College Performance Measurement Framework (CPMF) Report

Reporting Year: January 2024 – December 2024

2024 was a remarkable year for the College as it continued to explore avenues to best support its commitment to modernization of its processes and programs to support its public protection mandate.

The College continued to demonstrate a strong commitment to supporting the continuous learning and quality improvement of its registrants' skills and knowledge. This was highlighted by the College's new Continuing Education (CE) modules, kickstarting the launch by offering a free module on governability, allowing registrants to refresh and demonstrate their knowledge and awareness of their obligations and accountability as regulated health professionals.

Additionally, the Quality Assurance (QA) practice assessments were fully transitioned from a two-year cycle to a one-year cycle to streamline the process, aligning with best practices in regulation. The College also implemented its new Accommodations and Exam Failures policies to ensure a fair and equitable examination process, while implementing an approach to the College's Registration Examinations that best protects the public. The planning the College has done in 2024 in this respect has placed it in an excellent position to manage the increased number of applicants anticipated in 2025 and thereafter.

The College developed new policies on expectations around social media for registrants, records management and retention for internal operations, as well as numerous updates to by-laws and standards to align with other regulators. We're committed to addressing the needs of all Ontarians, particularly those from historically underserved areas in the province or those belonging to racialized or minoritized patient populations. To better serve the public, the College began collecting optional EDI data anonymously from registrants to understand its registrant base more effectively. The Annual Renewal process was also enhanced with updated language and submission requirements to accurately capture the types of services and treatments being offered by the profession in Ontario. Additionally, College Council voted to join the Health Professions Discipline Tribunal (HPDT) pilot program in 2025, which is responsible for hearing and deciding cases involving regulated health professionals in Ontario who are alleged to have engaged in misconduct or incompetence. The HPDT pilot project demonstrates College Council's commitment to ensuring College processes are continuously improving and modernizing.

Finally, the College is dedicated to advocating for better protection of the public by supporting the Full Scope Podiatry Model to better meet the footcare needs of Ontarians by expanding the scope of the profession and encouraging labour mobility across provinces. In 2024, the College continued to demonstrate its commitment to meaningful engagement and collaboration with health system partners, participating in various regulatory conferences, interprofessional working groups, and networking opportunities throughout the year. The College continued to collaborate with other system partners, including footcare associations and other RHPA regulators through CNAR and CLEAR events, as well as various HPRO working groups and sub-committees such as the EDI committee, communicators network, QA group, Practice Advisory group, and an ad-hoc Standing Drug Regulation working group. In 2024 the College began planning an inaugural national conference of Footcare regulators, which is to take place in April 2025. The College continued to expand its presence on social media channels and offer engagement opportunities such as Town Hall events to registrants, learners, and health system partners. The College's goal through its various efforts has been to create awareness of foot health issues and advocate for greater access to quality foot care for all Ontarians.

The College is proud of its achievements in 2024 and looks forward to continuing to contribute to the safe delivery of footcare to Ontarians in 2025. Finally, the College will also continue to advance its strategic plan and advocate for improvements to the footcare delivery model in the province to best protect the public.

Contents

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 to act in the public interest?" This information:

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

2. Supports Colleges in improving their performance.

Each College reports 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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to 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.

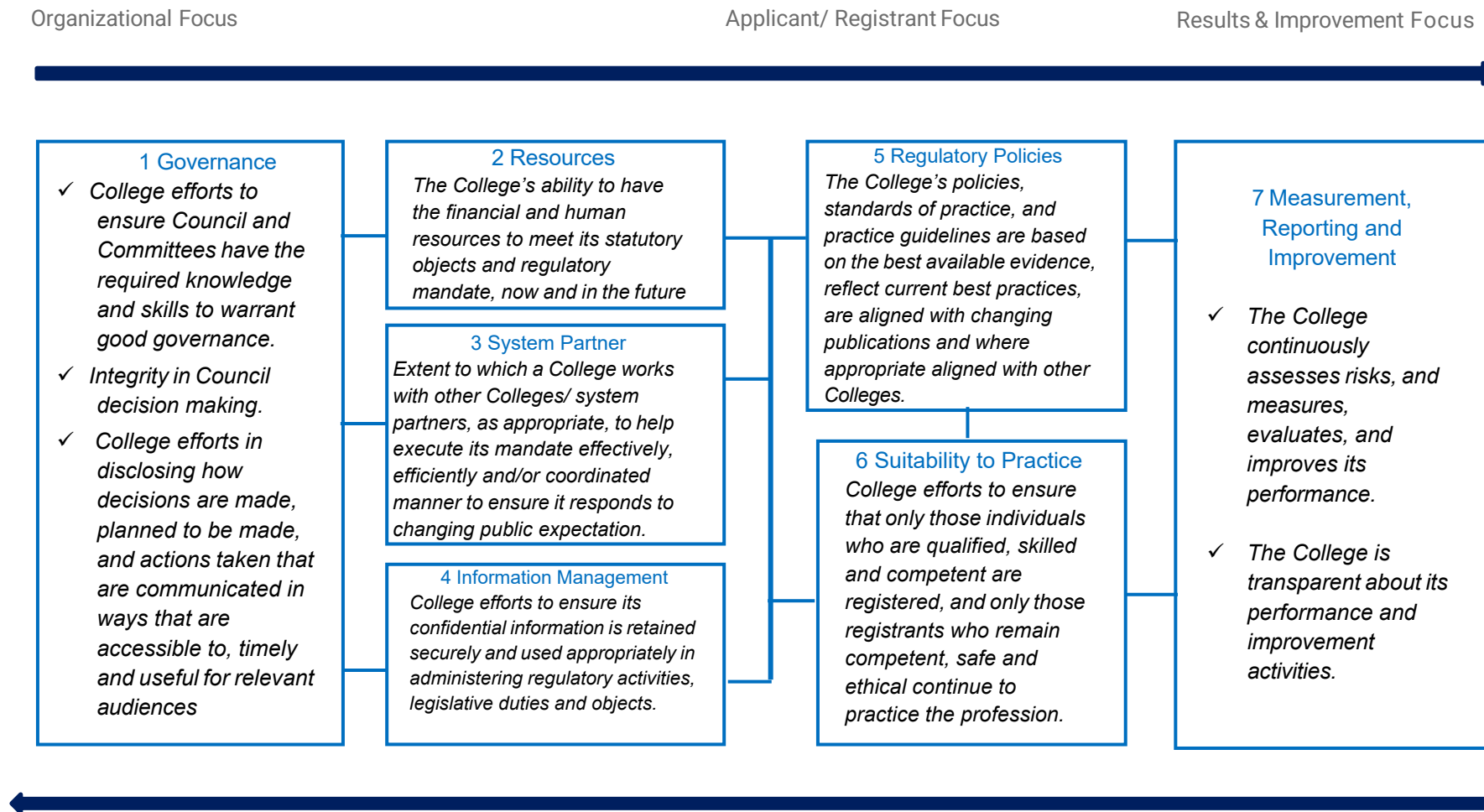**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus   Applicant/ Registrant Focus   Results & Improvement Focus

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

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) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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.

