

COUNCIL AGENDA

Date: Thursday, January 14, 2021
Time: 9:30 a.m. to 2:45 p.m.
Location: Zoom video conference
Chair: Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
WELCOME & INTRODUCTIONS						
1.	9:30	Welcome and Opening Remarks			Information	S. Briscoe-Dimock
2.	9:32	Approval of Agenda	1. Draft Agenda		Decision	S. Briscoe-Dimock
3.	9:33	Conflict of interest declarations <i>Council will be asked to complete and return the Conflict of Interest Declaration form to document their status relative to the agenda.</i>	1. Briefing Note 2. COI disclosure form 3. COI Worksheet 4. COI process		Information	S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	9:45	Committee Appointments <i>Council will discuss the current state of public member appointments and the potential impact on committee panels.</i>	1. Current Council & Committee Composition		Discussion, decision	S. Briscoe-Dimock
INFORMATION						
5.	9:55	Pan Canadian Stakeholder Meeting <i>Council will receive a debrief of the Pan Canadian Stakeholder meetings that took place in November.</i>			Information	D. Adams
6.	10:15	New Registrant Management System Update <i>Council will receive an update on the implementation of the new RMS.</i>			Information	D. Adams

7.	10:20	Quality Assurance Program Update <i>Council will receive an update on the current work with QA submissions related to the new RMS.</i>			Information	D. Adams
BREAK (10:30-10:45)						
8.	10:45	Professional Council Compensation <i>Council will have the opportunity to further discuss changes to professional Council member stipends.</i>	TBD		Information	S. Briscoe-Dimock
9.	11:00	Registrar's Report <i>Council will have the opportunity to ask questions related to the Registrar's written report.</i>	1. Registrar's Report		Information	D. Adams
10.	11:20	College Performance Measurement Framework Update <i>Council will have an opportunity to review to each domain and CRPO's ability to report on related key metrics.</i>	1. Briefing Note 2. ADMs Memo 3. CPMF FAQs 4. CPMF Reporting Tool 5. Tech specifications		Education, information	D. Adams
EDUCATION						
11.	11:40	Membership on Council: Managing Conflicts that Arise as a Result <i>Council will hear a staff presentation on how to manage conflict.</i>			Education	M. Pioro, J. Smith
LUNCH (12:00-1:00)						
12.	1:00	Mark Goldberg: Board Evaluation <i>Council will hear a presentation from a governance professional outlining a proposed approach to Council Evaluation.</i>	1. Briefing Note		Education	M. Goldberg

13.	2:00	Meeting Evaluations <i>Council will be asked to complete and submit an online "2-minute meeting evaluation"</i>			Information, action	
14.	2:30	Consent Agenda <i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the President prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The Consent agenda will be approved under one motion.</i>	Draft Minutes: November 20, 2020 Committee Reports: 1. Discipline 2. Inquiries, Complaints & Reports 3. Quality Assurance 4. Registration		Motion	S. Briscoe-Dimock
15.	2:35	Council Question Period <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i>			Information	S. Briscoe-Dimock
	2:45	ADJOURNMENT			MOTION	S. Briscoe-Dimock
		Next Meetings: <ul style="list-style-type: none"> • March 25, 2021 • May 13, 2021 • July 15, 2021 • September 16, 2021 • November 18, 2021 				

Briefing Note for Council

Meeting Date:	January 14, 2021
Agenda Item #	3
Issue:	Conflict of interest declarations
Attachment(s):	<ul style="list-style-type: none"> • Conflict of Interest Disclosure form • Worksheet: Conflict of Interest • Process for Considering and Declaring Conflicts of Interest
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

A conflict of interest occurs where an individual's ability to exercise independent judgement, or to perform a role objectively, is, could be, or could be seen to be impaired or otherwise influenced by their involvement in another role or relationship. As members of a regulatory body, Council members must be able to make objective and fair decisions in a transparent manner. Any conflicts of interest that affect decision-making could undermine public and professional confidence in CRPO's ability to carry out its mandate of public protection.

Background:

At the beginning of their term and annually thereafter, all CRPO Council and committee members must sign a conflict-of-interest declaration. At the beginning of every meeting of Council, committees and their panels, the presiding chair asks for members to declare whether they have a conflict with any agenda item or case. The responses to this request are recorded in minutes. In instances where no conflict is declared, the minutes simply reflect that; they do not note specifically that each member has declared that they are free of conflict.

As part of the implementation of the College Performance Measurement Framework (CPMF - see agenda item 10), Council is expected to demonstrate that "all decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest." The required evidence of this includes the use of conflict-of-interest questionnaires as follows:

- i. the completed questionnaires are included as an appendix to each Council meeting package;
- ii. questionnaires include definitions of conflict of interest;
- iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
- iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.

Next steps:

Staff has provided a questionnaire that satisfies the CPMF requirements. Council is being asked to complete the questionnaire with specific reference to the agenda for this meeting and to return it to staff.

Staff will be seeking direction as to how Council wishes to see the results reported as part of the meeting materials going forward.

Conflict of Interest Disclosure Form

Meeting Date:

Council/Committee:

Meeting type: Plenary Panel

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfil its public interest mandate. I have read and understood the [College's by-laws](#) on conflict of interest, the **Conflict of Interest Worksheet** (Appendix A), and the **Process for Considering & Declaring Conflicts of Interest** (Appendix B) document.

I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived, or potential conflict of interest and to recuse myself from any consideration of the matter at issue.

I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.

I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

I certify that the information above is true and complete to the best of my knowledge.

Signature:

Date:

WORKSHEET: Conflict of Interest

What is a conflict of interest?

A conflict of interest may be defined as any financial, personal, professional or emotional interest that could reasonably be perceived as interfering with the exercise of a person's public duties, for example as a CRPO Council, committee or panel member.

Self-screening Questions

Not sure if you are in a conflict of interest? In assessing for conflicts of interest, know that each situation will vary and have its own specific context. Consider the following questions & examples:



Financial interest

Do you stand to be affected financially by the outcome of this decision?

Example: The College is considering mandating all registrants to complete a course on the safe and effective use of self (SEUS). One Council member runs a business offering SEUS workshops. They declare a conflict of interest.

Example: The Council is discussing whether they would find College-provided iPads mounted in the meeting room for each Council member to be helpful. One Council member owns a small number of shares of Apple, Inc. Since the financial implication for the Council member is negligible or non-existent, they do not declare a conflict of interest.



Personal or professional relationship

Have you had a personal or professional relationship, e.g. friend, family, instructor, student, supervisor, supervisee, employer, employee, colleague, with any of the individuals involved in the matter?

Example: A Registration Committee panel member taught at the education program from which an applicant obtained some of their education. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member attended a two-day workshop seven years ago with the respondent's clinical supervisor. Since the contact was brief and occurred long ago, they do not declare a conflict of interest.



Professional bias. Do you have a private or publicly stated opinion that could reasonably be perceived as interfering with my ability to consider one or more of the issues with an open mind?

Example: There are two well-known camps regarding how best to conduct a particular model of psychotherapy. A Quality Assurance Committee member who falls firmly into Camp A is reviewing the peer and practice assessment report of a registrant who falls into Camp B. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member has published work about the harms of breaching therapist-client boundaries. They are reviewing a complaint involving an alleged breach of boundaries. Since there is no reasonable disagreement within the profession, and assuming they are not emotionally biased, they do not declare a conflict of interest.



Emotional bias

For whatever reason, do your ideas or emotions prevent you from considering one or more of the issues with an open mind?

Example: Based on personal experience, an Examination Committee member has an emotional reaction to a candidate's rationale for needing to extend the normal timeframe within which to write the exam. They declare a conflict of interest.

Example: A panel of the Inquiries, Complaints and Reports Committee is dealing with serious allegations of misconduct. After discussing and processing the emotional impact of reviewing the materials, they all reassure themselves that they can consider the situation with an open mind.



Interests of Related Persons

Are you aware that your parent, child, spouse or sibling has any of the above interests respecting Council, committee or panel business?

Example: A Registration Committee member's child is attending a program coming before the Committee to seek Recognition. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel is considering a complaint by a firefighter. One panel member's spouse is

also a firefighter. Assuming there is no emotional bias, the profession of the panel member's spouse would not reasonably be seen as interfering with the panel member's duties. They do not declare a conflict of interest.



Threshold analysis

Would a reasonably well-informed person perceive that the above interest could interfere with the exercise of your public duties?

Example: A Discipline Committee panel member was employed at the same large agency at the time the alleged misconduct occurred. While the panel member had no prior knowledge of the alleged events, the panel member is close colleagues with a key witness in the case. There was a reasonable apprehension of bias on the part of the panel member.

Example: A complainant appeals a decision of the Inquiries, Complaints and Reports Committee taking no action against a registrant. Through Google, the complainant discovered that a panel member was a LinkedIn contact of the respondent. The panel member clarified they only met once briefly three years ago. Even though it may have been preferable for that panel member not to participate, this was not found to be a conflict of interest.

Process for Considering & Declaring Conflicts of Interest

The following are steps the College follows in addressing conflicts of interest.



Staff pre-screening

- Staff will pre-screen agenda items for obvious conflicts of interest on the part of Council, committee or panel members.
 - If a conflict is identified staff will alert the Chair and materials will not be sent to the conflicted member.
 - The matter will either be assigned to a different panel, or the conflicted member will be alerted in advance that they will not be present for the entire meeting.
-



Council, committee or panel member self-screening

- Go through the above self-screening.
 - If a concern is identified that does not rise to the threshold of a conflict of interest, consider making a courtesy declaration at the meeting to reassure the Council, committee or panel that you have considered the issue.
 - If unsure, consult with staff, legal counsel or the Chair. It is preferable to consult with staff or legal counsel before the Chair to avoid the risk of tainting the Chair.
 - In close cases, consider the potential benefit of declaring a conflict to avoid later disputes about whether or not there was a conflict of interest.
 - If you identify a conflict of interest, do not review the meeting materials further and securely delete them. Alert the Chair and support staff in advance of the meeting. Always declare in a general manner so as not to cause emotional bias on the listener's part.
 - Subsequently, declare the conflict at the meeting itself. Do not take part in or attempt to influence the deliberation and leave the room while deliberation is taking place. The general nature of conflict will be recorded in the minutes.
-



Council, committee or panel discussion of possible conflicts of interest

- Occasionally, you may become aware that another member may have a conflict. If that member does not declare a conflict, or if they are unsure, all members are responsible at the meeting for raising the concern and discussing whether it constitutes a conflict of interest.
- In rare cases of disagreement, a majority of those present can vote to find there is a conflict and exclude the conflicted member from considering the matter.

- Post Meeting Conduct: After recusing yourself on a matter, use professional discretion and avoid revisiting the issue with colleagues, even if the decision is on the public register or you have seen the meeting minutes.¹

¹ Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it will not be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally confidentiality and risk management may require that panel minutes not be viewed by a member who has declared a conflict of interest.

Council Members 2020-2021	Executive	Client Relations	Discipline	Examination
<p>Professional 1. Andrew Benedetto 2. Heidi Ahonen 3. Shelley Briscoe-Dimock (President) 4. Kali Hewitt-Blackie 5. Kenneth Lomp (VP) 6. Michael Machan 7. Miranda Monastero 8. Judy Mord 9. Radhika Sundar</p> <p>Public 10. Steven Boychyn 11. David Keast 12. Keri Selkirk 13. Jane Snyder 14. Kathy-Ying Zhao 15. PUBLIC MEMBER</p>	<p>Professional Andrew Benedetto Shelley Briscoe-Dimock © Kenneth Lomp</p> <p>Public Steven Boychyn PUBLIC MEMBER</p>	<p>Professional Shelley Briscoe-Dimock Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn Keri Selkirk Jane Snyder</p> <p>Non-Council Sue Lymburner ©</p>	<p>Professional Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kali Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn David Keast Keri Selkirk Jane Snyder Kathy-Ying Zhao PUBLIC MEMBER</p> <p>Non-Council Carol Cowan Levine</p>	<p>Professional Heidi Ahonen © Andrew Benedetto Kali Hewitt-Blackie Michael Machan Miranda Monastero</p> <p>Public Steven Boychyn Keri Selkirk PUBLIC MEMBER</p> <p>Non-Council Felipe Cepeda</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional Heidi Ahonen Andrew Benedetto © Michael Machan Radhika Sundar</p> <p>Public David Keast PUBLIC MEMBER</p> <p>Non-Council Elda Almario Muriel McMahan</p>	<p>Professional Andrew Benedetto Shelley Briscoe-Dimock Kali Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn David Keast Keri Selkirk Jane Snyder Kathy-Ying Zhao PUBLIC MEMBER</p>	<p>Professional Shelley Briscoe-Dimock © Kali Hewitt-Blackie Kenneth Lomp Miranda Monastero Judy Mord</p> <p>Public Steven Boychyn Keri Selkirk Jane Snyder Kathy-Ying Zhao</p> <p>Non-Council David Bruce Kimberly Cato Carla Ribeiro Kafui Sawyer</p>	<p>Professional Michael Machan © Judy Mord Radhika Sundar</p> <p>Public Jane Snyder David Keast Kathy-Ying Zhao</p>	<p>Professional Heidi Ahonen Andrew Benedetto Kali Hewitt-Blackie Kenneth Lomp © Miranda Monastero</p> <p>Public David Keast Jane Snyder Kathy-Ying Zhao</p> <p>Non-Council Kayleen Edwards Brenda Sedgwick</p>

Council Member	CRC	Discipline	Exam	Executive	FTP	ICRC	N&E	QA	Reg
PROFESSIONAL									
Heidi Ahonen		X	©		X			X	X
Andrew Benedetto		X	X	X	X			X	©
Shelley Briscoe-Dimock	X	X		©	X	©			
Kali Hewitt-Blackie		X	X		X	X		X	
Kenneth Lomp		X		X	X	X		©	
Michael Machan		X	X		X		©		X
Miranda Monastero		X	X		X	X		X	
Judy Mord	X	X			X	X	X		
Radhika Sundar	X	X			X		X		X
Total Professional:	3	9	6	3	9	5	3	5	4
PUBLIC									
Steven Boychyn	X	X	X	X	X	X			
VACANT		©	X	X	©				X
David Keast		X			X		X	X	X
Keri Selkirk	X	X	X		X	X			
Jane Snyder	X	X			X	X	X	X	
Kathy-Ying Zhao		X			X	X	X	X	
Total Public:	3	6	3	2	6	4	3	3	2
NON-COUNCIL									
Sue Lymburner	©								
Kayleen Edwards								X	
Muriel McMahan									○
Brenda Sedgwick								X	
Ahil Nageswaran									X
Carla Ribeiro						X			
Elda Almario									X
Felipe Cepeda			X						
Kafui Sawyer						X			
Kimberly Cato						X			
David Bruce						X			
Carol Cowan-Levine		X							
Total Non-Council:	1	1	1			4		2	3

© Committee chair

○ IRTG panel appointment only

Registrar's Report to Council

January 14, 2021

Respectfully submitted by Deborah Adams

Public Interest Rationale

The Registrar is responsible for reviewing CRPO's effectiveness in achieving its public interest mandate and the implementation of the Council's strategic plan and directional policies. This report provides Council with a summary update on work that was done in between meetings.

