

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

March 31, 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

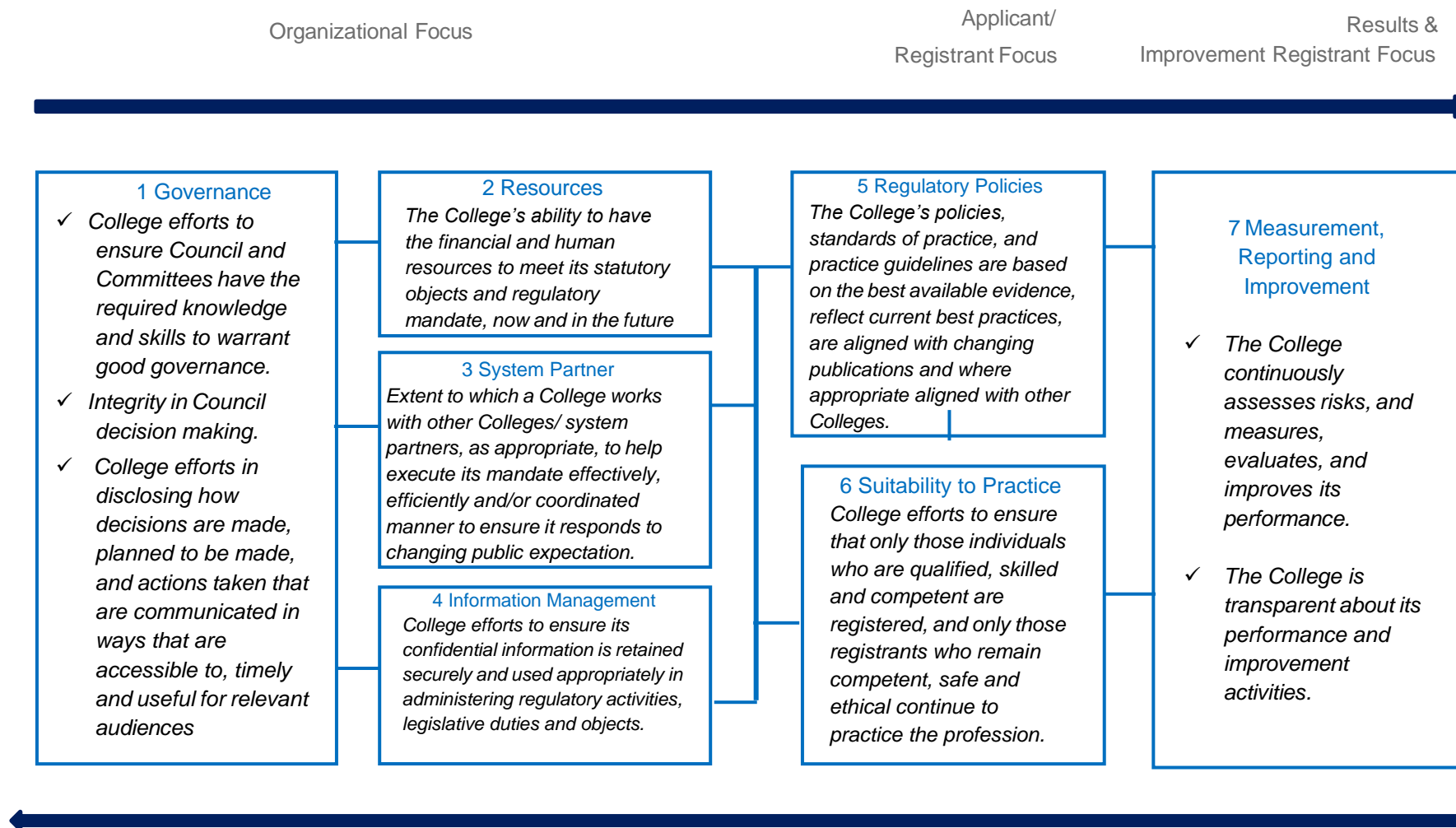


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

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

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

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.

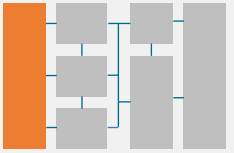
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

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

			<ul style="list-style-type: none"> • If elected, they will behave in accordance with Bylaw 4 • They do not have a conflict of interest. <p>At a special Council meeting in May 2022, Council adopted a knowledge, skills, and experience matrix that candidates must complete prior to standing for election. The assessment requires candidates to self-reflect on their competency in the following areas: finance, human resources, regulatory knowledge, clinical experience, leadership/change management, health system knowledge, strategic planning, risk management, technology skills, governance, continuous quality improvement, critical thinking, and stakeholder relations/communications.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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	ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Duration of orientation training. <p>An introductory orientation is provided by the Registrar as an initial one-on-one meeting followed by an intensive orientation for all Council and ICRC and Discipline Committee members. In 2022, the intensive orientation was half a day and was delivered in-person. The format was lecture and discussion with reference to relevant legislation and case law. The orientation was delivered by the Registrar, the Deputy Registrar and Manager, Professional Conduct and Hearings and the Manager, Registration, Examinations and Quality Programs.</p> <p>The College provides governance training for new Council members, which was developed by external legal counsel.</p> <p>The College also includes an educational/orientation component at Council meetings. In 2022, the College had speakers on right-touch regulation, good governance, indigenous health, and speakers from other regulators sharing best practices.</p> <ul style="list-style-type: none"> Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <p>In 2022, orientation was primarily held in person, with the option to attend virtually.</p> <ul style="list-style-type: none"> Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Topics include introduction to regulation, regulation modernization, right-touch regulation, bias/conflict of interest, introduction to ICRC and the Discipline Committee.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>	
	b. Statutory Committee candidates	The College fulfills this requirement:	Yes

	<p>have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none">• The competency and suitability criteria are public: Yes <p>The competencies for statutory and non-statutory committee service can be found on the College’s website, Mandate of Statutory and Non-statutory Committees of the College.</p> <p>Eligibility criteria for members to serve on a statutory committee are found in article 53.01 of Bylaw 1: General.</p> <p><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Education sessions at the committee level are a full day or half a day, depending on the nature of the committee, statutory or other changes impacting the committee and the size of the committee. The Discipline Committee, ICRC, Quality Assurance Committee, Registration Committee also meet for 1-2 business meetings a year, and the content of those meetings includes an educational component. In addition, there is periodically orientation for statutory committees when there are process changes specific to the role and functioning of the committee.</p> <p>Orientation generally occurs in-person, but since the COVID-19 pandemic a virtual option has been provided. Orientation is provided by the Chair, staff, and legal counsel, where relevant. New members of the Discipline Committee attend the Health Profession Regulators of Ontario’s Basic Discipline Workshop, while more experienced members attend the advanced session. Also, new Council members attend HPRO’s two-day governance training.</p> <p>Committee education is specific to the role of the committee, but all include the following:</p> <ul style="list-style-type: none"> • Committee’s legislated mandate and members’ roles and expectations • Relevant legislation (RHPA, 1991, SPPA) • Procedural fairness and confidentiality provisions specific to the committee • Conduct Bylaw • In-depth orientation for specific knowledge related to committee role, for example: <ul style="list-style-type: none"> ○ Interim orders – ICRC ○ Sexual abuse – ICRC and Discipline Committee ○ Conducting practice assessments – QA Committee ○ Exam writing – Examinations Committee <p>Members who take on specific roles (for example, pre-hearing chairs, panel chairs, assessors) have specialized training, and special training was provided in 2022</p>