Completing the CPMF Reporting Tool
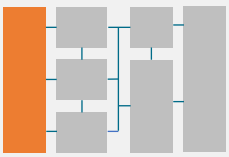
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. 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.	

		Required Evidence	**College Response**	
DOMAIN 1: GOVERNANCE	**STANDARD 1**	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: • The competency and suitability criteria are public: Yes *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* **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:** • **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 of 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.** **In January 2023, the Council voted to amend the eligibility criteria in Bylaw 1 to disqualify registrants in the following circumstances from standing for election:** • **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** **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.** **When a candidate submits the conflict-of-interest form, they must confirm the following:**	Yes

			- 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. **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.**
			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.

		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

• Duration of orientation training.

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 2024, 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 and the Deputy Registrar and Manager, Professional Conduct and Hearings.

The College also provides governance training for new Council members, which was developed by external legal counsel.

The College includes an educational/orientation component at Council meetings. In 2024, the College had speakers on compassionate and trauma-informed regulation, trends in professional regulation, a presentation on a College discipline case that was appealed to Divisional Court, scope expansion and the Health Professions Discipline Tribunal.

In 2024, the College introduced a [Governance Manual](#) for Council and Committee members that includes new policies on topics such as virtual meeting etiquette, impartiality in decision making and conflict of interest, among others.

• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).

In 2024, an orientation was held in-person.

• Please insert a link and indicate the page number if training topics are public *OR* list orientation training topics.

Topics included introduction to regulation, governance, modernization, right-touch regulation, bias/conflict of interest, introduction to ICRC and the Discipline Committee.

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):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* **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.** **Eligibility criteria for registrants to serve on a statutory committee are found in article 53.06 of Bylaw 1: General.**	

			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.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- 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.

Education sessions at the committee level are a full day or half a day, depending on the nature of the committee, 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. In November 2024, after Council voted to join the Health Professions Discipline Tribunal (HPDT) on a pilot basis, members of the Discipline Committee attended an all-day conference with members of the discipline committees from the other participating colleges. The training included group work and role-playing scenarios.

In 2024, orientation occurred in-person. Orientation is provided by the Chair, staff, and legal counsel, where relevant.

Committee education is specific to the role of the committee, but all include the following:

- **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:**
    - **Interim orders, governability, unconscious bias – ICRC**
    - **Sexual abuse, decision writing – ICRC and Discipline Committee**
    - **Conducting practice assessments – QA Committee**
    - **Exam writing – Examinations Committee**

Registrants who take on specific roles (for example, pre-hearing chairs, panel chairs, assessors) have specialized training, and special training was provided in early 2025 for Chairs of all College committees.

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):	

		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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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.	
			The Registrar provides an introductory orientation as part of an initial one-on-one meeting for 40 minutes to an hour followed by an intensive orientation for all Council and ICRC and Discipline Committee members. The intensive orientation is three hours and 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.	
			The College also provides governance training for new Council members that was developed by external legal counsel.	
			Also, the Ministry has instituted a governance training course for publicly appointed Council members, and there is an expectation that all publicly appointed members will maintain currency of this training (repeated every five (5) years). The Ministry Training is online via self-directed modules.	
			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:
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:
 	
   i. Council meetings; and
 	
   ii. Council.
	The College fulfills this requirement:
	
	• 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: Choose an item.
	
	• *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.*
	
	For more information, please refer to the College's 2023 CPMF Reporting Tool.
	
	To review an example of the post-Council meeting feedback survey, please review pages 15-19 of the September 2024 meeting material.
		Met in 2023, continues to meet in 2024

	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)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes	
			• *If yes, how often do they occur?*	
			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.	

			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. The evaluation assessed the following criteria:
			  • **Council Member Orientation, Competency and Ongoing Council Member Training**
			    ○ **Competency assessment prior to running for election.**
			    ○ **Orientation**
			    ○ **Ongoing training**
			    ○ **Education items on Council agenda**
			    ○ **Post-Council meeting survey**
			  • **Council meeting materials**
			    ○ **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**
			    ○ **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**
			    ○ **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**
			
			The results of the evaluation inform improvements to Council's functioning. The evaluation is available on the [College's website](#).	

			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)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• 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>. **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 2024 Council information package](#) on pages 15-19.** **Council orientation in 2024 informed by identified needs:** • **governance training (including an interactive workshop) about the health regulation model, decision-making model, governance, fiduciary duties, and confidentiality.** • **orientation on the role of Council, identifying conflicts of interest, operations versus governance, right touch regulation, assessing risk, motions and the role of committee chairs.** **Committee Orientation in 2024 informed by identified needs:** • **ICRC: unconscious bias and how it affects decision-making; assigning weight to prior decisions when screening a complaint; screening concerns about communication on social media; how to screen issues that fall outside the four walls of the complaint and how to effectively prepare for an ICRC meeting.** • **Discipline Committee: training on legal updates and ethical scenarios, which included how to navigate a conflict of interest that might arise after a hearing has already started.** • **Quality Assurance Committee: reviewing risk-based approach to practice assessments, reviewing low-risk, medium-risk, and high-risk registrants and the options available to the Committee.** • **Registration Committee: changes and updates to labour-mobility legislation and how that will affect College entry-to-practice requirements for qualified out-of-province applicants.**	
			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):	

				Yes

	iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:

The College fulfills this requirement:

- 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>.

Risk Management

As part of its risk management training for Council, the College implemented an educational/orientation component at Council meetings. In 2024, Council heard from speakers on compassionate and trauma-informed regulation, trends in professional regulation, a presentation on a College discipline case that was appealed to Divisional Court, scope expansion and the Health Professions Discipline Tribunal.

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 navigating ethical issues that might arise during a hearing and how to maintain procedural fairness – the intent of the training was to mitigate financial and reputational risks to the College. The College launched Continuing Education modules for registrants as a way to communicate important policies and expectations. A free module on Governance was developed and provided to registrants, which informs them of their obligations and accountability as registrants of a regulated professional health College. Upon taking this module, registrants are able to demonstrate their knowledge and the College is able to ensure awareness of registrants' duties towards the profession and their patients.

DEI
As part of the College's work to develop a strategy that will promote equity, diversity, and inclusion in the regulation of chiropody and podiatry, training and continuous support for Council and Committees is a key component that continues to be developed. In January 2024**, Council received orientation on trauma-informed regulation from Anita Ashton, Deputy Registrar & CRO at the College of Physiotherapists of Ontario. The presentation highlighted the importance of bringing a trauma-informed approach and compassionate lens to various regulatory processes, programs, and communication. Ms. Ashton also discussed the importance of empathy and compassion in day-to-day interactions with stakeholders, and acknowledging that members of the public, registrants and staff all have complex histories and identities, which might impact the way they engage with the system and individuals.**

HPRO's EDI Organizational Self-Assessment and Action Guide (including Equity Impact Assessment Tools) will help the College better understand public expectations. Training opportunities, educational resources and learning modules continue to be identified, and the College will participate in HPRO training for all Colleges as part of HPRO membership.