Pandemic and Emergency Preparedness

There is no change to current arrangements related to the pandemic. Staff continues to monitor the information being provided by government, public health and other trusted sources. As new case numbers increase in the province, we will prepare bulletins to registrants as needed and will continue to provide responses to enquiries through the Practice Advisory Service.

College operations will remain remote (both staff work and committee and Council meetings) for the immediate future.

OPERATIONS

New Staff

A bilingual Registrant Services Assistant, Émilie Vanhauwaert has been hired. Staff are currently recruiting a QA Coordinator.

UPDATES

Practice Advisory Service

The service received 664 enquiries from the start of the third quarter on October 1 to time of writing on December 22.

Themes seen in the enquiries include:

- Consent
- Conflict of interest
- Confidentiality
- Employer standards in conflict with professional standards
- Fees
- Record keeping
- Scope of practice as it relates to dual roles
- Supervision related to insurance and the level of assumed responsibility
- Termination of service

Registration

	November
Applications started	146
Total applications submitted	73
Applications from recognized programs submitted	52
Applications from non-recognized programs submitted	21

As of writing, total registrants numbered 8,067

- RP 6,324
- Qualifying 105
- Inactive 138

Examination

The pass rate for the October 2020 Registration Exam was 88%.

Compliance Monitoring

Files currently being monitored are as follows:

REGISTRATION	
Clinical supervision/monitoring	23
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a graduate degree	2
Currency upgrading	5
Education	4
Practice Assessment	4
Not Completed: result of resignation/revocation	1
On Hold: other reasons (e.g. on leave or Interim Order suspension)	1
Terms, Conditions and Limitations	25
Undertaking	3
Learning Plan (Educational Upgrade)	1
INQUIRIES, COMPLAINTS & REPORTS	
Clinical supervision/monitoring:	18
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	18
Practice Restrictions	4
Reflective Paper	7
Review Standards	1
Practice Assessment	2
Resignation	1
In-Person Caution	3
Internet Search for evidence of practicing psychotherapy while suspended	3
On Hold: currently under appeal at HPARB	4
Not Completed: result of resignation/revocation	9
On Hold: other reasons (e.g. on leave or Interim Order suspension)	7
Undertaking	5
Remedial agreement	4
SCERP	22

Health Inquiry Panel	2
Terms, Conditions and Limitations	1
Interim Suspension	3
QUALITY ASSURANCE	
Clinical supervision/monitoring	3
Deferral of PD Requirements	2
Reflective Paper/Report	3
Review Standards	1
Submit revised advertising material	1
Discipline:	
Education	2
Clinical Supervision	1
Costs	2
Reflective Paper	1
Reprimand	2

Social Media

A current Website Analytics report will be shared at the meeting.

Stakeholder Engagement

Peer Circles

Six sessions were offered in November and were attended at full capacity. Survey results from the sessions as follows:

- 35 of 38 responding indicated that they had learned something new
- 33 of 37 responding agreed that they got what they were hoping for out of the experience
- 34 noted that the quality of cases and facilitation met their expectations
- 36 said that the quality of discussion met their expectations
- 32 of 35 would recommend the sessions to others

Starting in January, sessions will be hosted by Canadian Counselling and Therapy Association (CCPA), the Ontario Association of Marriage and Family Therapists (OAMFT), the Ontario Association of Mental Health Professionals (OAMHP), the Ontario Expressive Arts Therapy Association (OEATA).

Pan Canadian Psychotherapy / Counselling Regulators

On November 26, representatives from regulators or associations of each of the 10 provinces met to review progress on regulation, changes or upcoming changes to legislation and opportunities for collaboration. Follow up on a number of items, including the revision to JRP modules, will be started in the new year with working groups comprised of representatives from interested provinces.

Briefing Note for Council

Meeting Date:	January 14, 2021
Agenda Item #	10
Issue:	College Performance Measurement Framework Update
Attachment(s):	<ul style="list-style-type: none"> • ADMs Memo re: CPMF Launch • CPMF FAQs • CPMF Reporting Tool • Technical Specifications
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

The College Performance Measurement Framework (CPMF) provides Ontario's health regulatory colleges with a standardized set of key performance indicators through which they can demonstrate accountability and efficacy. A key performance indicator (KPI) is a quantifiable value that demonstrates if and how well an organization is achieving its objectives. KPIs support day-to-day effectiveness by keeping objectives in front of everyone involved in planning and executing work and provide accountability to invested stakeholders. For a regulatory college, KPIs would provide a meaningful measurement framework to assess how effective the college is in protecting the public.

Background:

The Ministry of Health has undertaken released the final version of the CPMF tool, which has been under development over the previous year. This version is to be used by colleges to submit and post a preliminary report related to work done in calendar 2020. The report is due March 31, 2121. The Ministry has asked that colleges make best efforts to complete the report, providing metrics where possible and explanatory narratives where data is not being collected.

Next steps:

Staff has begun work on completing the report. A draft version will be shared with the Executive Committee in February and Council will receive and update at the March meeting.

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: Tuesday December 1st, 2020

RE: **Formal launch of the College Performance Measurement Framework**

In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.

Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



Sean Court
Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

College Performance Measurement Framework (CPMF): Consolidated Frequently Asked Questions (FAQs)

December 2020

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Ministry Contacts..... **Error! Bookmark not defined.**

INTRODUCTION

FREQUENTLY ASKED QUESTIONS (FAQS) TO THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The ministry formally launched the CPMF on December 1, 2020, following a soft launch on September 1, 2020 during which Ontario's health regulatory Colleges (Colleges) were provided the opportunity to ask any questions and to clarify any concepts about the CPMF. The following document contains a consolidated account of the questions that were received during the soft launch as well as other FAQs developed to support understanding of the CPMF and ensure that all Colleges have access to the same information.

Where feedback was received pertaining to a particular CPMF component, the applicable standard, measure or evidence, is included to provide the reader with the appropriate context and clarity.

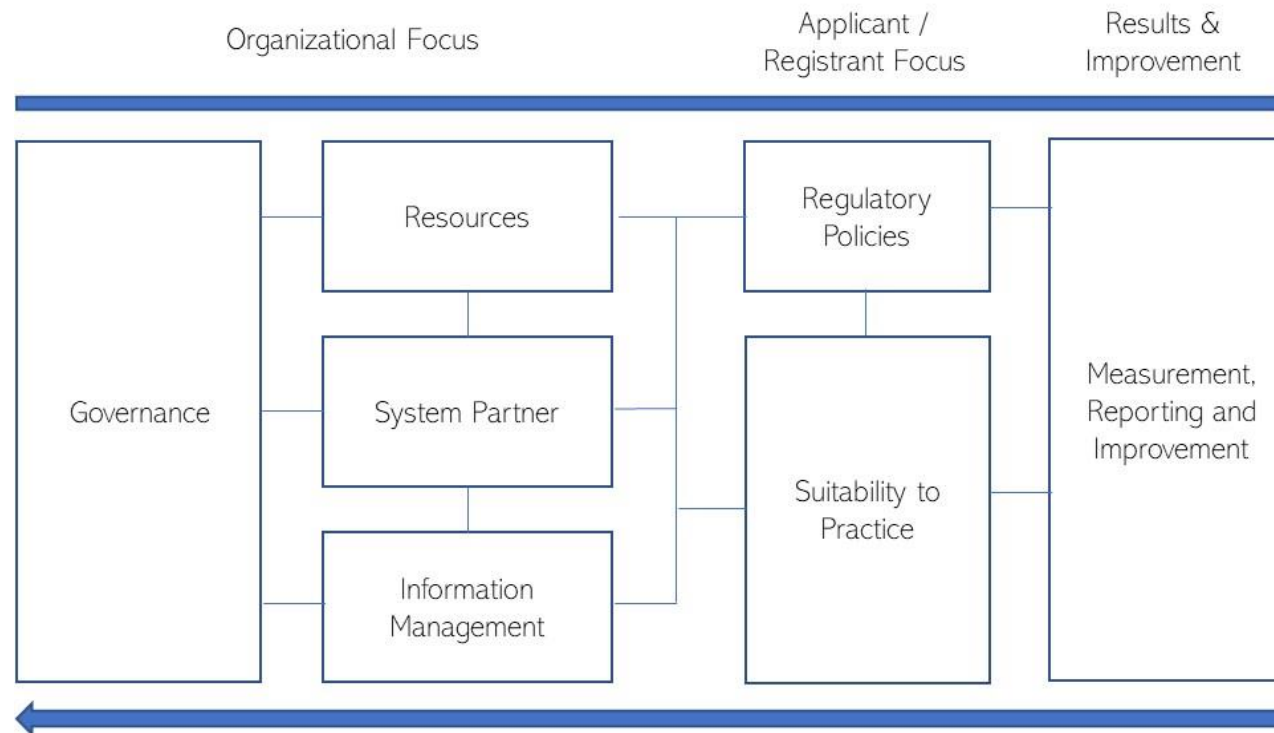
Part 1 of the document includes General FAQs about the Framework.

Part 2 includes FAQs related to the standards, measures, and evidence of the CPMF Reporting Tool.

Part 3 consists of FAQs about the CPMF context measures and Technical Specifications document.

CPMF MODEL FOR MEASURING REGULATORY EXCELLENCE

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



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

PART 1: GENERAL CPMF FREQUENTLY ASKED QUESTIONS (FAQS)

Q1. What is the purpose of the College Performance Measurement Framework (CPMF)?

The CPMF will further strengthen the accountability and oversight of Ontario's health regulatory Colleges (Colleges) by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest.

The CPMF will measure and report in a standardized manner how each College is acting in the public interest. It will report on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.

In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their performance and ensure that public confidence in the professions is maintained.

Q2. Why does the ministry wish to measure the performance of Colleges?

The ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in achieving these goals.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.

Q3. Does the CPMF intend to set the minimum level to which a College should be performing?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, a College's performance improvement commitments.

No assessment will be made in the first reporting cycle on how well a College meets or does not meet the standards; however, the information will already support:

- Collection of baseline data and identifying benchmarks;
- Identification of areas of concern that warrant closer attention; and
- Facilitation of performance improvement among Colleges.

Prior to starting the second CPMF reporting cycle, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

Q4. What is the CPMF Working Group (CPMFWG)?

The CPMFWG was created to provide expert input and advice to the ministry on key deliverables required for the successful development and implementation of a performance measurement framework for Ontario's Colleges.

The CPMFWG has the mandate to provide expert input and advice to ministry staff on key elements for developing and implementing CPMF. It is comprised of 20 members and includes representation from the Colleges, subject matter experts in (regulatory) performance measurement, quality improvement and reporting, as well as representatives from the public.

Q5. What is the CPMF Sub-Working Group and why was it created?

A CPMF sub-working group comprised of College staff was created to provide the ministry with advice on the development of methodology for calculating the statistical data required for the quantitative context measures.

Q6. Who was consulted in the development of the CPMF?

The Framework is the result of extensive discussions with system partners including national and international experts, the public and senior officials in each College.

Q7. What are the main components of the CPMF?

The CPMF is made up of six components: measurement domains, standards, measures, evidence, context measures and planned improvement actions:

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

Q8. What are the measurement domains and how were these determined?

The CPMF comprises seven measurement domains that represent key areas of performance that are considered critical attributes that contribute to a College effectively serving and protecting the public interest. They are: Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement.

The measurement domains relate to the Colleges' key statutory functions and key organizational aspects and were identified on the strength of interviews with ministry representatives and independent experts in performance measurement, evaluation, quality of care and the governing legislation. The results were supplemented by an

extensive jurisdictional scan of similar initiatives and were validated by a working group comprising of College staff, members of the public, experts in performance measurement and ministry staff.

Q9. How many standards are there and how were they determined?

The CPMF is made up of 15 standards that identify the outcomes of good regulation that are necessary to provide sufficient assurance that a college is meeting its mandate.

Using a modified Delphi approach, a working group reviewed, scored, discussed and rescored proposed standards on how critical they were to meet the mandate of Colleges before a final list was determined.

Q10. Why are context measures separate from the other measures of the CPMF?

The context measures provide statistical data and 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.

Q11. What is the CPMF’s reporting cycle?

