



College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023 | Published: March 31, 2024

Summary

2023 was a notable year for the College as it pursued its ongoing commitment to meaningful Truth and Reconciliation in healthcare regulation by seeking opportunities to work towards improving equitable access to excellent footcare in the province. As a small regulator, we have achieved big results in 2023 in these important areas.

Although the College has implemented a Land Acknowledgement and has worked with the other Regulated Health Professions Act Regulators to build on equity, diversity and inclusivity (EDI) initiatives, the College focused its resources and efforts on optimizing external stakeholder EDI to improve healthcare for Ontarians. In particular, the College has worked towards increasing equitable access to footcare specialists for Ontarians living in the former Northeast and Northwest local health integration networks (LHINs) who are experiencing higher rates of diabetes and higher rates of lower limb amputations. When the College received Ontario-based data demonstrating that the rates of lower limb amputations in the former Northeast and Northwest LHINs is triple the rates of lower limb amputations elsewhere in the province, with an average age of 54 years old for the first lower limb amputation, the College acted on the data and has made significant efforts to connect with leaders from underserved communities to address inequities.

In June 2023, the College attended the Annual General Meeting of the Chiefs of Ontario and met with the Health Committee to discuss solutions to the alarming rates of lower limb amputations in First Nations communities. With the full support of the Health Committee, the College put forward the adoption of the podiatry model as a means of ensuring equitable access to high quality footcare throughout the province and, in particular, among First Nations communities who are more significantly experiencing devastating lower limb loss. The College, relying on Ontario-based research demonstrating that access to footcare specialists can play an instrumental role in the reduction of lower limb amputations, spoke to the need to move to the podiatry model which would see the legislative restriction on registering podiatrists removed and scope expansion for both chiropractors and podiatrists to eliminate the need for costly delays in referring patients back and forth to a physician.

The College also improved its Quality Assurance measures by requiring Registrants to complete EDI content for Registrants and by developing a surgical practice assessment tool for Registrants who perform surgeries. The College further improved its direction and transparency for Registrants and other stakeholders with the approval by Council of the new Surgical Standard and a new Acupuncture standard. With efforts focused on providing assistance and practice resources to Registrants to help them provide the best services they can, the College has engaged in Right Touch Regulation, aiming to avoid complaints and Registrar's Investigations where possible.

Finally, the College improved its Patient Relations Guide in respect of Sexual Abuse in 2023, in recognition of the increased number of sexual abuse complaints and the important role the College has to play in supporting victims of Sexual Abuse.

Overall, the College has experienced continuous improvements in 2023 that position the College well in 2024.

Table of Contents

Introduction	4
The College Performance Measurement Framework (CPMF).....	4
CPMF Model.....	5
The CPMF Reporting Tool	7
Completing the CPMF Reporting Tool	7
Part 1: Measurement Domains	8
DOMAIN 1: GOVERNANCE.....	8
DOMAIN 2: RESOURCES.....	26
DOMAIN 3: SYSTEM PARTNER	30
DOMAIN 4: INFORMATION MANAGEMENT	32
DOMAIN 5: REGULATORY POLICIES	34
DOMAIN 6: SUITABILITY TO PRACTICE.....	37
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	50
Part 2: Context Measures	54
Table 1 – Context Measure 1.....	54
Table 2 – Context Measures 2 and 3	56
Table 3 – Context Measure 4.....	57
Table 4 – Context Measure 5.....	58
Table 5 – Context Measures 6, 7, 8 and 9	60
Table 6 – Context Measure 10	62

Table 7 – Context Measure 11	64
Table 8 – Context Measure 12	65
Table 9 – Context Measure 13	66
Table 10 – Context Measure 14	68
Glossary.....	69

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

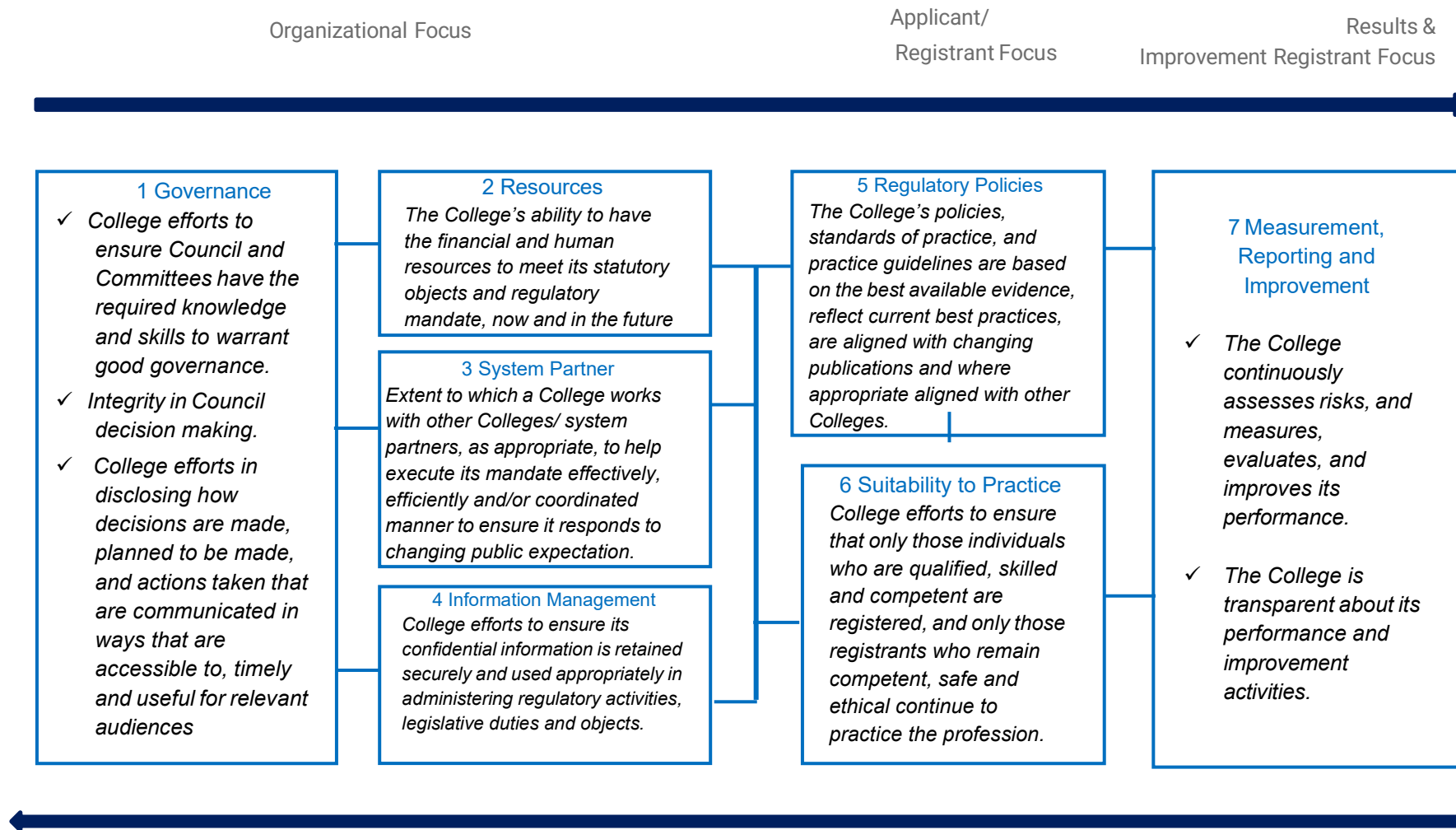


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

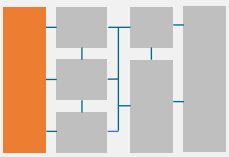
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>• The competency and suitability criteria are public: No <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></p> <p>Professional members are elected by their peers in regional elections. There are basic requirements in the College's Bylaw 1 (Article 50 – Eligibility for Election) that set out the eligibility to run for election to Council. To be eligible to run for election, registrants must do the following:</p> <ul style="list-style-type: none"> • Meet the requirements set out in the bylaws (for example, must be a holder of a general class certificate with no restriction, no revocations or suspension in the previous six years and has not been the subject of any professional misconduct, incompetence or incapacity finding in the previous three years, among other things). • Complete a conflict-of-interest form, which is provided by the College upon receipt of the candidate's nomination. <p>In January 2023, Council voted to amend the eligibility criteria in Bylaw 1 to disqualify registrants in the following circumstances from standing for election:</p> <ul style="list-style-type: none"> • Registrants with a notation of a caution or specified continuing education or remedial program on the Public Register; • Registrants with a notation on the register of an undertaking provided to the College as a result of a decision or proceeding of the Discipline Committee, the ICRC or the Fitness to Practise Committee; • Registrants who are the subject of an undertaking provided to the College as a result of a decision or proceeding of the Discipline Committee, the ICRC or the Fitness to Practise Committee; • Registrants who are the subject of an interim order made by a panel of the ICRC; • Registrants who have breached Bylaw 4: Code of Conduct of Councillors and Committee Members <p>These additions are found in the College's Bylaw 1 (Article 50 – Eligibility for Election) – sections v.1, v.2, v. 3, v.4 and v.iii 1.</p> <p>When a candidate submits the conflict-of-interest form, they must confirm the following:</p>