Modernization
Council also heard from David Wright, Chair of the Health Professions Discipline Tribunal about the Tribunal's modernized approach to adjudicating discipline cases.

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**	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: 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 Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes

	• 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.
	
	   • **The College's Bylaw 4: Code of Conduct for Councillors and Committee Members was last updated in May 2024 to streamline the process of identifying and addressing a conflict of interest.**
	
	   • **The Code of Conduct for Members of Council and its Committees was also updated in 2024 to clarify that members cannot act in a way that places their personal interests, or any other interests, above the College's public protection mandate.**
	
	   • **In 2024, the College introduced a new Conflict of Interest Policy as part of its Governance Manual (p.28-29)**
	
	   • **The conflict-of-interest declaration that Councilors sign prior to each Council meeting was updated in 2022. 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 1-6.**	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) **The College plans to review various policies and procedures to assess for unintended systemic barriers and inequitable effects across people and groups – the Code of Conduct and Conflict of Interest policies will be part of this review.**	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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. See links above.	
			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)	
		b. The College enforces a 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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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 chiropodists, 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: General is 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)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: 　i. The completed questionnaires are included as an appendix to each Council meeting package; 　ii. Questionnaires include definitions of conflict of interest; 　iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and 　iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest questionnaire was implemented *OR* last evaluated/updated. **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 1-6.** • 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 **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.** **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 Councillor left the meeting, are noted in the minutes, along with when they return.** • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. **The December 2024 Council meeting material (p.1-6) includes the conflict of interest questionnaire.**	
			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)	

		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).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. **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.** • 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. **Council meeting material – December 2024 (p.24)** **For more information, please refer to the College's 2023 CPMF Reporting Tool.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		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. Further clarification: 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 as appropriate. 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. 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.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. **The Strategic Plan was adopted by Council in 2022.** • 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. **Risk management is 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.** **The College is insured by Hiroc and must comply with risk assessment and compliance requirements in order to maintain its insurance. Hiroc has** **The Registrar reports to Council on risk management at each Council meeting. For example, the September 2024 dashboard is on page 250 of the meeting material.**	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	**STANDARD 3**	**Measure:**	
		3.1 Council decisions are transparent.	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 • 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. **Council meeting minutes and material** **For more information, please refer to the College's 2023 CPMF Reporting Tool.**
			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)

		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).	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. **Executive Committee Minutes**	
		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.	*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)	

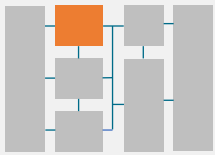| Measure: **3.2 Information provided by the College is accessible and timely.**		
Required Evidence	**College Response**	

a. With respect to Council meetings:
 	
  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:
	
	• Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted.
	
	Council Minutes and Meeting Material
	
	The College aims to distribute and post Council materials two weeks in advance of the Council meeting, 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 observers wishing to attend the meeting virtually. The College posts the Council Meeting minutes, once approved, on its website indefinitely and moves older minutes into archives that remain accessible online. Requests for minutes older than seven years can be made to the College.
	
	For more information, please refer to the College's 2023 CPMF Reporting Tool.
		Met in 2023, continues to meet in 2024

	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)	
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: • Please insert a link to the College's Notice of Discipline Hearings. **Notice of Discipline Committee Hearings are posted at least one month in advance to the College's website via:** • **The current hearing schedule and referrals.** • **The College's Public Register (Find a Chiropodist or Podiatrist)**	Met in 2023, continues to meet in 2024

		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:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan.	
	The College is committed to ensuring the delivery of safe, equitable foot care to Ontarians by addressing the barriers to care faced by minoritized and equity-deserving communities. As a member of Health Profession Regulators of Ontario (HPRO) and its committees and groups, the College regularly attends and participates in discussions around continuously evaluating its processes and programs through Equity Impact Assessments and other methods. The goal is to continuously improve processes by intrinsically integrating and incorporating Equity, Diversity and Inclusivity (EDI) and anti-racism principles. Through its social media channels, discussions with fellow regulators and footcare associations, communication with registrants and healthcare stakeholders, and newsletters and informational materials such as Footprint, the College endeavours to spread awareness about the structural inequities and systemic issues that may prevent vulnerable patients from accessing the health care that they deserve, potentially leading to harm and overall distress. 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.	
	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 an anonymous, voluntary and confidential basis to help the College understand the population it regulates.	
	The [College's Strategic Plan](#) includes a commitment to modernize and innovate foot health and care 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.	
	The College is ever mindful of its role as a provincial health regulator to help realize the Truth and Reconciliation Commission of Canada's Calls to Action. CTAs 18-24 highlight the need for equitable healthcare for First Nations, Métis and Inuit communities, and the College aims to achieve this goal by continuing to engage in meaningful dialogue and build partnerships with Indigenous community members to confront and dismantle prejudices and structural inequalities. At its September meeting, the College Council moved to work on developing a Cultural Safety and Humility Standard, similar to one developed by the College of Physicians and Surgeons of BC, which will provide guidance to registrants on addressing the gaps in the system to	

ensure they provide culturally safe and trauma-informed care to First Nations, Métis and Inuit patients across Ontario.

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.

The College's strategic plan, unanimously approved by Council in 2022, includes the College's support for the adoption of the Full Scope Podiatry Model (FSPM) in Ontario. The foundation for Council's support of the FSPM is to address a serious shortage of footcare specialists in the province with a positive, profound impact on marginalized communities and equity seeking communities who suffer greater rates of diabetes and lower limb amputations. In essence, the College's strategic plan is a DEI initiative, recognizing both the need to address inequitable access to footcare in First Nations and Indigenous communities that the Truth and Reconciliation, Calls to Action aims to address. In addition, the College's strategic plan, as its main DEI initiative, is a recognition of inequitable access to footcare by other minority groups in Ontario. The College's operating budget does not allocate resources expressly to the FSPM as, despite the College's ongoing efforts to realize on the adoption of the FSPM in the province, that has not yet been realized. However, Council approved a Reserve Fund in 2022 that will provide funding for College initiatives necessary to realize the FSPM should the College receive approval for this initiative by the Ministry Of Health.

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)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: 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.	The College fulfills this requirement: • 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. **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.** **The College has also started collecting registrant data, on a voluntary basis, about the diversity within the College's registrants as part of its EDI initiative.**	Partially
		b.	*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:
		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 2025 budget was approved by Council in January 2025 – the materials, including the proposed budget, are available in the January 2025 Council briefing package (page 34-37). The operating budget included the following highlights:** • **Inflation – once again, 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 continued to see a higher number of complaints that it in previous years, and a higher rate of referrals to the Discipline Committee.** • **Pilot project (Discipline Committee) – The College Council unanimously voted to engage in a one-year pilot project in 2025 with the Health Professions Discipline Tribunal (HPTD) that will hear all matters referred from the Inquiries, Complaints and Reports Committee. Council did not engage in the pilot project as a cost savings measure but expects to realize some gains in efficiency and effectiveness as well as a more modernized approach to regulatory hearings.** • **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.
			Additional comments for clarification (optional)	

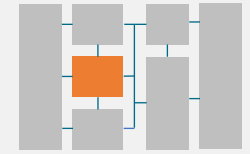|		b. The College:	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• 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 **Link to Policy and Date of Last Review** **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.** **Review by Financial Auditor** **The Reserve Fund Policy was reviewed and approved by an external financial auditor and the former Chair of the Audit Committee, who is a Chartered Professional Accountant. The Policy was also shared with the College's accountant to ensure compliance.** **Current Level of Reserves** **As indicated in the most recent financial report to Council in January 2025 (p. 34-37), the College has $700,000 in its reserve fund.** **For more information, please refer to the College's 2023 CPMF Reporting Tool.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

| | | c. Council is accountable for the success and sustainability of the organization it governs. This includes:

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).