At the current time, the reporting cycle will begin in October of each year, with Colleges posting their completed CPMF Reporting Tool by March 31 of the following year using data from the previous calendar year, preferably from January 1 to December 31.

Following the completion of the CPMF Reporting Tools, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The Summary Report will be posted publicly by June 1. Once the ministry’s Summary Report is complete, the CPMF’s standards, measures and evidence will be re-evaluated and refined.

Following the baseline reporting year, subsequent annual CPMF Reports will focus on the following information:

- Report back on improvements;
- Report on any changes in comparison to baseline reporting; and
- Report on any changes resulting from refined standards, measures and evidence.

Q12. Will all Colleges be required to follow the same reporting period for the CPMF and if so, what will it be (e.g., will it be fiscal year, calendar year)?

The CPMF is predicated on a calendar year reporting period. However, the ministry is aware that Colleges may follow a different operational year (e.g., fiscal, calendar, etc.) and may take time to adjust to the CPMF's reporting cycle. In recognition of this, Colleges may use a different time period for data collection and analysis for the first few reporting cycles but are encouraged to work towards a January 1 to December 31 data collection timeline. Where a College reports its information using a different time period, the ministry asks the College to identify the period used.

The schedule for reporting will be reviewed following the first reporting cycle.

Q13. Will Colleges be expected to collect only those measures required by the Framework? What about all the information they currently collect on registrants and their practice?

The CPMF has been developed in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of providing information that is transparent, consistent and aligned across all Colleges.

As independent organizations, nothing prevents Colleges from collecting additional information deemed useful to their public protection mandate and key functions (e.g., key performance indicators to inform operational or strategic direction, trend analysis, etc.). Furthermore, Colleges will continue to collect information on their registrants and their practice as required to support the colleges regulatory operations (e.g., for inclusion on the college's Public Register).

Q14. Will the CPMF take the place of the College's annual reporting required by the *Regulated Health Professions Act, 1991* (RHPA)?

The CPMF is intended to complement current reporting and will not replace the annual reporting requirements of the RHPA. While the RHPA requires Colleges to include audited financial statements in their annual report, it is up to individual Colleges to determine what other information it provides in its annual report and how they would like to align it with CPMF reporting.

Q15. Some regulated health professions engage in direct patient care while others do not, and Colleges differ in size and number of registrants they oversee. Will the CPMF be flexible enough to take this into account?

Yes. The CPMF will provide information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest within the context of the care that a given profession provides.

The CPMF has been designed to consistently measure and report on the performance of each of the Colleges taking into account that they vary in size, resources and in the scope of practice and controlled acts authorized to the professions they regulate. The Framework considers these circumstances by focusing on a College's performance regarding:

- Regulatory objects as stated in the RHPA applicable to all Colleges; and
- Key organizational aspects that enables a College's ability to carry out its functions well (e.g. good governance).

Q16. What if a College can't satisfy one or more standards (e.g. some standards may take time to implement and require by-law changes and significant shifts in established processes tied to annual timelines)?

The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. Some standards may take time to implement and may require updates/changes to established processes. This is why a key component of the CPMF is the identification of planned improvement actions.

Colleges are encouraged to provide context to help the audience (i.e. public, ministry, system partners) understand where they do not meet, or partially meet, a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.

Q17. What will the ministry do with the information collected?

The ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. This Summary Report will be posted to the ministry website.

In addition, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q18. What feedback will be provided to the Colleges?

The ministry may use the results, where warranted, to inform discussions with individual Colleges regarding proposed improvement commitments, best practices, and potential areas for alignment with other Colleges and system partners.

Q19. Will Colleges be ranked on their performance?

No. Colleges will not be ranked on their performance. The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle.

Q20. Will the Summary Report identify poor performers?

No. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), initiatives being undertaken to improve regulatory excellence and areas where opportunities exist for Colleges to learn from each other (e.g., best practices).

Q21. Will the results be publicly available?

Colleges are asked to post their completed CPMF Reporting Tool on their website. The ministry will make public the Summary Report.

Q22. Will the CPMF change year over year?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Following each reporting cycle standards, measures and evidence will be evaluated and refined to ensure reporting remains meaningful and does not result in Colleges implementing activities that have no value in protecting the public, preventing harm, promoting the health and well-being of the public or result in unnecessary burden of data collection and reporting.

Q23. If an initiative is approved in 2020, but comes into effect in 2021, would the ministry consider the initiative fulfilled or partially meeting the requirements?

The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. A key component of the CPMF is the identification of planned improvement actions. Where a College does not meet, or partially meets, a particular standard or measure, it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure. Colleges will also be asked to provide updates on improvement activities that they commit to in subsequent reporting cycles.

Q24. The College may not currently collect the required data on all standards, however, over time will be able to modify its data collection processes and tools to more closely match the requirements of the CPMF. Is a gradual development and improvement of data practices over time consistent with the ministry's expectations?

Yes. The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet one or more of the standards at this time and that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College. Where a College chooses to report a context measure using methodology other than that outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.

Finally, where a College does not meet, or partially meets, a particular standard or measure it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure.

Q25. Won't the Pandemic impact the results of the 2020 reporting period? Would the ministry reconsider 2020 as the baseline year for CPMF?

The ministry is aware that the data collected from 2020 is likely to be an outlier due to the impact of COVID-19 on the Colleges' operations, and that while the majority of the information requested in this reporting cycle is qualitative in nature, there may be instances where the requested data may look significantly different from other years, or where implementation of planned projects and activities have been postponed in light of the pandemic.

The CPMF Reporting Tool provides the opportunity for Colleges to provide additional comments and clarification for each piece of evidence requested. Colleges are encouraged to provide context to help the public understand where it does not meet, or partially meets a standard, or where results may vary from usual in the 2020 reporting period due to the pandemic.

Q26. Has the ministry considered how best to ensure that the CPMF isn't a significant reporting burden for Colleges?

The CPMF aligns with other practice-based approaches in measuring a regulator's performance. The majority of the information that the CPMF collects is qualitative and consists of outlining processes and procedures related to the measure.

Some of the information is already collected by Colleges and although it may already be reported elsewhere, is included in the CPMF to drive, where appropriate, standardized reporting on those measures or evidence across Colleges to bring greater consistency in how information is presented to the public. The ministry notes that there may be opportunities for Colleges to identify areas to collaborate to reduce reporting burden.

Finally, in future iterations the volume of information being reported will be lessened as Colleges will be reporting on changes from their baseline report, improvements they committed to in previous cycles, and information related to standards, measures or evidence that has been changed as a result of the evaluation and refinement period.

Q27. Is the CPMF Reporting Tool document what will ultimately be submitted and posted on College websites? Are Colleges to follow that format precisely (i.e. keeping the template as is without changing format)?

For the initial baseline report Colleges are asked to post a PDF file of the completed CPMF Reporting Tool template on their website in order to provide consistent and transparent reporting to the public across all Colleges. Formats for future reporting tools will be part of the ongoing work the ministry will consider when refining the CPMF following the first reporting cycle.

Q28. Where should Colleges include relevant performance improvement information?

Colleges are encouraged to include performance improvement information within their evidence, where applicable, or as part of the “Additional comments for clarification” section where this information is not directly related to the requested evidence but would provide additional context related to the measure and/or identify best practices the College has implemented that go above and beyond the requested evidence.

Q29. The CPMF Reporting Tool requests that College provide links to materials. Has the ministry considered the potential for links to not work after a period of time?

Colleges are in the best position to define their processes and procedures; however, Colleges may wish to create a CPMF webpage housing the relevant information to reduce the potential for broken links.

Q30. In some of the standards, the public may wish to compare College performance. Does the ministry intend to recommend a template or best practice to inform what critical pieces of information are expected to be shared with the public?

No. Apart from specific evidence requested under each measure, the ministry will not require that Colleges use specific templates and/or include specific information in response to each measure. Over time Colleges may wish to adopt best practices observed from other regulators’ reports; however, Colleges are in the best position to define their processes and procedures.

Q31. Are there benchmarks for meeting the standards?

In developing the CPMF the ministry, in collaboration with the CPMFWG, noted that there are currently no benchmarks that set expectations for regulatory excellence that have been identified through jurisdictional scans or literature reviews. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q32. Will the ministry be creating a standardized data dictionary to provide a shared understanding between Colleges as to how to extract and report the evidence and a consistent understanding and application of the measures?

No. The ministry is aware that Colleges may have different processes and procedures related to each standard and measure and these will be identified through the baseline reporting. Colleges are in the best position to define their processes and procedures in response to requested evidence. The ministry has created FAQs to provide additional context and clarity to measures and evidence and based on College feedback received during the soft launch, the ministry amended specific measures and evidence to enhance clarity regarding what the measure is intended to identify, or the evidence a College is requested to provide.

The Technical Specifications document also encourages a standardized methodology and provides additional details on how to calculate context measures. The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Q33. Will there be an opportunity for other interested Colleges to provide input into the analysis of the initial reporting cycle and determination of future reporting requirements?

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle, Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

While the exact format for considering the next iteration of the CPMF Reporting Tool has not yet been determined, all Colleges will be provided the opportunity to provide input into changes to the Framework in future reporting cycles.

Q34. Will Colleges have the ability to consult with ministry staff as they complete the CPMF Reporting Tool?

Yes. While it is up to individual Colleges to determine how best to complete the CPMF Reporting Tool, ministry staff are available to discuss any questions about the reporting expectations outlined in the CPMF Reporting Tool, any of the recommended methodologies in the Technical Specifications document, or to schedule a meeting to discuss reporting.

Q35. Are there guiding questions to support the system partner domain discussions before a College meets with the ministry?

The system partner meetings provide the ministry and Colleges with a forum to discuss opportunities for Colleges' engagement with system partners, as well as Colleges' previous successes where system partnership supported the execution of their mandate and responsiveness to changing public/societal expectations (e.g., collaborative investigations, ensuring that the complaints process was an integrated and seamless experience for the complainant, aligning practice expectations between the College and work sectors etc.).

Questions to guide the system partner meetings can be found in the system partner domain section of the CPMF Reporting Tool. The ministry asks Colleges to provide a summary of the College's responses to the questions under each system partner standard to the ministry one week prior to the meeting date. This will support an informed discussion and allow the ministry to identify and/or reach out to ministry colleagues that may identify areas for collaboration with each College.

Q36. The CPMF suggests that there are numerous policies that Colleges should have in place, some of which the College does not yet have, and this issue may be shared with other Colleges. Should the Colleges take the opportunity to jointly develop and implement policies for consistency?

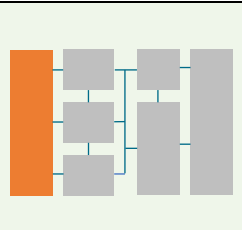
The ministry encourages collaborative work between Colleges, where possible. Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to develop policies requested by the CPMF and where collaboration between regulators would be appropriate to develop joint policies.

Q37. The Technical Specifications document indicates that Colleges should update the document to reflect the methodologies the College uses in reporting; however, shouldn't the ministry be responsible for providing updates to this document?

The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated. Please note, in such cases the intent is not for a College to update the Technical Specifications document. It is only asked to reflect its own methodology used.

PART 2: CPMF REPORTING TOOL SPECIFIC FAQs

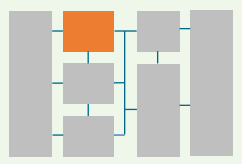
DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	FAQs
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<p>Q38. Council’s publicly appointed members are not subject to the same requirements related to knowledge, skill and commitment prior to becoming members of Council. Given that this requirement is being established to ensure good regulatory governance and decision-making, are there plans for it to be implemented for public appointment candidates as well?</p> <p>The CPMF has been developed in consideration of the current legislative environment. The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and Lieutenant Governor in Council appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the evidence for measures 1(a) and (b).</p> <p>Information reported will be used to improve the ministry’s understanding of challenges faced by individual Colleges and inform discussions about regulatory excellence within a modernized health regulatory environment.</p>
		<p>Q39. Colleges’ ability to undertake Council screening may be limited by the statutory election process. Can the ministry clarify how to address this statutory limitation?</p> <p>The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and LGIC appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the Evidence for Measures 1(a) and (b).</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election.</p>

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency / suitability criteria, and</p>	<p>Q40. Is the ministry seeking information about whether committee candidates have the requisite competencies to be appointed to the College as a committee member generally, or about whether the candidates have met competencies for the specific committee(s) they are to serve on?</p> <p>The required evidence is intended to ensure that members of Statutory Committees possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Committee member, relevant to the Committees that they will sit on.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election and prior to appointment to a specific Committee</p>
	<p>ii. Attended an orientation training about the mandate of the committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>Q41. Is the ministry seeking information about whether orientation training is done before or after the committee compositions have been determined?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including when to hold orientation training for statutory committee candidates.</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education</p>	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years</p>	<p>Q42. What is the standard benchmark for effectiveness / standard for an effective Council? Would this not vary in reporting from College to College?</p> <p>The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p> <p>Q43. What is the ministry expecting to be included in the third-party evaluation? What would the requirements be for the third-party assessor? Does the ministry offer any guidance on recruitment strategies for an effective third-party assessor?</p> <p>It is up to individual Colleges to determine their needs when securing services. The ministry would encourage Colleges to discuss this question with other Colleges that do have, or are considering how best to secure, a third-party assessor.</p> <p>In addition, the ministry notes that the first iteration of the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>