			<p>for Chairs of all College committees.</p> <p>A survey is distributed following all orientation sessions that informs improvements for future presentations.</p>				
			<table border="1"> <tr> <td data-bbox="776 695 2198 743"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2198 695 2615 743"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 743 2615 1008"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	<p><i>Additional comments for clarification (optional):</i></p>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>						
<p><i>Additional comments for clarification (optional):</i></p>							

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>For more information, please refer to the College's 2021 CPMF Reporting Tool.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2021, continues to meet in 2022</td> </tr> </table>		Met in 2021, continues to meet in 2022	
		Met in 2021, continues to meet in 2022		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>For more information, please refer to the College's 2021 CPMF Reporting Tool.</p>			
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.		
<i>Additional comments for clarification (optional)</i>				

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> The inaugural third party assessment was completed with the January 2023 Council meeting with a 3-year cycle planned. • Please indicate the year of the last third-party evaluation. <p>At the end of 2022, the College retained a regulatory consultant to evaluate College Council’s effectiveness. The evaluation was completed in January 2023, and going forward, similar evaluations will be conducted every three years.</p> <p>The evaluation assessed the following criteria:</p> <ul style="list-style-type: none"> • Council Member Orientation, Competency and Ongoing Council Member Training <ul style="list-style-type: none"> ○ Competency assessment prior to running for election. ○ Orientation ○ Ongoing training ○ Education items on Council agenda ○ Post-Council meeting survey • Council meeting materials <ul style="list-style-type: none"> ○ Materials include briefing notes ○ Notice of the meeting on the College’s website ○ Minutes are posted on the College’s website ○ Conflict of interest form included ○ Materials available in French and English • Council Chair Effectiveness <ul style="list-style-type: none"> ○ Chair conducts meeting in an orderly fashion ○ Mover and seconder identified for each motion ○ Chair addresses any conflict of interest ○ Chair invites discussion ○ Chair ensures consensus and takes a vote ○ Chair is respectful and professional ○ Chair addresses quorum issue ○ Chair includes virtual participants • Council members <ul style="list-style-type: none"> ○ Are respectful and prepared for the meeting ○ Discussion is focused on the public interest ○ Familiar with RHPA and relevant legislation ○ Members understand right-touch regulation
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The results of the evaluation will 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)

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College distributes a survey for completion by Council members following each Council meeting, as well as following statutory committee meetings/orientation. The College uses feedback in the surveys to improve future meetings and provide targeted training. An example of the survey can be found in the February 2022 Council information package on pages 18-58.</p> <p>In February 2022, Council received governance training about the health regulation model, decision-making model, governance fiduciary duties and confidentiality to address identified gaps in Councilor education. In October 2022, Council (including new Council members), received training on how to identify and address a conflict of interest. This training was a proactive measure to ensure best practices in governance.</p> <p>In June 2022, the ICRC reviewed and approved a new risk-assessment tool in response to feedback received about the previous tool. The new tool is more interactive and easier to navigate in assessing risk – the flow chart is more user-friendly than the previous iteration. The Committee also received training on how to screen complaints involving allegations of sexual abuse or boundary violations. The College experienced an increase in these types of cases, and feedback from Committee members resulted in more robust training being provided. Also, the ICRC and Discipline Committee both received training on procedural fairness based on the needs identified by Committee members.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p><u>Risk Management</u></p> <p>As part of its risk management training for Council, the College implemented an educational/orientation component at Council meetings. In 2022, Council heard from speakers on right-touch regulation, good governance, indigenous health, and a panel of speakers from other regulators sharing best practices. For example, in February 2022, Council received a presentation on good governance, which included Council’s responsibility to manage risk to the College (reputational and other risk) through financial and other oversight, leadership and making sure the College meets its strategic objectives.</p> <p>The College has also implemented 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 June 2022 business meeting the ICRC received training on human rights and sexual abuse cases to enhance the Committee’s understanding of these issues, and to mitigate risk to the College.</p> <p><u>DEI</u></p> <p>In June 2022, Council heard from Judith Eigenbrod, the Director of Programs with the First Nations Health Managers’ Association. Ms. Eigenbrod educated Council on the Association’s work, including its professional development for individuals who provide health services to First Nations.</p> <p>Council and committee members also completed the First Nations University’s 4 Seasons of Reconciliations program.</p> <p>In October 2022, Council approved changes to the College’s Continuing Education policy which now requires a minimum of five credit hours of education focused on DEI.</p> <p>Council also received a presentation on the College’s Strategic Plan by the Strategic Planning Committee, which includes a commitment to modernize and innovate footcare health in Ontario, with the goal that members 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 indigenous communities and rural populations.</p> <p><u>Modernization</u></p> <p>Council also received orientation on the principles of modernizing regulation, with a presentation by Darrel Pink about right-touch regulation and a presentation from David Wright explaining how the College of Physicians and Surgeons of Ontario has modernized its Discipline Committee hearing process.</p>	<p>Yes</p>
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		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>	

Measure:		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy were last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p><u>Bylaw 4: Code of Conduct for Councillors and Committee Members</u> was amended in May 2022. Specifically, Article 4.01 was amended to align with the cooling off provision in Bylaw 1. Bylaw 4 will be reviewed every three years going forward.</p> <p>In early 2022, the College updated the conflict-of-interest declaration that Councillors sign prior to each Council meeting. The declaration now includes a worksheet that provides specific examples of the types of conflicts Councillors should be considering when reviewing the Council material package and prior to signing the declaration. A copy of the worksheet and declaration form are available on the College’s website, pages 1-8.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

	ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The College's Bylaw 4 sets out the conduct for councilors and committee members, and it contains the Code of Conduct and Conflict of Interest provisions Council and committee members are required to follow. Council sets its conflict-of-interest provisions in a bylaw so that it is enforceable. Bylaw 4 sets out the standard for behaviour and identifies, in detail, specific expectations related to conflicts of interest and confidentiality. Bylaw 4 also outlines how the Bylaw will be enforced and the potential consequence of breaching its provisions.</p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