Benchmarked Evidence | The College fulfills this requirement:

• 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.

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.

The organizational structure of the College is one wherein the Registrar & CEO is the only employee of Council. The remaining employees are employed by the College and work under the sole supervision and authority of the Registrar & CEO. The Registrar & CEO regularly reports to Council on her areas of operational responsibility, including updates on the College's workforce. However, it is inappropriate for Council, as a governing body, to engage in day-to-day operational decisions such as staffing and, accordingly, Council has an arm's length relationship to operations with the expectation that the Registrar & CEO will provide a high level report on such matters.

Council is engaged in the annual planning and budgeting process, which includes planning and budgeting for the Registrar & CEO's anticipated workforce requirements of the College. In January 2024, the Council reviewed a new and comprehensive Employee Handbook for staff.

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 to best meet the needs of the College. 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 expectation by Council of the Registrar & CEO is that she will ensure sufficient and appropriate staffing for the College.

Council has a role in the direct oversight of the Registrar & CEO. The Registrar's Performance and Compensation Committee reports to Council on an annual basis. There is a formal review process the Committee follows, and it reports back to Council on its review with recommendations for compensation.

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 & CEO 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.

Council annually approves the operating budget as presented by the Registrar & CEO that includes anticipated staff development, including opportunities to attend regulatory conferences and relevant education sessions. | Yes |
| | | | *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.* | |

			The College fulfills this requirement:	Yes
		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).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. **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 2025.** **The College's Cyber Security Insurance with HIROC requires compliance with, and regular reporting on, multiple points of data including the College's application of technology for business purposes.** **The College also engages in annual database updates to improve functionality for registrants. In 2024, the College began collecting demographic information from registrants at renewal (on an anonymous and voluntary basis) to help it understand the diversity of the membership it regulates.**	
			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)	

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	**College response**
	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. *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.*
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. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged</u> through a <u>dialogue with the ministry</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice 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: • *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.).* **The College engages with other health regulatory Colleges and system partners regularly to align oversight of practice of the profession and to support public protection. Some of those partnerships or collaborations are outlined below.** **<u>Collaboration with Other Regulators</u>** • **The College regularly, and for specific priorities, collaborates with other regulators. For example,** • **The Registrar & CEO played a key role in the ad hoc committee referred to as the Prescribing Committee. This committee is composed of 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, and in 2024, the group prepared a white paper that was submitted in 2024 to the Ministry of Health.**

	- **The College welcomed Anita Ashton, Deputy Registrar & CRO at the College of Physiotherapists of Ontario to speak to Council in January 2024 about trauma informed regulation and incorporating a trauma informed approach into the College's regulatory processes, particularly complaints investigations and disciplinary hearings.** - **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 Governance Manual and its Removing Information from the Public Register Policy. The College also relied on another regulator for its Employee Handbook helping the College to** - **The Registrar & CEO developed a template for the evaluation of Council's effective governance and shared the template with other interested regulators.** - **In addition to engagement with Ontario health regulators, the College routinely engages and collaborates with provincial regulators. In early 2025, the College is hosting a national conference of chiropody and podiatry regulators – the first of its kind. Conference attendees are other footcare professional regulators across Canada including representatives from BC, Alberta, Manitoba, Ontario, Quebec, NS and PEI.** **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 2024 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 & CEO attends regular board meetings and biweekly information sharing sessions, and she was elected to the HPRO management committee in 2024 for a one-year term.** - **The Practice Advisor meets with advisors from other HPRO Colleges twice a year to share emerging trends and salient resources, and to build on the knowledge base of key issues affecting healthcare providers in Ontario.** - **The Quality Assurance Manager is involved with a Quality Assurance HPRO Working Group to share information about their Quality Assurance programs.** - **The Professional Conduct Manager connects with peers at other regulatory colleges through an HPRO networking group, which aims to meet twice a year. The group shares experiences for professional conduct issues and processes, such as trauma-informed investigations, interviewing, disclosure of information, and investigation timelines.**

	- The College is part of an HPRO networking group comprised of Deputy Registrars from the different regulatory colleges. The group meets once a month to talk about trends, best practices and opportunities to collaborate. - The College actively supports the work of HPRO as it develops supports for colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. College staff regularly attend meetings of the HPRO EDI Committee. **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 Chiropodists (OSC). In 2024, 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 2024, the College held two Town Hall meetings where the Registrar provided College updates to the membership and answered questions from registrants. - The College is also a member of the Canadian Network of Agencies for Regulation (CNAR) and the Council on Licensure, Enforcement and Regulation (CLEAR). Staff attended the CNAR conference in 2024, and the Registrar presented at a CLEAR fireside chat on transitioning into the role of a Registrar. - The Registrar and President met with the Canadian Life and Health Insurance Association (CLHIA)'s Anti-Fraud team in April 2024 to discuss the College's Zero-Tolerance Policy. - The College is a member of the Ontario Hospital's Association. **Michener Institute for Applied Health Science** - The College works closely with the Michener Institute, which is the only chiropody program in Ontario, to ensure that the students are meeting the College's required competencies. For example, the College developed an online learning module for registrants interested in acting as clinical supervisors for Michener students. The Quality Assurance Committee approved the learning module and granted CE hours for registrants who complete the module. - In April 2024, 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.

|	
	- In 2024, the College collaborated with the Michener Institute to develop training for applicants who failed the registration examination twice. According to the Registration Examination Failures Policy, which was approved by Council in 2023, the Registration Committee determines if additional training or experience is required before allowing the applicant to take the exam again, and the Michener has committed to providing the necessary training. **Full Scope Podiatry Model** - The College collaborates with other system partners to ensure it is informed in its approach to the FSPM.

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.

- **CLHIA: The Registrar and President met with representatives from the Canadian Life & Health Insurance Association (CLHIA). CLHIA shared trends and resources with the College around instances of insurance fraud and resources about how healthcare providers can protect their workplaces from improper business practices. The College will use this information to respond to increasing trends around offering incentives in chiropody/podiatry, as well as to assist with the broader development of business practice standards.**

- **Website: The College continued to make improvements to its website in 2024 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 X 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 2024, the College hosted 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.**

- **Practice Advisory Service: The College continued to support and refine the role of the Practice Advisory Service in 2024, 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. In 2024, the College enhanced the PA section of the website to address FAQs from registrants and the public.**
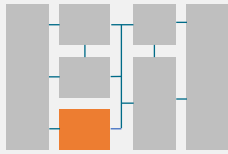
		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

		Required Evidence	**College Response**	
DOMAIN 4: INFORMATION MANAGEMENT	**STANDARD 7**	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 address disclosure and requests for information.