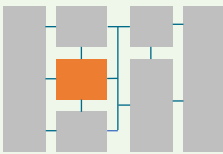
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	FAQs
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>b. The College enforces cooling off periods.</p>	<p>Q44. What specifically does “cooling off periods” refer to? Does it include the time between when a former Council member maximum term is completed, and they can be re-elected to Council? Officer term-limits? The phrase “cooling off period” may benefit from clarification or elaboration as it relates to conflicts of interest.</p> <p>The cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.</p> <p>The types of roles that require cooling off periods and their duration period would be determined by each individual College. Of note, the CPMF Reporting Tool provides Colleges with the opportunity to provide information respecting how it defines the cooling off period in their organization in the College response column.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (see Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>Q45. What is the definition of “public interest rationale”?</p> <p>The ministry has not specifically defined what the “public interest” would include, as each College is in the best position to interpret the term as relevant to the unique profession that it regulates. In this context, the evidence generally refers to how Council materials provide sufficient evidence that Council’s decisions consider and are made in the interest of the public, not the profession. This rationale could, for example, be included in Council meeting minutes detailing discussion by Council members, briefing materials explaining how a particular decision may be in the interests of the public.</p> <p>For the purposes of the CPMF, when contemplating public interest Colleges may wish to consider the information in Appendix A of the CPMF Reporting Tool.</p>
		<p>Q46. Will there be guidance from the ministry on standardization of how to document public interest rationale (such as a common template used in drafting briefing notes that is uniform across all Colleges)?</p> <p>The ministry will not be providing guidance to Colleges on the development of internal resources. It is expected that the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>
		<p>Q47. The evidence column suggests that College Briefing Notes specifically need to identify how the positions taken/decisions being made are in the public interest. Can the ministry provide clarity on this expectation, given that balancing public and provider/stakeholder feedback appropriately is most often in the public interest, but may be difficult to demonstrate, if the expectation is that perceived public interest takes priority?</p>

		The intent of this evidence is that the public interest rationale and evidence for Council decisions relating specifically to decisions about the College’s strategic direction or regulatory processes and actions are easily accessible to the public. This evidence is not intended to require that every Council decision requires a public interest rationale.
<p>Standard 3</p> <p>The College acts to foster public trust through transparency about decisions made and actions taken.</p>		
Measure	Required evidence	FAQs
3.1 Council decisions are transparent	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date. (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>Q48. Can the ministry provide clarification on what constitutes a “status update” attached to all Council minutes?</p> <p>The intent of this measure is to provide an accessible and transparent update on decisions made by Council where the Council approves a decision that requires implementation by the College, such as a new course that all registrants are required to complete, or where the Council approves a strategy (e.g. Opioid strategy) that requires operationalization by staff. Such a status update would indicate whether decisions have been implemented, and if not, the status of the implementation.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to best track and communicate status updates.</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). <ul 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 	<p>Q49. It is common practice amongst many sectors to not post statutory committee meeting materials or minutes – can this required evidence be reconsidered? Executive Committee reports are already made public in Council meeting packages, would this evidence suffice for the CPMF?</p> <p>This measure seeks evidence that Colleges either post their Executive Committee meeting minutes or provide specific information about the meetings on their website, as outlined in the CPMF to strengthen transparency in College decision-making by making public the decisions made by Executive Committee, and the public interest rationale for those decisions, similar to the requirement for Council decisions. This is also intended to strengthen trust in College governance by demonstrating that decisions are made in accordance with Council’s, Committees’ or Staff’s roles and responsibilities.</p> <p>Finally, the ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p>

	<p>acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	
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DOMAIN 2: RESOURCES		
Standard 4 The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	FAQs
<p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate</p>	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>Q50. Will the College’s organizational chart be sufficient evidence, or will more documentation be required?</p> <p>The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p> <p>This measure looks at a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations). The ministry notes that the CPMF Reporting Tool speaks to Council discussing a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>

		<p>Q51. Can the ministry provide additional rationale for including Council’s discussion of the College’s Human Resource plan, as it relates to the Operational and Financial plan, in the CPMF?</p> <p>The identified measure speaks to demonstrating responsible financial and human resources stewardship through a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p> <p>The CPMF Reporting Tool speaks to Council demonstrating its awareness of this issue through discussion of a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>
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<p>DOMAIN 3: SYSTEM PARTNER</p>		
<p>Standard 5</p> <p>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>Standard 6</p> <p>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>		
<p>Standard 7</p> <p>The College responds in a timely and effective manner to changing public expectations.</p>		
<p style="text-align: center;">FAQ</p>		
<p>Q52. Should the College’s final report include what was discussed with the ministry, or simply focus on the outcomes?</p> <p>When reporting on the system partner domain, Colleges are asked to provide a narrative that highlights best practices within their own organization pertaining to each of the three standards. This narrative would be informed by discussion with the ministry and include certain key activities the College undertakes with system partners, and the outcomes of those activities, as well as the next steps that may have emerged.</p>		
<p>Q53. Our registrants don’t work directly with other regulated health professionals, how can we meet the standards for the system partner domain?</p> <p>Colleges are encouraged to consider system partners outside of regulated health professions. They can include any organization or institution that intersects with the work of the College, such as hospitals, government, community care settings, educational institutions, associations, long-term care and any other employment sectors.</p>		

Q54. Our mandate is to protect the public interest, it isn't to work with the Association that represents the professional interest. Is the ministry suggesting we work more closely with our professional Association?

While the distinction between Colleges' public interest mandate and that of professional associations is an important one, there are instances where issues may be of common interest and where would be important for the College to be aware of messaging to registrants from associations to ensure there isn't misalignment. For example, Colleges need to be aware of the association's activities and messaging to registrants in order to understand the information that's being provided and how it may or may not align with, for example, a College's standards and expectations for registrants in order to mitigate misaligned practice advice or contradictory information.

Q55. We have tried to collaborate with other Colleges and have been unsuccessful. How can we fulfil the CPMF's system partner standards?

The ministry is meeting with all 26 Colleges to discuss the importance of engaging system partners, including other Colleges, especially where scopes of practice intersect and/or overlap. Where a College has experienced barriers in engaging system partners, the ministry would be interested to hear what other strategies it may be employing with system partners and what other engagement opportunities it is pursuing.

Q56. Our responsiveness to the system partnership domain may be dependent on legislative changes – is the government comfortable with us reporting the existing legislative and regulatory barriers?

When reporting on each of the three standards under the system partner domain, Colleges are asked to report on the key activities they undertake with system partners, and the outcomes of those activities, that were part of discussion with the ministry, as well as the next steps that may have emerged as a result of the conversation.

The CPMF has been developed in consideration of the current legislative environment. However, the ministry would be pleased to receive more information about any perceived or unintended legislative barriers to reporting to inform future iterations of this particular domain.

Q57. While Colleges are committed to meaningfully engaging the public and patients and using that engagement to inform our decision-making, as currently worded, responding to changing public expectations (standard 7) may set the bar too high. Can the ministry clarify what is its expectation of Colleges?

In the context of the CPMF, this standard seeks to identify how Colleges have engaged the public / patients to inform changes to relevant policies / programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.). The standard does not envision that Colleges respond to every changing expectation, rather that those most relevant to the profession it governs are prioritized.

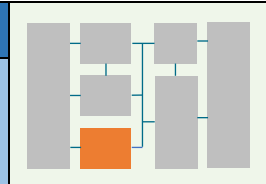
Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.

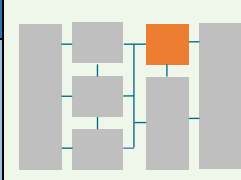
Q58. Public expectations are a subjective concept that may not always be aligned with a College’s mandate to protect and serve the public interest. Can the ministry provide additional clarity on the concept as it relates to standards 6 and 7 of the CPMF?

The CPMF has been developed in close collaboration with Ontario’s health regulatory Colleges, subject matter experts and the public in consideration of the current legislative environment and Colleges’ mandate. Standards 6 and 7 speak to the establishment and maintenance of relationships a College can leverage to identify changing public expectations that are relevant to the profession and how a College has responded to these and engaged the public/patients to inform changes to relevant policies/programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).

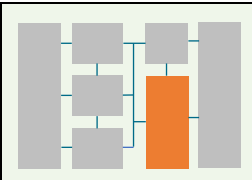
The ministry acknowledges that “public expectations” may differ from public needs and/or wants and is intended to focus on how a College responds to broad societal changes relevant to the profession the College governs (e.g. expectations around sexual abuse, transparency, virtual care, new models of care delivery, access to care etc.). Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	FAQs
8.1 The College demonstrates how it protects against unauthorized disclosure of information	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>Q59. Will a technical explanation of the way we collect data be sufficient?</p> <p>This measure concerns a College’s policies and processes for collecting, using, disclosing and protecting sensitive information. The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>



DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
<p>Q60. There appears to be a tension between standards 7 and 9 in that standard 7 asks College’s to be responsive to public expectations but Standard 9 signals the need to be sensitive to the practice environment. In Standard 9 both public expectations and practice environment are noted so there’s balance, but Standard 7 is standalone about the public expectations. Can the ministry provide clarity about how to reconcile these concepts of the CPMF?</p> <p>These standards fall under different domains and therefore have different intents and focus. Standard 7 falls under the system partner domain and has a broader focus: the extent to which a College is working with system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation. Standard 9 falls under the regulatory policies domain and focuses specifically on a College’s policies, standards of practice, and practice guidelines being based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</p>		
Measure	Required evidence	FAQs
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, societal expectations, models of care, clinical evidence, advances in technology)</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>Q61. Does this standard only relate to practice of the profession? Or does it include policies respecting College practices such as registration which may be affected by societal expectations, etc.?</p> <p>This standard would apply to any policy, standard of practice, and practice guideline that that is relevant to the current practice environment. Where a registration policy requires updates to remain relevant to the current practice environment, the College may wish to include this as an example of a policy that was updated and provide information on how the revisions were relevant.</p>
		<p>Q62. Can the ministry clarify the definition of ‘evaluating’? Specifically, what is the difference between an evaluation, a review, a formal review and an analysis or improvement of a policy?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including the specific actions involved in evaluating policies, standards of practice, and practice guidelines.</p> <p>This evidence is intended to capture all of the different processes a College has implemented to ensure policies, standards of practice, and practice guidelines remain current and relevant to the practice of the profession (e.g., regular reviews, regular jurisdictional scans, monitoring emerging issues in practice, complaints and discipline data, quality assurance outcomes etc.). The evidence also intends to capture how a College applies evidence and stakeholder consultation results to update or improve the guidance it provides to its registrants to ensure that practice expectations remain aligned with the current practice environment.</p>

		<p>Q63. Where federal or provincial positions may be barriers to implementing best practice, how does the government prefer Colleges to articulate this?</p> <p>The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.</p> <p>Where the College has experienced barriers in meeting a standard, measure or evidence, the ministry would be interested to hear what other strategies it may be employing to implement interim solutions to reach a desired outcome (e.g. development of by-laws to implement eligibility criteria for professional members running for Council elections).</p>
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<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>		
<p>General</p>		
<p>Q64. Can the ministry clarify what is meant by “right touch” regulation as referenced several times in this domain?</p> <p>“Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. For more information, the College is encouraged to review the Professional Standards Authority’s publications on the topic which can be found at: https://www.professionalstandards.org.uk/publications/right-touch-regulation.</p>		
<p>Q65. It appears that the registration measures may be largely covered in Colleges’ Fair Registration Practices Report, as required by the Office of the Fairness Commissioner (OFC). Given that a link to submit this is required as evidence, can the ministry clarify whether the OFC report may be sufficient to reduce duplication of effort, given the measures address the same issues.</p> <p>The intent of the CPMF measures that deal with registration processes is to complement those covered in the OFC Fair Registration Practices Report. The OFC measures focus on the transparency, objectiveness, impartiality and fairness of registration process, while the CPMF focus is on the College’s due diligence of ensuring that applicants meet registration requirements, as well as ensuring that the assessment criteria used to assess qualifications remain relevant.</p> <p>Based on previous feedback received from the Colleges the OFC measure was refined and Colleges are now only asked to indicate if all OFC recommendations have been addressed (where applicable).</p>		

Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	FAQs
10.1 Applicants meet all College requirements before they are able to practice	a. Processes are in place to ensure that only 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.). ¹	<p>Q66. Can the ministry clarify how Colleges should align this measure with the fact that some registration requirements are exemptible and that applicants may be able to practice with limitations before meeting all of the requirements (e.g., currency, language)?</p> <p>The identified evidence speaks to the processes a College has in place to ensure that applicants meet requirements for issuance of a certificate of registration (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation, confirmation of information from supervisors, etc.).</p> <p>The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. 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>
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices. (e.g. how does a College determine language proficiency)	<p>Q67. Review of registration requirements is an ongoing process. Can the ministry clarify if this applies to reviews conducted by staff, the Registration Committee or Council?</p> <p>This evidence applies to reviews conducted by staff, potentially in collaboration with the Registration Committee, and each College can determine its individual processes for reviewing and approving changes to registration requirements (i.e. if review/approval is required by its Registration Committee and/or Council). These criteria focus on how a College assesses whether an applicant meets the registration requirements, as opposed to a review of the registration requirements themselves (e.g., how does a College determine language proficiency).</p>

¹ The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. 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>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency² and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>Q68. Can the ministry confirm if the CPMF is intended to require Colleges’ to verify continuously that registrants are practising ‘ethically’? It has not been part of the Quality Improvement and Quality Assurance standard processes although it may arise intermittently in investigations.</p> <p>This evidence asks Colleges to identify whether they maintain currency requirements (such as when registrants renew their certificate of registration, or at any other time), and how the College determines that currency requirements are met. The measure focuses on registration processes and does not include review of a registrant’s knowledge, skill and judgement as part of the Quality Assurance Program. This could include, for example, whether the College requires registrants to self-report any charges.</p> <hr/> <p>Q69. Will there be a definition for what qualifies as a “check”?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how currency and other ongoing registration requirements are met.</p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair</p>	<p>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).</p>	<p>Q70. Does this include suggestions for improvement/recommendations outside of the Action Plan?</p> <p>This would include any recommendations from the OFC.</p>
<p>Standard 11</p> <p>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.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>FAQs</p>
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice</p>	<p>a. Provide examples of how the College assists registrants in implementing required</p>	<p>Q71. Can the ministry provide additional rationale for this evidence? What happens if the College reports that it does not fulfil this measure?</p> <p>While individual registrants are responsible for informing and educating themselves about guidance and expectations of the regulator, this measure speaks to activities an excellent regulator undertakes with respect to the dissemination of information</p>