	<p>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).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. <p>At its October 2021 meeting, Council was asked to decide on the appropriate length of a cooling off period. After discussion, Council voted and approved a one year cooling off period. To operationalize the cooling off period, Council voted to approve amendments to Bylaw 1 at its February 25, 2022 meeting.</p> <ul style="list-style-type: none"> • Please provide the length of the cooling off period. <p>The cooling off period is one year.</p> <ul style="list-style-type: none"> • How does the College define the cooling off period? <p>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:</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; <p>Bylaw 1 can be found on the College’s website. The cooling off period is outlined in Article 50.</p> <ul style="list-style-type: none"> - Insert a link to the Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR <p>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.</p> <ul style="list-style-type: none"> - Where not publicly available, please briefly describe the cooling off policy.
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. <p>The conflict-of-interest form was updated in 2022. As noted above, the declaration now includes a worksheet that provides specific examples of the types of conflicts Councilors should be considering when reviewing the Council material package and prior to signing the declaration. A copy of the worksheet and declaration form are available on the College’s website, pages 1-8.</p> <ul style="list-style-type: none"> • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes <p>At the beginning of each meeting, the Council President asks Council members if they have any conflict of interest to declare with respect to the agenda, even though councilors will have completed the COI form before the meeting.</p> <p>Depending on the issue, the President will tell Council members to excuse themselves if they have a conflict of interest. When a Council or Committee member declares a conflict of interest, they are required to leave the room (or in Zoom are put into a separate room). The conflict itself, and that the Councilor left the meeting, are noted in the minutes, along with the member’s return.</p> <ul style="list-style-type: none"> • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The January 2023 Council meeting material includes the conflict-of-interest questionnaire and is available on the College’s website, pages 6-13.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. <p>Council meeting materials identify the public interest rationale and the evidence supporting a decision for any strategic issue, regulatory process, or action when Council is being asked to make a decision. Meeting materials are available online and include the supporting briefing notes for each issue.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>For more information, please refer to the College’s 2021 CPMF Reporting Tool.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College’s Registrar applies a legal risk assessment to manage internal and external risks, in consultation with external legal counsel. For example, the College provides briefing notes to Council for decision-making that identify and assess risks to the public and the College. In addition, the College’s Audit Committee, working closely with the College’s accountant and auditor, identify and manage financial risk. In 2022, Council received training from external legal counsel in good governance practices for a professional regulator, including assessing risk to the organization and right touch regulation.</p> <p>Risk management is also integrated in the principles of the College’s Strategic Plan. The Plan contemplates financial oversight, governance oversight and modernization, which all focus on mitigating risk to the College by ensuring it meets best practices. Through the development of recently adopted key performance indicators, the College will continue to evaluate, assess, and mitigate risk. The College also relies on its IT provider to identify risk and make changes, as necessary, to ensure the College’s IT infrastructure is secure.</p>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (if needed)</i>		

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>For more information, please refer to the College’s 2021 CPMF Reporting Tool.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Minutes of the Executive Committee are posted on the College's website. Executive Committee meetings are scheduled at the beginning of each year on a monthly basis. The meeting dates are posted on the College's website for the entire year.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Met in 2021, continues to meet in 2022</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>For more information, please refer to the College's 2021 CPMF Reporting Tool.</p>		Met in 2021, continues to meet in 2022
		Met in 2021, continues to meet in 2022	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table>		Choose an item.
	Choose an item.		
<i>Additional comments for clarification (optional)</i>			
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Met in 2021, continues to meet in 2022</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. <p>Notice of Discipline Committee Hearings are posted at least one month in advance to the College's website. The current hearing schedule is available on the College's website.</p>		Met in 2021, continues to meet in 2022
		Met in 2021, continues to meet in 2022	

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Choose an item.</p>
		<p>Additional comments for clarification (optional)</p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>		<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. <p>The College does not have a formal DEI plan; however, it made several improvements in 2022 by incorporating, and prioritizing, DEI in its work. For example, the College adopted a Statement on Equity, Diversity, and Inclusion, which recognizes the College’s commitment to promoting DEI within Council, staff and consultants. The College also incorporated a land acknowledgment into the start of each Council meeting, which is also available on the College’s website. College staff, Council and committee members completed the First Nations University’s 4 Seasons of Reconciliations program, and in October 2022, Council voted to include mandatory DEI courses as part of the College’s Continuing Medical Education requirements for 2023.</p> <p>The College’s Strategic Plan includes a commitment to modernize and innovate footcare health in Ontario, with the goal that members 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 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 members are less likely to experience serious, adverse outcomes.</p> <p>The College is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for the College to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools the College will use in the next reporting periods to enable a customized assessment of equity impact, reflecting its particular needs.</p>		

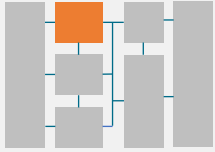
			<ul style="list-style-type: none"> Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>At its January 2023 Council meeting, Council voted to adopt key performance indicators that the Strategic Planning Committee developed in 2022 to measure its performance in achieving the objectives in the Strategic Plan. The briefing note (page 106) for the adoption of the KPIs links the adoption of the podiatry model to the College’s commitment to truth and reconciliation, and to enhancing access to footcare health to remote northern and indigenous communities.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
<i>Additional comments for clarification (optional)</i>			

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	The College fulfills this requirement:	Yes		
		<ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. 			
		After conducting a preliminary assessment using the framework outlined below, the College is inactive in terms of its ability to conduct Equity Impact Assessments.			
		<p>INACTIVE</p> <ul style="list-style-type: none"> DEI in registration is limited to what is legally required DEI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates Only mandatory areas of focus (e.g., sexual abuse) are being addressed. The complaint, investigation and tribunal processes have no scope and/or capacity for addressing DEI issues Focus is on the Health Profession’s act’s definition of ‘incapacitated’ Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing 	<p>REACTIVE</p> <ul style="list-style-type: none"> There is anecdotal evidence of inequity Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates) Assessment of competence may be conflated with language ability DEI competence is not a discrete part of continuing development and quality assurance Patients/clients are predominantly viewed from the bio-medical and individualist lenses The complaint, investigation and tribunal processes have limited scope and/or capacity for addressing DEI issues Biases and humility in fitness to practice decision-making are explored if raised during the process 	<p>PROACTIVE</p> <ul style="list-style-type: none"> Bridging programs are offered Efforts are underway to increase access to education and credentials Potential bias in assessments is being addressed Eligible professional development activities include DEI Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality Key concepts, (e.g., social determinants of health, recovery orientation, trauma informed care) are being explored DEI training for tribunal members exists DEI concerns are addressed during complaints and discipline processes There is some access and support addressing biases, humility and intersectionality during the complaints and discipline processes 	<p>PROGRESSIVE</p> <ul style="list-style-type: none"> Bridging programs increase access Equitable registration streams increase access for populations such as Indigenous practitioners and specialized Internationally Educated Health Professionals (IEHPs) Quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of DEI principles in their practice DEI is thoroughly considered during all phases of the complaints, investigation, and tribunal processes DEI is integrated in all phases of the complaints, investigation, and tribunal processes Potential biases are actively identified and managed Humility and intersectionality are explicitly embedded in the fitness to practice process
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Yes		

Additional comments for clarification (optional)

The College is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for the College to use in conducting these reviews within the context of an Equity Impact Assessment.

Current HPRO project activities are designed to provide a set of guiding indicators and support tools the College will use in the next reporting periods to enable a customized assessment of equity impact, reflecting its particular needs.



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	
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p>	Yes
		<ul style="list-style-type: none"> 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. <p>Council’s meeting minutes from February, June and October provide an overview of discussions about activities and projects in the reporting year that support the Strategic Plan.</p> <p>The 2023 budget was approved by Council in January 2023 – the materials, including the proposed budget, are available in the January 2023 Council briefing package (page 103). The operating budget included the following highlights:</p> <ul style="list-style-type: none"> Inflation – increase 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. Bill 106 – the College is required to update its Registration Regulation. The budget anticipates an increase in legal fees and committee time to operationalize the new Regulation when it comes into effect. IT Hardware and Software – the College’s server needs to be replaced. The College intends to move to a cloud-based system and to update to Microsoft 365 Business Premium. Exam fee – the College is proposing a further increase in the exam fee to offset some of the exam costs to the College. Increase to Professional Health Corporation Fee – the budget includes an increase in the fee for professional health corporations. <p>To review how the College’s financial resources are divided among various activities and projects, please see the audited financial statement.</p>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.