			<ul style="list-style-type: none">• They have read and understand Bylaw 4: Code of Conduct of Councillors and Committee Members• If elected, they will behave in accordance with Bylaw 4• They do not have a conflict of interest. <p>Prior to standing for election, candidates must complete a knowledge, skills, and experience matrix. The assessment requires candidates to self-reflect on their competency in the following areas: finance, human resources, regulatory knowledge, clinical experience, leadership/change management, health system knowledge, strategic planning, risk management, technology skills, governance, continuous quality improvement, critical thinking, and stakeholder relations/communications.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Duration of orientation training. <p>An introductory orientation is provided by the Registrar as an initial one-on-one meeting followed by an intensive orientation for all Council and ICRC and Discipline Committee members. In 2023, the intensive orientation was half a day and delivered in-person. The format was lecture and discussion with reference to relevant legislation and case law. The orientation was delivered by the Registrar, the Deputy Registrar and Manager, Professional Conduct and Hearings and the Manager, Registration, Examinations and Quality Programs.</p> <p>The College provides governance training for new Council members, which was developed by external legal counsel.</p> <p>The College also includes an educational/orientation component at Council meetings. In 2023, the College had speakers on the full-scope podiatry model, good governance/governance reform, indigenous health, and accommodation in the registration examination process.</p> <ul style="list-style-type: none"> Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). <p>In 2023, orientation was held in-person.</p> <ul style="list-style-type: none"> Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Topics included introduction to regulation, regulation modernization, right-touch regulation, bias/conflict of interest, introduction to ICRC and the Discipline Committee.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	
	b. Statutory	Committee	The College fulfills this requirement:	Choose an item.

		<p>candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The competencies for statutory and non-statutory committee service can be found on the College's website, Mandate of Statutory and Non-statutory Committees of the College.</p> <p>Eligibility criteria for registrants to serve on a statutory committee are found in article 53.06 of Bylaw 1: General.</p>
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		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></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>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Education sessions at the committee level are a full day or half a day, depending on the nature of the committee, statutory or other changes impacting the committee and the size of the committee. The Discipline Committee, ICRC, Quality Assurance Committee, Registration Committee also meet for 1-2 business meetings a year, and the content of those meetings includes an educational component. In addition, there is periodically orientation for statutory committees when there are process changes specific to the role and functioning of the committee.</p> <p>In 2023, orientation occurred in-person. Orientation is provided by the Chair, staff, and legal counsel, where relevant. New members of the Discipline Committee attend the Health Profession Regulators of Ontario’s Basic Discipline Workshop, while more experienced members attend the advanced session. Also, new Council members attend HPRO’s two-day governance training.</p> <p>Committee education is specific to the role of the committee, but all include the following:</p> <ul style="list-style-type: none"> • Committee’s legislated mandate and members’ roles and expectations • Relevant legislation (RHPA, 1991, SPPA) • Procedural fairness and confidentiality provisions specific to the committee • Conduct Bylaw • In-depth orientation for specific knowledge related to committee role, for example: <ul style="list-style-type: none"> ○ Interim orders, governability, unconscious bias – ICRC ○ Sexual abuse, decision writing – ICRC and Discipline Committee ○ Conducting practice assessments – QA Committee ○ Exam writing – Examinations Committee <p>Registrants who take on specific roles (for example, pre-hearing chairs, panel chairs, assessors) have specialized training, and special training was provided in 2023 for Chairs of all College committees.</p>

A survey is distributed following all orientation sessions that solicits feedback from participants to inform the College of improvements for future presentations.

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

Choose an item.

Additional comments for clarification (optional):

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The Registrar provides an introductory orientation as an initial one-on-one meeting for 40 minutes to an hour followed by an intensive orientation for all Council and ICRC and Discipline Committee members. The intensive orientation is 3 hours and is delivered in-person. The format is lecture and discussion with reference to relevant legislation and case law. The orientation is delivered by the Registrar and the Deputy Registrar & Manager, Professional Conduct and Hearings.</p> <p>The College also provides governance training for new Council members that was developed by external legal counsel.</p> <p>Also, the Ministry has instituted a governance training course for publicly appointed Council members, and there is an expectation that all publicly appointed members maintain currency of this training (repeated every five (5) years). The Ministry Training is online via self-directed modules.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p> <p>To review an example of the post-Council meeting feedback survey, please review pages 13-19 of the September 2023 meeting material.</p>	
	Met in 2022, continues to meet in 2023	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> The initial third-party assessment was completed at the January 2023 Council meeting, and it will be conducted on a three-year cycle going forward. The next assessment is planned for January 2026. • Please indicate the year of the last third-party evaluation. <p>The College retained a regulatory consultant to evaluate the College Council's effectiveness, and the evaluation was completed in January 2023. Going forward, similar evaluations will be conducted every three years.</p> <p>The evaluation assessed the following criteria:</p> <ul style="list-style-type: none"> • Council Member Orientation, Competency and Ongoing Council Member Training <ul style="list-style-type: none"> ○ Competency assessment prior to running for election. ○ Orientation ○ Ongoing training ○ Education items on Council agenda ○ Post-Council meeting survey • Council meeting materials <ul style="list-style-type: none"> ○ Materials include briefing notes ○ Notice of the meeting on the College's website ○ Minutes are posted on the College's website ○ Conflict of interest form included ○ Materials available in French and English • Council Chair Effectiveness <ul style="list-style-type: none"> ○ Chair conducts meeting in an orderly fashion ○ Mover and seconder identified for each motion ○ Chair addresses any conflict of interest ○ Chair invites discussion ○ Chair ensures consensus and takes a vote ○ Chair is respectful and professional ○ Chair addresses quorum issue ○ Chair includes virtual participants • Council members <ul style="list-style-type: none"> ○ Are respectful and prepared for the meeting ○ Discussion is focused on the public interest ○ Familiar with RHPA and relevant legislation ○ Members understand right-touch regulation 				

			<p>The results of the evaluation inform improvements to Council's functioning. The evaluation is available on 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?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College distributes a survey for completion by Council members following each Council meeting, as well as following statutory committee meetings/orientation. The College uses feedback in the surveys to improve future meetings and provide targeted training. An example of the survey can be found in the September 2023 Council information package on pages 13-19.</p> <p>In May 2023, Council received governance training (including an interactive workshop) about the health regulation model, decision-making model, governance, fiduciary duties, and confidentiality to address identified gaps in Councilor education. It also received a presentation on governance reform from the Registrar of the College of Social Workers and Social Service Workers of Ontario.</p> <p>In January and May 2023, the Discipline Committee received training on decision writing and pre-hearing conferences, based on feedback from the Committee that it needed more support in those areas. The ICRC received orientation on HPARB and its mandate to enhance the Committee’s understanding that conducting adequate investigations and reaching reasonable decisions is important.</p> <p>In September 2023, the ICRC received training on governability and how to identify concerns related to governability when screening complaints and reports. Also, the ICRC and Discipline Committee both received training on procedural fairness based on the needs identified by Committee members.</p> <p>In response to a desire for additional training from the Quality Assurance Committee (QAC), in September 2023, the Committee received training on reviewing assessments with a risk-based approach. Updates to the College’s risk assessment framework were made and reviewed with the Committee for implementation.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year.</u> <p><u>Risk Management</u></p> <p>As part of its risk management training for Council, the College implemented an educational/orientation component at Council meetings. In 2023, Council heard from speakers on good governance/governance reform, and accommodation in the context of registration examinations. For example, in May 2023, Council received a presentation on good governance, which included Council’s responsibility to manage risk to the College (reputational, financial and other risk) through prudent financial and other oversight, leadership and to ensure the College meets its strategic objectives.</p> <p>The College also holds annual or bi-annual business meetings for all statutory committees, and a large component of the meeting(s) involves orientation to mitigate risk. For example, at its May business meeting the Discipline Committee received training on decision writing to ensure its decisions are sufficient and well-reasoned to withstand an appeal, thereby mitigating financial and reputational risks to the College.</p> <p><u>DEI</u></p> <p>As part of the College’s work to develop a strategy that will promote equity, diversity, and inclusion in the regulation of chiropractic and podiatry, training and continuous support for Council and Committees is a key component that continues to be developed. In January 2023, Council received a presentation on the position paper the College drafted to support the adoption of the full-scope podiatry model in Ontario. The paper cites data, collected from former LHINs, that indicates that Ontarians without access to a chiropractor or podiatrist have triple the rate of lower limb amputations because of diabetes, and that those rates are highest in First Nations and Indigenous populations. The position paper was endorsed by the First Nations Health Managers Association. The Chiefs of Ontario, following a presentation by the College to their Health Committee in June 2023 also endorsed the adoption of the podiatry model in the province.</p> <p>HPRO’s EDI Organizational Self-Assessment and Action Guide (including Equity Impact Assessment Tools) will help the College better understand public expectations. Training opportunities continue to be identified, and the College will participate in HPRO training for all Colleges as part of HPRO membership.</p> <p>The College will be following the guidance for demonstrating commitment to EDI at the Council level, including representation, awareness, and appointments, and mitigating unconscious bias in decision making at both system and personal levels. The College continues to work with stakeholders to move towards the podiatry model to create more equitable access to footcare services across the province.</p> <p>The College’s Quality Assurance Committee, for the second year, approved mandatory Continuing Education requirements for Registrants in EDI to ensure Registrants understand the connection between better healthcare, improved outcomes and the potential for bias and negative stereotyping to interfere with both.</p>	<p>Yes</p>
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Modernization

Council also received orientation on the principles of modernizing regulation, with a presentation by Denitha Breau, the Registrar of the Ontario College of Social Workers and Social Service Workers on the governance review it undertook with Harry Cayton and Deanna Williams.