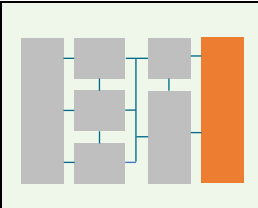
² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a registrant’s skills and patient care or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>guidelines applicable to their practice</p>	<p>changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p>	<p>necessary to support successful implementation of new or updated standards of practice and/or practice guidelines to ensure safe, competent care by registrants. This could include the practice advisory services some Colleges offer, or newsletters, webinars, FAQs, and townhalls regarding new expectations that will assist registrants in understanding how to implement the new expectations in practice.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Should a College have no planned improvement actions or activities underway to meet a required standard, it is encouraged to indicate this in the “Additional comments for clarification” section of the CPMF Reporting Tool.</p>
		<p>Q72. Would the ministry accept system collaboration with other organizations such as professional associations, emails to the profession and posting to the College’s website as adequate demonstration of uptake?</p> <p>Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations and practice environments in a timely and effective manner. The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.</p>
		<p>Q73. Can the ministry provide guidance on how Colleges can report statistical QA information while avoiding getting into small numbers and identifiability issues, given statutory confidentiality obligations?</p> <p>The intent of this standard is to report information about Quality Assurance in an aggregate manner. The measures and evidence under this standard are qualitative and ask the College to provide information about its processes and procedures and does not require the College to provide granular statistics.</p> <p>Statistical data reported under related context measures are quantitative in nature.</p> <p>The development of these context measures has been undertaken with the advice of a sub-working group made up of regulatory College staff who considered this issue among others. As result, where there is a risk that results may include personal identifiable information due to low numbers, the Technical Specifications document stipulates that where the response to a particular context measure is less than ‘5’ the College will report NR (Non-reportable) which indicated that results are not shown due to < 5 cases.</p>

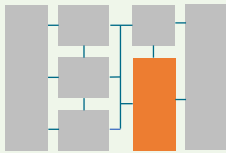
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	FAQs
12.1 The College enables and supports anyone who raises a concern about a registrant	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>Q74. Is funding for sexual abuse the right example to highlight in the evidence given that access to funding is independent of the complaints process?</p> <p>The intent of this measure is that all supports that are available to a complainant during the complaints process, or related to the complaints process, are provided and communicated to the complainant to ensure he/she is not required to contact multiple areas of the College to access relevant information. This includes providing information on the access to sexual abuse funding should the individual complaint specifically deal with sexual abuse.</p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>Q75. What is the rationale for the 5-business day response time frame?</p> <p>The development of measure 15, evidence b, which establishes a five-day response time for inquiries as part of demonstrating that the College’s complaints process is accessible and supportive, was undertaken with the advice of a sub-working group made up of College staff from various Colleges. The sub-working group discussed a time period from two to five days and determined that five days would be a reasonable expectation for a College to initially respond to individuals seeking information about the complaints process.</p>
		<p>Q76. Measure 15 speaks to enabling and supporting anyone who raises a concern about a registrant. The Technical Specifications document explicitly excludes registrants or employers, however, Colleges receive a number of inquiries from other registrants, other health care providers and employers. Has the ministry considered amending the definition of public to include any individual who contacts the College about the complaints process and clarify it excludes all other enquiries made of the College?</p> <p>This measure falls under Standard 12 “the complaints process is assessible and supportive”. As such this measure would not capture inquiries that do not relate to complaints (e.g., regarding an upcoming Council meeting date, etc.). Within the context of this</p>

		<p>evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College about the complaints process. This would not include responding to inquiries about a complaint that has been filed with the College.</p> <p>In light of feedback received during the soft launch respecting the exclusion of registrants and employers in the methodology for calculating this evidence under the Technical Specifications document, the ministry made changes to include registrants and employers under the definition of public and provided additional clarity in the exclusions set out in the Technical Specifications document.</p> <p>Q77. The College notes that inquiries include not only calls, letters and emails but also social media interactions and as a result, we suspect that many Colleges, including ours, will not be able to provide this data retrospectively and will need to develop new ways to track and report on it.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway. For example, going forward, the College may seek to monitor social media interactions or other interactions which it previously did not, as part of its improvement plan.</p> <p>Q78. Colleges receive a number of inquiries from the public, registrants, and employers on a variety of topics, including but not limited to the standards of practice, the Council, committees, COVID-19 and many more. Has the ministry considered expanding this measure beyond merely complaints?</p> <p>Measuring Colleges’ responses to inquiries more broadly was discussed at the CPMFWG Group and with subject matter experts, however, it was determined to narrow this evidence to demonstrating that the College’s complaints process is accessible and supportive at this time.</p> <p>Apart from the discussions this information may stimulate about regulatory excellence and performance improvement, the results of the first iteration will help to identify and inform potential areas where expectations and benchmarks can be refined and improved upon in the future.</p> <p>Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration.</p>
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Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	FAQs
13.1 The College addresses complaints in a right touch manner	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>Q79. Is there a requirement for the College to have this posted on the website? Or can a College provide these internal documents as evidence of compliance with this measure?</p> <p>The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation it feels addresses this measure.</p> <p>Colleges are asked to demonstrate the processes that are in place to meet each measure. Although Colleges are encouraged to be as transparent as possible, each College is in the best position to determine what documents it makes publicly available. If documents are not publicly available, the College may provide a description of its processes and/or procedures in the CPMF Reporting Tool that all Colleges are asked to post on their website.</p>
Standard 14		
The College complaints process is coordinated and integrated		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.)	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>Q80. Would a College’s Privacy Code and Transparency Initiatives page of the website satisfy the required evidence (in terms of how the College shares information with other regulators and government)?</p> <p>Colleges are in the best position to determine whether their processes and procedures respond to the requested evidence. This measure focuses on whether the College has consistent criteria outlining how it determines what information it can share, when it can be shared and with whom it can be shared. The evidence also requests that Colleges identify examples of scenarios when these criteria has been applied to share information with relevant system partners (i.e., general examples, not specific information that would identify a particular individual).</p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 The College monitors, reports on, and improves its performance.	
No feedback received.	

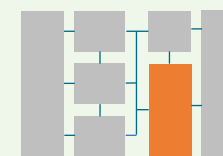
PART 3: CPMF TECHNICAL SPECIFICATIONS DOCUMENT FAQs

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.	
Context Measure 1: Type and distribution of QA/QI activities and assessments used in CY 2020	
Context Measure 2: Total number of registrants who participated in the QA Program CY 2020	
<p>Q81. The College’s QA program requires all registrants to complete annual requirements in the form of a continuing education (CE) and a professional portfolio. Each year, the QA Committee audits a percentage of registrants to ensure completion of the requirements. Starting December 31, 2020, in addition to auditing registrants, all registrants will be required to upload their CE and portfolio to the online registrant portal as part of the annual registration renewal process. The College is seeking clarification on whether the ministry is requesting information on the total number of registrants who participated in the QA program or the total number of registrants audited?</p> <p>Context measure #1 will allow the College to identify the number of registrants who underwent each type of QA/QI activity and assessment used in CY 2020.</p> <p>Context measure #2 requests that Colleges report the total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period. The Technical Specifications document provides additional details of how to calculate context measure #2.</p> <p>The CPMF Reporting tool provides the opportunity for Colleges to provide additional comments and clarification on each piece of evidence requested. Colleges are encouraged to provide context to help the public and ministry understand where the College feels it would be beneficial to understanding the College’s processes and procedures</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



Context Measure 5: Distribution of formal complaints and Registrar's Investigations by theme in CY 2020

Q82. How are complaints or reports that deal with multiple areas of concern / themes categorized? If a College reports multiple themes, how is the impression that there are more complaints or investigations than is the case mitigated for the public?

Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. 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, therefore, when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations. This is noted in the CPMF Reporting Tool so that the public and the ministry understand the context for reporting this information.

Q83. There appear to be overlapping options for categories. For example, Professional Conduct and Behaviour, which includes failure to maintain the standards of practice of the profession, can encompass many of the other categories (e.g., Billing and Fees, Communication) and some concepts, such as failing to meet standards, may be captured under different themes. How should this be approached in reporting?

While the development of this context measure has been undertaken with the advice of a sub-working group made up of College staff to define distinct themes, the ministry is aware that individual Colleges may interpret the definitions of each theme differently.

Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint or specific allegation made as part of a complaint would best fit. The context under each theme should be considered when coding each complaint.

The Technical Specification document attempts to provide examples for each theme to support consistent reporting and to assist Colleges in identifying the most appropriate theme for each allegation within a complaint. Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

In the example identified, if an allegation against a registrant relates to charging a fee that does not align with the regulator's guidance, the College may determine it makes more sense to capture it under "Billing and Fees", which specifically references this activity, rather than Professional Conduct and Behaviour.

Q84. Often, the College may identify a theme differently than the complainant. How should the College report the theme where there is a difference between how the complainant identified the issue versus how the College or ICRC identified it (e.g. the patient complains that the registrant failed to maintain standards, but on review it appears that the issue was really related to communication)?

Colleges are encouraged to report the theme they identify as the most appropriate. Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint would best fit.

Q85. The CPMF Reporting Tool suggests that Colleges indicate a “NR, non-reportable” result instead of a metric when there are fewer than 5 cases to report. Does this instruction apply to the number or percentage columns or both? Smaller Colleges with a low volume of complaint matters may end up reporting a fair number of NRs. Would reporting a number of NRs raise a concern on the part of the ministry?

The development of these context measures has been undertaken with the advice of a sub-working group made up staff from various Colleges, who considered this issue among others. The ministry is aware that this may be the case for smaller colleges with lower numbers of cases.

Where there is a risk that a context measure result may include personally identifiable information due to low numbers, the CPMF Reporting Tool has been updated to clarify that results of < 5 cases should be reported as “NR” (Non-Reportable) for both the number and percentage columns.

Context measures provide statistical data that will provide helpful context about a College’s performance related to the standards. The context measures are themselves 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.

Q86. The definition of Registrar’s Investigation throughout this document is limited to 75a investigations, however the Technical Specifications document also includes 75b and c investigations in some of the performance measures. Can you provide clarity regarding which of the documents represents the correct measure?

The Technical Specifications document outlines inclusions and exclusions for each of the context measures. In some circumstances a ‘s.75a’ would be included, and a ‘s.75b and/or c’ would be excluded (e.g., context measure 6), in others both a ‘s.75 a and b’ would be included (e.g., context measure 8).

Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in CY 2020

Q87. The Technical Specifications document indicates that this includes “complaints where an appointment of an investigator has been made under 75(1)(c) but not matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Should the College include matters that only came to the ICRC for the purpose of requesting the appointment of a 75(1)(c) investigator (i.e. It has not yet come back before a panel to review the results of the investigation)?

The Technical Specifications document outlines specific inclusions and exclusions for each of the context measures. The intent of Context Measure #6 is to report on all formal complaints (i.e. s.75(1)(c)) that were brought forward for review by a Panel of the ICRC in CY 2020.

Context measure #7 specifically reports on all Registrar’s Investigations (i.e. resulting from a report) to the ICRC in CY 2020.

Context Measure 9: Of the formal complaints received in CY 2020:

- I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)
- II. Formal complaints that were resolved through ADR
- III. Formal complaints that were disposed of by ICRC
- IV. Formal complaints that proceeded to ICRC and are still pending
- V. Formal complaints withdrawn by Registrar at the request of a complainant
- VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious
- VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee

Q88. Should the definition of ADR be the Code definition: “alternative dispute resolution process” means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute?

The final Technical Specifications document has been updated to reflect this change.

Q89. CM9 (III), asks that Colleges report formal complaints that were disposed of by the ICRC. The Technical Specifications document clarifies that this refers to complaint matters that were “disposed of through a decision by the ICRC panel”. Does this include decisions to refer the matter to discipline? We note this appears to be separately captured under CM9 (VII) but doesn’t appear to be expressly excluded for CM9 (III).

Context measure #9 (iii) captures any decision made by a Panel of the ICRC, including a decision to refer allegations to the Discipline Committee (apart from those outlined under the exclusions set out in the Technical Specifications document).

Context measure #9 (vii) requests that Colleges report specifically on the number of complaints matters that were disposed of though the referral of allegations to the Discipline Committee

Context Measure 10: Total number of ICRC decisions in 2020 / Distribution of ICRC decisions by theme in 2020

Q90. Often there are ICRC decisions that identify a number of themes in one decision (i.e. a registrant with professionalism and record keeping issues), which may convey an impression that there are more decisions than is the case. How do we identify that a single ICRC decision has a number of themes and avoid confusion to the public?

Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. 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, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations. This ministry has included a footnote in the CPMF Reporting Tool provide this clarity so that the public and the ministry understand the context for the Colleges’ reported information.

Context Measure 11: 90th Percentile disposal of:

I. A formal complaint in working days in CY 2020

II. A Registrar’s investigation in working days in CY 2020

Q91. Colleges may use different definitions for when complaints are disposed of. Can the ministry provide some guidance to Colleges as to when the complaints process ends for the purpose of the CPMF?