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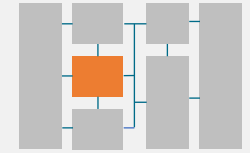
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set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

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>In 2021, Council supported an operational review of the College’s staffing by a third-party HR consultant. As a result of the consultation, roles and responsibilities were revised, and additional staff were recruited in 2022 to address identified gaps. Council is regularly informed about any staffing changes from the Registrar in her report to Council or the Executive Committee, though in most cases, the discussions are held in-camera due to confidentiality concerns and privacy obligations. The College does not have formal operational policies that address staffing complement, and Council does not regularly review operational policies, given that its focus is on governance. However, Council ensures the College is sufficiently resourced to successfully carry out its mandate and strategic objectives.</p> <p>Council has a role in the direct oversight of the Registrar. The Registrar’s Performance and Compensation Committee reports to Council on an annual basis. There is a formal review process that the Committee follows, and it reports back to Council on its review.</p> <p>A Registrar’s coverage plan is in place to provide continued operations of the College if there is a temporary or permanent disruption in the ability of the Registrar to perform her 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 small regulators, to provide support to the Registrar in her absence and for succession planning purposes.</p> <p>Council budgets for staff development on an annual basis, including opportunities to attend regulatory conferences and relevant education sessions.</p>	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>At the end of 2022, the College began migrating its electronic data to the cloud, which will allow it to manage data and access with multiple layers of security. Also, the College is upgrading its Microsoft 365 licenses to Premium, which has advanced security, access, data control and cyberthreat protection. All staff are required to use College-issued devices or virtual desktop to work on the internal College system, and Council and Committee members access College material via an online portal or a password protected document-sharing site (i.e. Dropbox).</p> <p>The College engages in annual database updates to improve functionality for members. In 2022, the College implemented online renewal for health profession corporations, and it has plans to make further improvements to the database in 2023, including online tracking of CE credits for members and the collection of member practice information during annual renewal.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

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, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.

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 to align oversight of practice of the profession and to support public protection. Some of those partnerships or collaborations are outlined below.

Michener Institute for Applied Health Science

The College works closely with the Michener Institute, which is the only chiropractic program offered in Ontario, to ensure that the students are meeting the College’s required competencies. For example, at the request of the College, the Michener developed a pharmacology course to address gaps in education from applicants outside of Ontario.

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. In June 2022 the College released the updated [Profile of Competencies](#).

Amendments to Drug Regulation

In working towards amending the current drug regulation, the College worked with non-Council and non-Committee professional members for relevant input. The College also maintained communication with other RHPA colleges similarly amending their drug regulations. In particular, the College engaged with two RHPA Colleges related to members' prescribing privileges. Further, the College met with a representative from the OMA to discuss the proposed drug regulation. These system partners were invaluable in informing the College of appropriate amendments to the drug regulation.

Full Scope Podiatry Model

The College's Strategic Plan supports the adoption of the full scope podiatry model in Ontario. To realize this objective, the Registrar met with several key stakeholders in 2022, including representatives from the Ministry of Health, the Ministry of Indigenous Affairs, Chiefs of Ontario, Ontario Health, the professional associations, post-secondary institutions (Michener, Algoma University, NOSM), First Nations Health Managers Association, members of provincial parliament, and the OHA. As a first step, the College drafted a position paper, which was endorsed by the First Nations Health Managers Association. The goal is to provide the paper to the Minister for Indigenous Affairs for support, and to have it endorsed by other key stakeholders, including the Health Profession Regulators of Ontario (HPRO). The paper uses Ontario-based LHIN data to highlight the correlation between high rates of diabetes/limb amputation and lack of access to chiropody or podiatry care. The position paper builds on the submission to HPRAC and includes a name change (College of Podiatrists of Ontario) and the development of Ontario-based podiatry program(s). In 2023, the College will continue advancing the full scope podiatry model in collaboration with system partners for the greater protection of the public.

Collaboration with Other Regulators

The College regularly, and for specific priorities, collaborates with other regulators. For example, a group of HPRO Registrars worked together to discuss innovative and effective ways reflective of Right Touch Regulation to fulfil the CPMF requirement to have a third-party governance consultant review the effectiveness of Council. The initial proposal to have Registrars review and assess each other's Councils was not supported by the MOH, so the Registrar developed an assessment tool, which was shared and used by other RHPA Colleges.

Also, the College welcomed representatives from four colleges at its October 2022 Council meeting to discuss trends in regulations and the challenges regulators are facing. The session was part of ongoing education for Council members, which is embedded in the Council meetings. Another example of education for Council was a session with Darrel Pink of the Canadian Patent Agents regulator and Julie Maciura (legal counsel) who spoke about governance and right-touch regulation. The College regularly relies on various HPRO working groups to provide templates, guidance or best practice. For example, the College developed a Suspension Guideline to provide guidance to suspended members, which was modeled after RCDSO's guideline. The College also relied on other regulators in developing its DEI policy, complaints exit surveys and competency matrix for Council members.

In addition to engagement with Ontario health regulators, the College routinely engages and collaborates with other provincial regulators, including Quebec and Manitoba.

Health Profession Regulators of Ontario

The College is an active member of HPRO and works with its system partners to align with best practices in regulation. The Registrar attends regular board meetings and biweekly information sharing sessions. The College also participates in working groups, including: the Practice Advisors Network, Quality Assurance Working Group, and Investigations & Hearings Group to work collaboratively with other Colleges to develop resources, policies, and standards. From this engagement, the College obtains information about best practices within other colleges, particularly amongst the smaller health colleges. With the move to greater remote work, the College has discussed the possibility of shared IT and office space, and there has been greater collaboration around the practice advisor position and consistency in messaging.

The College is actively supporting the work of HPRO as it develops supports for colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for the College to use in reviewing its governance practices to reflect current and evolving issues related to Diversity, Equity and Inclusion.

Profession/Sector Engagement

Engagement and collaboration with professional associations and profession-specific stakeholders is vital for the effective regulation of the profession. The engagement allows the College to understand the realities of the broader profession and the impact of regulation on the practice and operation of various practice settings. The College has established relationships with the Ontario Podiatric Medical Association (OPMA) and the Ontario Society of Chiropodists (OSC). In May 2022, the President and the Registrar presented at the OSC conference, 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.

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).*

Communication

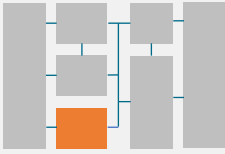
The College made several key improvements in 2022 with respect to communicating information to the public and the membership.