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

Choose an item.

Additional comments for clarification (optional):

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure: 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p style="margin-left: 20px;">i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect</p>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The College’s Bylaw 4: Code of Conduct for Councillors and Committee Members was amended in September 2023. Specifically, the conflict-of-interest provisions were enhanced, and more detail was included about how to address a conflict of interest, including identifying and dealing with conflicts another Council or Committee member may have. The amendments also include a deemed conflict of interest for the selected Council member, being a faculty member employed by the Michener Institute, and any other member who is employed by an educational institution that has a chiropody or podiatry program, in respect of any decisions relating to a chiropody or podiatry program and/or chiropody or podiatry students enrolled in such a program (Article 4.03).</p> <p>In early 2022, the College updated the conflict-of-interest declaration that Councillors sign prior to each Council meeting. The declaration now includes a worksheet that provides specific examples of the types of conflicts Councillors should be considering when reviewing the Council material package and prior to signing the declaration. A copy of the worksheet and declaration form are available on the College’s website, pages 1-8.</p> <p>The College’s code of conduct and conflict of interest policies will be reviewed using HPRO’s EDI Organizational Self-Assessment and Action Guide, specifically using guidance on meaningful and safe engagement, types of feedback, applying an intersectional lens, and equity in consultations. The College will examine its organizational policies and procedures to identify opportunities for reducing barriers to equity, diversity, and inclusion leading to EDI and anti-racism being ingrained in the College’s culture.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.		

		additional issues, expectations, and emerging initiatives unique to a College or profession.	<i>Additional comments for clarification (optional)</i>
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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The College's Bylaw 4 sets out the conduct for councilors and committee members, and it contains the Code of Conduct and Conflict of Interest provisions Council and committee members are required to follow. Council sets its conflict-of-interest provisions in a bylaw so that it is enforceable by Council. Bylaw 4 sets out the standard for behaviour and identifies, in detail, specific expectations related to conflicts of interest and confidentiality. Bylaw 4 also outlines how the Bylaw will be enforced and the potential consequence of breaching its provisions.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.
		b. The College enforces a	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

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

Further clarification:

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

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

The cooling off period was embedded in Bylaw 1 at the Council's February 25, 2022 meeting.

- Please provide the length of the cooling off period.

The cooling off period is one year.

- How does the College define the cooling off period?

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

i) a director, officer or member of the governing body of the organization;

ii) Executive Director, Chief Administrative Officer, or another person with similar duties in the organization; or

iii) a position which the Elections Committee of the College determines is one which would create a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization.

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

[Bylaw 1](#) can be found on the College's website. The cooling off period is outlined in Article 50.

- Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**

The [minutes of the October 2021 Council](#) meeting are available on the College's website. Council discussed the appropriate length of the cooling off period at that meeting – page five of the minutes. In February 2022, Council voted to adopt the necessary changes to Bylaw 1 to operationalize the one-year cooling off period, and the [minutes of the February 2022 Council meeting](#), page 3, are available on the College's website.

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

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <p>i. the _____ complete _____ questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires _____ include definitions of conflict of interest;</p> <p>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</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific</u></p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. <p>The conflict-of-interest form was updated in 2022. As noted above, the declaration now includes a worksheet that provides specific examples of the types of conflicts Councilors should be considering when reviewing the Council material package and prior to signing the declaration. A copy of the worksheet and declaration form are available on the College's website, pages 1-8.</p> <ul style="list-style-type: none"> Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes <p>At the beginning of each meeting, the Council President asks Council members if they have any conflict of interest to declare with respect to the agenda, even though councilors will have completed the COI form before the meeting.</p> <p>Depending on the issue, the President will tell Council members to excuse themselves if they have a conflict of interest. When a Council or Committee member declares a conflict of interest, they are required to leave the room (or in Zoom are put into a separate room). The conflict itself, and the fact that the Councilor left the meeting, are noted in the minutes, along with the member's return.</p> <ul style="list-style-type: none"> Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The September 2023 Council meeting material includes the conflict-of-interest questionnaire and is available on the College's website, pages 1-8.</p>	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

to the meeting agenda.

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. <p>Council meeting materials identify the public interest rationale for every decision item and the evidence supporting a decision for any strategic issue, regulatory process, or action when Council is being asked to make a decision. Meeting materials are available online and include the supporting briefing notes for each issue.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>Council meeting material – September 2023 (page 84).</p> <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College’s Registrar applies a legal risk assessment to manage internal and external risks, in consultation with external legal counsel. For example, the College provides briefing notes to Council for decision-making that identify and assess risks to the public and the College. In addition, the College’s Audit Committee, working closely with the College’s accountant and auditor, identify and manage financial risk. In 2023, Council received training from external legal counsel in good governance practices for a professional regulator, including assessing risk to the organization and right touch regulation.</p> <p>Risk management is also integrated in the principles of the College’s Strategic Plan. The Plan contemplates financial oversight, governance oversight and modernization, which all focus on mitigating risk to the College by ensuring it meets best practices. Through the development of recently adopted key performance indicators, the College will continue to evaluate, assess, and mitigate risk. The College also relies on its IT provider to identify risk and make changes, as necessary, to ensure the College’s IT infrastructure is secure.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council meeting minutes and material</p> <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p>
	<p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</p> <p>Choose an item.</p>
	<p>Additional comments for clarification (optional)</p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Executive Committee Minutes</p> <p>The College's Executive Committee, comprised of 5 members of Council, regularly meets monthly, with rare exceptions owing to scheduling issues or a lack of agenda items, to conduct College business and ensure proper oversight in between the three annual Council meetings. All meeting materials, including the minutes, once approved, are posted on the College's website in a timely manner.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Council Minutes and Meeting Material</p> <p>The College aims to distribute and post Council materials two weeks in advance of the Council meeting whenever possible and the materials are consistently posted at least one week in advance. Although the College has returned to all in-person Council meetings, the College provides a link for any observer wishing to attend the meeting virtually. The College posted the Council Meeting minutes, once approved, on its website indefinitely and moves older minutes into archives that remain accessible online. For minutes that are older than 7 years, anyone may contact the College to request the minutes.</p> <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. <p>Notice of Discipline Committee Hearings are posted at least one month in advance to the College's website. The current hearing schedule is available on the College's website.</p>	

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Choose an item.</p>
		<p>Additional comments for clarification (optional)</p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>	<p>College Response</p>		
<p>a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> Please insert a link to the College's DEI plan. <p>The College adopted a Statement on Equity, Diversity, and Inclusion, which recognizes the College's commitment to promoting DEI within Council, by staff and consultants. The College also incorporated a land acknowledgment into the start of each Council meeting that is posted on the College's website. College staff, Council and committee members completed the First Nations University's 4 Seasons of Reconciliations program, and in October 2022, Council voted to include mandatory DEI courses as part of the College's Continuing Medical Education requirements for 2023.</p> <p>For 2024 annual renewal, the College embedded a DEI survey into the annual renewal form. Registrants were asked to provide demographic information to the College on a voluntary and confidential basis to help the College understand the population it regulates.</p> <p>The College's Strategic Plan includes a commitment to modernize and innovate footcare health in Ontario, with the goal that registrants will practice their full scope of demonstrated competencies as determined by the College. The Plan outlines how the podiatry model will enhance patient access to a range of proven and effective footcare services, to reduce pressure on the healthcare system and potentially avoid lower limb amputations. Specifically, the Plan supports access to care for equity seeking groups, such as First Nations and indigenous communities and rural populations. The available, recent Ontario-based data demonstrates that rates of lower limb amputations are significantly higher among Ontarians living in remote Northern and rural communities as well as those in First Nations and Indigenous communities. The data demonstrates that Ontarians with access to treatment by College registrants are less likely to experience serious, adverse outcomes.</p> <p>The College specifically sought input from representatives of equity seeking groups of First Nations communities as to how best to address inequitable access to footcare specialists that is contributing to triple rates of lower limb amputations among First Nations people. With the full support of the First Nations Health Managers' Association and the Chiefs of Ontario, the College has worked with the Ministry of Health and other stakeholders to move towards the full scope podiatry model.</p>		

The College will apply HPRO’s EDI Organizational Self-Assessment and Action Guide to develop an implementation plan. We will ensure that proposed measures to address adverse impacts and/or the new or amended policy, program, or standards are implemented appropriately, considering feasibility, sustainability, and accountability.

- Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.

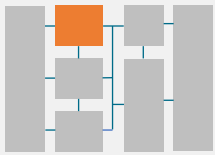
At its January 2023 Council meeting, Council voted to adopt key performance indicators that the Strategic Planning Committee developed in 2022 to measure its performance in achieving the objectives in the Strategic Plan. The [briefing note \(page 106\)](#) for the adoption of the KPIs links the adoption of the podiatry model to the College’s commitment to truth and reconciliation, and to enhancing access to footcare health to remote northern and indigenous communities.

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

Choose an item.

Additional comments for clarification (optional)

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>The College will use HPRO’s EDI Organizational Self-Assessment and Action Guide’s Equity Impact Assessment (EIA) tool to identify and monitor equity impacts and outcomes of policies, programs, and standards on applicants to and registrants. We will incorporate the EIA tool in our sequentially phased approach of information gathering, analyses, and engagement/consultation to assess our policies, programs, and standards.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	



Measure:

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

DOMAIN
 2: RESOURCES
 STANDARD 4

Required Evidence

College Response

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

Further clarification:
 A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Council's meeting minutes from [January](#), [May](#) and [September](#) provide an overview of discussions about activities and projects in the reporting year that support the Strategic Plan.

The 2024 budget was approved by Council in January 2024 – the materials, including the proposed budget, are available in the [January 2024 Council briefing package \(page 183-184\)](#). The operating budget included the following highlights:

- **Inflation – increases in rates for many of the College's vendors because of inflation are reflected in the budget line items for legal, investigation, database management and staff salaries, among others.**
- **Increased number of complaints and reports – the College received twice as many complaints/reports in 2023 than it did in 2022 and the budget reflects a potential increase again in 2024.**
- **Database update – the budget included costs to update the current database (iMIS) to the cloud for better functionality and security.**
- **Staffing – the College anticipates greater staffing needs if proposed changes to registrants' scope of practice (podiatry model) are approved.**

To review how the College's financial resources are divided among various activities and projects, please see the [audited financial statements](#)

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

Choose an item.

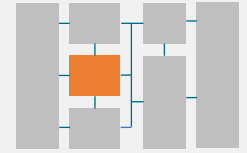
			<i>Additional comments for clarification (optional)</i>
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		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p><u>Link to Policy and Date of Last Review</u></p> <p>At its October 2021 meeting, Council approved the Reserve Fund Policy that sets out the level the College needs to build and maintain in order to meet legislative requirements in the event of unexpected expenses or a reduction in revenue. The Reserve Fund Policy is available on the College’s website.</p> <p><u>Review by Financial Auditor</u></p> <p>The Reserve Fund Policy was reviewed and approved by an external financial auditor and the Chair of the Audit Committee, who is a Chartered Professional Accountant. The Policy was also shared with the College’s accountant to ensure compliance.</p> <p><u>Current Level of Reserves</u></p> <p>As indicated in the most recent financial report to Council in January 2024 (p. 215), the College has \$750,000 in its reserve fund.</p> <p>For more information, please refer to the College’s 2022 CPMF Reporting Tool.</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>In 2021, Council supported an operational review of the College’s staffing by a third-party HR consultant. As a result of the consultation, roles and responsibilities were revised, and additional staff were recruited in 2022 to address identified gaps. Council is regularly informed about any staffing changes from the Registrar in her report to Council or the Executive Committee, though in most cases, the discussions are held in-camera due to confidentiality concerns and privacy obligations. The College does not have formal operational policies that address staffing complement, and Council does not regularly review operational policies, given that its focus is on governance. However, Council ensures the College is sufficiently resourced to successfully carry out its mandate and strategic objectives.</p> <p>In January 2024, Council reviewed a new and comprehensive Employee Handbook for staff.</p> <p>Council has a role in the direct oversight of the Registrar. The Registrar’s Performance and Compensation Committee reports to Council on an annual basis. There is a formal review process that the Committee follows, and it reports back to Council on its review with recommendations for compensation.</p> <p>A Registrar’s coverage plan is in place to provide continued operations of the College if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. In February 2022 (pages 94-95), Council approved a Bylaw change to create a Deputy Registrar position – the purpose of the position is to align the College with other regulators, and to support to the Registrar in her absence and for succession planning purposes. The Deputy Registrar position has been filled since early 2022.</p> <p>Council budgets for staff development on an annual basis, including opportunities to attend regulatory conferences and relevant education sessions.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College does not have a formal data and technology plan, however it regularly reviews and updates the College's data and technology to improve College processes. For example, in 2023, the College upgraded its software licenses with advanced security, access, data control and cyberthreat protection. All staff are required to use College-issued devices or virtual desktops to work on the internal College system, and Council and Committee members access College material via SharePoint or a password protected document-sharing site (i.e. Dropbox). The College moved to cloud-based technology in 2023 and is moving its member platform to the cloud in 2024.</p> <p>The College also engages in annual database updates to improve functionality for registrants. In 2023, the College began tracking CE credits online for registrants and collecting registrant practice information during annual renewal. In 2024, the College budgeted to move its database to the cloud to improve its functionality and enhance its security.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>The College engages with other health regulatory Colleges and system partners to align oversight of practice of the profession and to support public protection. Some of those partnerships or collaborations are outlined below.</p> <p><u>Full Scope Podiatry Model</u></p> <p>The College’s Strategic Plan supports the adoption of the full scope podiatry model (FSPM) in Ontario. To realize this objective, the Registrar met with several key stakeholders in 2023, including representatives from the Ministry of Health, the Ministry of Indigenous Affairs, Chiefs of Ontario, Ontario Health, the professional associations, post-secondary institutions (Michener, Algoma University, NOSM), First Nations Health Managers Association, members of provincial parliament, and the OHA. As a first step, the College drafted a position paper, which was endorsed by the First Nations Health Managers Association. The paper was provided to the Minister for Indigenous Affairs for support, and to have it endorsed by other key stakeholders. The paper uses</p>

Ontario-based LHIN data to highlight the correlation between high rates of diabetes/limb amputation and lack of access to chiropody or podiatry care. The position paper builds on the submission to HPRAC and includes a name change (College of Podiatrists of Ontario) and the development of Ontario-based podiatry program(s).

In June 2023, the Registrar met with the Chiefs of Ontario to discuss the FSPM. The Chiefs of Ontario passed a resolution at their June 2023 Annual General Meeting in support of the FSPM, in recognition of the benefits it will have in addressing triple the rates of lower limb amputations experienced in some First Nations communities.

Collaboration with Other Regulators

- The College regularly, and for specific priorities, collaborates with other regulators. For example, a group of HPRO Registrars worked together to discuss innovative and effective ways reflective of Right Touch Regulation to fulfil the CPMF requirement to have a third-party governance consultant review the effectiveness of Council. The initial proposal to have Registrars review and assess each other's Councils was not supported by the MOH, so the Registrar developed an assessment tool, which was shared and used by other RHPA Colleges. The first governance review was completed in January 2023.
- The College welcomed Denitha Breau, Registrar of the Ontario College of Social Workers and Social Service Workers to speak to Council about the governance review the OCSWSSW underwent and the changes that were recommended as part of the evaluation.
- The College regularly relies on other colleges to provide templates, guidance, or best practice. For example, the College relied on other regulators in developing its Acupuncture standard, its currency of practice guideline and its new HR Handbook. In addition to engagement with Ontario health regulators, the College routinely engages and collaborates with other provincial regulators, including Quebec and Manitoba.

Prescribing Committee

The Registrar is a member of the Prescribing Committee, an ad-hoc committee that includes a group of health regulatory bodies and associations including Optometrists, Naturopaths, Midwives and Pharmacists. The Committee's aim is to develop recommendations for the government on best practices for prescribing standards. The College has taken a lead role in organizing and scheduling meetings of the committee and drafting agendas.

Health Profession Regulators of Ontario (HPRO)

The College is an active member of HPRO and works with its system partners to align with best practices in regulation. Collaboration activities through HPRO in 2023 include:

- HPRO colleges continued to meet regularly to discuss the CPMF and identify potential areas of cross-College collaboration. Information sharing between colleges was helpful in clarifying the interpretation of and data requirements for the CPMF report. Through discussions within the group, Colleges have identified opportunities to collaborate on initiatives such as the third-party governance review and Equity Impact Assessment framework.

- The Registrar attends regular board meetings and biweekly information sharing sessions.
- College staff participate in working groups, including: the Practice Advisors Network, Quality Assurance Working Group, and Investigations & Hearings Group to work collaboratively with other Colleges to develop resources, policies, and standards. From this engagement, the College obtains information about best practices within other colleges, particularly amongst the smaller health colleges. With the move to greater remote work, the College has discussed the possibility of shared IT and office space, and there has been greater collaboration around the practice advisor position and consistency in messaging.
- The College is actively supporting the work of HPRO as it develops supports for colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for the College to use in reviewing its governance practices to reflect current and evolving issues related to Diversity, Equity and Inclusion.

Profession/Sector Engagement

Engagement and collaboration with professional associations and profession-specific stakeholders is vital for the effective regulation of the profession. The engagement allows the College to understand the realities of the broader profession and the impact of regulation on the practice and operation of various practice settings.

- The College has established relationships with the Ontario Podiatric Medical Association (OPMA) and the Ontario Society of Chiropractors (OSC). In April 2023, the Registrar presented at the OSC conference and at the AGM of the OPMA, and both associations have indicated support for the adoption of the full scope podiatry model in Ontario, which is part of the College's strategic plan.
- In 2023, the College held two Town Hall meetings where the Registrar provided College updates to the membership and answered questions from registrants.
- The College joined the Ontario Hospital Association.
- The College is also a member of the Canadian Network of Agencies for Regulation (CNAR) and the Council on Licensure, Enforcement and Regulation (CLEAR) and staff attended both annual conferences in 2023.

Michener Institute for Applied Health Science

- The College works closely with the Michener Institute, which is the only chiropody program offered in Ontario, to ensure that the students are meeting the College's required competencies. For example, the College is developing a learning tool for registrants interested in acting as clinical supervisors for Michener students and will seek the Quality Assurance Committee's approval of recognized CE credits for those registrants.
- In April 2023, the College welcomed graduating Michener chiropody students to the College to meet with the Registrar to learn about the College (and the privilege of being regulated), and to answer questions from the students about the spring registration examinations. The session was well received, and it will be held on an annual basis.

