

College Performance Measurement Framework (CPMF) Reporting Tool

March 2022

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) 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.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a 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.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

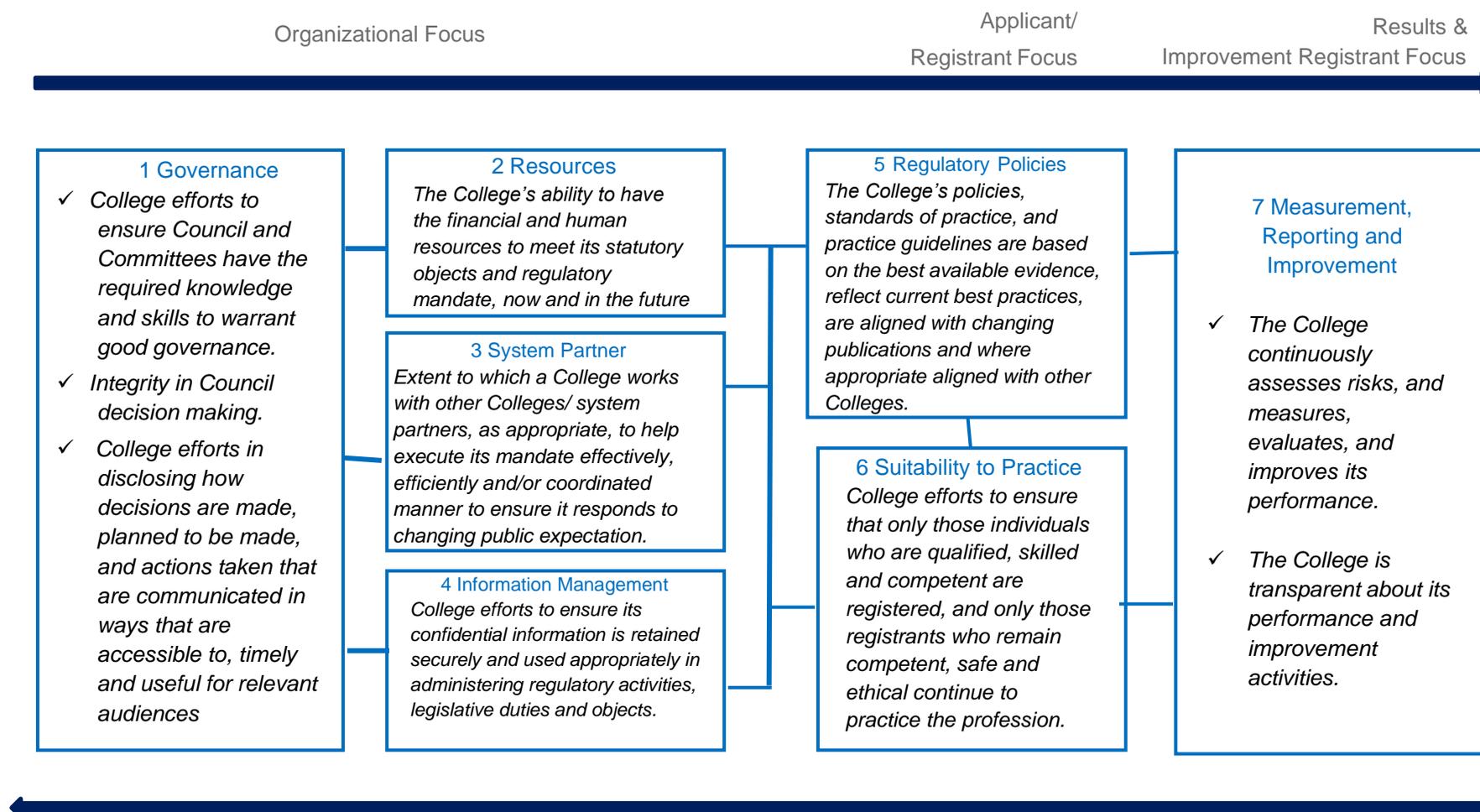


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	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.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. 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 and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the 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.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

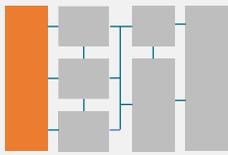
What has changed in 2021?

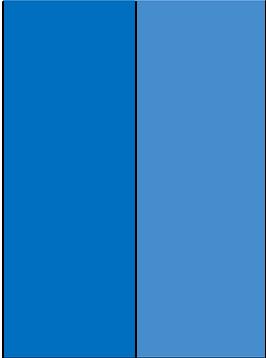
Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