- **Website Improvements:** The College made changes to its website in 2022 to increase transparency about College staff and Council. The website now includes photos and biographies for all staff and Council members. The College also made several other changes to streamline the content on the website, with a view to revamping the website in the future to make it more accessible and user friendly for members and the public – this will include using plain language to improve the website content.
- **COVID-19 Pandemic Response:** In 2022, the College continued to work closely with system partners to respond in a timely way to changing public and societal expectations. This was made possible by fostering and building strong relationships and communication channels with various stakeholders including professional associations, other regulators, the government/Ministry of Health, public health authorities and the profession. In recognition of the impact COVID-19 had on the profession, the College added a list of [mental health resources](#) to the website to support the membership.
- **Social media:** The College also continued to build its social media presence on [LinkedIn](#) and [Twitter](#) to provide registrants and the public with the latest College updates and information about public safety and factors impacting the practice environment.
- **Town Hall:** In December 2022, the College held its inaugural town hall meeting, which was an opportunity for registrants to meet the Registrar, discuss the College’s role as a regulator, and engage the membership about issues/concerns facing the profession. Going forward, the College plans to hold at least one town hall per year.
- **Reviewing news and media reports:** The College regularly reviews news and media reports that relate to patient experience and expectations, including around

service standards, new technology, and equity, diversity and inclusion.

Practice Advisory Service

The College continued to support and refine the role of the Practice Advisory Service in 2022, to provide guidance to members and the public regarding the professional obligations of members in providing safe, ethical, and competent foot care. Registrants and the public can contact the [Practice Advisor](#) via the College's website (online form), phone, or email. There are also resources available on the College's website to answer common practice questions. The Practice Advisor gathers data from inquiries from members and the public to guide the development of resources and communications to members. FAQs are developed and posted to the College's website on an as-needed basis. The Practice Advisor also works collaboratively with staff, Council, and committees, to stay informed of trends.



Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

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

In 2022, the College developed a formal policy that addresses the collection, use, disclosure, and protection of personal or sensitive information it holds. The [Information Sharing with College Stakeholders and Other Professional Regulators](#) policy is available on the College’s website. The College also follows legal advice as to best practices with respect to such matters. All staff, by way of their employment contracts, are bound by confidentiality requirements.

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

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

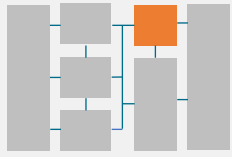
The College also uses secure file transfer and password protects its documentation related to committee uses. Physical copies of documents are securely shredded via a third-party company once they are uploaded to the College’s server. All confidential files are stored in a locked room.

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

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College recognizes cybersecurity and access control as a key area of risk in the health regulatory industry. In 2022, the College made some important expenditures to improve the security of its data. As noted above, the College began migrating its electronic data to the cloud, which will allow it to manage data and access with multiple layers of security. Also, the College is upgrading its Microsoft 365 licenses to Premium, which has advanced security, access, data control and cyberthreat protection. Ultimately, the College relies on its IT vendor to provide updated cybersecurity measures to protect against unauthorized disclosure of information.</p> <p>In terms of policies, the College’s Information Technology (IT) Security Incident Policy sets out how staff should categorize and manage security breach incidents and unauthorized disclose of information. The Company Equipment Use Policy sets out the appropriate use of College devices to minimize exposure to ransomware attacks, viruses or equipment failure. Both policies are internal staff policies and are not available on the College’s website.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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

Benchmarked Evidence

College Response

The College fulfills this requirement:

Yes

- 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).

Review Process

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

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

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

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

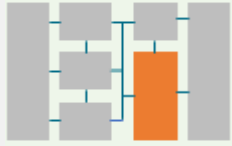
			<p>external stakeholders.</p> <p><u>DEI</u></p> <p>The College is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for the College to use in conducting these reviews within the context of an Equity Impact Assessment.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools the College will use in the next reporting periods to enable a customized assessment of equity impact, reflecting its particular needs.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The College has 14 Standards of Practice, 12 Practice Guidelines, one Advisory and three Policies related to clinical practice.</p> <ul style="list-style-type: none"> i. Evidence and data: <ul style="list-style-type: none"> - The College collects data from various sources, including: <ul style="list-style-type: none"> ○ Complaints to the College, ICRC, and discipline referrals ○ Statistical data compiled by the Practice Advisor on matters relating to the source (e.g. member, public, stakeholder etc.), method of contact (phone, email, discussion) and nature of the inquiry. ○ Data obtained through the Quality Assurance Committee and its affiliate programs. ii. The risk posed to patients/public <ul style="list-style-type: none"> - New standards, guidelines or policies are developed or amended to address omissions or gaps. - For example, in February 2022 Council approved the Guideline for Suspension, which protects the public by outlining what suspended members can and cannot do while under suspension. This guideline was developed in response to concerns identified by staff that members did not understand what was permitted when suspended. iii. The current practice environment <ul style="list-style-type: none"> - In 2022, the College continued to keep members updated about the COVID-19 pandemic, ensuring they had accurate information from the MOH and other government sources. - In response to a trend in the increased use of social media by members, and an increase in regulatory case law about the use of social media, the Standards and Guidelines Committee elevated the Social Media Advisory to a practice standard. iv. Alignment with other health regulatory Colleges <ul style="list-style-type: none"> - The College often reviews other Colleges’ policies when amending or developing new standards, policies, and guidelines. For example, the Standards and Guidelines Committee relied on the College of Physiotherapists’ policy when defining its currency of practice requirement – Declaring Clinical Practice Guideline and its Guideline for Suspension was modelled after the RCDSO’s guideline. v. Expectations of the public <ul style="list-style-type: none"> - The expectations of the public are informed by complaints and other feedback received from the public. vi. Stakeholder views and feedback <ul style="list-style-type: none"> - In some cases, newly developed Standards following Council approval in principle, are posted on the COCOO website for 60 days for stakeholder feedback before further consideration from Council before a motion is present for Council’s consideration. 	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>c. The College's policies, guidelines, standards, and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards, and Code of Ethics to ensure that they promote Diversity, Equity, and Inclusion. • Please highlight some examples of policies, guidelines, standards, or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College recently adopted a DEI statement in which it committed to promoting DEI within Council, staff, and consultants in its approach to professional regulation. The College will continue to embrace education respecting Truth and Reconciliation as well as improving cultural competency to reduce systemic barriers to equitable healthcare, which includes incorporating DEI in the College's policies, standards, guidelines, and the Code of Ethics.</p> <p>The Code of Ethics contains DEI principles. For example, it requires that members “treat all patients equitably and with respect” (item 7) and that members “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 members to act in a manner consistent with the Human Rights Code (item 1.7 – professional conduct and accountability) and it states: “in cases where the member is unable to communicate in a language which the patient can understand, every effort should be made to arrange for an interpreter at the next and subsequent visits” (item 4 – communications).</p> <p>In 2023, the College will continue to embed the principles of DEI into its standards of practice, guidelines, and policies.</p>	Partially
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Yes	

			<p><i>Additional comments for clarification (optional)</i></p> <p>During the next reporting period, the College plans to include an DEI focus when reviewing policies, guidelines, standards, and the Code of Ethics. The following actions are being planned for 2023 to accomplish this objective:</p> <ul style="list-style-type: none"> • Inclusion of DEI perspective while reviewing external policies, guidelines and standards that would incorporate: <ul style="list-style-type: none"> ○ Inclusive language. ○ Assessment of policies' potential impact on individuals with different gender identities, sexual orientation, age, disability status, parental status, and other demographic characteristics. Potential development of a health equity impact assessment tool (through HPRO) for review of these policies would help in achieving this. ○ Emphasizing registrants' feedback on policies from an inclusivity perspective. ○ Establishment of resources, guidelines, and training for staff members to review policies and practice resources from an DEI lens.



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	
		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 .	The College fulfills this requirement: <ul style="list-style-type: none">• 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.). <p>For more information, please refer to the College's 2021 CPMF Reporting Tool.</p>	Met in 2021, continues to meet in 2022

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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.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The College regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements on an ongoing, as needed, basis. The College’s website outlines the application process. Each application is reviewed extensively to ensure that all required documentation is authentic. Where documentation, such as transcripts, must be submitted, the College requires these documents to be provided directly from the educational institution to ensure authenticity. Similarly, where documentation regarding registration and standing with another health profession or outside of Ontario, such documentation must be sent directly to the College from the appropriate regulatory body.</p> <p>An applicant can be referred to the College’s Registration Committee and provide evidence from an employer, pastor or whoever they deem appropriate to support language proficiency. Alternatively, to prove fluency, an applicant can take a language proficiency examination provided by a third-party provider.</p> <p>2014 Fair Registration Practices Report</p> <p>The 2014 Fair Registration Practices Report was the last time a formal review of the College’s criteria to assess registration requirements has been completed. In late 2022, the College has reviewed various aspects of its criteria for assessing registration requirements in response to the Ministry of Health’s direction to create regulations for an emergency class of registration.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.			
c.	A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. https://www.ontario.ca/laws/regulation/930830 • 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. Members provide a declaration within the annual membership renewal. The College relies on self-declaration in determining whether a registrant meets ongoing requirements (e.g. that Members are engaged in clinical practice as a registrant for at least a three month period over the last two years, mandatory reports, etc.). The College’s Quality Assurance Program also gives the College a means of determining whether registrants have practiced at least three months within the last two years as would become apparent during random practice assessment. In late 2022, the Standards & Guidelines Committee prepared a guideline for members to determine their currency of practice. The guideline clarified what is considered to satisfy the clinical practice requirement of “3 months in 2 years”. The guideline was approved by Council at its January 27, 2023 meeting. In 2022, the College completed 37 practice assessment – representing approximately 5% of the membership. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>		

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. <p>The College completes an annual Fair Registration Practices Report. The College received notice in April 2022 from the Office of the Fairness Commissioner that its cumulative risk category for 2022/2023 is low risk.</p> <p>The College’s 2021 Fair Registration Practices Report can be viewed on the College’s website - https://www.cocoo.on.ca/fair-registration-practices-reports/</p> <p>Where an action plan was issued, is it: No Action Plan Issued</p>
		<p style="text-align: right;">Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
	<i>Additional comments for clarification (if needed)</i>	

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

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:

Yes

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:

The College did not implement any new Standards in 2022. It did implement a Guideline.

- Name of Standard – **Guideline for Suspension**
- Duration of period that support was provided – **Ongoing (Practice Advisor, Manager, Professional Conduct, Manager, Registration)**
- Activities undertaken to support registrants – **The College communicated the new Guideline via eblast to the membership, the website and the quarterly edition of the Footprint Newsletter. College staff and practice advisor available via phone/email to answer questions and provide clarifications.**
- % of registrants reached/participated by each activity – **Email blast and Footprint Newsletter is 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:

The Practice Advisor role continues to evolve to meet the needs of our members, including with respect to assisting to acquaint members with new standards and guidelines. The membership is engaged with the Practice Advisor and has relied on the Practice Advisor for support when changes are made to standards and guidelines. Where applicable, College staff provide support to members to provide clarification and answer questions regarding a new or amended standard or guideline.

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

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 .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. <p>https://www.cocoo.on.ca/pdf/qa/qa-practice-assessment-tool.pdf; https://www.cocoo.on.ca/pdf/qa/qa-chart-review-tool.pdf; https://www.cocoo.on.ca/pdf/qa/qa-evaluation-grid.pdf</p> <p>The College has prioritized practice assessments as part of the QA program. This includes performing 37 on-site practice assessments in the 2022 cycle. In addition, the College provided two practice assessor training sessions in Spring 2022. The goal of the assessor orientation/training is to ensure that all the assessors fully understand the practice assessment process. The orientation includes highlighting the College's standards, guidelines, advisories, and policies and how they are applicable to the practice assessment tool. The orientation also includes a review of the College, Quality Assurance Committee and various procedural issues related to the practice assessment process. The assessors are provided with additional tools such as a quick reference guide that identifies each standard or guideline in relation to the specific question on the practice assessment tool. The pre-assessment tool is being revised to ensure that sufficient information is being obtained from the member prior to assessment; this will ensure that the assessor has the relevant information required to conduct a fulsome assessment.</p> <p>The College has received information from its psychometrists regarding the use of various models of practice assessment that more appropriately reflect right touch regulation. This includes screening tools to identify registrants who are practicing to the standards and those that may require additional support. By proceeding with this approach, the College could screen more than 5% of members a year and devote its resources to those members who would benefit from remedial, educational intervention. The College continues to explore options to incorporate right touch regulation principles into its quality assurance program.</p> <ul style="list-style-type: none"> Is the process taken above for identifying priority areas codified in a policy: Yes <p>In May 2023, a revised practice assessment policy will be presented to Council for approval, following which the policy will be posted on the College's website.</p> <ul style="list-style-type: none"> <i>If yes, please insert link to the policy.</i> 	Yes
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

³“Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. <p>The College has traditionally relied on random selection of members for assessment, while also ensuring that selection is distributed across the membership. College Council and Staff have received education about Right Touch Regulation in Council meetings, orientation and Right Touch Regulation has been an ongoing theme in statutory committee business meetings held semi-annually. Council has also been apprised of the focus on Right Touch Regulation in the College’s reporting through the CPMF. In 2022, the College conducted 37 on-site assessments; a substantial increase from the assessments conducted in 2021. However, the results of the practice assessments have consistently demonstrated competency in practice and safe practice sites with little risk to the public in the practices of members. Consequently, the College and QAC are satisfied that the appropriate approach for 2023 is to continue applying Right Touch Regulation with further refinement based upon training received by the QAC around Right Touch Regulation principles for practice assessments from the College’s psychometrists.</p> <ul style="list-style-type: none"> Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <i>Public</i> Choose an item. <i>Employers</i> Choose an item. <i>Registrants</i> Choose an item. <i>other stakeholders</i> Yes 	<p>Yes</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>		
		<p><i>Additional comments for clarification (optional)</i></p> <p>As noted above, right touch regulation principles will continue to form the basis for QA improvements in 2023, with a view to revising the practice assessment process to further refine these principles.</p>			
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The Quality Assurance Committee uses a decision making tool to assist with determining the remediation activities that a registrant must undergo. The Quality Assurance Committee continues to evaluate and develop the criteria and resources required to address practice issues identified from the assessment process.</p>	<p>Met in 2021, continues to meet in 2022</p>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>			

			<i>Additional comments for clarification (optional)</i>
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	
	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>To ensure that a registrant is engaging in the remedial activities directed, the Quality Assurance Committee orders a follow-up practice assessment to occur or will request that the registrant submit material to the Committee for review. As noted above, the College is undertaking a review of its quality programs to align with best practices to meet the public protection mandate.</p> <p>The College assigns mentors/supervisors to conduct site visits and review standards of practice when a member 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 member demonstrates the necessary knowledge, skill, and judgement. In rare instances where it is evident the member does not demonstrate the necessary knowledge, skill and judgement, additional mentorship sessions are required.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>		

Measure 11.1

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

Required Evidence

College Response

- a. The different stages of the complaints process and all relevant supports available to complainants are:
 - 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 has a [guide](#) that outlines the complaints process on its website. The guide includes information to support making a complaint, and information about the complaints process, including the possible outcomes. In addition, the College provides an email address and phone number on its website for any inquiries which are responded to within 48 hours. The website also enables an individual to [submit a complaint via an online form](#). As well, the website contains information about [funding for therapy and counselling](#), where the complaint involves sexual abuse.

In terms of supporting accessibility, in 2022, the College reviewed and updated its written communication to complainants, to ensure a plain language approach.

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

The College does not have a formal policy that outlines the procedure for ensuring all relevant information is received during intake, but the guide on the website outlines the information complainants will have to provide about a member. Also, the notice of complaint outlines the information the member should provide, including patient health records/transcribed records, where applicable, with their response.

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

Choose an item.

Additional comments for clarification (optional)

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>A review of website content and other communication (i.e. templates) is conducted regularly and feedback received from members of the public and complainants is considered when making any revisions.</p> <p>In 2022, the College implemented a 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 members about their experience in the complaints process and it uses the feedback to make improvements to the process and/or communication. In 2022, the College plans to develop a guide to the discipline process for self-represented members.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>For more information, please refer to the College’s 2021 CPMF Reporting Tool.</p>	<p>Met in 2021, continues to meet in 2022</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

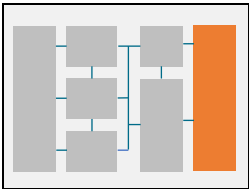
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>As noted above, the public can contact the College about a complaint via email or phone, and complaints can be submitted using the online complaints form or via regular mail. Although the College is small, staff will respond to public inquiries within 48 hours. Once a complaint is made, staff provide support throughout the process. Once a decision is made by a panel, the complainant receives a copy of that decision.</p> <p>New resources were developed in 2021 to provide additional guidance and support for sexual abuse cases. For example, there is a new Q and A sheet about funding for therapy and counselling for any patient named in a sexual abuse complaint or report. As well, the application forms for funding for therapy and counselling for sexual abuse were all updated and posted to the College’s website.</p> <p>Also, there is a new fact sheet for witnesses testifying at a Discipline Committee hearing, which describes support the College can provide, such as paying for a patient's travel and accommodation when they are part of a hearing.</p> <p>The College’s public register provides detailed information about every chiroprapist and podiatrist practicing in Ontario. For example, it will tell a member of the public if there are any restrictions on a member's practice, as well as any disciplinary history.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>			
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • 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. <p>The College writes to the complainant to acknowledge receipt of the complaint and to explain the complaints process. As mentioned, College staff provide the complainant with support throughout the process. If the complaints process exceeds the statutory timeline, in accordance with section 28 of the Code, the complainant receives updates at regular intervals.</p> <p>If the complaint is referred to the Discipline Committee for a hearing, information about what to expect at a hearing can be found in a guide on the College’s website. The guide sets out that the College will arrange for an interpreter or accommodate health-related concerns that may impact a witness' ability to testify, among other things.</p>	

			<p>When the Discipline Committee adjudicates a complaint, the complainant receives a copy of the panel's written decision and reasons.</p> <p>Additional information is also made available through the following resources:</p> <ul style="list-style-type: none"> • The College maintains a list of upcoming and scheduled Discipline Committee hearings on its website • Discipline Committee Rules of Procedure • Discipline Committee Guidelines
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

		<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes	
		<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>At intake, 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.</p> <p>For complaints that proceed to an investigation, there is an ongoing internal process to ensure high-risk cases are prioritized to support public safety. For example, cases involving sexual abuse or infection control are prioritized. When a matter is brought before the Inquiries, Complaints and Reports Committee, it also assesses risk. The Committee uses a risk assessment tool that identifies risk factors as being minimal, low, moderate or high. The level of risk leads to a recommended response to inform the Committee's decision-making. For example, low risk conduct may result in advice while high-risk conduct may require a referral to the Discipline Committee.</p> <p>The ICRC's risk assessment tool was updated in 2022.</p>		
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

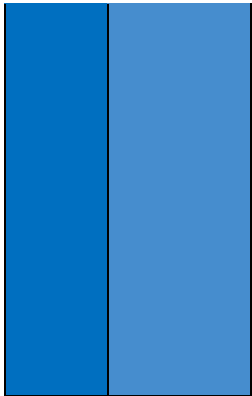
<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>In 2022, the College developed a formal policy that addresses the collection, use, disclosure, and protection of personal or sensitive information it holds. The Information Sharing with College Stakeholders and Other Professional Regulators policy is available on the College’s website. The College also follows legal advice as to best practices with respect to such matters. All staff, by way of their employment contracts, are bound by confidentiality requirements.</p> <p>In accordance with the law, specified information can be shared with employers, other regulators, and external system partners such as law enforcement. Regulators include other chiroprody or podiatry regulatory bodies (in Canada or international) and bodies that regulate other professions [for example, colleges under the <i>Regulated Health Professions Act, 1991</i> (RHPA) and those that do not fall under the RHPA, such as the Ontario College of Teachers and Ontario College of Social Workers and Social Service Workers].</p> <p>When there is a professional conduct outcome that affects a member’s entitlement to practice (for example, a suspension or terms, conditions, or limitations), employers and insurance companies are notified. Also, if a member is registered with another regulatory body, that regulatory body is notified. For example, the College has some members who are also members of the College of Chiropractors of Ontario. The College directs the other jurisdiction to look at its public register, which has all the relevant information. If applicable, the College notifies all Canadian and international regulatory bodies in which we are aware the member is registered.</p> <p>As well when a verification of registration is requested by another regulator or an insurance company, the College verifies the member’s registration history. If there is any relevant history, such as history related to a professional conduct matter, this information is disclosed in the interest of public safety.</p> <p>Examples of disclosures in 2022 include:</p> <ul style="list-style-type: none"> • Collaboration with another regulatory body about concerns a dual registrant did not report her dual registration to either college. • Follow-up with a regulatory body where the College member reported being under investigation by another regulatory body. <p>For more information, please refer to the College’s 2021 CPMF Reporting Tool.</p>	