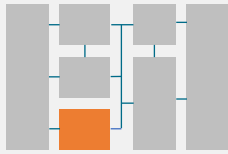
Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

The College responds to changing public and societal needs through ongoing and targeted stakeholder engagement.

- **CAG: The College joined the Citizen Advisory Group (CAG), a panel of patients and caregivers focused on bringing patient perspectives to health regulation. The objective of the CAG is to support public participation and consultation in the regulatory work of Ontario health colleges.**
- **Website: The College continued to make improvements to its website in 2023 to increase transparency and to streamline the content, with a view to revamping the website in the future to make it more accessible and user friendly for registrants and the public – this will include using plain language to improve the website content.**
- **Social media: The College has continued to build its social media presence on [Instagram](#), [LinkedIn](#) and [Twitter](#) to provide registrants and the public with the latest College updates and information about public safety and factors impacting the practice environment.**
- **Town Hall Meetings: In 2023, the College held two town hall meetings, which were an opportunity for registrants to meet the Registrar, discuss the College’s role as a regulator, and engage the membership about issues/concerns facing the profession. Going forward, the College plans to hold at least one town hall per year.**
- **Practice Advisory Service: The College continued to support and refine the role of the Practice Advisory Service in 2023, to provide guidance to registrants and the public regarding the professional obligations of registrants in providing safe, ethical, and competent foot care. Registrants and the public can contact the [Practice Advisor](#) via the College’s website (online form), phone, or email. There are also resources available on the College’s website to answer common practice questions. The Practice Advisor gathers data from inquiries from registrants and the public to guide the development of resources and communications to registrants. FAQs are developed and posted to the College’s website on an as-needed basis. The Practice Advisor also works collaboratively with staff, Council, and committees, to stay informed of trends and to provide targeted education via the newsletter.**



Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

College Response

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

The College has a formal policy that addresses the collection, use, disclosure, and protection of personal or sensitive information it holds. The [Information Sharing with College Stakeholders and Other Professional Regulators](#) policy is available on the College’s website. The College also follows legal advice as to best practices with respect to such matters. All staff, by way of their employment contracts and section 36(1) of the RHPA, are bound by confidentiality requirements. In 2023, the College adopted an HR Handbook that includes a Confidentiality Policy, which sets out that any person employed, retained, elected or appointed to the College will keep confidential all information that comes to their knowledge in the course of fulfilling their role in keeping with the requirements of section 36(1) of the RHPA.

In addition, Council and Committee members are required to review the [Code of Conduct for Members of Council and its Committees](#), which requires that Council and Committee members ensure that confidential information is not disclosed except as required for the performance of their duties, or as directed by Council or the Executive Committee acting on behalf of Council.

Furthermore, registrants’ information in the iMIS database can only be accessed by College staff and the registrant themselves. Registrants’ information is password protected. Standard protocols are followed with respect to the database and IT security.

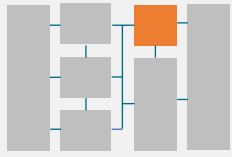
The College also uses secure file transfer via SharePoint and password protects its documentation related to committee uses. Physical copies of documents are securely shredded once they are uploaded to the College’s server. All confidential files are stored in a locked room.

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

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College recognizes cybersecurity and access control as a key area of risk in the health regulatory industry. In 2023, the College made some important expenditures to improve the security of its data. The College migrated its electronic data to the cloud, which allows it to manage data and access with multiple layers of security. The College also upgraded its software licenses with advanced security, access, data control and cyberthreat protection. Ultimately, the College relies on its IT vendor to provide updated cybersecurity measures to protect against unauthorized disclosure of information.</p> <p>In terms of policies, the College’s Information Technology (IT) Security Incident Policy sets out how staff should categorize and manage security breach incidents and unauthorized disclosure of information. The Company Equipment Use Policy sets out the appropriate use of College devices to minimize exposure to ransomware attacks, viruses or equipment failure. Both policies are internal staff policies and are not available on the College’s website.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

For more information, please refer to the [College’s 2022 CPMF Reporting Tool](#).

Review Process

The development of a new standard, guideline or policy (or the review of an existing document) may be triggered by any of the following: healthcare environment, including trends, current affairs or changes to practice and patient experience; legislative or regulatory change; customary policy review every five years; or Council or Committees see a gap that can be addressed by a policy change or development. When any triggering event occurs, the Standards and Guidelines Committee is consulted, and they work closely with staff to develop or revise the practice standard, guideline, or policy.

The process for developing or revising a policy, guideline or standard is:

- 1. Research and Review:** staff research the issue, which may involve jurisdictional and environmental scans to review the position of other Colleges, reviewing complaints or patient experiences to understand the need the document is being created to fill, obtaining feedback from relevant staff, conducting literature review, or reviewing relevant legal issues.
- 2. Analysis and Drafting:** staff analyze the research and develop a first draft of the policy, guideline, or practice standard.
- 3. Consultation:** in some cases, the College will seek public consultation on the draft, or legal advice.
- 4. Review of Feedback and Re-drafting:** Staff reviews feedback and, as appropriate, revises the initial draft to incorporate the consultation feedback.
- 5. Final Implementation:** The policy, guideline or practice standard is presented to Council. If approved, the new document is communicated to the membership via email, the website, and social media.
- 6. Monitoring:** The College monitors adherence to the new document, and its effectiveness. If certain components are not adequately addressing the issue it seeks to solve, the deficiencies can be remediated.

In 2023, the Standards and Guidelines Committee began a systematic review of the College’s standards, guidelines and policies to determine where updates are required. The first round of revisions was reviewed by the Committee in October 2023 and the project will continue throughout 2024.

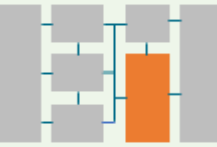
			<p><u>External Stakeholder Engagement/Proactive Monitoring</u></p> <p>In addition to the formal review process, College staff proactively monitor the practice environment through several different mechanisms, including the quality assurance program, complaints and intake trends, practice queries from professionals and the public (received by the practice advisor) and collaboration with external stakeholders.</p> <p><u>DEI</u></p> <p>The College will apply HPRO's EDI Organizational Self-Assessment and Action Guide's Equity Impact Assessment (EIA) tool to identify and monitor equity impacts and outcomes of policies, programs, and standards on applicants to and registrants. We plan to incorporate the EIA tool in our sequentially phased approach of information gathering, analyses, and engagement/consultation to assess our policies, programs, and standards.</p> <hr/> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The College has 17 Standards of Practice, 12 Practice Guidelines, one Advisory and five Policies related to clinical practice.</p> <ul style="list-style-type: none"> i. Evidence and data: <ul style="list-style-type: none"> - The College collects data from various sources, including: <ul style="list-style-type: none"> o Complaints to the College, ICRC, and discipline referrals o Statistical data compiled by the Practice Advisor on matters relating to the source (e.g. registrants, public, stakeholder etc.), method of contact (phone, email, discussion) and nature of the inquiry. o Data obtained through the Quality Assurance Committee and its affiliate programs. ii. The risk posed to patients/public: <ul style="list-style-type: none"> - New standards, guidelines or policies are developed or amended to address omissions or gaps. - For example, in January 2023, Council approved the Declaring Clinical Practice Guideline that sets out the criteria for registrants and applicants to accurately complete their registration and annual renewal declaration regarding chiropody currency of practice requirements. It is important from a risk perspective that only registrants with recent clinical experience continue to practice without restrictions. - Council also approved the Surgical Competencies standard in September 2023. It was developed to address risk by setting out the minimum competencies registrants are required to have when performing surgical procedures. iii. The current practice environment: <ul style="list-style-type: none"> - In September 2023, Council approved the Acupuncture practice standard that sets out the criteria registrants must meet in order to practice acupuncture within their scope of practice. This now gives registrants the ability to include this treatment modality in their practice. iv. Alignment with other health regulatory Colleges: <ul style="list-style-type: none"> - The College often reviews other Colleges’ policies when amending or developing new standards, policies, and guidelines. For example, the Standards and Guidelines Committee relied on the College of Occupational Therapists’ policy in drafting its Acupuncture standard. v. Expectations of the public: <ul style="list-style-type: none"> - The expectations of the public are informed by complaints and other feedback received from the public. vi. Stakeholder views and feedback: 	<p>Yes</p>
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			<p>- In some cases, newly developed Standards following Council approval in principle, are posted on the College website for 60 days for stakeholder feedback before further consideration from Council before a motion is present for Council's consideration.</p> <hr/> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College adopted a DEI statement in which it committed to promoting DEI within Council, staff, and consultants in its approach to professional regulation. The College will continue to embrace education respecting Truth and Reconciliation as well as improving cultural competency to reduce systemic barriers to equitable healthcare, which includes incorporating DEI in the College's policies, standards, guidelines, and the Code of Ethics.</p> <p>The Code of Ethics contains DEI principles. For example, it requires that registrants "treat all patients equitably and with respect" (item 7) and that registrants "refrain from engaging in behaviour that could be construed as harassment or abuse of colleagues, associates, or employees" (item 28). The Patient Relations Standard includes the requirement for registrants to act in a manner consistent with the Human Rights Code (item 1.7 – professional conduct and accountability) and it states: "in cases where the member is unable to communicate in a language which the patient can understand, every effort should be made to arrange for an interpreter at the next and subsequent visits" (item 4 – communications).</p> <p>In 2024, the College will continue to embed the principles of DEI into its standards of practice, guidelines, and policies. As the Standards and Guidelines Committee undertakes its review to update and modernize standards, guidelines, and policies, it will be guided by the rights of everyone to access healthcare without discrimination, harassment, and reprisal as set out in Ontario's <i>Human Rights Code, 1990</i> and the <i>Truth and Reconciliation Commission of Canada: Calls to Action (2015)</i>.</p> <p>During the next reporting period, the College plans to include a DEI focus when reviewing policies, guidelines, standards, and the Code of Ethics. The following actions are being planned for 2024 to accomplish this objective:</p> <ul style="list-style-type: none"> • Inclusion of DEI perspective while reviewing external policies, guidelines and standards that would incorporate: <ul style="list-style-type: none"> ○ Inclusive language. ○ Assessment of policies' potential impact on individuals with different gender identities, sexual orientation, age, disability status, parental status, and other demographic characteristics. Potential development of a health equity impact assessment tool (through HPRO) for review of these policies would help in achieving this. ○ Emphasizing registrants' feedback on policies from an inclusivity perspective. • Consideration of DEI lens (i.e. religious holidays) when scheduling College events, such as Town Hall meetings, Council meetings, and examinations. • Establishment of resources, guidelines, and training for staff members to review policies and practice resources from a DEI lens. • Developing more video resources for the public to explain regulatory processes in a more accessible way. For example, the College recently developed two videos that explain, in plain language, the complaints process. • Continue to update the College website to make it more accessible to a wider audience. <p>The College apply HPRO's EDI Organizational Self-Assessment and Action Guide's Equity Impact Assessment (EIA) tool to identify and monitor equity impacts and outcomes of policies, programs, and standards on applicants to and registrants. We will incorporate the EIA tool in our sequentially phased approach of information gathering, analyses, and engagement/consultation to assess our policies, programs, and standards.</p>	<p>Partially</p>
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		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	

	Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
	DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>

Met in 2022, continues to meet in 2023

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. <p>The process used by the College to identify best practices and developments in registration and assessment for entry to practice has not changed since the 2022 CPMF report.</p> <p>The College regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements on an ongoing, as needed, basis.</p> <p>The College's website outlines the application process. Each application is reviewed extensively to ensure that all required documentation is authentic. Where documentation, such as transcripts, must be submitted, the College requires these documents to be provided directly from the educational institution to ensure authenticity. Similarly, where documentation is required regarding registration and standing with another regulator, it must be sent directly to the College from the appropriate regulatory body.</p> <p>In 2023, the Ontario government approved new registration requirements in Ontario Regulation 508/22. The College's practices were largely in compliance with the regulations.</p> <ul style="list-style-type: none"> • The College provides applicants with confirmation of receipt of the application materials and details regarding any missing information within 15 days. • Timelines: application decisions, or a referral to the Registration Committee, must be made within 30 days of receipt of the complete application. The College meets this timeline. • Language Proficiency: The College must accept a test approved under the <i>Immigration and Refugee Protection Act</i>. The College's website has been updated to reflect this change. • Canadian experience: Canadian experience may not be required as a condition of registration and this has not been a historical requirement of the College. 	

- **Emergency Class of Registration: Effective August 31, 2023, Colleges are required to establish an emergency class of registration. The College has updated its website to outline the process for registering in the [emergency class](#), and implemented two policies to operationalize the class. The [Emergency Class Policy](#) outlines the circumstances in which Council, or the Executive Committee acting as Council, may open the emergency class. The [Supervision Standard](#) sets out the qualifications to supervise a registrant in the emergency class.**

- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

[2014 Fair Registration Practices Report](#)

The 2014 Fair Registration Practices Report was the last time a formal review of the College’s criteria to assess registration requirements has been completed.

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

Choose an item.

Additional comments for clarification (optional)

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. Ontario Regulation 830/93: Registration • Please briefly describe how the College identified currency and competency requirements. In 2019, the College formed a Competency Working Group. This group worked extensively with the Michener Institute to develop an updated profile of competencies. The new profile of competencies was approved by Council in November 2019. Based on input from the College’s psychometrists and representatives from the Michener Institute, it was determined that approximately three years would be required to revise the College’s qualifying exams and update the Michener chiropody program. It was determined that June 2022 would be an appropriate time for the new profile of competencies to become effective. • Please provide the date when currency and competency requirements were last reviewed and updated. In June 2022 the College released the updated version of the Profile of Competencies. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. For currency requirements, registrants are required to declare that they have met the currency of practice requirements through the annual renewal process (if they are unable to make this declaration, they are unable to proceed with registration renewal). To assist registrants in making the declaration, Council approved the Declaring Clinical Practice Guideline in January 2023. The Guideline sets out how currency of practice is calculated and what is considered clinical practice for the purpose of currency of practice. For competency requirements, registrants are required to complete quality assurance assessments when selected. In 2024, the College implemented a risk-based approach to selecting candidates for practice assessments. Through the QA program, the College can determine whether registrants have practiced at least three months in the last two years (met the currency requirement). In 2023, 43 registrants were selected for a practice assessment – representing approximately 5% of the membership. Six assessments were deferred, as Registrants indicated that they were resigning from membership at the end of the calendar year. Nine of these assessments took place at the end of 2023, with the remaining 28 having been completed at the beginning of 2024. 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<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:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. <p>In 2022, the Office of the Fairness Commissioner (OFC) transitioned to a risk informed compliance framework. The new framework incorporates both historical performance and forward-looking risk factors. Based on OFC’s assessment, the College’s cumulative risk category for 2022/2023 was low risk.</p> <p>The College’s Fair Registration Practices Reports can be viewed on the College’s website.</p> <ul style="list-style-type: none"> Where an action plan was issued, is it: No Action Plan Issued
		Met in 2022, continues to meet in 2023
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>
Additional comments for clarification (if needed)		Choose an item.

<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard: Acupuncture Duration of period that support was provided: Ongoing (Practice Advisor, Manager, Professional Conduct, Manager, Registration) Activities undertaken to support registrants: The College communicated the new Guideline via eblast to the membership, the website and the quarterly edition of the Footprint Newsletter. College staff and practice advisor were available via phone/email to answer questions and provide clarifications. % of registrants reached/participated by each activity: mail blast and Footprint Newsletter is sent to 100% of the membership and Council members. Evaluation conducted on effectiveness of support provided: No <p>The same or similar process was undertaken with respect to drafting the new Surgical Standard, with input and review by the College’s legal counsel.</p> <ul style="list-style-type: none"> Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>For more information, please refer to the College’s 2022 CPMF Reporting Tool.</p> <p>The Practice Advisor role continues to evolve to meet the needs of registrants, including with respect to assisting registrants to understand new standards and guidelines. The membership relies on the Practice Advisor for support when changes are made to standards and guidelines. Where applicable, College staff provide support to registrants to provide clarification and answer questions regarding a new or amended standard or guideline.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
		<p style="text-align: right;">Met in 2022, continues to meet in 2023</p>
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: NO • <i>If yes, please insert link to the policy.</i> <ul style="list-style-type: none"> • Quality Assurance Practice Assessment Program • Quality Assurance Practice Assessment Tool • Quality Assurance Chart Review Tool • Quality Assurance Evaluation Grid Tool <p>Throughout 2023, the Quality Assurance Committee conducted a review of the practice assessment tools. With input from Assessors, the Quality Assurance Committee sought to update language in the assessment tools where necessary, ensure currency and avoid duplication. As a result of this review, a more streamlined assessment tool was developed, reducing redundancy and ensuring that assessment results will be better understood and applicable to a Registrant's practice.</p> <p>The Committee also developed a surgical suite assessment tool to be used in the practice assessment program for Registrants, both chiropractors and podiatrists, who are conducting surgical procedures in their practice. The Quality Assurance Committee sought to develop the tool with the goal of providing additional and quality feedback to Registrants who perform these procedures in their practice.</p> <p>The Quality Assurance Committee uses the College's Standards, Guidelines, and Policies, as well as legislative requirements for the profession, to form the areas of focus to be assessment within the various practice assessment tools.</p> <p>Council reviewed both the revisions to the Practice Assessment Tool and the new Surgical Suite Assessment Tool, approving their implementation in 2024.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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³“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>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public No - Employers No - Registrants No - other stakeholders Yes <p>The College’s Registration Regulation requires random selection of registrants for assessment. The College has also ensured that selection is distributed across the membership. The College seeks to move to risk-based assessments in addition to random selection as risk-based are more aligned with Right Touch Regulation. Right Touch Regulation has been an ongoing theme in statutory committee business meetings held semi-annually, in Council meetings, and orientation. Council has also been educated on the focus on Right Touch Regulation in the College’s reporting through the CPMF.</p> <p>In 2023, 43 registrants were selected for a practice assessment – representing approximately 5% of the membership. Six assessments were deferred, as Registrants indicated that they were resigning from membership at the end of the calendar year. Nine of these assessments took place at the end of 2023, with the remaining 28 having been completed at the beginning of 2024.</p> <p>Historically, the results of the practice assessments have consistently demonstrated competency in practice and safe practice sites with little risk to the public arising in the practices of registrants. As a result, the College and the Quality Assurance Committee (QAC) will continue to apply Right Touch Regulation with further refinement based upon training received by the QAC. Additional training on this took place in 2023, with review of an updated risk-assessment framework that will be used in QAC reviewing assessment results.</p>	<p>Met in 2022, continues to meet in 2023</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p>
		<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>

		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The QAC uses a Risk Assessment Framework to assist with determining the remediation activities that a registrant must undergo. The QAC continues to evaluate and develop the criteria and resources required to address practice issues identified from the assessment process. The QAC reviews the assessment report and any written submission provided by the Registrant. The Committee considers the risk to the public, the identified knowledge gaps and the written submission to determine any appropriate remediation activity. The remediation activities are proportionate to the risks identified and demonstrated self-governability of the Registrant.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>For QA Committee-required remediation, the Quality Assurance Committee will order a follow-up practice assessment or will request that the Registrant submit material to the Committee for review, or provide evidence that any courses or learning modules have been completed, to ensure that a Registrant has engaged in the remedial activities as directed. Should there be any concerns that may require further support for the Registrant, the Committee may also direct that an appointed Mentor conduct a visit with the Registrant, to review any areas marked for improvement. Any non-compliance with QAC directives would be brought back to the Committee for their consideration on what further action may be merited.</p> <p>The College tracks remedial activities ordered by the Discipline Committee and the ICRC. For example, registrants are required to provide proof that remedial courses have been successfully completed directly from the course administrator to the College. As well mentors/supervisors are assigned to conduct site visits and review standards of practice when a registrant has been ordered to complete a SCERP or as part of a Discipline Committee order. Mentors/supervisors provide the College with reports that confirm whether the registrant demonstrates the necessary knowledge, skill, and judgement. In rare instances where it is evident the registrant does not demonstrate the necessary knowledge, skill and judgement, additional mentorship sessions are required. Non-compliance with any ICRC or Discipline Committee order is reported to the Registrar.</p>	<p>Yes</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

a. The different stages of the complaints process and all relevant supports available to complainants are:

- i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
- ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.

The College’s complaints process is prescribed in the Health Professions Procedural Code (the “Code”) under the *Regulated Health Professions Act (RHPA), 1991.*

Once the College receives a formal complaint, the complaint is investigated by staff, including follow-up discussions to clarify the complainant’s concerns. Investigated complaints are reviewed by the Inquiries, Complaints and Reports Committee (ICRC), and may result in several actions, including advice or recommendations, direction to complete remediation, a caution, or a referral of specified allegations to the College’s Discipline Committee. Complainants and registrants are kept apprised of the progress of the complaint.

Links to relevant information on the College’s website:

- [Guide to Submitting a Complaint](#): The guide includes information to support making a complaint, and information about the complaints process, including the possible outcomes. In addition, the College provides an email address and phone number on its website for any inquiries which are responded to within 48 hours.
- [Complaint Videos](#): In 2024, the College launched two videos that outline the complaints process in plain language.
- [Online Complaints Form](#): Allows complainants to complete the form online and upload any relevant documents.
- [Funding for Therapy and Counselling for Sexual Abuse Victims](#): The website outlines the process of applying for funding in cases involving sexual abuse by a registrant of the College.

- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

The College does not have a documented intake process, but procedures are in place for gathering information and evidence when a new inquiry is received. The guide on the website outlines the information complainants will have to provide about a registrant, and the acknowledgment of the complaint letter outlines next steps and anticipated timelines. As well, the notice of complaint outlines the information registrants should provide, including patient health records/transcribed records, where applicable, with their response, and it outlines the complaints process.

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

Additional comments for clarification (optional)

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>A review of website content and other communication (i.e. templates) is conducted regularly and feedback received from members of the public and complainants are considered when making any revisions.</p> <p>Since 2022, the College has distributed a post-complaints survey to assess whether information provided to complainants is clear and useful, and to gather feedback about the complaints process, and areas of strength and opportunities for improvement. The College also surveys registrants about their experience in the complaints process and it uses the feedback to inform potential improvements to the process and/or communication.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>

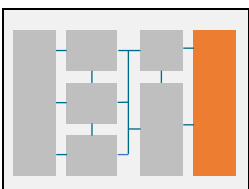
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> Please list supports available for the public during the complaints process. <p>Below is a list of supports available for the public during the complaints process:</p> <ul style="list-style-type: none"> Facilitation of requests for accommodation to access the complaints process. For example, if someone is unable to write or type, staff will assist a complainant in recording their concerns by alternative means; and use large font correspondence and any other accommodations required for the complainant to meaningfully participate in the process. Provision of additional information and supports for those reporting sexual abuse (e.g., access to external consultant for information about investigations and discipline processes). Provision of translation services as required/requested. Provision of paper copies of the College's complaint form mailed to potential complainants who do not have access to email/the College's website. Detailed information about the complaints process on the website: <ul style="list-style-type: none"> Guide to Submitting a Complaint: The guide includes information to support making a complaint, and information about the complaints process, including the possible outcomes. In addition, the College provides an email address and phone number on its website for any inquiries which are responded to within 48 hours. Complaint Videos: In 2024, the College launched two videos that outline the complaints process. Online Complaints Form: Allows complainants to complete the form online and upload any relevant documents. Funding for Therapy and Counselling for Sexual Abuse Victims: The website outlines the process of applying for funding in cases involving sexual abuse by a registrant of the college. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
		<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	
	<p>a. Provide details about how</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

		<p>the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. <p>Complainants can contact the College via email or phone during the complaints process. Contact information is available on the College’s website.</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. • Communication with complainants after a complaint is filed: <ul style="list-style-type: none"> ○ The College writes to complainants to acknowledge receipt of the complaint and to explain the complaints process. Staff provide complainants with support throughout the process. ○ If the complaints process exceeds the statutory timeline, in accordance with section 28 of the Code, the complainant (and registrant) receives updates at regular intervals. ○ Complainants receive a copy of the ICRC’s decision • The College provides additional supports when a matter is referred to the Discipline Committee: <ul style="list-style-type: none"> ○ Information Guide for Witnesses at Discipline Committee Hearings ○ Complainant receives a copy of the Discipline Committee’s decision ○ The College maintains a list of upcoming and scheduled Discipline Committee hearings on its website ○ Discipline Committee Rules of Procedure ○ Discipline Committee Guidelines • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Complainants are made aware of support during the intake stage when they receive the acknowledgment of the complaint. Once a complaint is received, complainants are assigned to College staff who they can contact with any questions or supports they need throughout the process.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. At intake, College staff triage complaints based on level of risk, including whether an interim order under the Code might be warranted. However, the volume of complaints at the College does not necessitate a formal risk assessment at the intake stage. Staff consider whether the complaint requires an investigation or merits consideration as an abuse of process. To date, this has been a staff practice, rather than a documented policy. For complaints that proceed to an investigation, there is an ongoing internal process to ensure high-risk cases are prioritized to support public safety. For example, cases involving sexual abuse or infection control are prioritized. When a matter is brought before the Inquiries, Complaints and Reports Committee, it also assesses risk. The Committee uses a risk assessment framework that identifies risk factors as being minimal, low, moderate, or high. The level of risk leads to a recommended response to inform the Committee's decision-making. For example, low risk conduct may result in advice while high-risk conduct may require a referral to the Discipline Committee. • Please provide the year when it was implemented OR evaluated/updated (if applicable). The ICRC's risk assessment tool was updated in 2022.	Met in 2022, continues to meet in 2023
				Choose an item.
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		<p>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>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. <p>The College has a formal policy that addresses the collection, use, disclosure, and protection of personal or sensitive information it holds. The Information Sharing with College Stakeholders and Other Professional Regulators policy is available on the College’s website. The College also follows legal advice as to best practices with respect to such matters. All staff, by way of their employment contracts, are bound by confidentiality requirements.</p> <p>In accordance with the law, specified information can be shared with employers, other regulators, and external system partners such as law enforcement. Regulators include other chiropody or podiatry regulatory bodies (in Canada or international) and bodies that regulate other professions [for example, colleges under the <i>Regulated Health Professions Act, 1991</i> (RHPA) and those that do not fall under the RHPA, such as the Ontario College of Teachers and Ontario College of Social Workers and Social Service Workers].</p> <p>When there is a professional conduct outcome that affects a registrant’s entitlement to practice (for example, a suspension or terms, conditions, or limitations), employers and insurance companies are notified. Also, if a registrant is registered with another regulatory body, that regulatory body is notified. For example, some Registrants of the College are also registrants of other regulatory bodies. The College directs the other jurisdiction to look at its public register, which has all the relevant information. If applicable, the College notifies all Canadian and international regulatory bodies where we are aware the registrant is registered.</p> <p>As well, when a verification of registration is requested by another regulator or an insurance company, the College verifies the registrant’s registration history. If there is any relevant history, such as history related to a professional conduct matter, this information is disclosed in the interest of public safety.</p> <ul style="list-style-type: none"> Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>The College readily shares information requested by other regulators under the relatively broad exemption granted under s. 36(1)(c) of the RHPA. Examples of disclosures in 2023 include:</p> <ul style="list-style-type: none"> Other chiropody/podiatry regulators: <ul style="list-style-type: none"> College of Podiatrists of Manitoba: Received notification that a dual registrant was under investigation in Manitoba and failed to report it to the College.

			<ul style="list-style-type: none"> ○ Ordres des podiatres du Québec: Collaborated with the Ordres to obtain information about a finding of professional misconduct against a dual registrant, which was not reported to the College. • Other RHPA Colleges <ul style="list-style-type: none"> ○ College of Massage Therapists of Ontario: concerns a dual registrant did not report her dual registration to either college and was under investigation by CMTO and failed to report it to the College. <p>For more information, please refer to the College's 2022 CPMF Reporting Tool.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

	<p>Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p>
<p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p>		<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>For a review of the goals and outcomes, and the planned activities that will help the College meet its strategic objectives, please see the College’s Strategic Plan.</p> <p>In 2023, Council adopted the KPIs it will use to measure the College’s success in meeting the objectives in the Strategic Plan it adopted in 2022. The objectives in the plan include:</p> <ul style="list-style-type: none"> • Right touch regulation • Governance oversight • Financial oversight • Communication and community engagement • Modernization and innovation • Continuous improvement <p>The College’s performance in the next strategic period will be measured against the following strategic outcomes:</p> <ol style="list-style-type: none"> 1. Annual review of the financial reserves to determine sufficiency – financial oversight and right touch regulation 2. Continuous improvement of the College’s CPMF metrics – continuous improvement and right touch regulation 3. Financial reporting by the Registrar at each Council meeting – financial oversight and governance oversight 4. Annual onboarding and orientation of new Councilors prior to the first Council meeting as well as new chairs and new committee members – governance oversight, right touch regulation and continuous improvement 5. Maximize leadership in Health Professions Regulators of Ontario with regular engagement by Registrar and staff – right touch regulation,

			<p>communications and community engagement</p> <ol style="list-style-type: none"> 6. Engagement and follow-up in advancing the full scope podiatry model (FSPM) position paper – modernization and innovation, communications and community engagement 7. Finalize and maintain the competencies for FSPM – continuous improvement 8. Engagement of academic institutions that can fulfil the FSPM and with the Ministry of Training, College and Universities - modernization and innovation 9. Present the FSPM to HPRO for endorsement – right touch regulation, communications and community engagement 10. Develop an ongoing strategy for implementation by November 2023 to ensure registrants have the requisite knowledge, skill, and training to provide care according to evidence-based best practices – modernization and innovation, continuous improvement and right touch regulation
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</p> <p>The Registrar reports to Council at every Council Meeting via the Registrar’s Report and references relevant strategic objectives, regulatory outcomes and explains risk, as well as the nature of the risk (legal, financial, reputational, for example) to the College. Additionally, the Committee Reports provide information of this nature when a committee has addressed the strategic objectives, regulatory outcomes, or risk. Finally, any motion materials include briefing notes that explain the rationale for the motion, including how the motion supports the College’s strategic plan, regulatory outcomes and risk, including the public interest rationale.</p> <p>Note: There are hyperlinks in the agenda that link to the material listed.</p> <p>January 27, 2023 Council Meeting Material Approved Minutes</p> <p>May 12, 2023 Council Meeting Material Approved Minutes</p> <p>September 22, 2023 Council Meeting Material Approved Minutes</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
			Met in 2022, continues to meet in 2023
			Choose an item.

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid #0070c0;"/> <p style="text-align: center; color: #0070c0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070c0;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>As noted above, Council adopted KPIs at its January 2023 meeting (page 103). In the next reporting period, the College will use the KPIs to measure its progress in achieving the objectives set out in the Strategic Plan. In 2023, Council used Committee reports and the data contained therein, such as the reports from the ICRC and Discipline Committee, to identify risk to the College and to make the necessary changes to mitigate that risk. The College staff use the reports and data available to highlight high risk areas and, in turn, prepare agendas and training materials for orientation, Council education and the statutory committee business meetings.</p> <p>In 2023, in response to an increase in sexual abuse cases (and the associated risk), the Patient Relations Committee revised and improved its Patient Relations Plan - Sexual Abuse Prevention, which was approved by Council in May 2023.</p> <p>The ICRC and Discipline Committee Reports are provided to Council at each meeting, identifying findings of risk. Clicking on the Reports in the Agenda will link to the relevant material.</p> <p>January 27, 2023 Council Meeting Material Approved Minutes</p> <p>May 12, 2023 Council Meeting Material Approved Minutes</p> <p>September 22, 2023 Council Meeting Material Approved Minutes</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

Measure: 14.3 The College regularly reports publicly on its performance.			
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College regularly reports on its performance publicly on its website and in its Council meetings. In 2024, the Strategic Planning Committee introduced the KPI Indicator Dashboard to Council. The January 2024 dashboard can be found on page 157 of the Council meeting material. In general, at each Council meeting, the Registrar presents the College’s performance results and provides an update on key initiatives the College has committed to throughout the year. The Registrar’s report is available in the Council meeting material. The Annual Report is produced to showcase the College’s strategic, regulatory and financial outcomes and to demonstrate to the Minister, stakeholders and the public its performance related to its public protection mandate and legislated objectives. The report provides a summary of the College’s accomplishments.</p> <p>The public can also access past CPMF submissions, Executive Committee meeting material and minutes and the Strategic Plan, which all relate or report on the College’s strategic objectives and regulatory outcomes. On these pages, the public can see the College’s commitment to transparency.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>		

Part 2: Context Measures

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

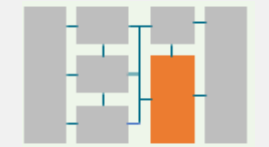
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. 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 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. On-site Practice Assessments	9/43	
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

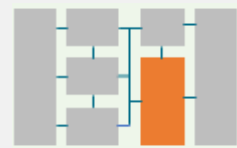
[NR](#)

Additional comments for clarification (if needed)

In 2023, 43 registrants were selected for a practice assessment – representing approximately 5% of the membership. Six assessments were deferred, as Registrants indicated that they were resigning from membership at the end of the calendar year. Nine of these assessments took place at the end of 2023, with the remaining 28 having been completed at the beginning of 2024.

The College did not conduct a Continuing Education Audit in 2023, as Registrants were in the middle of their two-year cycle. An audit of the 2022-2023 cycle has been conducted in 2024. In addition, beginning January 1, 2024, the College's Continuing Education Program has moved to a one-year cycle and audits will be conducted annually as a result.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	9/43	1%	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	1	3%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
NR			

Additional comments for clarification (if needed)

CM 2: In 2023, 43 registrants were selected for a practice assessment – representing approximately 5% of the membership. Six assessments were deferred, as Registrants indicated that they were resigning from membership at the end of the calendar year. Nine of these assessments took place at the end of 2023, with the remaining 28 having been completed at the beginning of 2024.

CM 3: This is a carryover from assessments completed at the end of the 2022 calendar year, where a decision by the QAC was made in 2023.

Table 3 – Context Measure 4

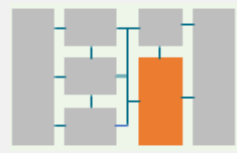
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)	#	%
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0
II. Registrants still undertaking remediation (i.e., remediation in progress)	1	100
<p><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p>		
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>CM 4: This is in reference to the carryover case reported for measure CM 3.</p>		

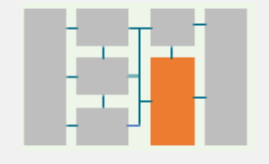
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR
III. Communication	10	33%	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR
V. Intent to Mislead including Fraud	5	17%	NR	NR
VI. Professional Conduct & Behaviour	26	86%	18	86%
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify> Use of Dr. or Podiatrist title	NR	NR	NR	NR
Total number of formal complaints and Registrar’s Investigations**	30	100%	21	100%

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

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	26	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	20	
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 2023	21	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR
II. Formal complaints that were resolved through ADR	NR	NR
III. Formal complaints that were disposed of by ICRC	24	92%
IV. Formal complaints that proceeded to ICRC and are still pending	8	30%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
<p><i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i></p>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>12</p>	<p>26%</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <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 the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>-</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023		42					
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specific allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	NR	NR	NR	NR	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	6	NR
VI. Professional Conduct & Behaviour	22	NR	NR	NR	NR	11	NR
VII. Record Keeping	NR	NR	NR	NR	NR	6	NR
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

X. Unauthorized Practice	NR	NR	NR	NR	NR	NR	NR
XI. Other <please specify>Use of Dr. and Podiatrist title	NR	NR	NR	NR	NR	NR	NR
<ul style="list-style-type: none"> • 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 2023. 							
<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, or decisions.</p> <p>NR</p>							
<p>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.</p>							
<p>Additional comments for clarification (if needed)</p>							

Table 7 – Context Measure 11

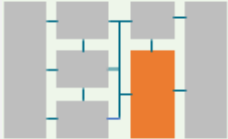
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:			
CM 11. 90 th Percentile disposal of:	Days	What does 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 2023	185.4		
II. A Registrar’s investigation in working days in CY 2023	156		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

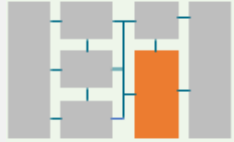
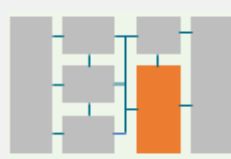
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	577.9	
II. A contested discipline hearing in working days in CY 2023	305.2	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

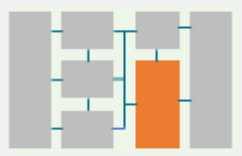
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>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.</i>
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	NR		
II. Suspension	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	NR		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>			
Additional comments for clarification (if needed)			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#)

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

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

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

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

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

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

Act, 1991. Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#)

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.

Return to: [Table 10](#)

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.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to: [Table 10](#)