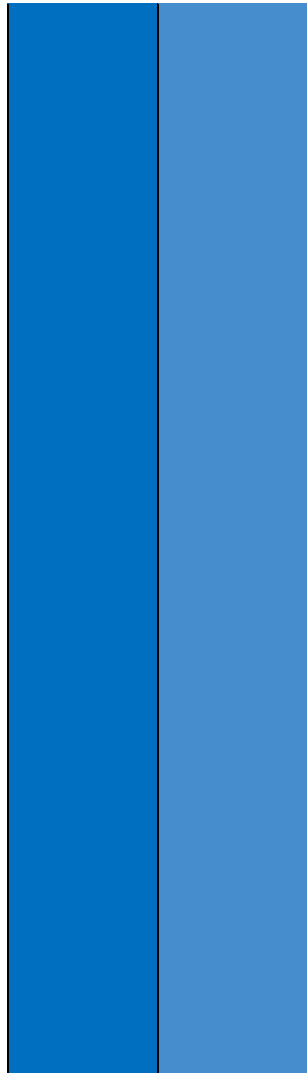**The College has the following policies governing the disclosure of and requests for information:**

- **Formal policy: 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 on these matters.**

- **Confidentiality for staff: All staff, by way of their employment contracts and section 36(1) of the RHPA, are bound by confidentiality requirements. In 2024, the College adopted an Employee 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.**

- **Council and Committee members: the Code of Conduct for Members of Council and its Committees 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. The new Governance Manual also contains a policy on confidentiality and transparency.**

- **IT: Registrant 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.**

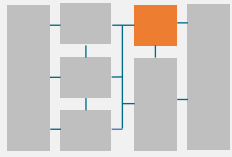|	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

				The College fulfills this requirement:	Yes

ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and

iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.

Benchmarked Evidence

The College fulfills this requirement: **Yes**

- 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.

The College uses several cybersecurity measures to protect against unauthorized disclosure of information:

Access Control
- **User Authentication: Strong password policies and two-factor authentication (2FA) for accessing systems with sensitive health information.**
- **Role-Based Access: System and data access strictly on a need-to-know basis, based on job roles.**
- **Session Management: Automatically log out inactive users.**

Data Encryption
- **In Transit: TLS/SSL to encrypt data during transmission for email, web applications, and remote access.**
- **At Rest: Encrypt sensitive data stored on servers, backup devices, and employee devices using AES-256.**

Endpoint and Network Security
- **Antivirus and Endpoint Protection: Deploy antivirus software and regularly update it to detect malware.**
- **Next Gen Firewall: Monitor and control network traffic.**
- **Virtual Private Network (VPN): Secure remote connections for accessing internal systems.**

Monitoring and Logging
- **Audit Trails: Maintain logs of access to sensitive information.**
- **Intrusion Detection/Prevention: Use systems to monitor and alert on suspicious activities.**

User Awareness Training
- **Regular training for staff on identifying phishing attempts, handling sensitive information, and reporting breaches.**
- **Make employees aware of their responsibilities regarding information security.**

Updates and Patching
- **Application software, operating systems, and hardware firmware are kept up to date with the latest security patches.**

Backup and Disaster Recovery
- **Data Backup: Regularly back up sensitive data and store backups securely.**
- **Recovery Validation: Periodically test disaster recovery processes to ensure data can be restored promptly after an incident.**

Compliance and Documentation
- **Document all policies and procedures related to cybersecurity.**

			• Conduct regular internal audits to ensure compliance with regulatory requirements.
			Policies
			• 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
			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.

		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).**

<table>
<tr>
<td rowspan="3" style="writing-mode:vertical-lr">DOMAIN 5: REGULATORY</td>
<td rowspan="3" style="writing-mode:vertical-lr">STANDARD 8</td>
<td colspan="2">Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="2">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</td>
<td>The College fulfills this requirement:</td>
<td>Met in 2023, continues to meet in 2024</td>
</tr>
<tr>
<td colspan="2">

- 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 2023 CPMF Reporting Tool](#).

<u>Review Process</u>

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 continued throughout 2024.

In particular, the review includes: modernizing language and approach, cross-referencing with other standards and guidelines, ensuring consistency and using a new template for all standards and guidelines. Throughout 2024 the S & G committee has been engaged in that 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.**

</td>
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</table>

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.**

External Stakeholder Engagement/Proactive Monitoring

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.

EDI

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.

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.

| b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

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.

Benchmarked Evidence | The College fulfills this requirement:

• 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.

The College has 17 Standards of Practice, 12 Practice Guidelines, two Advisories and five Policies related to clinical practice.

i.   Evidence and data:
  - **The College collects data from various sources, including:**
    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:
  - **New standards, guidelines or policies are developed or amended to address omissions or gaps.**
  - **For example, in May 2024, Council approved amendments to the [Guideline for Suspension](#) that enhanced the onus on suspended registrants to report their compliance with the guideline to the College on a monthly basis during the suspension. It is in the public interest that suspended registrants understand what is permitted and are accountable to the College.**
iii.   The current practice environment:
  - **The Technical Committee recommended updates to the Laser guideline based on questions received from registrants.**
iv.   Alignment with other health regulatory Colleges:
  - **The College often reviews other Colleges' policies when amending or developing new standards, policies, and guidelines. For example, the staff relied on material from other College's in drafting its [Removing Information from the Public Register Policy](#). The College will often reach out to other regulators for insight into their standards of practice.**
  - **Another example was the draft contract for College assessors as used by another health regulator for its assessors.**
v.   Expectations of the public:
  - **The expectations of the public are informed by complaints and other feedback received from the public.**
vi.   Stakeholder views and feedback:
  - **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.** | Yes |
| | *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.* | |

		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.	The College fulfills this requirement:	Partially

The College fulfills this requirement: **Partially**

- 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.

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.

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).

In 2025, 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 *Human Rights Code, 1990* and the *Truth and Reconciliation Commission of Canada: Calls to Action (2015)*.

During the next reporting period, the College will continue to include a DEI focus when reviewing policies, guidelines, standards, and the Code of Ethics. The following actions are being planned for 2025 to accomplish this objective:
- **Inclusion of DEI perspective while reviewing external policies, guidelines and standards that would incorporate:**
  - **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 Halls, 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, in 2024 College 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.**

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 will incorporate the EIA tool in our sequentially phased approach of information gathering, analyses, and engagement/consultation to assess our policies, programs, and standards.

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

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response

DOMAIN 6: SUITABILITY TO PRACTICE — STANDARD 9

Required Evidence

a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].

College Response

The College fulfills this requirement: | Met in 2023, continues to meet in 2024

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.

- Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

To register as a chiropodist applicants must meet the registration requirements in [Ontario Regulation 830/93: Registration](#) under the [Chiropody Act, 1991](#). Applicants to the General class are required to satisfy a total of eight requirements:

1. **Education**

   - **Applicants must have successfully completed a post-secondary program approved by the Council – the curriculum must include courses in health sciences, chiropodial sciences, humanities and clinical education, that, in the opinion of the Council, are relevant to the scope of practice of the profession.**

   - **Applicants from non-approved programs must submit their academic information to the College for an evaluation that will be conducted by a third party. A report will be prepared for consideration by the College.**

   - **Transcripts must be sent directly from the educational institution to the College. A transcript must confirm that a degree/diploma has been granted.**

2. **Core Competency and Jurisprudence Written Exams**

   - **The College manages applications by way of in-person written examinations. Candidates must submit proof of identification when they apply to register with the College and must present proof of their identification at the testing center on the day of the exam. Candidates for all College Registration Examinations must also arrange for official transcripts to be sent directly to the College from the post-secondary institution, thereby ensuring authenticity.**

3. **OSCE**

   - **The College manages applications for the OSCE. Prior to the exam, candidates are provided with a schedule that details the time for registration, time to start the exam and time to depart the exam. Candidates are sequestered before and after the exam. Candidates must submit proof of**

identification when they apply to register with the College and must present proof of their identification at the testing center on the day of the exam.

4. **Three-Month Clinical Experience**

   - **The Certification of Three-Month Clinical Experience/Internship Form must be forwarded to the College directly from the certifying institution or practitioner.**

5. **Language Proficiency**

   - **Applicants must be able to show language proficiency in English or French. Language proficiency test score reports must be provided directly to the College from the testing institution or are confirmed online with the testing institution by College staff. The language testing centers evaluate proof of identification for all test takers.**

6. **Good Character**

   - **Applicants must submit a Canadian police criminal record check directly to the College.**

   - **If applicable, official evidence of registration with another licensing body must be sent directly to the College from the registration/licensing body. The licensing body must fill out a form in the application package, and must declare whether the applicant is in good standing.**

7. **Canadian Citizenship or Legal Status In Canada**

   - **Applicants must submit a photocopy of their birth certificate, proof of Canadian citizenship or permanent residency in Canada or authorized under the *Immigration and Refugee Protection Act* (Canada) to practise the profession in Canada.**

Mobility within Canada:

   - **Applicants who are currently licensed as chiropodist or podiatrist in another Canadian province are considered to have met, and do not need to provide documentation of the education, clinical experience and language proficiency requirements in accordance with the labour mobility provisions of the Agreement on Internal Trade (AIT).**

   - **However, these applicants must write the jurisprudence examination and provide, directly to the College, a current letter of standing as validation of current licensure from the chiropody/podiatry regulator of any Canadian province or territory where the applicant holds an active license. College staff may verify the applicant's registration information using the public register of the other province(s).**

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[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.

			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)	

		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.).	The College fulfills this requirement:	Yes

- 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.

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 2023 CPMF report.

- **The College is involved with several professional regulatory organizations including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement & Regulation (CLEAR), and the Health Profession Regulators of Ontario (HPRO). By attending and presenting at conferences organized by these organizations, College staff keep abreast of best practices and developments in registration and assessment for entry to practice.**

- **Changes in best practices in registration requirements or processes are monitored by College staff and may trigger an evaluation.**

- **In general, these steps are followed:**
  - o **Conduct preliminary background research and an environmental scan.**
  - o **Contract with an external consultant, if necessary, to gather data and/or provide expert knowledge.**
  - o **Review research findings and expert recommendations to determine the changes required.**
  - o **If further development is required, test the proposed changes.**
  - o **Launch the changes.**
  - o **Evaluate the impact of the changes.**

- **The Registration Committee and/or Council are informed and approve decisions as necessary.**

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

The College has no specific criteria to assess registration requirements. Registration requirements are updated based on insights gathered through the process outlined above and Ontario government direction. The most recent changes in registration requirements or processes include:

- **2023: 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:**
  - o **College must provide applicants with confirmation of receipt of the application materials and details regarding any missing information within 15 days.**
  - o **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.**

- o **Language Proficiency: The College must accept a test approved under the Immigration and Refugee Protection Act. The College's website has been updated to reflect this change.**

- o **Canadian experience: Canadian experience may not be required as a condition of registration and this has not been a historical requirement of the College.**

- o **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.**

- **2024: The College returned to in-person examinations after conducting the core competencies exam and the jurisprudence exam online since the COVID-19 pandemic.**

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: • 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 2024, 44 registrants were randomly selected for a practice assessment – representing approximately 5% of the membership. Seven assessments were deferred, as Registrants indicated that they were either resigning from membership at the end of the calendar year or were on temporary leave from practice. Six of these assessments took place at the end of 2024, with the remaining 31 having been completed at the beginning of 2025.**	Yes
			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)	

[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.

a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the most recent assessment report by the OFC *OR* please provide a summary of outcome assessment report. **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 2023/2024 was low risk.** **The College's Fair Registration Practices Reports can be viewed on the College's website. The OFC website also archives the College's reports.** • Where an action plan was issued, is it: No Action Plan Issued	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 10**	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	

Required Evidence

College Response

Required Evidence	College Response	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: 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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard **Guideline for Suspension (amended in May 2024)** – Duration of period that support was provided **Ongoing (Practice Advisor, Manager, Professional Conduct, Manager, Registration)** – Activities undertaken to support registrants **The College communicated the Guideline amendments to the membership via email, on the website, social media and in the quarterly edition of the Footprint Newsletter. College staff and Practice Advisor were available via phone/email to answer questions and provide clarifications. The amendments were also imbedded in Discipline Committee orders, in which case the requirement to complete the suspension declaration was communicated to the registrant by College staff.** – % of registrants reached/participated by each activity **Emails and Footprint Newsletter are sent to 100% of the membership and Council members.** – Evaluation conducted on effectiveness of support provided **No** • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:*	
	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: **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].**		

		a. The College has processes and policies place outlining:
		
		i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
			The College fulfills this requirement:
			
			• 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.
			
			    • **Quality Assurance Practice Assessment Program**
			
			    • **Quality Assurance Practice Assessment Tool**
			
			    • **Quality Assurance Surgical Suite Assessment Tool**
			
			    • **Quality Assurance Chart Review Tool**
			
			    • **Quality Assurance Evaluation Grid Tool**
			
			In 2023, the Quality Assurance Committee updated the practice assessment tools with the introduction of the Surgical Suite Assessment tool to be used in 2024. The tool was developed in response to registrants, both chiropodists and podiatrists, who conduct surgical procedures in their practice. All registrants randomly selected in 2024 for a Practice Assessment had the Surgical Suite Assessment tool used if it made sense for their practice.
			
			The Quality Assurance Committee maintains a continuous improvement cycle by reviewing and analyzing assessment results. The 2024 assessment outcomes will be thoroughly evaluated in early 2025 to determine the tool's effectiveness and identify any necessary refinements. Furthermore, the Committee actively identifies emerging areas requiring quality assurance oversight, as evidenced by their current exploration of developing a new assessment tool focused on advertising practices.
			