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

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

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

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>The Registrar reports to Council at every Council Meeting via the Registrar’s Report and references relevant strategic objectives, regulatory outcomes and explains risk, as well as the nature of the risk (legal, financial, reputational, for example) to the College. Additionally, the Committee Reports provide information of this nature when a committee has addressed the strategic objectives, regulatory outcomes or risk. Finally, any motion materials include briefing notes that explain the rationale for the motion including how the motion supports the College’s strategic plan, regulatory outcomes and risk, including the public interest rationale.</p> <p>Note: There are hyperlinks in the agenda that link to the material listed.</p> <p>February 25, 2022 Meeting Council Meeting Material Approved Minutes</p> <p>June 24, 2022 Meeting Council Meeting Material Approved Minutes</p> <p>October 28, 2022 Meeting Council Meeting Material Approved Minutes</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>



Additional comments for clarification (if needed)

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>As noted above, Council adopted KPIs at its January 2023 meeting (page 103). In the next reporting period, the College will use the KPIs to measure its progress in achieving the objectives set out in the Strategic Plan. In 2022, Council used Committee reports and the data contained therein, such as the reports from the ICRC and Discipline Committee, to identify risk to the College and to make the necessary changes to mitigate that risk. The College staff use the reports and data available to highlight high risk areas and, in turn, prepare agendas and training materials for orientation, Council education and the statutory committee business meetings. In addition, the College drafted a Guideline for Suspension (page 109) to outline the responsibilities of suspended members of the College whose certificate of registration is administratively suspended (including suspensions for non-payment of fees) or suspended because of an order by a Committee of the College.</p> <p>The ICRC and Discipline Committee Reports are provided to Council at each Council meeting, identifying findings of risk. Clicking on the Reports in the Agenda will link to the Reports.</p> <p>February 25, 2022 Meeting Council Meeting Material Approved Minutes</p> <p>June 24, 2022 Meeting Council Meeting Material Approved Minutes</p> <p>October 28, 2022 Meeting Council Meeting Material Approved Minutes</p>	<p>Yes</p>

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
<p>Measure: 14.3 The College regularly reports publicly on its performance.</p>											
		<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<table border="1"> <tr> <td data-bbox="758 508 2085 565"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2085 508 2569 565"> <p>Yes</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 565 2569 889"> <ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College regularly reports on its performance publicly on its website and in its Council meetings. At each Council meeting, the Registrar presents the College’s performance results and provides an update on key initiatives the College has committed to throughout the year. The Registrar’s report is available in the Council meeting material. The annual report is produced to showcase the College’s strategic, regulatory and financial outcomes and to demonstrate to the Minister, stakeholders and the public its performance related to its public protection mandate and legislated objectives. The report provides a summary of the College’s accomplishments.</p> <p>The public can also access past CPMF submissions, Executive Committee meeting material and minutes and the Strategic Plan, which all relate or report on the College’s strategic objectives and regulatory outcomes. On these pages, the public can see the College’s commitment to transparency.</p> </td> </tr> <tr> <td data-bbox="758 889 2139 946"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2139 889 2569 946"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 946 2569 1169"> <p><i>Additional comments for clarification (if needed)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College regularly reports on its performance publicly on its website and in its Council meetings. At each Council meeting, the Registrar presents the College’s performance results and provides an update on key initiatives the College has committed to throughout the year. The Registrar’s report is available in the Council meeting material. The annual report is produced to showcase the College’s strategic, regulatory and financial outcomes and to demonstrate to the Minister, stakeholders and the public its performance related to its public protection mandate and legislated objectives. The report provides a summary of the College’s accomplishments.</p> <p>The public can also access past CPMF submissions, Executive Committee meeting material and minutes and the Strategic Plan, which all relate or report on the College’s strategic objectives and regulatory outcomes. On these pages, the public can see the College’s commitment to transparency.</p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	<p><i>Additional comments for clarification (if needed)</i></p>	
<p>The College fulfills this requirement:</p>	<p>Yes</p>										
<ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The College regularly reports on its performance publicly on its website and in its Council meetings. At each Council meeting, the Registrar presents the College’s performance results and provides an update on key initiatives the College has committed to throughout the year. The Registrar’s report is available in the Council meeting material. The annual report is produced to showcase the College’s strategic, regulatory and financial outcomes and to demonstrate to the Minister, stakeholders and the public its performance related to its public protection mandate and legislated objectives. The report provides a summary of the College’s accomplishments.</p> <p>The public can also access past CPMF submissions, Executive Committee meeting material and minutes and the Strategic Plan, which all relate or report on the College’s strategic objectives and regulatory outcomes. On these pages, the public can see the College’s commitment to transparency.</p>											
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>										
<p><i>Additional comments for clarification (if needed)</i></p>											

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.

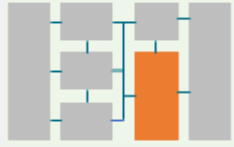
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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: Recommended 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 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centered and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. On-site Practice Assessments	37	
ii. Continuing Education Audits	89	
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

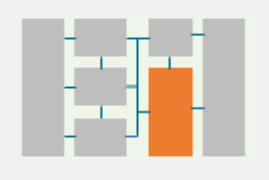
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	37	5%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	2	5%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

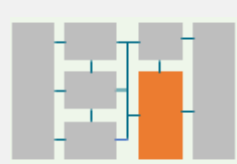
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3	37.5%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	5	62.5%	
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The numbers above are based on the 19 on-site assessments that were conducted in 2021. Of the 19, 8 members were directed by the QA Committee to undergo remedial education. Three of the 8 were completed in 2022 and 5 remain outstanding and will be concluded in 2023.</p>			

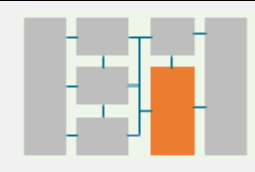
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR
III. Communication	NR	NR	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR
V. Intent to Mislead including Fraud	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	13	65%	NR	NR
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>IPAC	NR	NR	NR	NR
Total number of formal complaints and Registrar’s Investigations**	20	100%	5	100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	32		<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	13		
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 2022	NR		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
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	22	0.69	
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	NR	NR	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar's Investigation</p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	0	0	0	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	0
III. Communication	6	0	NR	NR	0	0	0
IV. Competence / Patient Care	NR	0	0	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	10	0	NR	0	0	NR	0
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	NR	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify> IPAC	1	0	0	0	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.
 ++ 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)

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Table 7 – Context Measure 11

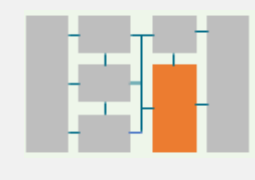
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2022	84.1	
II. A Registrar’s investigation in working days in CY 2022	188.6	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

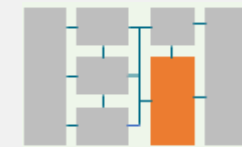
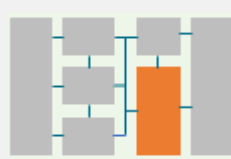
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	797.5	
II. A contested discipline hearing in working days in CY 2022	657	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

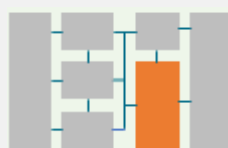
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	7	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	7	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	2	
XII. False or misleading document	5	
XIII. Contravene relevant Acts	7	
		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	0		
II. Suspension	7		
III. Terms, Conditions and Limitations on a Certificate of Registration	7		
IV. Reprimand	7		
V. Undertaking	0		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)