings will continue to be held virtually in 2021. The line item general includes 500.00 for 'one off items' that sometimes occurs during the year (e.g. plaques for members leaving Council). There are no more transcription costs as staff are taking minutes now. Education and development of $2200 is added (for HPRO training, etc). Teleconferencing costs of $1800 are estimated based on last year's numbers (despite meetings being held by Zoom, some members must continue to call in when wifi is down, etc).

ICRC   The per diem depends on the number of complaints/reports and the number of meetings that need to be held to deal with all of them. It is difficult to pinpoint the exact amount of monies because it depends on the number of complaints/reports, the nature of the issues and what the ICRC indicates they want investigated. ICRC costs have, for the most part, been budgeted based on the 2020 costs but taking into account some efficiencies that can be implemented, such as not having external legal counsel at all ICRC meetings, not having external legal counsel review all draft ICRC decisions, and coming up with alternate ways of addressing low risk cases such as those involving inter-professional disputes. Teleconference fees of $6000 are added based on last year's cost.

Discipline   The 2020 costs were minimal because the discipline cases that were predicted did not come forward. We anticipate that there will 17 discipline matters dealt with in 2021 in hearings in total and we have therefore budgeted for 28 hearing days, as most cases will ultimately settle.
The breakdown is as follows:
1. Per diem – 28 x 150.00 x 2 (panel members) = $8400.00

3. Per diem – 17 x $150.00 x 2 (panel members) = $5100 (for decision writing)
4. Court Reporter's time – estimate $160 a day x 28 days = $4800.00.
5. Legal fees – included in overall legal fees
6. The amount budgeted under education and development represents the amount likely to be paid for HPRO discipline training. General fees of $250 will cover one-off expenses like plaques, etc.

Executive

The per diem for a meeting is 3 x $150.00 [professional members; we do not pay for public members] = $450.00. There are a number of conference calls that occur during the year, so we have estimated 25 x 150.00 = $750.00 x 3 (professional members) = $11,250.00. I have also slightly increased the teleconference amount - it is difficult to be precise with teleconferencing as it totally depends on the length of the meetings. Transcription costs have been removed since staff are taking minutes (or an Executive Committee member will take minutes for *in camera* meetings).

Registration

In 2020 there was at least one matter that came before the Registration Committee. There are only 3 potential professional members on the Committee who can invoice the College and there may be only one such member on a panel. I have budgeted for 2 meetings x $150.00 x 3 members the College is responsible for = $900.00 for per diem.

Quality Assurance

The QA program for 2021 is a random practice assessment year (but there are still some continuing education submissions that also need to be reviewed). The amount budgeted is for 4 meetings x 8 professional members x 150.00 per day = $4800.00. I realize that all meetings may not be full day but consideration is also given to include preparation time. There will also be the cost for peer assessors, which is approximately $500 per assessment with approximately 42 assessments to be done (which equals $21,000).

Patient Relations

There were no meetings of the Patients Relations Committee in 2020. This is not appropriate, given that the College's primary mandate is public protection. It would be reasonable to plan for two meetings of this Committee during the year; the Committee could, for example, update the sexual abuse prevention plan. There are two professional members on the Patient Relations Committee, so assuming two meetings ($150 each x 2 members) then the per diem will be $600.00

Strategic Planning	There are 7 members on the Committee, 4 of whom invoice the College. The College therefore pays for 4 members' per diem x $150.00/day x 4 meetings = $2,400.00.
Registrar's Compensation	The by-law mandates that this Committee must have one public member, one member of Executive and one non-Executive member. The President is ex-officio. The committee may have three or four meetings, so we have budgeted 4 x 150.00 x 3 = $1,800.00
Audit Committee	The Audit Committee consists of 3 members, one of whom invoices the College. Therefore, the per diem is $150.00 x 3 x 3 meetings = $450.00.
Standards and Guidelines	This committee will be less busy in 2021 than 2020. I have budgeted 8 members x 7 teleconference meetings or 7 x $150.00 = $1,050 x 8 = $8,400.00 (which will include preparation time). The teleconference amount is the best estimate for 7 meetings.
Competency Working Group	The work of the Committee is complete. Therefore, no monies were allocated in the 2020 budget. There may be a point in time when the committee may need to become active in order to amend the current document.

Special Projects

MESPO	**MESPO** stands for "Model for Evaluation of Scopes of Practices in Ontario". It appears that all of the work has been completed, so I am not budgeting anything for this project for 2021.
Database	The ongoing work on the database should not be as expensive as the initial start-up costs. The College can determine how much to spend on this item based on how much configuration it wants to do.
Registration Examination	The College is moving to a new exam provider who has estimated the cost of providing two sittings of the written exam and OSCE will be $66,952.00. (The total cost is estimated to be $85,000, which is similar to what it cost with the previous exam provider.) The remainder of this line item is broken out as follows; Per diem + travel + accommodations: $5,500.00 Catering = $4000.00 (includes meetings, OSCE (lunch and breakfast)) Room rentals $5500.00 (includes meeting rooms, Rental of from Prometric) Actors for OSCE - $975.00

Supplies for OSCE - $1,550.00

Inhalation Course   If this course is offered then the total income would be $15,300; expenses would be $8792.00 leaving a surplus of $6,508.00.

Salaries and Benefits   This line item ($485,416) is based on the 2020 actual amount paid out and includes all salaries and benefits for the four employees plus allowing for the possibility of two more staff moving to five days a week. The salary for staff in 2020 was $432,724 (but this amount did not seem to include health benefits of $33,156 which I have added back into the estimate). Salaries and benefits include salaries, RRSP, group health benefits, CPP, EI, Presto, Law Society fees x 2.

Legal Fees

General Administration   A number of efficiencies have been identified with the legal fees that the College pays and it is anticipated that legal fees for general matters will be substantially reduced in 2021.

Council and Other Committees   It is anticipated that external legal counsel will not routinely attend Council or Executive Committee meetings, thereby reducing these fees considerably.

Discipline   It is difficult to accurately forecast the amount for legal fees and other discipline expenses as it depends in large part on the number and type of complaints the College receives and how many referrals are made to discipline.

Currently there are 17 referrals to discipline. The budgeted numbers are based on 28 days of hearing, assuming that all matters go to a hearing in 2021, as follows:
Legal - 28 days of hearing in total x 2 lawyers (discipline counsel and Independent legal counsel (ILC) to the tribunal), combined $850.00/hourly rate x 7 hours x 28 days = $166,600, plus 15 total days preparation time x 5 hours at $850/hour = $63,750 for a total of $230,350.

ICRC   ICRC costs have been budgeted based on the 2020 actuals but with some efficiencies identified, such as having ICRC draft decisions reviewed internally and trying to having external legal counsel only attend ICRC meetings when a complicated case will be discussed.

General Administration

Credit Card Charges

We are now processing all charges online so the costs are lower than they were previously. Most members pay their fees, corporations, courses and any monies owing to the College by credit card. The more members we have, the greater these charges will be. In 2019 we changed to Moneris – as Telpay was not compatible with the new iMIS. We pay Moneris 1.65% - lower than Chase. On Credit card revenue of $1,300,000, we should pay no more than $23,000 in credit card fees

Computer Software

This includes things such as the cost of our domain name, Carbonite backup, BIT hosting of our e-mail accounts and the cloud domain, BIT maintenance, Dropbox, Carbonite backup, domain name the annual fee for gotomypc.

Insurance

This amount includes the College's commercial insurance and officer's and director's liability and errors and omissions insurance. The commercial insurance rose slightly because we had to add business interruption coverage – a requirement of the landlord.

Resource Materials

This amount includes the cost for Survey Monkey of $384.00 which will be an ongoing charge, as well as any necessary text books such as the updates for *A Complete Guide to the Regulated Health Professions Act*.

Membership Fees

This amount represents the Registrar's (and Manager of Professional Conduct) membership fees for the Law Society of Upper Canada. This is the lowest categories of fees for lawyers who are working.

General Expenses

This line item includes such things as donations, cleaning the office carpets, gifts, stock photos for the newsletter, updating the 'president's plaque in the office, recognition plaques to members of Council and staff holiday gifts and moving expenses.

Rent

The College's rent is 6,021.15 plus HST per month. The College also pays $459.00 per month for two rental storage lockers in the basement for old complaints/discipline files as well as documentation relating to College meetings since its inception. We are also now housing patient files for a member who abandoned his practice. We also pay $28.25 per month for a mailbox.

Capital Assets

There are no purchases identified for 2021.

Database Dev. & Website

This includes all changes to the website, initial and final reports for the Health Professions Database project, monthly data feed sent to

the MOH in Kingston, annual renewals, statistical reports, labels, election materials, updates to the web, newsletters, troubleshooting and web hosting.

PROPOSED BUDGET FOR 2021	ITEM 3.1B			
COLLEGE OF CHIROPODISTS OF ONTARIO				
Year: January 1, 2021 to December 31, 2021				
	Proposed	Actual	Approved	
	2021	2020	2020	
REVENUE				
Membership Fees	$ 1,247,800	$ 1,269,900	$ 1,283,500	confirmed 734 members ($1700 annual membership fee each)
Application Fees	9,300	5,200	7,900	42 new members who pay initial application fees (39 from approved programs ($200) and 3 from non-approved ($500))
Examination Fees	79,550	75,650	74,750	45 candidates x $1600 + $7550 for estimated number who will require retaking parts of the exam
Incorporation Fees	78,450	64,401	68,000	confirmed 132 corporations renewing ($475) plus 15 initial application fees ($950 each plus 15 application fees ($100)
First time Registrant - Fee	35,700	15,150	37,500	estimated 42 new members registering after July 1 - the annual membership fee if registration occurs after July 1 is $850.00
Late fee penalty	3,000	2,800	6,000	Based on previous year
	1,453,800	1,433,101	1,477,650	
Other Revenue				
Interest	11,880	14,715	30,000	Based on investment account balance and interest rate 0.66%
Miscellaneous (Incl. Inhalation Course)	15,300	5,875	6,508	Based on previous year estimating 18 members at a cost of $850 each
Legal Recovery	108,000	11,000	100,000	currently there are 17 matters referred to discipline
Total Revenue	1,588,980	1,464,691	1,614,158	
EXPENSES				
Committee expenses	174,900	149,390	163,575	
Special projects	148,792	197,244	213,508	
Salaries and benefits	485,416	432,724	483,272	
Legal Fees	400,350	513,250	378,650	
General Administration	218,627	232,959	204,082	
Total Expenses	1,428,085	1,525,567	1,443,087	
Net income (deficit) for the year	$ 160,895	$ (60,876)	$ 171,071	

	SCHEDULE OF EXPENSES				
		Proposed 2021	Actual 2020	Approved 2020	
Committee Expenses					
Council	RHPA Code Section 4	12,000	14,013	18,750	
ICRC	RHPA Code Sections 2	24,250	87,742	70,200	
ICRC inspector / investigator costs		58,000	-	-	Based on previous year
Discipline/Fitness to Practice	RHPA Code Sections 3	19,700	3,408	22,025	
Executive	RHPA Code Sect 12,3	14,200	28,405	15,500	
Registration	RHPA Code Sect 15-2	1,025	-	2,050	
Patient Relations	RHPA Code Sect 84-8	2,950	-	4,500	
Quality Assurance	RHPA Code Sect 79-8	26,300	2,881	8,200	
Standing Drug Committee		500	-	500	
Technical Committee		875	-	1,000	
Strategic Planning Committee		2,775	1,366	3,150	
Registrars Compensation Committee		2,425	-	3,050	
Audit		1,500	75	1,650	
Competency Working Group		-	125	-	
Standards and Guidelines		8,400	11,375	13,000	
Total Committee Expenses		174,900	149,390	163,575	Please check separate tabs for details
Special Projects					
MESPO			21,560	56,000	Work on this project seems to be complete
Inhalation Course		8,792	-	6,508	If the course is run then revenue is 18 X 850.00 = 15,300 less expenses of $8792
Registration Examination		85,000	82,194	101,000	Based on previous year
Consulting -General		-	-	-	
Database development		55,000	93,490	50,000	
Total Special Projects		148,792	197,244	213,508	
Salaries and Benefits					
Salaries and Benefits		485,416	432,724	483,272	Based on 2020 but allowing for adjustments by new Registrar (note that last year's 'actuals' does not appear to have included benefits in the figure, which was misleading)
Total Salaries and Benefits		485,416	432,724	483,272	
Legal Fees					
General administration		45,000	35,813	39,000	
ICRC		115,000	204,827	150,000	
Discipline		230,350	186,846	143,650	
Council and other committees		10,000	85,764	46,000	
Total Legal Fees		400,350	513,250	378,650	

		Proposed	Actual	Approved	
		2021	2020	2020	
General Administration					
Accounting and Audit		19,000	20,105	10,597	Audit + monthly bookkeeping fee
Credit Card Charges		28,000	24,891	23,000	Based on last year and revenue level
Bank Charges		1,700	1,696	1,500	Based on previous year
Capital Assets Depreciation		8,000	8,194	7,500	Based on previous year
Computer software		4,500	11,476	4,400	Based on previous year's budget
Insurance		15,000	15,360	15,000	Actual
Registrar Travel		-	-	-	
Federation Expenses		8,475	8,475	8,475	Actual
Resource Materials		200	-	410	
Membership Fees		2,600	2,601	-	Based on previous year
Rent		89,952	89,220	78,100	Actual
Photocopying, Printing		500	544	3,500	Based on previous year
Postage and Courier		700	629	4,300	Based on previous year
Telephone		9,000	17,328	10,000	Contract termination penalty in 2020 will not occur again
Zoom licenses		900	-	-	Actual
General Expenses		2,000	1,526	4,500	
Office Supplies		2,800	2,622	7,500	
Computer, database & website mtce		15,000	18,879	15,000	
Equipment Rentals/Service Contracts		9,500	9,413	9,500	Photocopier and postage meter rental
Professional Development		800	-	800	
Total Other Expenses		218,627	232,959	204,082	
Total Expenses		1,428,085	1,525,567	1,443,087	
Surplus (Deficit)		$ 160,895	$ (60,876)	$ 171,071	

COUNCIL
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020	
Members Per Diem		7,500	3,912	4,500	*5 meetings (3 regular and 2 special) x 10 members (not including public members) X $150 per day*
Travel & Lodgings		-	3,718	4,950	
General		500	47	500	
Education and Development		2,200	-		*HPRO Governance training $275 X 8 Council members*
Transcription of Minutes		-	2,616	4,500	
Catering & meeting rooms		-	1,920	3,800	
Teleconferencing		1,800	1,800	500	
AV Set Up/Room Rentals			-		
Total Council Expenses		**$ 12,000**	**$ 14,013**	**$ 18,750**	

2021-03-12

ICRC
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed	Actual	Approved	
		2021	2020	2020	
Members Per Diem		18,000	8,486	5,500	
Lodging & Travel time		-	6	2,500	
General		250	633	500	
Inspector/Investigator		58,000	71,567	58,000	*Based on previous year*
Teleconference		6,000	7,050	3,700	
Consultants (Assessors,Expert Reports)			-		
Total Expenses		82,250	87,742	70,200	

2021-03-12

DISCIPLINE COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020	
Per Diem		13,500	1,875	4,900	
Travel & Lodgings		-	-	6,700	
General		250	-	500	
Education & Development		1,150	900	1,150	*Based on previous year budget*
Meeting Rooms & Catering		-	-	8,775	
Court Reporter [see line 11]		4,800	633		
Total		$ 19,700	$ 3,408	$ 22,025	

EXECUTIVE COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed	Actual	Approved	
		2021	2020	2020	
Members Per Diem		11,250	15,246	3,600	*$150 x 3 = $450 x25 = 11, 250.00*
Travel & Lodgings		-	3,499	4,100	
General		250	-	500	
Transcription		-	6,369	4,600	
Catering		-	524	2,200	
Teleconference		2,700	2,767	500	
Total Expenses		$ 14,200	$ 28,405	$ 15,500	

2021-03-12

REGISTRATION COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed	Actual	Approved	
		2021	2020	2020	
Per Diem		900	-	1,800	*Based on previous year budget*
Lodgings			-		
Travel & Lodgings			-		
General			-		
Teleconferencing		125	-	250	
Total Expenses		$ 1,025	$ -	$ 2,050	

2021-03-12

PATIENT RELATIONS COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020	
Members Per Diem		600	-		
Travel & Lodgings		-	-	1,500	
General		100	-	500	
Program development		2,000	-	2,000	*Based on previous year budget*
Teleconferencing		250	-	500	
Total Expenses		$ 2,950	$ -	$ 4,500	

2021-03-12

QUALITY ASSURANCE COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020	
Members Per Diem		4,800	2,202	7,200	*4 meetings with 8 members at $150 per meeting*
Travel & Lodgings		-	135	-	*Based on 2019*
General		250	-	500	
Teleconferencing		250	475	500	
Assessors		21,000	69	-	*Approximately 42 assessments will be done at a cost of approx $500 each*
Total Expenses		**$ 26,300**	**$ 2,881**	**$ 8,200**	

2021-03-12

STANDING DRUG COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed	Actual	Approved	
		2021	2020	2020	
Members Per Diem		500	-	500	*Based on previous year budget*
Travel & Lodgings			-		
General					
Teleconference				-	
Total Expenses		$ 500	$ -	$ 500	

2021-03-12

TECHNICAL COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed	Actual	Approved	
		2021	2020	2020	
Members Per Diem		750	-	750	*Based on previous year budget*
Travel & Lodgings					
General		125		250	
Assessors			-	-	
Total Expenses		$ 875	$ -	$ 1,000	

2021-03-12

STANDARDS AND GUIDELINES
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020	
Members Per Diem		6,500	11,375	8,400	
Lodging & Travel		-		1,100	
General		250		500	-
Teleconference		1,650	-	3,000	-
Total Expenses		$ 8,400	$ 11,375	$ 13,000	

STRATEGIC PLANNING COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020
Members Per Diem		2,400	975	2,400
Travel & Lodgings			-	
General				
Consultant			-	
Teleconference		375	391	750
Total Expenses		$ 2,775	$ 1,366	$ 3,150

2021-03-12

AUDIT COMMITTEE
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020
Members Per Diem		1,350	75	1,350
Lodging & Travel				
General				
Teleconference		150		300
Total Expenses		$ 1,500	$ 75	$ 1,650

2021-03-12

COMPETENCY WORKING GROUP
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020
Members Per Diem		-	125	-
Lodging & Travel		-	-	-
General		-	-	-
Teleconference		-	-	-
Total Expenses		$ -	$ 125	$ -

REGISTRARS PERFORMANCE AND COMPENSATION
Budget
Year: January 1, 2021 to December 31, 2021

		Proposed 2021	Actual 2020	Approved 2020
Members Per Diem		1,800		1,800
Travel & Lodgings				-
General		250		500
Consultant				
Teleconference		375		750
Total Expenses		$ 2,425	$ -	$ 3,050

2021-03-12