			Is the process taken above for identifying priority areas codified in a policy: No
			
			• *If yes, please insert link to the policy.*
				Met in 2023, continues to meet in 2024

			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)	

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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).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Partially

The College fulfills this requirement: **Partially**

- 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.

  The College's current Registration Regulation requires that it conduct random practice assessments. In 2024 the College submitted a proposed amended Registration Regulation that would remove this requirement to modernize the College's approach to practice assessments to best protect the public. However, the College understands that, notwithstanding the language in its current Registration Regulation, in addition to its obligation to engage in random practice assessments, it is permitted to assess on the basis of risk factors. In 2023 the College identified the most significant risk factors for complaints and is reviewing its practices to implement practice assessments based on risk factors going forward.

- Please provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable).
  2024 is the year the right touch approach to practice assessments was implemented on a pilot project basis.

  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
  - *Public* Choose an item.
  - *Employers* Choose an item.
  - *Registrants* Choose an item.
  - *other stakeholders* Choose an item.

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

As noted above, in 2023, the College identified the most significant risk factors for complaints and is reviewing its practices to implement practice assessments based on risk factors going forward.

Additional comments for clarification (optional)

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement: **Met in 2023, continues to meet in 2024**

- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number *OR* list criteria.

  The Quality Assurance Committee (QAC) uses a [Risk Assessment Framework](#) to determine appropriate remediation activities for registrants. This framework helps ensure remediation requirements align with identified practice concerns.

  When determining remediation activities, the QAC reviews:
  - **The assessment report**
  - **The registrant's written submission**
  - **Any identified knowledge gaps or practice concerns**

			• **Potential risk to public safety** • **The registrant's demonstrated capacity for self-governance** **Remediation activities are designed to address specific practice issues identified during the assessment process. The scope of these activities takes into account:** • **The nature of identified risks** • **The potential impact on patient care** • **The registrant's understanding of practice issues** • **The registrant's history of compliance** **The QAC continues to evaluate and develop its criteria and resources to address practice issues identified through the assessment process. This helps ensure remediation activities remain relevant and aligned with current professional standards.** **The Committee aims to make remediation requirements proportionate to identified concerns while supporting registrants in meeting professional practice standards.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Measure:
10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.

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.	The College fulfills this requirement:	Yes

- 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.

  - **For QA Committee-required remediation, the QAC 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.**

    - **If there are 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.**

  - **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.**

    - **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.**

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

		Measure 11.1	
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 11**	**The College enables and supports anyone who raises a concern about a registrant.**	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: 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;	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 polices/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)
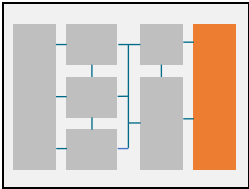
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. **A review 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.** **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.**	
			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.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). **For more information, please refer to the [College's 2023 CPMF Reporting Tool](#).**	
			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)	

		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.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

			• Please list supports available for the public during the complaints process.
			
			Below is a list of supports available for the public during the complaints process:
			
			• **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 accommodation required for the complainant to meaningfully participate in the process.**
			• **Provision of additional information and support for those reporting sexual abuse (e.g., access to an 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:**
			    ○ **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.**
			
			• Please briefly describe at what points during the complaints process that complainants are made aware of the support available.
			
			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.	

			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: **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.**	

		a. Provide details about how 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.).	The College fulfills this requirement:
			
			• 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.
			
			Complainants can contact the College *via* email or phone during the complaints process. Contact information is available on the College's website.
			
			• 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:**
			  o **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.**
			  o **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.**
			  o **Complainants receive a copy of the ICRC's decision**
			• **The College provides additional support when a matter is referred to the Discipline Committee:**
			  o **Information Guide for Witnesses at Discipline Committee Hearings**
			  o **Complainant receives a copy of the Discipline Committee's decision**
			  o **The College maintains a list of upcoming and scheduled Discipline Committee hearings on its website**
			  o **Discipline Committee Rules of Procedure**
			  o **Discipline Committee Guidelines**
				Yes

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

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:	Met in 2023, continues to meet in 2024

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.

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 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.).**		

a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: **Met in 2023, continues to meet in 2024**

• Please insert a link to the policy and indicate page number *OR* please briefly describe the policy.

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 on these matters. All staff, by way of their employment contracts and the Code, are bound by confidentiality requirements.

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 *Regulated Health Professions Act, 1991* (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.

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. Also, 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.

• 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').

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 2024 include:

- **Other chiropody/podiatry regulators:**
  - **Ordres des podiatres du Québec: Provided the regulator with the Discipline Committee's decision related to a dual registrant.**
  - **Australian Health Practitioner Regulation Agency: Provided the regulator with letters of standing for registrants applying for registration.**
- **Other RHPA Colleges**
  - **College of Nurses of Ontario: Notified CNO that a dual registrant was referred to the College's Discipline Committee and provided a link to the Notice of Hearing.**

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

<table>
<tr>
<td colspan="2" rowspan="1"></td>
<td colspan="2">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.</td>
</tr>
<tr>
<td rowspan="10">DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT</td>
<td rowspan="10">STANDARD 14</td>
<td>Required Evidence</td>
<td>College Response</td>
</tr>
<tr>
<td rowspan="9">a. Outline the College's KPIs, including a clear rationale for why each is important.</td>
<td>The College fulfills this requirement: Met in 2023, continues to meet in 2024</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>For a review of the goals and outcomes, and the planned activities that will help the College meet its strategic objectives, please see the <u>College's Strategic Plan</u>.</td>
</tr>
<tr>
<td>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:</td>
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<tr>
<td>

Right touch regulation
Governance oversight
Financial oversight
Communication and community engagement
Modernization and innovation
Continuous improvement

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<tr>
<td>The College's performance in the next strategic period will be measured against the following strategic outcomes:</td>
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<td>

Annual review of the financial reserves to determine sufficiency – financial oversight and right touch regulation
Continuous improvement of the College's CPMF metrics – continuous improvement and right touch regulation
Financial reporting by the Registrar at each Council meeting – financial oversight and governance oversight
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
Maximize leadership in Health Professions Regulators of Ontario with regular engagement by Registrar and staff – right touch regulation,

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

| | | | communications and community engagement

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**

For more information, please refer to the [College's 2023 CPMF Reporting Tool](.). |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • 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. **The Registrar & CEO reports to the Council at every 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. The Registrar & CEO reports to the Executive Committee with a verbal report on a monthly basis. 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.** **In 2024, the College introduced a KPI dashboard that provides Council with an overview of where the College stands in terms of meeting its strategic objectives. It will be included in the Council material package on an ongoing basis. For example, see page 157 of the January Council material.** **Note: There are hyperlinks in the agenda that link to the material listed.** **January 26, 2024** **Council Meeting Material** **Approved Minutes** **May 31, 2024** **Council Meeting Material** **Approved Minutes** **September 27, 2024** **Council Meeting Material** **Approved Minutes**	Met in 2023, continues to meet in 2024
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure:	
14.2 Council directs action in response to College performance on its KPIs and risk reviews.	

a. Council uses performance and risk review findings to identify where improvement activities are needed. ─────── *Benchmarked Evidence* ───────	The College fulfills this requirement:	Yes
	• 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. **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 2024, Council used the data in Committee reports, 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.** **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.** **January 26, 2024** **Council Meeting Material** **Approved Minutes** **May 31, 2024** **Council Meeting Material** **Approved Minutes** **September 27, 2024** **Council Meeting Material** **Approved Minutes** **December 4, 2024 (Special Council Meeting)** **Council Meeting Material** **Approved Minutes**	
	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.	