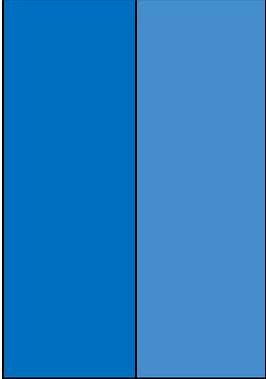
Part 1: Measurement Domains

		Measure 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.					
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response				
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: NO <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>Professional members are elected by their peers in regional elections. There are basic requirements in the College's Bylaw 1 (Article 50 – Eligibility for Election) that articulate the eligibility to run for election to Council. To be eligible to run for election, members must do the following:</p> <ul style="list-style-type: none"> • Meet the requirements set out in the bylaws (for example, must be a holder of a general class certificate with no restriction, no revocations or suspension in the previous six years and has not been the subject of any professional misconduct, incompetence or incapacity finding in the previous three years, among other things). • Complete a conflict-of-interest form, which is provided by the College upon receipt of the candidate's nomination <p>When a candidate submits the conflict-of-interest form, they must confirm the following:</p> <ul style="list-style-type: none"> • They have read and understand Bylaw 4: Code of Conduct of Councillors and Committee Members • If elected, they will behave in accordance with Bylaw 4 • They do not have a conflict of interest. <p>In February 2022, the Elections Committee presented Council with a draft document that sets out the list of proposed competencies for Council members. The Committee will continue developing the skills competencies, as well as a self-reflection matrix that candidates must complete prior to standing for election. It is expected that Council will vote on adopting the competencies at a special Council meeting in May 2022.</p> </td> <td style="width: 20%; padding: 5px; text-align: center;"> Yes </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </td> <td colspan="2" style="padding: 5px;"> Choose an item. </td> </tr> </table>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: NO <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>Professional members are elected by their peers in regional elections. There are basic requirements in the College's Bylaw 1 (Article 50 – Eligibility for Election) that articulate the eligibility to run for election to Council. To be eligible to run for election, members must do the following:</p> <ul style="list-style-type: none"> • Meet the requirements set out in the bylaws (for example, must be a holder of a general class certificate with no restriction, no revocations or suspension in the previous six years and has not been the subject of any professional misconduct, incompetence or incapacity finding in the previous three years, among other things). • Complete a conflict-of-interest form, which is provided by the College upon receipt of the candidate's nomination <p>When a candidate submits the conflict-of-interest form, they must confirm the following:</p> <ul style="list-style-type: none"> • They have read and understand Bylaw 4: Code of Conduct of Councillors and Committee Members • If elected, they will behave in accordance with Bylaw 4 • They do not have a conflict of interest. <p>In February 2022, the Elections Committee presented Council with a draft document that sets out the list of proposed competencies for Council members. The Committee will continue developing the skills competencies, as well as a self-reflection matrix that candidates must complete prior to standing for election. It is expected that Council will vote on adopting the competencies at a special Council meeting in May 2022.</p>	Yes	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: NO <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>Professional members are elected by their peers in regional elections. There are basic requirements in the College's Bylaw 1 (Article 50 – Eligibility for Election) that articulate the eligibility to run for election to Council. To be eligible to run for election, members must do the following:</p> <ul style="list-style-type: none"> • Meet the requirements set out in the bylaws (for example, must be a holder of a general class certificate with no restriction, no revocations or suspension in the previous six years and has not been the subject of any professional misconduct, incompetence or incapacity finding in the previous three years, among other things). • Complete a conflict-of-interest form, which is provided by the College upon receipt of the candidate's nomination <p>When a candidate submits the conflict-of-interest form, they must confirm the following:</p> <ul style="list-style-type: none"> • They have read and understand Bylaw 4: Code of Conduct of Councillors and Committee Members • If elected, they will behave in accordance with Bylaw 4 • They do not have a conflict of interest. <p>In February 2022, the Elections Committee presented Council with a draft document that sets out the list of proposed competencies for Council members. The Committee will continue developing the skills competencies, as well as a self-reflection matrix that candidates must complete prior to standing for election. It is expected that Council will vote on adopting the competencies at a special Council meeting in May 2022.</p>	Yes						
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.					



Additional comments for clarification (optional):

	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
		<ul style="list-style-type: none"> Duration of orientation training. <p>An introductory orientation is provided by the Registrar as an initial one-on-one meeting for 40 minutes to an hour followed by an intensive orientation for all council and ICRC and Discipline Committee members. The intensive orientation is three hours and was delivered virtually due to Covid-19 restrictions. The format is lecture and discussion with reference to relevant legislation and case law. The orientation is delivered by the Registrar and the Manager, Professional Conduct and Hearings.</p> <p>The College also provides governance training for new Council members that was developed by external legal counsel.</p> <p>The College has scheduled orientation for its Quality Assurance Committee in 2022.</p> <ul style="list-style-type: none"> Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). <p>Orientation has been provided virtually during the COVID-19 pandemic.</p> <ul style="list-style-type: none"> Please insert a link to the website if training topics are public OR list orientation training topics. <p>Topics include: introduction to regulation, regulation modernization, right-touch regulation, bias/conflict of interest, introduction to ICRC and the Discipline Committee.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>	
	b. Statutory Committee candidates	The College fulfills this requirement:	Yes



have:

- i. Met pre-defined competency and suitability criteria; and

- The competency and suitability criteria are public: **Yes**
- *If yes, please insert a link to where they can be found, if not please list criteria.*

The College recently updated its [website](#) to include more detailed descriptions of its committees and the high-level competencies required to serve on each Committee. As noted above, the Elections Committee presented Council with a draft set of competencies and suitability criteria for Council members, which was reviewed by Council on February 25, 2022. It is contemplated that the Elections Committee will develop a similar list of competencies for statutory Committee members in 2022.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>		
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. <p>Education sessions at the committee level are provided, including orientation about the mandate of the committees' and members' roles and expectations. For example, training for ICRC and the Discipline Committee is half a day, and during the pandemic, sessions are being held virtually. To ensure maximum participation, multiple sessions are offered, and a survey following the sessions informed improvements for future presentations.</p> <p>New members of the Discipline Committee attend the Health Profession Regulators of Ontario's Basic Discipline Workshop, while more experience members attend the advanced session. As well, new Council members attend HPRO's two-day governance training.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.		
<i>Additional comments for clarification (optional):</i>				

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>An introductory orientation is provided by the Registrar as an initial one-on-one meeting for 40 minutes to an hour followed by an intensive orientation for all Council and ICRC and Discipline Committee members. The intensive orientation is 3 hours and was delivered virtually due to Covid-19 restrictions. The format is lecture and discussion with reference to relevant legislation and case law. The orientation is delivered by the Registrar and the Manager, Professional Conduct and Hearings.</p> <p>The College also provides governance training for new Council members that was developed by external legal counsel.</p> <p>The College has scheduled orientation for its Quality Assurance Committee in 2022.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

Measure			
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> <p>The College implemented a post-Council survey for Council members to complete following each Council meeting that evaluates the effectiveness of the materials, president/chair, preparedness and contributions of Council members. The results of the survey are shared publicly in the Council Meeting package for the following Council Meeting. Staff rely on the feedback from the survey to implement suggested improvements to Council effectiveness and efficiency.</p> <p>The meeting package for the February 25, 2022 Council Meeting is found on the College's website, which includes the survey results from the October 2021 Council meeting.</p> <p>The framework that will be used for the third-party assessment (referenced below) is separate from that used to assess Council's effectiveness. Currently, Council's effectiveness is a self-assessment tool by way of a post-Council meeting survey.</p>		Yes
		Yes	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
<i>Additional comments for clarification (optional)</i>			

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. <p>The College is part of a group of RHPA regulators within HPRO that intends to retain a third party to create a framework and conduct the third-party assessment. Once completed, the College will continue to use the self-assessment tool currently in use (post-Council meeting survey) and the framework used for a third-party assessment.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>The College has recently implemented a Council survey for completion by Council members following each Council meeting. The College has already implemented improvements, including improved training, based on the feedback from the survey. The College plans to implement surveys for statutory committees to better inform future meetings and training. The College engages in risk management based on legal assessment of risk, reputational risk to the College, as well as right touch regulation in respect of College business.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>The College has been involved, as a member of HPRO, in Diversity, Equity and Inclusion training and discussion. The College has also reached out to traditionally underserved communities as part of its inclusivity initiative and mandate to protect the public.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
		<p><i>Additional comments for clarification (optional):</i></p> <p>The College will explore ways it can expand on Diversity, Equity, and Inclusion.</p>		

Measure		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> • Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. <p>Bylaw 4: Code of Conduct for Councillors and Committee Members will be reviewed every three years going forward. In early 2022, the College updated its conflict-of-interest declaration that Councillors sign prior to each Council meeting. The declaration now includes a worksheet that provides specific examples of the types of conflicts Councillors should be considering when reviewing the Council material package and prior to signing the declaration.</p> <ul style="list-style-type: none"> • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review. <p>As noted above, the College made improvements to the conflict-of-interest declaration to include specific examples of the types of conflict Councillors should be considering.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

	ii. accessible to the public.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. <p>The College's Bylaw 4 sets out the conduct for councillors and committee members, and it contains the Code of Conduct and Conflict of Interest provisions Council and committee members are required to abide by.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum	The College fulfills this requirement:	Yes

time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).

Further clarification:
Colleges may provide additional methods not listed here by which they meet the evidence.

- Cooling off period is enforced through: By-law
- Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.

At its October 2021 meeting, Council was asked to decide on the appropriate length of a cooling off period. After discussion, Council voted and approved a one year cooling off period. To operationalize the cooling off period, Council voted to approve amendments to Bylaw 1 at its February 25, 2022 meeting.

- Please provide the length of the cooling off period.

The cooling off period is one year.

- How does the college define the cooling off period?

Bylaw 1 says a person is not eligible to be appointed as a non-council committee and shall be deemed to have a position which would result in a competing fiduciary obligation under Article 53.07 if the person holds or has held, in the preceding one year prior to the deadline for receipt of applications, as set by the Registrar under Schedule 3 to By-Law No. 1, any of the following positions in an international, national or provincial association or organization whose members are predominately chiropodists, podiatrists or other foot care providers and whose mandate in any way relates to the provision of foot care by its members:

- a director, officer or member of the governing body of the organization;**
- Executive Director, Chief Administrative Officer or another person with similar duties in the organization; or**
- a position which the Elections Committee of the College determines is one which would create a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization.**

- Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;

Bylaw 1 can be found on the College’s website. The cooling off period is outlined in article 50.

- Insert a link to Council meeting where cooling of period has been discussed and decided upon; **OR**

The minutes of the October 2021 Council meeting are on the College’s website. Council discussed the appropriate length of the cooling off period at that meeting. Council discussed the proposed changes to Bylaw 1 to operationalize the cooling off period but the minutes from that meeting have not been approved by Council at this time and are therefore not publicly available.

- Where not publicly available, please describe briefly cooling off policy.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> 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 <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. <p>As noted above, the College’s Bylaw 4 sets out the conduct for councillors and committee members, and it contains the Code of Conduct and Conflict of Interest provisions Council and committee members are required to abide by.</p> <ul style="list-style-type: none"> • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>Council members must review the Code of Conduct annually and must provide a written acknowledgement that they have done so. As well, Councillors must sign a conflict-of-interest disclosure form prior to every Council meeting, which includes the definition of a conflict of interest and examples of various types of conflict, including financial, personal or professional, emotional or interest related to the person. At the beginning of each Council meeting, the Council President asks Councillors to declare if they have any conflict and it is noted in the minutes. Depending on the issue, the Council President will advise Council members to leave the room if they have a conflict of interest (for example, during program approval, any Council member affiliated with the school leaves the room). The minutes will reflect that the Councillor left the meeting, along with their return.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. <p>Council meeting materials identify the public interest rationale and the evidence supporting a decision for any strategic issue, regulatory process or action when Council is being asked to make a decision. Meeting materials are available online and include the supporting briefing notes for each issue.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>An example of how the College references the public interest rationale can be found in Agenda item 4.1 – Bylaw Amendment to operationalize the cooling off period.</p> <p>https://www.cocoo.on.ca/pdf/meeting_materials/Feb_25_2022_Council_meeting_public.pdf</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <p>The College’s Registrar is a lawyer and applies a legal risk assessment to manage internal and external risks, in consultation with external legal counsel. For example, the College provides briefing notes to Council for decision-making that identify and assess risk to the public and the College. In addition, the College’s Audit Committee, working closely with the College’s accountant and auditor, identify and manage financial risk. Council has recently received training from external legal counsel in good governance practices for a professional regulator, including risk to the organization and right touch regulation.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (if needed)</i></p> <p>Council voted to accept the Strategic Plan presented at the February 25, 2022 Council meeting. The ongoing work for the Strategic Planning Committee will be to provide risk management training to Council based on the key performance indicators identified in the Strategic Plan.</p>		

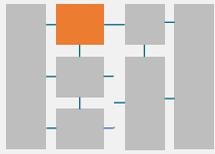
Measure	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. <p>Council minutes are posted on the College’s website once approved. The minutes report on the outcomes of Council decisions. In addition, updates on Council decisions are shared via other communication tools, including the College’s newsletter, Footprint, and on social media.</p> <ul style="list-style-type: none"> Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Anyone requiring more information about the implementation of Council decisions can request materials – contact information for doing so is available on the College’s website.</p>
	<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>
	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> 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. 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. <p>Minutes of the Executive Committee are posted on the College’s website: https://cocoo.on.ca/council-meetings/executive-committee-meetings/</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 	Yes
	<p>Dates of Council meetings are posted once they are approved for the year, in October of the previous year. Meeting packages are posted as soon as they are complete (one week before the meeting).</p> <p>Council meeting material is available for online for 2021-2022. Prior to that, meeting material was not distributed electronically. The College's website provides a staff contact and explains the process for requesting material related to past meetings.</p> <p>https://coco.on.ca/council-meetings/</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. 	Yes
	<p>Notice of Discipline Hearings are posted at least one month in advance to the College's website. The current hearing schedule is available on the College's website:</p> <p>https://coco.on.ca/scheduled-discipline-hearings-referrals/</p>	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
Measure			
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.			
	Required Evidence	College Response	
	a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	No
		<ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. <p>At this time the College does not have a DEI plan, although it recognizes the importance of having a DEI plan that is reflected in Council’s strategic planning. The Registrar has attended HPRO training and discussion with the other RHPA Registrars with a view to implementing DEI at the College.</p> <ul style="list-style-type: none"> Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional)</i>	
		The College intends to consider a DEI plan in the next reporting period, including DEI training for staff and Council.	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	



Measure

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

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.

College Response

The College fulfills this requirement:

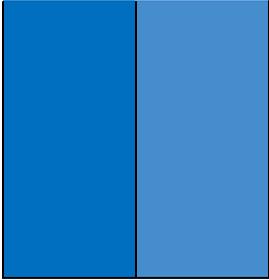
Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.

The 2022 budget was approved by Council in February 2022 – the materials, including the proposed budget, are on the [College’s website](#). The operating budget included the following highlights:

- **Staffing – additional staffing is required in the form of an administrative position, and the College remains committed to providing competitive salaries and benefits to recruit and attract qualified candidates with prior experience in professional health regulation.**
- **IT hardware and software – the College’s server is past its best before date and needs to be replaced. This budget item also includes customization of the College’s CRM and updates to the College’s website.**
- **Pharmacology expert – the MOH recently approved amendments to the College’s drug regulation that will require changes to education and competencies.**
- **In-Person meetings – the return to some in-person meetings means added expenses for the College.**
- **Committee costs and professional development for Council, Committee members and Staff – ongoing education and professional development is necessary to ensure the College fulfills its mandate to protect the public.**
- **Membership in relevant organizations – the College will increase its network and capacity to collaborate by joining professional regulatory organizations in Canada and internationally.**
- **Exam fee – the College is proposing a bylaw amendment to increase the exam fee to offset some of the exam costs to the College.**
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

The budget was presented and approved following the approval of the Strategic Plan. One key aspect of the Strategic Plan is sustainability of the College, and the budget was tied specifically to this aspect.



<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

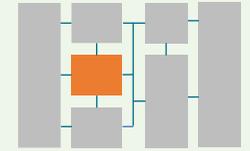
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. <p>At its October 2021 meeting, Council approved a Reserve Fund Policy that sets out the level the College needs to build and maintain in order to meet legislative requirements in the event of unexpected expenses or a reduction in revenue. The Reserve Fund Policy is available on the College’s website.</p> <ul style="list-style-type: none"> • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>As noted above, the Reserve Fund Policy was adopted by Council in October 2021.</p> <ul style="list-style-type: none"> • Has the financial reserve policy been validated by a financial auditor? NO <p>The Reserve Fund Policy was reviewed and approved by the Chair of the Audit Committee, who is a Chartered Accountant. Further, the Policy has been shared with the College’s accountant to ensure compliance.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. <p>The College does not currently have operational policies that address staffing complement. However, the Strategic Plan contemplates sustainability, which includes appropriate human resources to fulfill the College’s mandate and strategic goals. In 2021, the College retained an HR consultant to review and revise its job descriptions and to assess whether its staffing was appropriate. As a result of the consultation, two staff members moved from 80% to full-time. As well, roles and responsibilities were revised, and additional staff will be recruited in 2022 to address identified gaps.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>	Partially
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College does not have a formal data and technology plan, however, with the arrival of the new Registrar, a determination was made to update technology and vendors were interviewed in this regard. Further, the budget for 2022 incorporates anticipated costs for technology updates resulting from the contracting of a new vendor and including registration improvements to the member portal. Additionally, funds have been allocated to improve functions on the College's website for improved database searches on the public register and easier access to information.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>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 dialogue.</i></p>
<p>The two 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 two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>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.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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:</p> <ul style="list-style-type: none"> <i>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.).</i> <p>The College engages with other health regulatory Colleges and system partners, which include: the Health Profession Regulators of Ontario (HRPO), the Ontario Society of Chiropractors (OSC), the Ontario Podiatric Medical Association (OPMA) (associations for chiropractors 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.</p> <p>Within these working groups and regular meetings, the College is able to obtain information about best practices within other colleges, and particularly amongst the smaller health colleges. With the move to greater remote work, the College has discussed with other smaller colleges the possibility of shared IT and office space. Additionally, there has been greater collaboration around the practice advisor position and consistency in messaging.</p> <p>In addition to HPRO, the College also works closely with the Michener Institute, which is the only chiropractic program offered in Ontario. The College works with the Michener to ensure that the students are meeting the College’s required competencies. For example, at the request of the College, the Michener developed a</p>

	<p>pharmacology course to address gaps in education from applicants outside of Ontario. As well, the College works closely with its psychometers who have expertise in the professional examination landscape.</p> <p>Recently, the College became a member of the Ontario Hospital Association, CNAR and CLEAR.</p> <p><u>Amendments to Drug Regulation</u></p> <p>In working towards amending the current drug regulation, the College worked with non-Council and non-Committee professional members for relevant input. The College also maintained communication with other RHPA colleges similarly amending their drug regulations. In particular, the College collaborated with the College of Midwives. Further, the College met with a representative from the OMA to discuss the proposed drug regulation. These system partners were invaluable in informing the College of appropriate amendments to the drug regulation.</p> <p><u>COVID-19 Pandemic Response</u></p> <p>The College continued to provide a timely response to the COVID-19 pandemic in 2021 and ensured it was aligned with the Chief Medical Officer’s messaging. The College used its website to keep members and the public informed (more information and COVID-19 documentation here). The Practice Advisor engaged extensively with professional members and members of the public about pandemic-related questions and resources. In 2021, the College worked closely with the associations to ensure consistent messaging. The College also 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.</p> <p><u>Revised Profile of Competencies</u></p> <p>The College revised its Profile of Competencies for entry to practice. The revised profile of competencies document comes into effect in June 2022 as the measure for the upcoming OSCE and written examinations.</p>

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner 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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *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).*

As identified above in Standard 5, the College maintains relationships with other Colleges and system partners to respond to changing public expectations. The College relied on its relationship with other RHPA colleges throughout the COVID-19 pandemic to inform the College’s response to its members.

Registrar and College staff

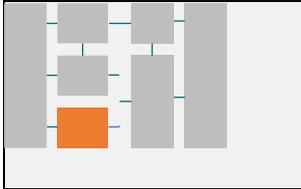
The Council of the College (both public and professional members) works closely with its Registrar to ensure that the College’s vision and mandate is carried out in accordance with its statutory objects. The Council view the staff of the College as partners with the Council in fulfilling the College’s 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 expanded the role of the Practice Advisory Service in 2021, 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 \(more information here\)](#). As detailed in the material from the [February 2022 Council meeting](#), the Practice Advisor 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 improved its 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 decided to disperse with Facebook and focus on updating members via Twitter and LinkedIn.

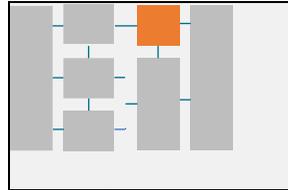


Measure
7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT
STANDARD 7

Required Evidence	College Response	
<p>a. The College demonstrates how it:</p> <p>i. uses policies and processes to govern the disclosure of, and requests for information;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>The College does not have a formal policy about the collection, use, disclosure, and protection of information that is of a personal or sensitive nature that it holds. However, the College follows legal advice as to best practices with respect to such matters. All staff, by way of their employment contracts, are bound by confidentiality requirements.</p> <p>Council and Committee members are required to review the Code of Conduct for Members of Council and its Committees, which requires that Council and Committee members ensure that confidential information is not disclosed except as required for the performance of their duties, or as directed by Council or the Executive Committee acting on behalf of Council.</p> <p>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.</p> <p>The College also uses secure file transfer 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. All confidential files are stored in a locked room.</p>	<p>Partially</p>
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College relies on its IT vendor to provide updated cybersecurity measures to protect against unauthorized disclosure of information. As part of its budgeted plan to retain a new vendor, the College will be updating its cybersecurity measures and aligning itself with best practices.</p>	Partially
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			Yes	



DOMAIN 5: REGULATORY POLICIES
 STANDARD 8

Measure
 8.1 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).

Required Evidence

a. The College regularly evaluates 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.

College Response

The College fulfills this requirement:

- Please 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** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

The evaluation process is led by the Executive Committee, which reviews the policies, standards and guidelines identified by the Practice Advisor and refers matters to the Standards & Guidelines Committee for updating. The revision process is done in conjunction with College staff and external legal counsel. The professional members of the Standards & Guidelines Committee are relied on for expertise in the current practice environment.

Partially

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Yes

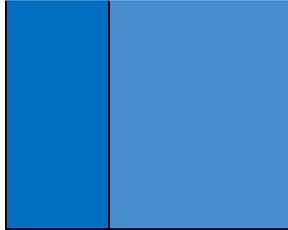
Additional comments for clarification (optional)

The College has identified and categorized all the standards, guidelines, advisories, and policies into one accessible document.

All documents can be identified chronologically by category, date of Council approval and any amendments. It now functions as an evaluation tool for documents to ensure they are current and relevant, while introducing a schedule for review.

All documents are in the process of being put into a standardized format with the updated documents being posted on the College’s website

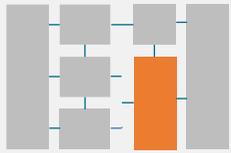
The Practice Advisor identifies gaps in policies, standards and guidelines and liaises with Council/Committees to ensure documents remain current and relevant.



This is an extension of the Gap Analysis developed by the Standards and Guidelines Committee in 2020.

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> 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. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <p>The College currently has 13 Standards of Practice, 10 Practice Guidelines, 2 Advisories and 9 Policies related to clinical practice.</p> <ul style="list-style-type: none"> i. Evidence and data: <ul style="list-style-type: none"> The college collects data on several fronts including: <ul style="list-style-type: none"> - complaints to the College, ICRC and discipline referrals - Statistical data compiled by the Practice Advisor on matters relating to the source (e.g. Member, public, stakeholder etc.), method of contact (phone, email, discussion) and nature of the enquiry. - Data obtained through the Quality Assurance Committee and its affiliate programs ii. The risk posed to patients/public <ul style="list-style-type: none"> - From the data compiled and discussion with COCOO staff, Executive and Council, new policies are either developed, or amended to address possible omissions in current documents which guide Members in current best practices. For example, College Council in February 2022 approved the “Guideline for Suspension” document: https://www.cocoo.on.ca/pdf/guidelines/suspension_guideline.pdf This is in response to ensure protection of the public from Members who are under suspension outlined specifically what they can and cannot do while under suspension. iii. The current practice environment <ul style="list-style-type: none"> - In response to COVID-19 pandemic, the College has been diligent in ensuring Members have accurate and up to date information from the MOH and other government sources to ensure they are following all to the required polices, procedures and protocols set out. In addition, the College provides a Q&A forum on the website while encouraging Members and the public to contact the Practice Advisor for additional information or clarification on a specific COVID-19 related matter. - As demographic trends change within the College’s Member and with senior Members retiring from clinical practice, the “ Discontinuation of Services” Advisory was approved by Council in Oct 2020 as a response to the need to ensure all Members are clear of their specific obligations to the legislation while ensuring protection of the public. iv. Alignment with other health regulatory Colleges <ul style="list-style-type: none"> - It is common practice to review other Colleges’ policies when considering amending or developing new standards and guidelines. v. Expectations of the public <ul style="list-style-type: none"> - The expectations of the public are informed by complaints and other feedback received from the public. vi. Stakeholder views and feedback <ul style="list-style-type: none"> - Newly developed Standards following Council approval in principle, are posted on the COCOO website for 60 days for stakeholder feedback 	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College intends to incorporate DEI into its policies, guidelines, standards and Code of Ethics to ensure that these principles and values are reflected in the care provided by members of the College. As noted previously, the College has informed itself about DEI through HPRO.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>As noted above, the College has plans to message and engage with the membership about DEI.</p>				



Measure

9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 9

Required Evidence

a. Processes are in place to ensure that 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.)².

College Response

The College fulfills this requirement:

Yes

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements **OR** please briefly 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 review 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.

- Please insert a link **OR** please briefly describe 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

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² 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.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p> <p>The College will continue to improve and formalize its processes of documentation review and validation over the next reporting period.</p>	
	<p>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, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	Yes
		<ul style="list-style-type: none"> Please 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.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. <p>The College regularly reviews its criteria and processes for determining whether an applicant meets its registration requirements on an ongoing, as needed, basis. The College’s website outlines the application process: https://cocoo.on.ca/to-apply-for-registration-in-ontario/</p> <p>An applicant can 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.</p> <p>2014 Fair Registration Practices Report: https://www.cocoo.on.ca/pdf/fair_registration_practices_2014.pdf</p> <ul style="list-style-type: none"> Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>Prior to 2014.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. https://www.ontario.ca/laws/regulation/930830 Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. <p>The College conducted a review of its currency requirements when migrating information into its new IMIS database in 2019.</p> <ul style="list-style-type: none"> Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>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.</p> <p>The College has committed to increasing its practice assessments significantly in 2022.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
<i>Additional comments for clarification (optional)</i>		
<p>The College will re-evaluate its methods for ensuring currency over the next reporting cycle. In addition, the College is increasing the number of practice assessments it conducts which will review, in addition to other aspects of practice, the currency of the assessed registrants.</p>		

³ 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).

Measure			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. <p>https://www.cocoo.on.ca/pdf/Final_Assessment_Practices_Report_2018.pdf</p> <ul style="list-style-type: none"> Where an action plan was issued, is it: No Action Plan Issued 		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

Measure		
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>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).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Partially</p>	
	<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard – Amended Prescription Foot Orthoses Standard of Practice Duration of period that support was provided – Ongoing (Practice Advisor 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: NO <i>If not, please provide a brief explanation:</i> <p>The PA role continues to evolve to meet the needs of our members, including with respect to assisting members with new standards and guidelines. The membership is engaged with the Practice Advisor and has relied on the Practice Advisor for support when changes are made to standards and guidelines.</p> 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>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.</p>	

Measure:			
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .			
<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>	The College fulfills this requirement:	Partially	
	<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. <p>https://www.cocoo.on.ca/pdf/qa/qa-practice-assessment-tool.pdf; https://www.cocoo.on.ca/pdf/qa/qa-chart-review-tool.pdf; https://www.cocoo.on.ca/pdf/qa/qa-evaluation-grid.pdf</p> <p>The College has prioritized practice assessments as part of the QA program. This includes performing 40 practice assessments in the 2022 cycle and undertaking training for the assessors prior to doing an assessment. The goal of the assessor orientation/training is to ensure that all the assessors fully understand the practice assessment process. The orientation includes highlighting the College's standards, guidelines, advisories and policies and how they are applicable to the practice assessment tool. The orientation also includes a review of the College, Quality Assurance Committee and various procedural issues related to the practice assessment process. The assessors are provided with additional tools such as a quick reference guide that identifies each standard or guideline in relation to the specific question on the practice assessment tool. The pre-assessment tool is being revised to ensure that sufficient information is being obtained from the member prior to assessment; this will ensure that the assessor has the relevant information required to conduct a fulsome assessment.</p> <p>The orientation session was recorded and will be made available to the assessors throughout the assessment year should they wish to refresh. However, all assessors will be required to attend a live session. The College will offer a second orientation session in late Spring.</p> <ul style="list-style-type: none"> Is the process taken above for identifying priority areas codified in a policy: NO <i>If yes, please insert link to policy:</i> 		
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (optional)</i></p> <p>In 2019, the College increased the percentage of members required to undergo a practice assessment to 5%.</p> <p>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 2022.</p>		

⁴ "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>).

	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 of multiple assessment activities); and	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> Please 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 please briefly describe right touch approach and evidence used. <p>The College has traditionally relied on random selection of members for assessment, while also ensuring that selection is distributed across the membership. The College has recently received training in respect of right touch regulation and plans to implement this approach with respect to its QA process.</p> <ul style="list-style-type: none"> Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. 	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional)</i>	
	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
		<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>The Quality Assurance Committee uses a decision making tool to assist with determining the remediation activities that a registrant must undergo. The Quality Assurance Committee continues to evaluate and develop the criteria and resources required to address practice issues identified from the assessment process.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 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 any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>To ensure that a registrant is engaging in the remedial activities directed, the Quality Assurance Committee orders a follow-up practice assessment to occur or will request that the registrant submit material to the Committee for review. As noted above, the College is undertaking a substantial review of its quality programs to ensure that they are in line with the practices of other regulated health professions and are meeting the public protection mandate.</p>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>

DOMAIN 6: SUITABILITY TO STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
	Required Evidence	College Response
	a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly 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 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. <p>The College has a guide that outlines the complaints process on its website. The guide includes information to support making a complaint, and information about the complaints process, including the possible outcomes. In addition, the College provides an email address and phone number on its website for any inquiries, which are responded to within 48 hours. The website also enables an individual to submit a complaint via an online form. As well, the website contains information about funding for therapy and counselling, where the complaint involves sexual abuse.</p> <p>In terms of supporting accessibility, the College reviewed and updated some of its written communication to complainants, to ensure a plain language approach. The remaining correspondence will be reviewed in 2022.</p> <ul style="list-style-type: none"> • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>The College does not have a formal policy that outlines the procedure for ensuring all relevant information is received during intake, but the guide on the website outlines the information complainants will have to provide about a member. As well, the notice of complaint outlines the information the member should provide, including patient health records/transcribed records, where applicable, with their response.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>

Choose an item.

them (e.g. funding for sexual abuse therapy); and

Additional comments for clarification (optional)

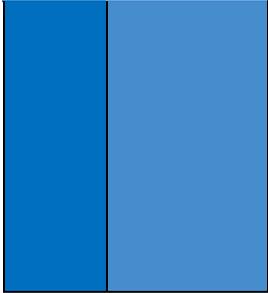
The College intends to review its correspondence to complaints and members to ensure it is written clearly, using plain language.

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>The College does not have a formal mechanism for evaluating whether information provided to complainants is clear and useful, but it welcomes feedback from complainants at any stage of the process.</p> <p>The College will implement a complaints survey to assess whether information provided to complainants is clear and useful, and to gather feedback regarding the experience of the complaints process, and areas of strength and opportunities for improvement.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> As noted above, the College will consider implementing a complaints survey in 2022 to assess whether information provided to complainants is clear and useful, and to gather feedback regarding the experience of the complaints process, and areas of strength and opportunities for improvement.	
		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
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). 100% All inquiries about filing a complaint about a chiroprapist or podiatrist are responded to within five business day.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>As noted above, the public can contact the College about a complaint via email or phone, and complaints can be submitted using the online complaints form or via regular mail. Although the College is small, staff will respond to public inquiries within 48 hours. Once a complaint is made, staff provide support throughout the process. Once a decision is made by a panel, the complainant receives a copy of that decision.</p> <p>New resources were developed in 2021 to provide additional guidance and support for sexual abuse cases. For example, there is a new Q and A sheet about funding for therapy and counselling for any patient named in a sexual abuse complaint or report. As well, the application forms for funding for therapy and counselling for sexual abuse were all updated and posted to the College’s website.</p> <p>Also, there is a new fact sheet for witnesses testifying at a Discipline Committee hearing, which describes support the College can provide, such as paying for a patient's travel and accommodation when they are part of a hearing.</p> <p>The College’s public register provides detailed information about every chiroprapist and podiatrist practising in Ontario. For example, it will tell a member of the public if there are any restrictions on a member's practice, as well as any disciplinary history.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
<p>Measure</p> <p>11.2 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.</p>				
		<p>a. Provide details about how the</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

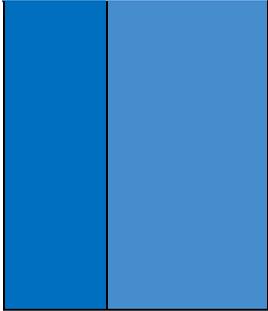
	<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. <p>The College writes to the complainant to acknowledge receipt of the complaint and explain the complaints process. As mentioned, the College staff provide the complainant with support throughout the process. If the complaint is referred to the Discipline Committee for a hearing, information about what to expect at a hearing can be found in a guide on the College’s website. The guide sets out that the College will arrange for an interpreter or accommodate health-related concerns that may impact a witness' ability to testify, among other things.</p> <p>The College also maintains a list of upcoming and scheduled Discipline Committee hearings on its website. When the Discipline Committee adjudicates a complaint, the complainant receives a copy of the panel's written decision and reasons.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure 12.1 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
			<ul style="list-style-type: none"> • Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>At intake, the College staff triage complaints based on level of risk. However, the volume of complaints at the College does not necessitate a formal risk assessment at the intake stage. Staff consider whether the complaint requires an investigation or merits consideration as an abuse of process. To date, this has been a staff practice, rather than a documented policy.</p> <p>For complaints that proceed to an investigation, there is an ongoing internal process to ensure high-risk cases are prioritized to support public safety. For example, cases involving sexual abuse or infection control are prioritized. When a matter is brought before the Inquiries, Complaints and Reports Committee, it also assesses risk. The Committee uses a risk assessment tool that identifies risk factors as being minimal, low, moderate or high. The level of risk leads to a recommended response to inform the Committee's decision-making. For example, low risk conduct may result in a caution while high-risk conduct may require a referral to the Discipline Committee.</p> <p>The ICRC's risk assessment tool was updated in 2019.</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

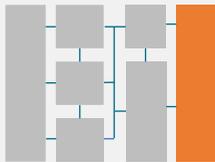


Additional comments for clarification (optional)

Measure		
13.1 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:	Partially
	<ul style="list-style-type: none"> Please insert a link to the policy OR please briefly describe the policy. Please 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’). <p>The College does not have a formal policy outlining the criteria for disclosure and information sharing, but its internal processes align with legal requirements. The College has a draft policy in this regard that it plans to implement in 2022.</p> <p>In accordance with the law, specified information can be shared with employers, other regulators, and external system partners such as law enforcement. Regulators include other chiroprody or podiatry regulatory bodies (in Canada or international) and bodies that regulate other professions [for example, colleges under the <i>Regulated Health Professions Act, 1991</i> (RHPA) and those that do not fall under the RHPA, such as the Ontario College of Teachers and Ontario College of Social Workers and Social Service Workers].</p> <p>When there is a professional conduct outcome that affects a member’s entitlement to practice (for example, a suspension or terms, conditions or limitations), employers and insurance companies are notified. Also, if a member is registered with another regulatory body, that regulatory body is notified. For example, the College has some members who are also members of the College of Chiropractors of Ontario. The College directs the other jurisdiction to look on its public register, which has all the relevant information. The College notifies all Canadian and international regulatory bodies in which we are aware the member is registered.</p> <p>As well when a verification of registration is requested by another regulator or an insurance company, the College verifies the member’s registration history. If there is any relevant history, such as history related to a professional conduct matter, this information is disclosed in the interest of public safety.</p> <p>Examples of disclosures in 2021 include:</p> <ul style="list-style-type: none"> - Disclosure of concerns about a healthcare professional regarding a failure to cooperate with the College’s investigation, which were reported to the relevant regulatory body. - Disclosure of findings of professional misconduct to a regulatory body where the College members were registered with another regulatory body. 	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.



Additional comments for clarification (if needed)

	<p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p>	<p>College Response</p>	
	<p>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to a 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), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. <p>As noted above, the College has only recently adopted a Strategic Plan as approved by Council in February 2022. The Strategic Planning Committee is developing KPIs to ensure the College is meeting its strategic objectives.</p>	<p>Partially</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

			<p><i>Additional comments for clarification (if needed)</i></p> <p>The College does not use KPIs to measure performance currently. However, as noted above, the College recently adopted a strategic plan that sets out the College’s strategic directives. The Strategic Planning Committee will now develop KPIs to track and review the College’s performance and to review internal and external risks that could impact the College’s performance.</p>								
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="758 548 2139 607">The College fulfills this requirement:</td> <td data-bbox="2139 548 2558 607">Partially</td> </tr> <tr> <td colspan="2" data-bbox="758 607 2558 857"> <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its 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. <p>The College regularly reports to Council on its performance and risk. Performance is based on RHPA requirements, including timelines. Risk is based on both legal analysis and right touch regulation. In respect of the College’s highest risk matters, namely ICRC and Discipline, the College has exemplary timelines.</p> </td> </tr> <tr> <td data-bbox="758 857 2139 964"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2139 857 2558 964">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 964 2558 1351"> <p><i>Additional comments for clarification (if needed)</i></p> <p>Going forward, the College will report to Council on its goals, objectives and KPIs as set out in the Strategic Plan.</p> </td> </tr> </table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its 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. <p>The College regularly reports to Council on its performance and risk. Performance is based on RHPA requirements, including timelines. Risk is based on both legal analysis and right touch regulation. In respect of the College’s highest risk matters, namely ICRC and Discipline, the College has exemplary timelines.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	<p><i>Additional comments for clarification (if needed)</i></p> <p>Going forward, the College will report to Council on its goals, objectives and KPIs as set out in the Strategic Plan.</p>	
The College fulfills this requirement:	Partially										
<ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its 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. <p>The College regularly reports to Council on its performance and risk. Performance is based on RHPA requirements, including timelines. Risk is based on both legal analysis and right touch regulation. In respect of the College’s highest risk matters, namely ICRC and Discipline, the College has exemplary timelines.</p>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes										
<p><i>Additional comments for clarification (if needed)</i></p> <p>Going forward, the College will report to Council on its goals, objectives and KPIs as set out in the Strategic Plan.</p>											

Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. <p>As indicated, the College regularly reports on performance and risk review findings with recommendations to Council for improvement.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (if needed)</i>	
Measure		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. <p>The College's Strategic Plan is available on the College's website with the intention that performance results related to the strategic objectives will also be publicly available.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
	<i>Additional comments for clarification (if needed)</i>	

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.

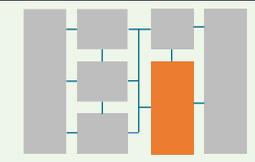
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>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).</i></p> <p><i>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 2021. 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 13.1(a) of Standard 11.</i></p>
Type of QA/QI activity or assessment:	#	
i. Practice Assessments	19	
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
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](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

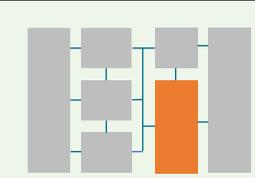
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2021	19	2%	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 them to the College’s QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	2	.2%	The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2021, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*		
II. Registrants still undertaking remediation (i.e. remediation in progress)	2	.2%
<p><i>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></p>		
<p>NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>I. Registrants who have been directed to undertake remedial action are still in the process, therefore, the College does not have statistics to report on this item.</p>		

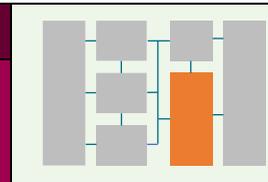


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	NR	NR	0	0
III. Communication	NR	NR	0	0
IV. Competence / Patient Care	NR	NR	NR	NR
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	11	0.37	0	0
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	0	00	0	0
XI. Other <please specify>	NR	NR	NR	NR
Total number of formal complaints and Registrar’s Investigations**	29	100%	6	100%

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.

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>** 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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	37	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.	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	8		
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 2021	6		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0
II. Formal complaints that were resolved through ADR	0		0
III. Formal complaints that were disposed of by ICRC	35		0
IV. Formal complaints that proceeded to ICRC and are still pending	NR		0
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	6	0	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p># May relate to Registrar’s Investigations that were brought to the 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 the 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 the ICRC.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The College has reported the number of cases that were disposed of in 2021, regardless of when the complaint was received. For example, if a complaint was received in 2020 but proceeded to the ICRC in 2021, it has been reported in CM 9.</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	NR	0	NR	NR	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	0
III. Communication	NR	0	0	0	0	0	0
IV. Competence / Patient Care	5	0	0	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	9	0	NR	NR	0	0	0
VII. Record Keeping	NR	0	NR	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	NR	0	NR	0	0	0	0

* 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 2021.

++ 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 decisions.

[NR](#)

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)

Table 7 – Context Measure 11

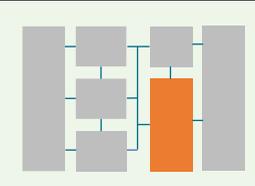
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What 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. 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.
I. A formal complaint in working days in CY 2021	192.6	
II. A Registrar’s investigation in working days in CY 2021	128.5	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

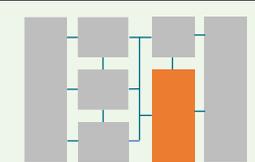
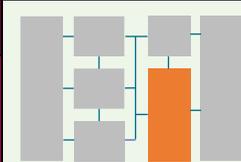
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p><i>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></p> <p><i>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.</i></p>
I. An uncontested discipline hearing in working days in CY 2021	468	
II. A contested discipline hearing in working days in CY 2021	N/A	
<p>Disposal Uncontested Discipline Hearing Contested Discipline Hearing</p>		
<p><i>Additional comments for clarification (if needed)</i></p>		

Table 9 – Context Measure 13

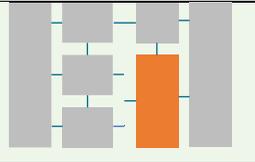
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		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.
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	7	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	8	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	7	
XII. False or misleading document	7	
XIII. Contravene relevant Acts	7	

* *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](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<p><i>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.</i></p>
Type	#	
I. Revocation	0	
II. Suspension	8	
III. Terms, Conditions and Limitations on a Certificate of Registration	7	
IV. Reprimand	8	
V. Undertaking	5	
<p>* 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 equal the total number of discipline cases.</p> <p>Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR</p>		
Additional comments for clarification (if needed)		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

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

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant 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).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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 inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar 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.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (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 which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or 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 their ability to practice the profession.

Return to: [Table 10](#)

Suspension: 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 themselves 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.

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Reprimand: 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 their practice.

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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.

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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.

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Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

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