Regarding Context Measure #11, related to disposal of an ICRC matter, the ministry has updated the definition of “disposed of” in the Technical Specifications document:

Disposal:

- Complaint: The day upon which a decision was provided to the registrant and complainant by the College.
- Registrar’s investigation: Day where the Registrar has reported the results of his/her investigation to either the ICRC.

The intent is that a complaint is disposed of when the decision was sent out to the complainant(s) and registrant. For additional clarity, the ministry has also included the above language in a footnote in the CPMF Reporting Tool.

Q92. If a College does not currently count working days is it acceptable to track days in the format that our IT system permits?

The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.

Context Measure 12: 90th Percentile disposal of:

- I. An uncontested discipline hearing in working days in CY 2020
- II. A contested discipline hearing in working days in CY 2020

Q93. For uncontested matters, would this be the date of the hearing (when the decision is made the same day), or the date the reasons are released? Additionally, for contested matters, are we to count the liability decision or penalty decision? If the latter, the numbers will increase by a lot in some cases.

The term ‘disposal’ of a complaint is defined in the Technical Specifications document as the “day where a decision was provided to the registrant and complainant by the College”. The intent would be when all decisions related to a discipline matter are completed. The College is encouraged to provide additional context in the “Additional comments” section regarding the timing and disposal of different components of a discipline decision.

Q94. The definition of Uncontested Discipline Hearings in the Technical Specifications document may require clarification. Sometimes the respondent does not contest the facts and sometimes they agree to them. Also, in some cases there may not be a joint penalty submission, but rather a penalty that the registrant does not contest. It may be more accurate to say “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.”

The definition of “uncontested” has been updated in the Technical Specifications Document.

Context Measure 13: Distribution of Discipline finding by type**Q95. Often there are discipline decisions that identify a number of findings in one matter (i.e., a registrant with a finding of falsifying records, incompetence and conduct unbecoming), which may convey an impression that there are more matters/registrants receiving discipline findings than is the case. How do we identify that a single registrant has a number of findings and avoid confusion to the public?**

The CPMF Reporting Tool clarifies this information through a footnote that highlights that the requested statistical data recognizes that an individual discipline case may include multiple findings identified in context measure 13, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

Context Measure 14: Distribution of Discipline orders by type

Q96. Can the ministry clarify why undertaking and reprimand are grouped together? In addition, as this is limited to discipline orders, there appears to be no provision for measuring allegations referred to discipline that are withdrawn before a hearing is completed. In those cases, there will be no order.

The ministry worked with a sub-working group comprised of representatives from various Colleges to identify common discipline orders. The ministry notes that College Annual Reports, such as the College of Physicians and Surgeons of Ontario's 2019 Annual Report, includes the order type "Reprimand and An Undertaking to resign and not reapply". The ministry included the order type "Reprimand and An Undertaking" generally and did not qualify what the undertaking must specify in recognition that different Colleges may use undertaking for different purposes (e.g. limitations on practice, resignation, etc.).

Where an allegation is withdrawn before the hearing is completed it is not required to be included in the count.

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

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College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

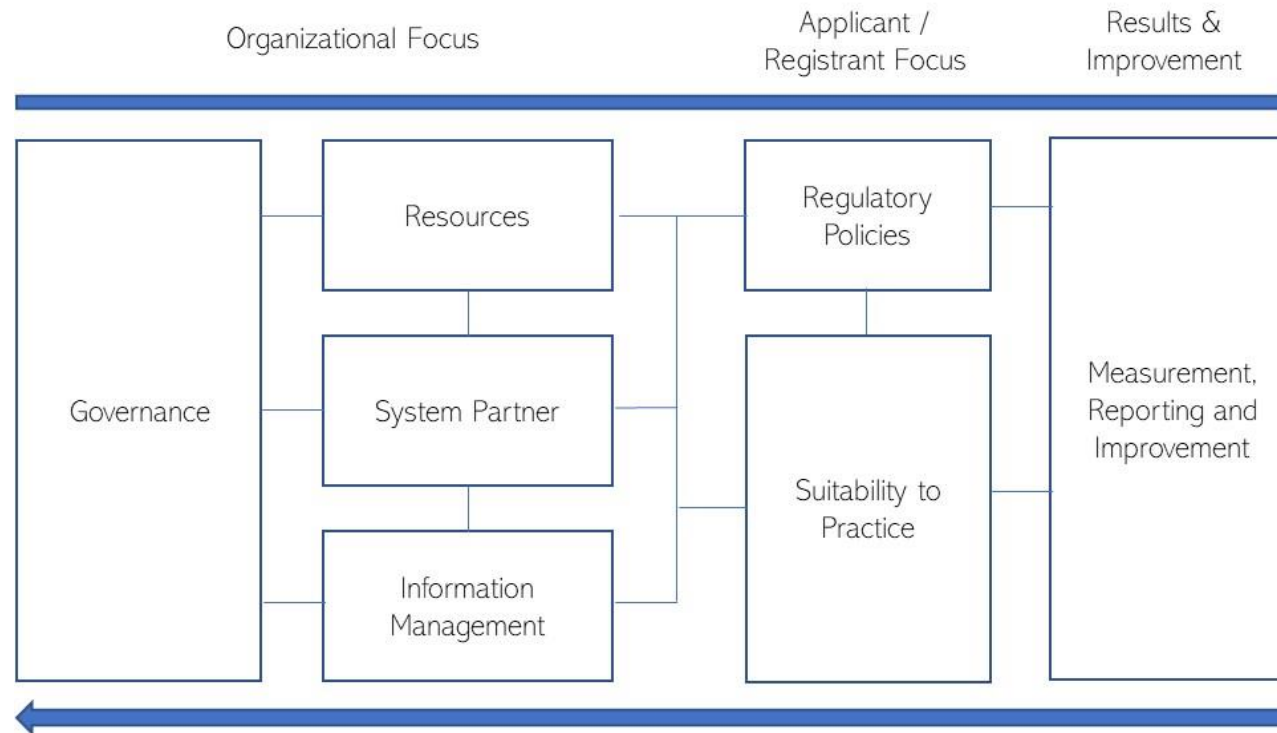
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

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

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

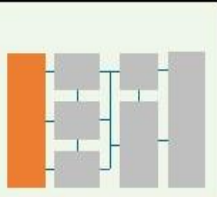
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

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

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

The areas outlined in red in the example below are what Colleges will be asked to complete.

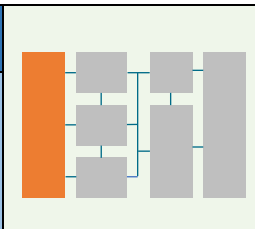
Example:

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> Additional comments for clarification (optional):

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>



		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<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: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>	
	<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? <insert number> • Year of last third-party evaluation: <insert year> 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>	

		<p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Standard 2 Council decisions are made in the public interest.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: • Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

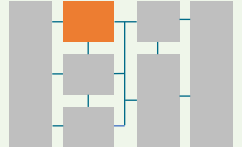
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College enforces cooling off periods².</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> • The year that the cooling off period policy was developed OR last evaluated/updated: • How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – where not publicly available, please describe briefly cooling off policy: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

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

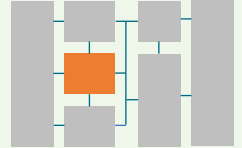
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions 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: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></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 (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Describe how the College makes public interest rationale for Council decisions accessible for the public: • Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	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). 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 <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

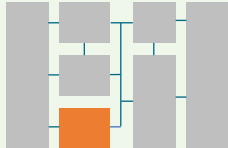
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s latest strategic plan and/or strategic objectives: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> 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.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

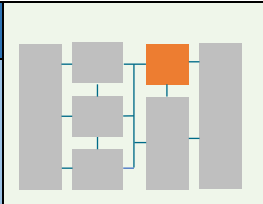
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></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 ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 3: SYSTEM PARTNER	
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.	
Standard 7 The College responds in a timely and effective manner to changing public expectations.	
Measure / Required evidence: N/A	<p style="text-align: center;">College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</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 that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>

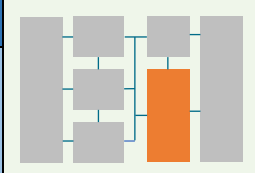
<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a 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>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<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 within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</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> 	
	<table border="1"> <tr> <td data-bbox="701 683 1623 1414"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i> </td> <td data-bbox="1631 683 2467 1414"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td> </tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>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).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes.
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</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. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>



DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



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

	<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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. • Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: • List the experts / stakeholders who were consulted on currency: • Identify the date when currency requirements were last reviewed and updated: • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

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

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: • Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: • Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: • 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> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/> – <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> • Insert link to document that outlines criteria to inform remediation activities OR list criteria:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
<p><i>Additional comments for clarification (optional)</i></p>		

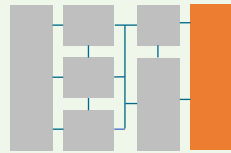
⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	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 <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: Most frequently provided supports in CY 2020: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: Provide the year when it was implemented OR evaluated/updated (if applicable): <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: • 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’).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 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.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	
b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	

		<i>Additional comments for clarification (if needed)</i>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to College’s dashboard or relevant section of the College’s website:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

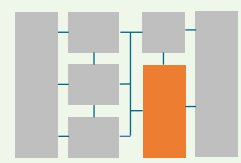
PART 2: CONTEXT MEASURES

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 methodology 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.

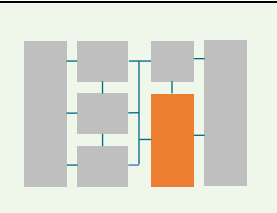
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE																							
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.																							
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:																							
Context Measure (CM)																							
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; padding: 5px;">Type of QA/QI activity or assessment</th> <th style="width: 20%; padding: 5px;">#</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">i. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">iv. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">v. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vi. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">vii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">viii. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">ix. <Insert QA activity or assessment></td><td></td></tr> <tr><td style="padding: 5px;">x. <Insert QA activity or assessment></td><td></td></tr> </tbody> </table>	Type of QA/QI activity or assessment	#	i. <Insert QA activity or assessment>		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>		<p>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).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#																						
i. <Insert QA activity or assessment>																							
ii. <Insert QA activity or assessment>																							
iii. <Insert QA activity or assessment>																							
iv. <Insert QA activity or assessment>																							
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viii. <Insert QA activity or assessment>																							
ix. <Insert QA activity or assessment>																							
x. <Insert QA activity or assessment>																							
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. NR = Non-reportable: results are not shown due to < 5 cases																							

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

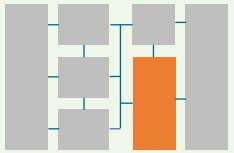
Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

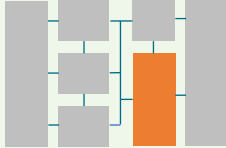
If College methodology, please specify rationale for reporting according to College methodology:

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

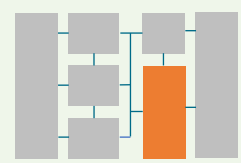
Additional comments for clarification (optional)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
<i>Additional comments for clarification (if needed)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		<p><i>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.</i></p>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** 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.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

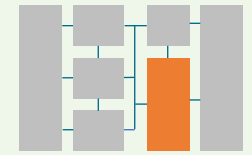
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)† II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant Δ VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	#	%	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. † ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
<p style="color: #800040; font-weight: bold; margin: 0;"><i>What does this information tell us?</i> The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</p>			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar's Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decision†					
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

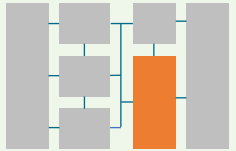
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

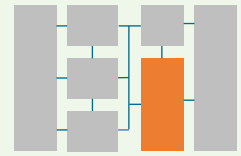
† NR = Non-reportable: results are not shown due to < 5 cases.

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

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

Additional comments for clarification (if needed)

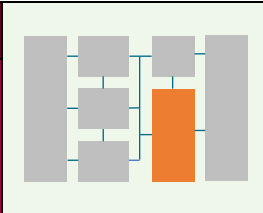
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
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 2020		
II. A Registrar’s investigation in working days in CY 2020		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *	
I. An uncontested^ discipline hearing in working days in CY 2020		The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
II. A contested# discipline hearing in working days in CY 2020			
* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).			
^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.			
# Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

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

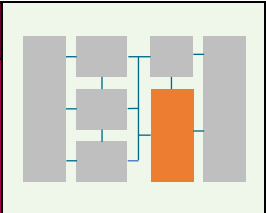
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	
II. Suspension [§]	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	
IV. Reprimand [^] and an Undertaking [#]	
V. Reprimand [^]	

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

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

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

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

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

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

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

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

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

Additional comments for clarification (if needed)

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

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

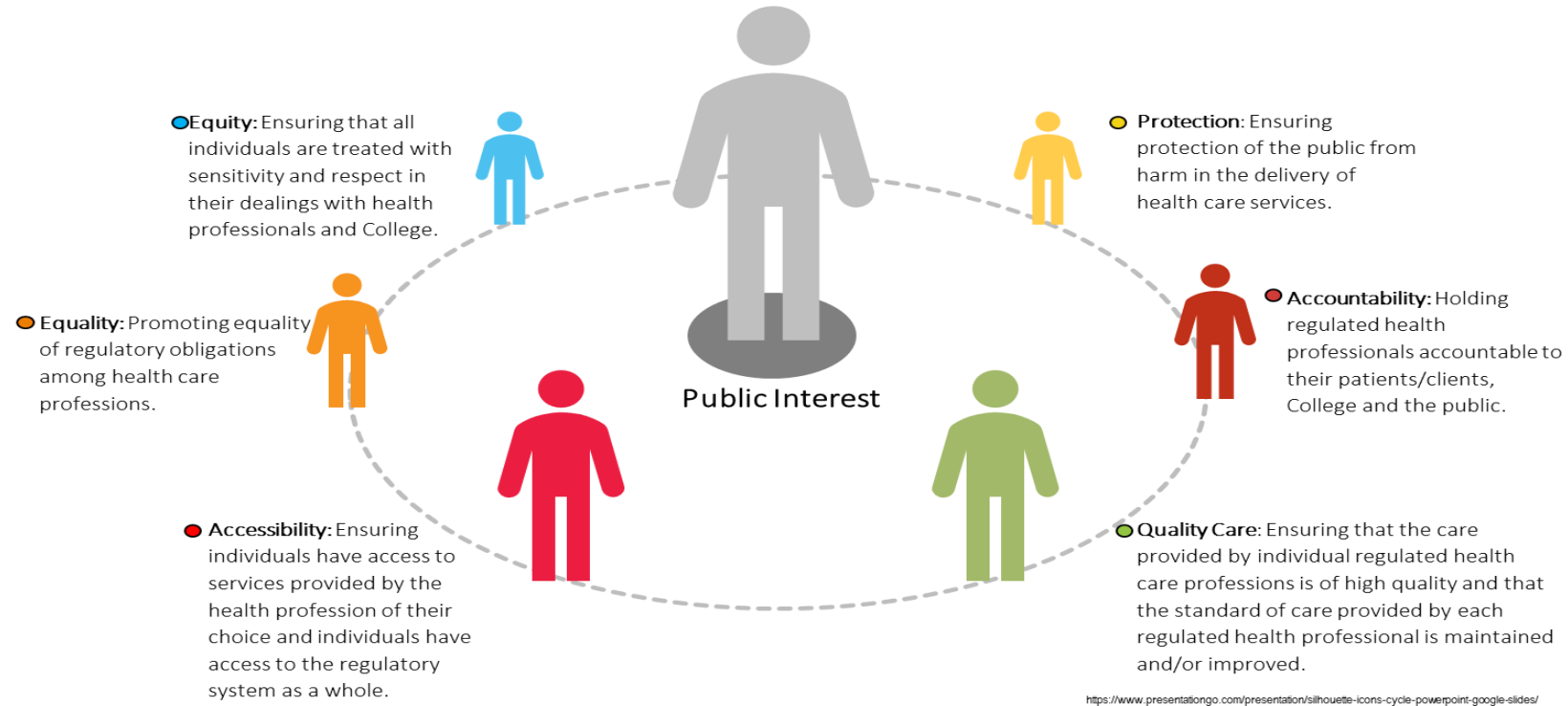
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Technical Specifications for Quantitative College Performance Measurement Framework Measures

December 2020

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INTRODUCTION

This document serves as a companion document to the College Performance Measurement Framework (CPMF) Reporting Tool. It is designed to provide Ontario's health regulatory Colleges (Colleges) with recommended methodology for calculating the quantitative measures that form part of the CPMF. However, recognizing that at this point in time, the data may not be readily available for each College to calculate the quantitative measures in the recommended manner (e.g., due to differences in definitions), where this is the case a College can report the information in a manner that is conducive to their data infrastructure and availability.

If a College is reporting the information in a manner that is different than the recommended methodology as set out below, for transparency purposes a College is being asked to provide the following information in the CPMF Reporting Tool:

- Indicate that is using its own methodology.
- Provide a brief rationale for why it is using its own methodology.

Where a College chooses to report a context measure using methodology other than outlined in the following Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the College calculated the information provided.

Table 1: The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.

Suitability to Practice Domain > Standard 12: The complaints process is accessible and supportive.

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 days and provides timelines for follow up where necessary.
Calculation Methods	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 days. (See definition for public below).
Denominator	All inquiries from the public related to the College’s complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Inquiries from anyone other than the “public” as defined below. • Inquires not related to the complaints process. • Calls to file a complaint or Inquiries about a complaint that has been filed with the College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Public: Any individual, including media and researchers, who contacts the College.</p> <p>Inquiry: Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.</p> <p>Response: The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.</p>

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
	Method of Receipt: This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2020¹

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant’s ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> 1. Distribution of QA/QI activities or assessments <ol style="list-style-type: none"> i. Report the distinct types of activities or assessments used by the College. ii. Calculate the number activities or assessments undertaken across each type of activity or assessment. <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as “0”.
Exclusions	<ul style="list-style-type: none"> • Remedial activities required of registrants outside of the College’s QA program (e.g., remediation ordered by a Panel of the ICRC). • QA activities undertaken by inactive or non-practising registrants.

¹ 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 contextual 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.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College as part of the QA Program. All QI activities or assessment undertaken by active registrants of a College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant’s practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual’s practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2020

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants who underwent QA activities or assessment. All QI activities or assessment undertaken by active registrants of a College. All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> Registrants who initiated a QA activity or assessment within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
	<p>feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of "inactive or non-practicing" is intended to represent all such certificate classes used by the various Colleges.</p>

Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	Numerator/Denominator – Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee.
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who undertook QA activities or assessment. • Remediation ordered by any other Committee of the College.
Inclusion	<ul style="list-style-type: none"> • All active registrants who undertook a QA activity or assessment as part of the QA Program.

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all certificate classes used by the various Colleges.</p> <p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p>

Table 5: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	Numerator/Denominator <ul style="list-style-type: none"> – Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align)

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process. • Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).
Inclusion	<ul style="list-style-type: none"> • All registrants who completed required remediation activity within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 6: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	Numerator/Denominator – Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants required to undertake remediation. • Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated, but have not completed, remediation within the reporting period.

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake/undergo in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> 1. Report the total number of formal complaints filed against registrants, and the number of complaints received across each of the following themes. 2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes. 3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report $(20/200) \times 100 = 10\%$]. <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
	<ul style="list-style-type: none"> Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.
	<p><u>Theme:</u> <u>Examples:</u></p>
Advertising:	<p>Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession, could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory, among other allegations.</p>
Billing and Fees:	<p>Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, reasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where charges do not align with the regulator's guidance on billing arrangements, block fees, and/or payment plans.</p>
Communication:	<p>Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision-makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.</p>
Competence / Patient Care:	<p>Complaints that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.</p>
Fraud:	<p>Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p>

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
<p>Professional Conduct & Behaviour:</p> <p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.</p> <p>Concerns regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.</p> <p>Concerns that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint. Complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> Complaints that are formally submitted to the College. Matters where the ICRC approved the appointment of an investigator after reviewing a report. Complaints resolved through Alternative Dispute Resolution.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
Data source	Local data collection by the College
Definition	<p>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.</p> <p>Registrar's investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>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.</p>

Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	
Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. All health-related inquiries. Matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Formal complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Formal Complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA. Formal complaints that meet eligibility criteria for use of the ADR process.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>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.</p> <p>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.</p>

Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #7	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020
Description	The total number of ICRC matters that come to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> Formal complaints to the College. Reports or concerns that the Registrar does not bring to the ICRC for review.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>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.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Table 10: Context Measure – the 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 reporting period in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	
Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020
Description	The total number of ICRC matters where an investigator was appointed by a Panel of the ICRC and/or Registrar during the reporting period.
Calculation Method	All requests or notifications for appointment of an investigator brought forward to a Panel of the ICRC that were approved within the calendar year.
Exclusions	<ul style="list-style-type: none"> • All formal complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Formal complaints withdrawn by the Registrar at the request of a complainant. • All requests for appointment under s.75(1)(c) under the RHPA.
Inclusion	<ul style="list-style-type: none"> • All requests for appointment under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA. • ICRC appointment of an investigator based on Registrar’s belief that a registrant has committed an act of professional misconduct or is incompetent. • Registrar appointment of an investigator based on Registrar’s belief that the conduct of the registrant would expose or would likely expose his or her patients to harm or injury.

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020
	<ul style="list-style-type: none"> Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>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.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 11: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that proceeded to Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Description	The proportion of all formal complaints filed with the College that are eligible and that use the ADR process to try and resolve the complaint.
Calculation Method	Numerator/Denominator – Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period where both parties agree, and the Registrar approves, the use of the ADR process.
Denominator	The total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints that meet eligibility criteria for use of the ADR process. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>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.</p> <p>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.</p>

Table 12: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were resolved through Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	Numerator/Denominator – Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period resolved through the ADR process.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal Complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>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.</p> <p>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.</p>

Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints resolved through Alternative Dispute Resolution. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	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

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>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.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
Description	The total number of formal complaints that have been submitted to a Panel of the ICRC where the complaint has not been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints brought forward to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2020. (this should align with the number from CM 6)
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • All formal complaints submitted to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness) • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
	<ul style="list-style-type: none"> Formal complaints resolved through Alternative Dispute Resolution (ADR)
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>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.</p> <p>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.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 15: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were withdrawn by the Registrar at the request of a complainant

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	
Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Description	The total number of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> – Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints within the reporting period that are withdrawn by the Registrar at the request of a complainant.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>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.</p> <p>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.</p>

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that are disposed of by the ICRC as frivolous and vexatious

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Description	The total number of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of as frivolous or vexatious.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Definitions	<p>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.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 17: Context Measure – of the formal complaints and Registrar’s Investigations that were disposed of in CY 2020 the rate that are disposed of by the ICRC as a referral to the Discipline Committee

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
Description	The total number of formal complaints received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints resolved through Alternative Dispute Resolution. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.

Context Measure #9(vii)	Rate of formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
	<ul style="list-style-type: none"> • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA • Complaints where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>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.</p> <p>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.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Description	The total number of each type of ICRC decision for each of the 10 high-level themes
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. - In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the hearing stage. - Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. - Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<u>Theme:</u>	<u>Examples:</u>
Advertising:	Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
Billing and Fees:	Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge do not align with regulator's guidance on billing arrangements, block fees, payment plans.
Communication:	Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
Competence / Patient Care:	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Complaints regarding a registrant’s financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession’s scope of practice.</p> <p>Complaints that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • Complaints that are still under review at end of reporting period.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided to the registrant and complainant by the College within the reporting period. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Definitions	<p>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.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>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.</p> <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Proves advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program, 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee, 7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 19: Context Measure – the 90th percentile disposal of a formal complaint in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	Disposal of complaints: <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each complaint within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 complaints have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All matters brought to a Panel of the ICRC as a result of a Registrar’s Investigation.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Definitions	<p>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.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>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.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> Day the College receives a complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.). <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking,

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
	<p>6. Refers specified allegations to the Discipline Committee,</p> <p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 20: Context Measure – the 90th percentile disposal of a Registrar’s Investigation in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	Disposal of Registrar’s investigations: <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All formal complaints.
Inclusion	<ul style="list-style-type: none"> • All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	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

Context Measure #11(ii)	90 th percentile disposal of a Registrar's Investigation in working days in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>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.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Registrar's investigation:</u> The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the appointment of an investigator. <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Registrar's investigation:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee,

Context Measure #11(ii)	90 th percentile disposal of a Registrar's Investigation in working days in CY 2020
	<p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 21: Context Measure – the 90th percentile disposal of an uncontested discipline hearing in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of uncontested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
	<p>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.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Table 22: Context Measure – the 90th percentile disposal of a contested discipline hearing in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of contested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p>

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
	<p>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.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Table 23: Context Measure – the distribution of discipline findings by theme in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #13	Distribution of discipline finding by type in CY 2020
Description	The total number of each type of finding made by a Panel of the Discipline Committee for each of the 13 high level findings for both formal complaints and Registrar’s Investigation (as identified under Findings section).
Calculation Method	<p>1. Report the total number of findings made by a Panel of the Discipline Committee across each of the following findings for all formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given finding is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no findings have been received for a theme, report in CPMF Reporting Tool as “0”. - Where there are multiple findings for a discipline decision, each finding related to the discipline decision should be included in the count. - Where one of the findings within a decision could be categorized under multiple categories, Colleges are asked to report the finding they deem most appropriate.
<p>Findings:</p> <p>Sexual abuse:</p>	<p>Description of Findings</p> <p>Matters that deal with a registrant engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p>

Context Measure #13	Distribution of discipline finding by type in CY 2020
Incompetence:	Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fail to maintain standard:	Matters where a registrant's practice did not meet reasonable expectations placed on the registrant by his or her College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.
Improper use of a controlled act:	Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.
Conduct unbecoming:	Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms his/her standing of the profession in the eyes of the public.
Dishonorable, disgraceful, unprofessional:	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
Offence conviction:	Matters where the registrant has been found guilty of an offence that is relevant to the registrant's suitability to practise.
Contravene certificate restrictions:	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.

Context Measure #13	Distribution of discipline finding by type in CY 2020
<p>Finding in another jurisdiction:</p> <p>Breach of orders and undertakings:</p> <p>Falsifying records:</p> <p>False or misleading document:</p> <p>Contravene relevant Acts:</p>	<p>Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.</p> <p>Matters where a registrant has contravened, by act or omission, a restriction placed on his or her practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.</p> <p>Matters regarding a registrant’s financial and patient records, where the registrant was found to have intentionally falsified a record.</p> <p>Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p> <p>Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant’s suitability to practise.</p>
Exclusions	<ul style="list-style-type: none"> All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period.
Inclusion	<ul style="list-style-type: none"> All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #13	Distribution of discipline finding by type in CY 2020
Definitions	<p>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.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Table 24: Context Measure – the distribution of discipline orders by type in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #14	Distribution of discipline orders by type in CY 2020
Description	The total number of each type of order made by a Panel of the Discipline Committee for each of type of order (as identified below under Orders section).
Calculation Method	<p>1. Report the total number of orders made by a Panel of the Discipline Committee for each type of order for all formal complaints and Registrar’s investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given order is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no orders have been received for a theme, report in CPMF Reporting Tool as “0”.
<p style="text-align: center;"><u>Orders:</u></p> <p>Revocation</p> <p>Suspension</p>	<p style="text-align: center;"><u>Description of Orders</u></p> <p>Occurs where a Panel of the discipline or fitness to practice committee makes an order to “revoke” a certificate of registration which terminates the registrant’s registration with the College and therefore his/her ability to practice the profession.</p> <p>A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse), • Practice the profession in Ontario, or • Perform controlled acts restricted to the profession under the <i>Regulated Health Professions Act, 1991</i>.

Context Measure #14	Distribution of discipline orders by type in CY 2020
<p>Terms, Conditions and Limitations on a Certificate of Registration</p> <p>Reprimand and an Undertaking</p> <p>Reprimand</p>	<p>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 College's website.</p> <p>An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the Panel has with his or her practice</p>
Exclusions	<ul style="list-style-type: none"> • All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period. • Allegations referred to discipline that were withdrawn before a hearing is complete.
Inclusion	<ul style="list-style-type: none"> • All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #14	Distribution of discipline orders by type in CY 2020
Definitions	<p>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.</p> <p>Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

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

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Briefing Note for Council

Meeting Date:	January 14, 2021
Agenda Item #	12
Issue:	Council evaluation
Attachment(s):	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

Council and statutory committee members must have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. Rigorous and regular evaluation assists in identifying and addressing any deficits. An independent, evaluation completed by an external expert can provide essential insight into how the Council functions as a group.

Background:

As part of its comprehensive governance review, Council identified the need and benefit of evaluating individual members as well as committee and Council efficacy. As a starting point, a set of competencies were developed and adopted as the foundation for review. In August Darrel Pink, who completed the governance review, provided an initial education session to Council on best-practices related to evaluation.

Following this, Council directed that the Executive Committee – as part of governance stewardship - should direct staff to undertake the work that needs to be done to develop and implement a comprehensive evaluation strategy.

As part of the College Performance Measurement Framework, CRPO will be required to demonstrate that “Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.” The evidence required for this is that:

- a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 - i. Council meetings;
 - ii. Council
- b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

Next steps:

Council will receive a presentation from Mark Goldberg, a consultant working with [Pollinate](#), on potential approaches to developing and implementing an evaluation program for Council and committees.

Council will be asked to provide direction to the Executive Committee regarding next steps.

COUNCIL MINUTES

Friday, November 20, 2020
9:30 a.m. to 12:00 p.m.
ZOOM videoconference

Council Members:

Heidi Ahonen
Andrew Benedetto, RP

Steven Boychyn
Shelley Briscoe-Dimock, RP (President)
Gary Cockman
Kali Hewitt-Blackie, RP
David Keast
Kenneth Lomp, RP (Vice-President)
Michael Machan, RP
Miranda Monastero, RP
Judy Mord, RP
Jane Snyder
Radhika Sundar, RP
Kathy-Ying Zhao

Staff Members:

Deborah Adams, Registrar
Amy Fournier, Executive Coordinator
(Recorder)

Regrets

Keri Selkirk

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:30 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-20NOV2020 – M01

That the agenda of the November 20, 2020 meeting of Council be approved as amended. Item #11 Zoom Tutorial was moved to item #4. Item #4 Governance Reform Initiative: Succession Planning was revised to indicate that the item is for discussion, not for decision.

Moved: A. Benedetto
Seconded: M. Machan
CARRIED

3. Conflict of Interest Declarations

None declared.

4. Zoom Tutorial

A. Fournier, Executive Coordinator, provided Council with instruction on the different Zoom views that could increase effectiveness of Council members working virtually.

5. Governance Reform Initiative: Succession Planning

D. Adams, Registrar, introduced the item noting that the documents are still in the early planning stages and are intended for discussion. She noted the work that the Executive Committee has been doing to develop leadership positions and how these succession planning documents can be used in the CRPO new Council member onboarding orientation process. The documents may also be used to inform Council members what a leadership position at the College looks like and encourage them to pursue those positions. The Executive Committee is considering a mentoring program to provide support and guidance to new Council members. Council discussed potential limitations that may be involved such as member turnover and ensuring required competencies are well represented. The Executive Committee will bring forward a more detailed plan and role descriptions at the January 14, 2021 Council meeting. A governance calendar and any required by-law changes will follow.

6. Council Member Compensation

S. Briscoe-Dimock introduced the topic and acknowledged the discrepancies between public and professional Council member compensation. The proposed changes to the *Per Diem & Honoraria Remuneration of Council & Committee Members* policy were made to better reflect current practice and simplify the processing of expense claims. Council discussed remuneration rates and whether or not there was general support for an increase. Staff was directed to model a reasonable increase as part of the budget that will be proposed for the next fiscal year. Any proposed changes will be brought forward by the Executive Committee in 2021.

MOTION C-20NOV2020 – M02

that Council approves the revised *Per Diem & Honoraria Remuneration of Council & Committee Members* policy for adoption.

Moved: M. Machan
Seconded: J. Mord
CARRIED

7. Non-Council Committee Assignments

S. Briscoe-Dimock introduced the non-Council committee assignments and highlighted the time that the Executive Committee spent considering the competencies of the new non-council members and to which committee they would be best suited for appointment.

MOTION C-20NOV2020 – M03

that Council ratify the non-Council committee member assignments made by the Executive Committee.

Moved: K. Hewitt-Blackie
Seconded: M. Machan
CARRIED

8. College Performance Measurement Framework (CPMF) Update

D. Adams provided Council with background information on the Ministry of Health's CPMF initiative. The final version of the framework has not yet been provided by the Ministry of Health, however, work among Health Profession Regulators of Ontario (HPRO) colleges continue to meet regularly to ensure consistent and measurable progress. Components of the CPMF will come forward to committees and will become a standing item for Council in 2021.

9. New Registrant Management System (RMS) Update

D. Adams, Registrar, noted that CRPO's Director of Operations is taking the lead on the new RMS, along with significant input from management. Leading up to the launch of the new RMS on January 20, 2021, the system will have limited functionality from January 4-18. As such, the CRPO application for registration will be unavailable during this time frame. CRPO has already begun to communicate these changes to registrants and will continue to do so as required.

10. Quality Assurance Program Update

D. Adams informed Council that the QA program, as it is currently administered, will not be sustainable from an operational perspective now that registrant numbers are approaching 8,000. Staff have been working with a consultant in order to propose an approach to the QA committee for reviewing the program from a risk-based approach and to support the growing number of registrants. The QA Committee will report back on this work at a future meeting.

D. Adams also noted that, in order to take advantage of the new RMS development, components of the current professional development submission would go offline and be available as fillable PDF tools.

11. Registrar's Report

D. Adams directed Council to her report included in the meeting package. In addition to the written report, D. Adams provided verbal updates including staff attendance at the virtual Canadian Network of Agencies of Regulation (CNAR) conference, staff meeting with the Office of the Fairness Commissioner (OFC) and an update regarding the entry to practice exam.

12. Consent Agenda

Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the president prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The consent agenda is approved under one motion.

- Draft minutes of October 1, 2020
- Committee Reports

MOTION C-20NOV2020 – M04

That Council approve the consent agenda as presented.

Moved: J. Snyder

Seconded: R. Sundar

CARRIED

13. **Council Question Period**

No questions were raised.

14. **ADJOURNMENT**

MOTION C-20NOV2020 – M05

That the meeting be adjourned at 11:41 a.m.

Moved: M. Monastero

Seconded: J. Mord

CARRIED

DRAFT

Discipline Committee Report to Council

January 14, 2021

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP
- Gary Cockman, Chair (term ending January 7, 2021)
- Carol Cowan-Levine, RP (Non-Council Committee Member)
- Kathleen (Kali) Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Judy Mord, RP
- Jane Snyder
- Keri Selkirk
- Radhika Sundar, RP
- Kathy-Ying Zhao

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Referrals:

Since the last Council meeting, we have received no new referrals to Discipline.

Hearings:

Since the last Council meeting, the following hearings have occurred:

- CRPO v O'BRIEN: November 23, 2020
- CRPO v FRIENDORF: November 30, 2020
- CRPO v SOUSA: December 1, 2020

The following hearings are scheduled:

- CRPO v HARAMIC: January 12, 2021
- CRPO v LA ROSE: January 26, 2021

Two additional hearings are awaiting scheduling.

Pre-hearing Conference:

No pre-hearing conferences have occurred since the last Council meeting.

Motions/Submissions to the Chair:

No motions have occurred since the last Council meeting.

Training

Since the last Council meeting, nine Committee members participated in training on November 26 and 30, 2020. Monica Zeballos-Quiben and Jennifer Hunter (ILC) provided Committee members with sexual abuse training from the Discipline perspective (e.g. review of legislation, history, etc.), including a mock hearing.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Discipline Committee's Report to Council be accepted as presented.

Respectfully submitted,

Gary Cockman
Chair, Discipline Committee

Inquiries, Complaints and Reports Committee Report to Council

January 14, 2021

Committee Members
<ul style="list-style-type: none"> • Steven Boychyn • Shelley Briscoe-Dimock, RP (Chair) • David Bruce, RP (Non-Council Committee Member) • Kimberly Cato, RP (Non-Council Committee Member) • Kathleen (Kali) Hewitt-Blackie, RP • Kenneth Lomp, RP • Miranda Monastero, RP • Judy Mord, RP • Carla Ribeiro, RP (Non-Council Committee Member) • Kafui Sawyer, RP (Non-Council Committee Member) • Keri Selkirk • Jane Snyder • Kathy Zhao

Plenary meetings:

- N/A

Panel meetings:

- November 25, 2020
- November 27, 2020
- December 11, 2020
- December 16, 2020

General Summary

Current fiscal (to date) April 1, 2020-Present		
	Received¹	Decisions Released²
Formal Complaints	45	45
Registrar's Investigations	8	10
Incapacity Investigations	2	3

Referrals for a hearing (to date) April 1, 2020-Present	
Discipline Referrals	6
Fitness Referrals	3

ICRC is excited to welcome 4 new professional Committee members: David Bruce, Kimberly Cato, Carla Ribeiro and Kafui Sawyer. Staff worked with all new Committee members over the last few months to ensure necessary training was completed. As of January 2021, all new members are prepared to begin participating in panel meetings independently.

¹ Does not include files opened in previous fiscal years.

² Includes files opened in previous fiscal years.

Given the increased number of professional committee appointees, a third panel has been formed and will begin meeting in 2021. This addition will address the need for more frequent panel meetings to consider interim orders, formal investigator appointments and an increased number of complaint and report decisions, staff have scheduled more frequent meetings for the new year. This will also assist with reducing current processing times for College investigations.

Respectfully submitted,

Shelley Briscoe-Dimock, RP
Chair, Inquiries, Complaints & Reports Committee

Registration Committee Report to Council

January 14, 2021

Committee Members
<ul style="list-style-type: none"> • Andrew Benedetto, RP (Chair) • Heidi Ahonen, RP • Elda Almario, RP (Non-Council Committee Member) • Gary Cockman • David Keast • Michael Machan, RP • Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment) • Ahil Nageswaran, RP (Non-Council Committee Member) (as of TBD) • Radhika Sundar, RP

Committee meetings:

None.

Panel meetings:

- November 27, 2020

Panel Meetings

A half-day meeting took place on November 27, 2020 via videoconference. Below are the statistics for this meeting.

Total applications reviewed	8
Approved	0
Refused	4
Conditional Approval	2
Terms, Conditions & Limitations	2

Applications that meet the registration requirements can be approved at the staff level. The majority of applications are approved by staff without requiring review by the panel. Applications that do not appear to meet the requirements are referred to panel for further review. Only the panel has the ability to refuse applications (staff do not). Because of this, the number of applications refused by the panel is typically higher than the number of applications approved by the panel.

Health Professions Appeal and Review Board Update

Since the November 20, 2020 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned one decision. HPARB confirmed the Committee's refusal.

HPARB orders and reasons are posted on CanLii. The decision can be found here:

- [A.C. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)

When an applicant appeals to HPARB, they have the opportunity to make additional submissions in response to the panel's decision and reasons. This sometimes reveals new

information not available to the panel that made the original decision. When HPARB returns an application to the College for reconsideration, it is often because new information has come to light. Returning the application for reconsideration allows the panel to review the new information and decide if it changes their original decision.

Formal Motions to Council

- n/a

The Committee Recommends:

- That the Registration Committee's Report to Council be accepted as presented.

Respectfully submitted,

Andrew Benedetto, RP
Chair, Registration Committee

Quality Assurance Committee Report to Council

January 14, 2021

Committee Members

- Kenneth Lomp, RP (Chair)
- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Kali Hewitt-Blackie, RP
- Miranda Monastero, RP
- Kayleen Edwards, RP (Non-Council Committee Member)
- David Keast (Public Member)
- Brenda Sedgwick, RP (Non-Council Committee Member)
- Jane Snyder (Public Member)
- Kathy Zhao (Public Member)

Committee meetings:

- December 10, 2020 - Plenary

The Quality Assurance Committee met on December 10, 2020 for a plenary meeting. The following items were discussed:

1. College Performance Measurement Framework
2. Quality Assurance Program Review, including a presentation by Anthony Marini, QA Consultant. The Committee agreed to proceed with the development and implementation of a revised QA program that supports a right touch, risk-based approach to regulation and that benefits professional development by focusing on regulatory obligations.
3. Peer Circle Workshop, Jane Alway, RP from OAMHP facilitated a Peer Circle workshop about Informed Consent.
Professional Council members were invited to attend this workshop; Shelley Briscoe-Dimock and Radhika Sundar participated.
4. Peer and Practice Review Update
5. QA Portal Communications Update

The Committee Recommends:

That the Quality Assurance Committee's Report to Council be accepted as presented.

Respectfully submitted,

Kenneth Lomp RP
Chair, Quality Assurance Committee