		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 2023, continues to meet in 2024
			• Please insert a link to the College's dashboard or relevant section of the College's website. **The College reports on the performance of regulatory activities and strategic initiatives during public Council meetings through the Registrar's Report and a dashboard. The most recent Registrar's report and dashboard were presented at the September 2024 Council meeting (p. 250). These reports are standing items at every meeting, and the information is publicly available through the posted Council material. The Strategic Plan and strategic priorities are also available on the website.** **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.**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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.
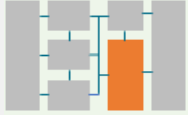
Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d . *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 2024* | *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).* |

Type of QA/QI activity or assessment:	#
i. Practice Assessments	37
ii. Continuing Education audit	44
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>*	

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 2024. 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.

* 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 2024, 44 registrants (5% of total registrants) were selected for practice assessment. Of these, 37 assessments were completed between late 2024 and early 2025, while seven were deferred.

Separately, the College conducts an annual audit of continuing education (CE) requirements on 5% of registrants. For the 2024 CE audit, which reviews activities completed between January 1 - December 31, 2024, 44 registrants have been randomly selected. These registrants must submit proof of their CE completion by March 28, 2025.
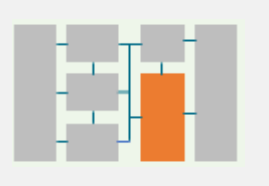
Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	81	9.6	
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 2024.	8	21.6	*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 2024, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

CM3: 2023 practice assessments were reviewed by the Quality Assurance Committee in 2024. 37 practice assessments were reviewed by the Committee. 8 registrants were directed to undertake remediation efforts. 2024 practice assessments will be reviewed by QAC in 2025. The College is adjusting assessment schedule so that registrants who are directed to complete a practice assessment will have their assessment reviewed by the Committee in the same calendar year.
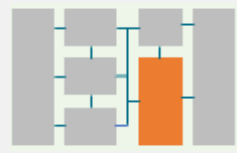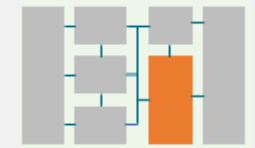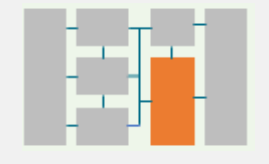
Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data 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 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	8	100%	*and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how*
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	*successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.
**This measure may include any outcomes from the previous year that were carried over into CY 2024.

Additional comments for clarification (if needed)

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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: R e c o m m e n d e d *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 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	NR		NR		*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
II. Billing and Fees	6	0.2	NR		
III. Communication	21		NR		
IV. Competence / Patient Care	13	0.7	NR		
V. Intent to Mislead including Fraud	NR		NR		
VI. Professional Conduct & Behaviour	29	100	5	100	
VII. Record keeping	NR		NR		
VIII. Sexual Abuse	NR		NR		
IX. Harassment / Boundary Violations	NR		NR		
X. Unauthorized Practice	NR		NR		
XI. Other <*please specify*>	NR		NR		
Total number of formal complaints and Registrar's Investigations**	28	**100%**	5	**100%**	

Formal Complaints
NR
Registrar's Investigation

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

Additional comments for clarification (if needed)

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: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	25		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	9		
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 2024	5		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	*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. 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	23	92	
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR	
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	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	8	32	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

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

Additional comments for clarification (if needed)

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: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	31
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++

Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	NR	NR	NR	NR	NR	NR	NR
II.	Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III.	Communication	11	NR	NR	NR	NR	NR	NR
IV.	Competence / Patient Care	5	NR	NR	NR	NR	NR	NR
V.	Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI.	Professional Conduct & Behaviour	21	NR	NR	NR	NR	7	NR
VII.	Record Keeping	NR	NR	NR	NR	NR	NR	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>*							

- *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 2024.*

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

NR

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

Additional comments for clarification (if needed)
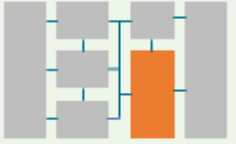
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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:

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2024	230	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2024	348.6	

Disposal

Additional comments for clarification (if needed)

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Table 8 – Context Measure 12

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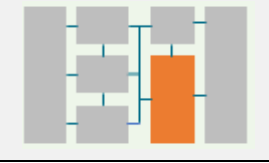<td rowspan="2"></td>
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<td colspan="3" style="background-color:#a01060;color:white">STANDARD 12</td>
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<td colspan="4">Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:</td>
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<td colspan="4">**Context Measure (CM)**</td>
</tr>
<tr>
<td>**CM 12.** 90th Percentile disposal of:</td>
<td>Days</td>
<td colspan="2" rowspan="3">*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.*

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.</td>
</tr>
<tr>
<td>I.   An uncontested discipline hearing in working days in CY 2024</td>
<td>403.8</td>
</tr>
<tr>
<td>II.   A contested discipline hearing in working days in CY 2024</td>
<td>NR</td>
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<u>Uncontested Discipline Hearing</u>
<u>Contested Discipline Hearing</u></td>
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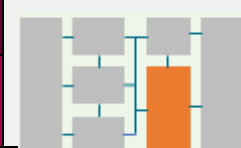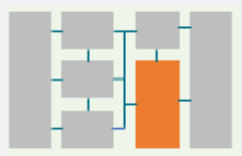<td colspan="4">*Additional comments for clarification (if needed)*

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</table>

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: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		

Type		#	
I.	Sexual abuse	NR	*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.*
II.	Incompetence	NR	
III.	Fail to maintain Standard	6	
IV.	Improper use of a controlled act	NR	
V.	Conduct unbecoming	NR	
VI.	Dishonourable, disgraceful, unprofessional	7	
VII.	Offence conviction	NR	
VIII.	Contravene certificate restrictions	3	
IX.	Findings in another jurisdiction	1	
X.	Breach of orders and/or undertaking	2	
XI.	Falsifying records	2	
XII.	False or misleading document	3	
XIII.	Contravene relevant Acts	7	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.   *NR*
Additional comments for clarification (if needed)

Table 10 – Context Measure 14

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STANDARD 12</td></tr>
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Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d	
If a College method is used, please specify the rationale for its use:	

Context Measure (CM)	

CM 14. Distribution of Discipline orders by type*		
Type	#	*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. Revocation	NR	
II. Suspension	6	
III. Terms, Conditions and Limitations on a Certificate of Registration	6	
IV. Reprimand	7	
V. Undertaking	NR	

* 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.

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

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:

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:

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:

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:

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:

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:

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: