

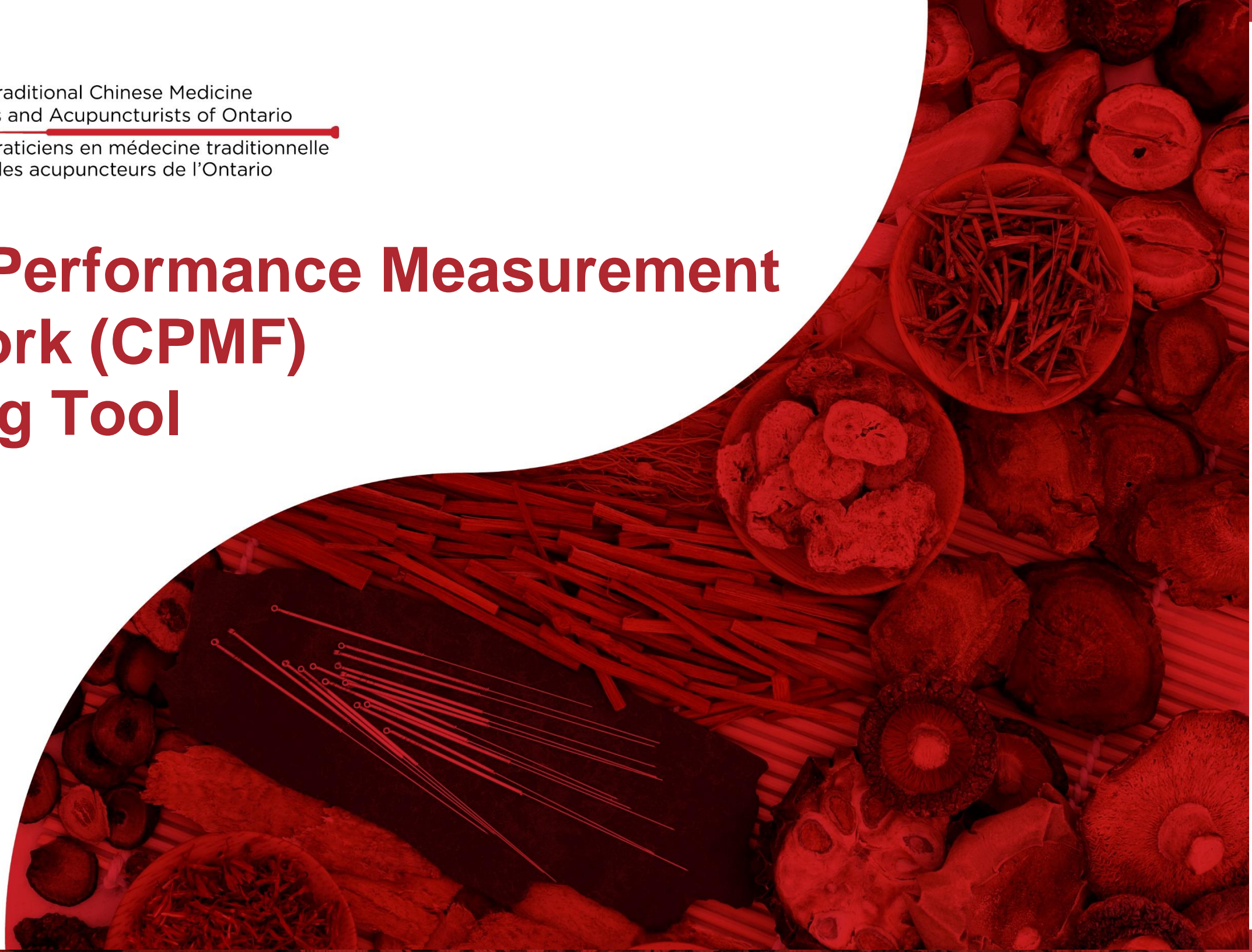


College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

College Performance Measurement Framework (CPMF) Reporting Tool

2020



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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

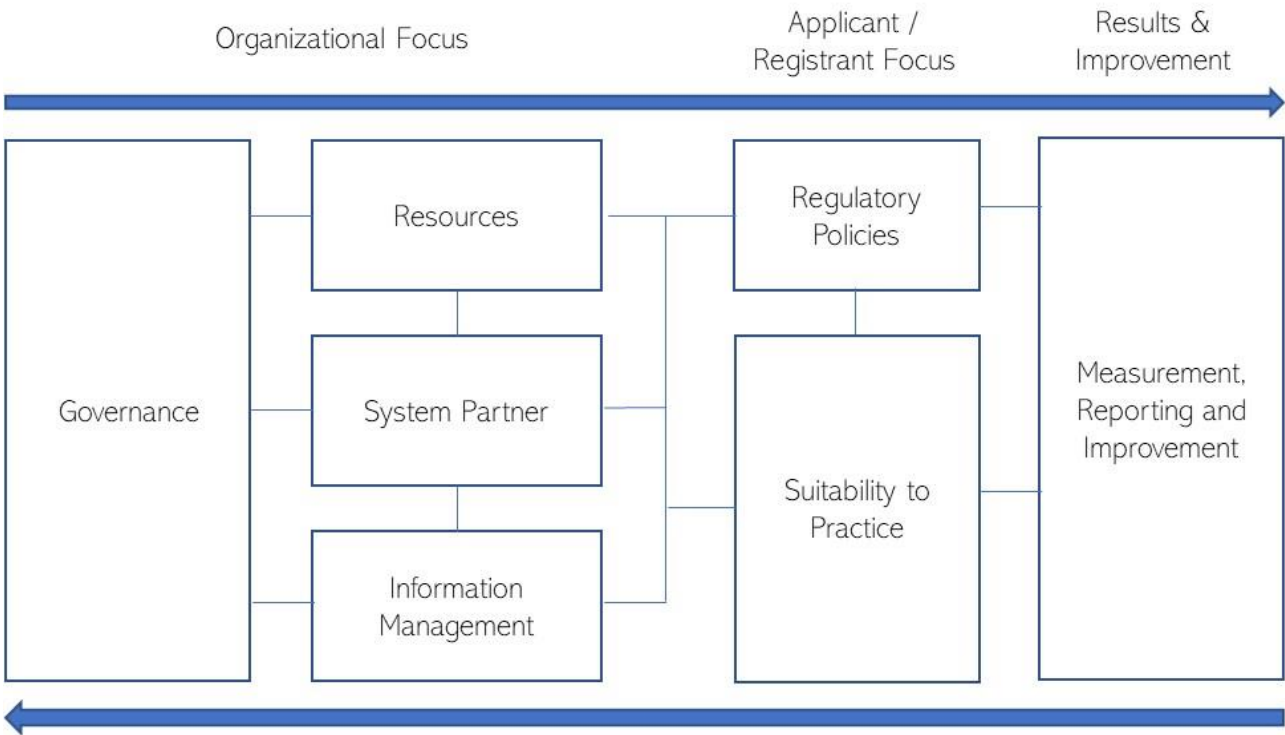
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

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

THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

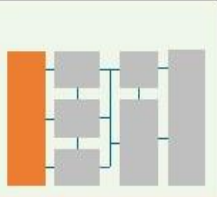
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required: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

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

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

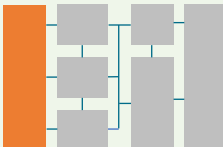
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

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

PART 1: MEASUREMENT DOMAINS

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

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency / suitability criteria, and</p> <p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>• The competency/suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please insert link to where they can be found, if not please list criteria: https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf</p> <p>• Duration of orientation training:</p> <p>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</p> <p>• Insert a link to website if training topics are public OR list orientation training topics:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	

		<p><i>Additional comments for clarification (optional):</i> The College has eligibility requirements for members to stand for election to Council, which can be found in section 4.08 of the College By-laws. However, these requirements do not contain a competency component. Furthermore, members are not required to attend an orientation training prior to standing for election.</p> <p>The College had contracted a third party to conduct a review of its governance practices, which will begin in February 2021. The purpose of this project is to review the College's governance practices against the best practices in health professional regulation to see where improvements can be made. The College has already identified competency/suitability criteria for elected members as a particular outcome for this project.</p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of each Statutory Committee orientation training: Full day training session. • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In person training provided by staff and/or legal counsel. • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: All Committee members are provided training on the mandate of the Committee, relevant legislation and regulations and the role and responsibilities of members (including responsibilities involving conflicts of interest and confidentiality). <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional):</i> The College does not currently have pre-defined competency/suitability criteria for Statutory Committees; however, this will be an area discussed during the above-mentioned governance review.</p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: Half day session • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In-person training provided by staff and/or legal counsel

		<ul style="list-style-type: none">• Insert link to website if training topics are public OR list orientation training topics:<ul style="list-style-type: none">- Roles and Responsibilities of the College- Overview of College Committees- Strategic Plan, governance, and regulatory trends- Finances and budget- Meeting procedures <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional):</i></p>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none">i. Council meetings;ii. Council	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">• Year when Framework was developed OR last updated:• Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved:• Evaluation and assessment results are discussed at public Council meeting: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>• <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> https://www.ctcmpao.on.ca/about-us/committees/CTCMPAO_Public_Agenda_2019-09-30.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

		<p><i>Additional comments for clarification (optional)</i></p> <p>Council Members complete a meeting effectiveness survey at the end of each Council meeting, and the results are discussed at the beginning of the next Council meeting.</p> <p>The College does not currently have a framework to evaluate the effectiveness of Council; however, this has been identified as an outcome of the College’s governance review.</p>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? <insert number></p> <p>• Year of last third-party evaluation: <insert year></p> <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College has engaged a third party to review the College’s governance practices in 2021. The College expects the review to fulfill this requirement and establish a plan to continue effectiveness assessments at a minimum of every three years.</p>
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;</p> <p>• Insert a link to Council meeting materials where this information is found OR</p> <p>• Describe briefly how this has been done for the training provided <u>over the last year</u>.</p> <p>The College provides annual, full-day training to Council members. The topics for this training are informed by the needs of Council members and any emerging trends or topics in regulation.</p> <p>Further to this, the Council Members regularly attend additional training provided by third parties (CNAR, HPRO), that are relevant to their role as Council Members (e.g., decision writing training, chair training, governance training, etc.).</p>

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional):</p>
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: Last evaluated 2020Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional) Code of Conduct found in schedule 1 of the College By-laws.</p>
	b. The College enforces cooling off periods ² .	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

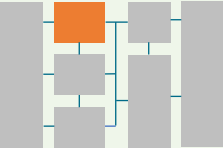
² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<div><div><div><div><div><div></div><div>Cooling off period is enforced through:</div><div>By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Conflict of interest policy <input type="checkbox"/> Other <please specify></div></div></div><div><div></div><div>The year that the cooling off period policy was developed OR last evaluated/updated: Last evaluated 2020</div></div><div><div></div><div>How does the college define the cooling off period?</div><div><div><div></div><div>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf</div><div></div><div>insert a link to Council meeting where cooling of period has been discussed and decided upon; OR</div><div></div><div>where not publicly available, please describe briefly cooling off policy:</div></div></div></div><div><div></div><div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div></div><div><div></div><div>Additional comments for clarification (optional)</div><div>Cooling off periods found in section 4.08 of College By-laws</div></div></div></div></div>
c.	<div><div>The College has a conflict of interest questionnaire that all Council members must complete annually.</div><div>Additionally:</div></div>	<div><div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div></div>

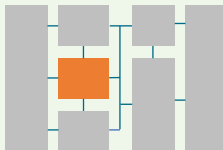
	<div><div><div><div><div><div></div><div>i. the completed questionnaires are included as an appendix to each Council meeting package;</div><div>ii. questionnaires include definitions of conflict of interest;</div><div>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</div><div>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>.</div></div></div></div></div></div> <div><div><div><div><div><div></div><div>The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2020</div><div>Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/></div><div>Insert a link to most recent Council meeting materials that includes the questionnaire: The College implemented the conflict of interest questionnaire in 2020. Council members have completed the form; however due to the College remaining unconstituted throughout 2020, there have been no Council meetings and we are unable to link to meeting material.</div></div></div></div><div><div><div></div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div></div></div><div><div><div></div><div>Additional comments for clarification (optional)</div></div></div></div></div>
	<div><div><div><div><div><div></div><div>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</div></div></div></div></div></div> <div><div><div><div><div><div></div><div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div><div>Describe how the College makes public interest rationale for Council decisions accessible for the public: The College includes a public interest rationale section for each briefing note. This helps guide decisions made by Council and links each decision made by Council to the public interest. These briefing notes are accessible to the public through the College’s Council meeting materials</div><div>Insert a link to meeting materials that include an example of how the College references a public interest rationale: The College implemented the public interest rationale section to it’s briefing notes in 2020. However due to the College remaining unconstituted throughout 2020, there have been no Council meetings and we are unable to link to meeting material.</div></div></div></div><div><div><div></div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div></div></div></div></div>

		Additional comments for clarification (if needed)
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council Meeting SC	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert link to webpage where Council minutes are posted: https://www.ctcmpao.on.ca/about-us/committees/</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College does not currently include a status update, but will do so once the College Council becomes constituted.</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). 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: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to webpage where Executive Committee minutes / meeting information are posted: https://www.ctcmpao.on.ca/about-us/committees/</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The open Executive Committee meeting highlights are currently being posted under the “Council Meeting Schedule and Highlights” section as the Council is currently unconstituted.</p>

	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to the College's latest strategic plan and/or strategic objectives: https://www.ctcmpao.on.ca/about-us/strategic-plan/</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i> No Council meetings were held in 2020 due to the College remaining unconstituted; however, it is College practice to post this information when Council meetings are held. The College has begun posting information on open Executive Committee meetings that are held in place of Council meetings at this time.</p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i> The College currently exceeds this expectation of posting Notice of Discipline Hearings at least one week in advance. The College posts the Notice of Discipline Hearing and relevant materials five days after service onto the Member.</p>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</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: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: https://www.ctcmpao.on.ca/about-us/committees/CTCMPAO_Public_Agenda_2019-06-20.pdf</p> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p>

	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none">• Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: https://www.ctcmpao.on.ca/resources/forms-and-documents/Reserve%20policy.pdf• Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: June 20, 2019• Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>Policy has been reviewed by auditors; however current policy does not include the updates since a Council approval is required.</p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

	staffing levels to support College operations).	<i>Additional comments for clarification (optional)</i> Organizational chart was discussed in 2016. Link provided is the updated organizational chart. https://www.ctcmpao.on.ca/resources/forms-and-documents/CTCMPAO-Organizational-Chart.pdf
DOMAIN 3: SYSTEM PARTNER		
Standard 5		
The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6		
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7		
The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.

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

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:

- **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**

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 within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- *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 often engages with other health regulatory Colleges, typically with the aim of sharing information and developing best practices:

- Working Groups dedicated to particular College functions (QA, Communications, ATPP, etc.);
- IPAC Knowledge Translation and Exchange Working Group with the Ministry of Health;
- The College is currently working with other Colleges in the College Collaboration Project. The goal of this working group is to investigate ways in which Colleges can share resources to improve their efficiency and performance;
- The College participates in the Citizen Advisory Group to better understand the needs and expectations of Ontarians in regards to health care;
- As many of our members are dual registrants, or work in multidisciplinary clinics, the College also works with other regulators (during investigations) when appropriate;
- The College also regularly partners with other TCM regulators across Canada through our national organization, the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA). Through CARB-TCMA, the College maintains standardized [entry-level requirements](#) and [examinations for the profession](#), discusses labour mobility issues, and is currently working on a standard process to accredit TCM education programs; and
- The College has also at times interacted with international regulators for information on best practices (National Certification Commission for Acupuncture and Oriental Medicine, CORU, Accreditation Commission for Acupuncture and Oriental Medicine, Australian Chinese Medicine Board).

As a relatively new College, we found great value in using the knowledge and experience of other health Colleges in establishing the policies and procedures necessary for regulating the profession. Since then, we have continued to engage with them in an effort to stay current in our regulatory practices.

In addition to other regulators, the College regularly engages with other system partners to fulfill its mandate. Examples are:

- **Ontario TCM Schools**
 - Annual meeting with schools to share information and discuss issues;
 - Presentations to students informing them of the College role, registration process; and
 - Seek input where schools may have valuable knowledge or experience (process for approving refresher courses).

	<ul style="list-style-type: none">• Professional Associations:<ul style="list-style-type: none">– Information sharing;– Feedback on draft standards and guidelines (COVID-19 Return to Work Guideline); and– Professional development (e.g., workshops).• Collaboration in complaints process:<ul style="list-style-type: none">– From time to time, the College will engage with various law enforcement agencies in situations where the College is made aware of allegations of sexual abuse and/or other criminal conduct pertaining to a member; and– Other times, the College will receive information and/or be advised of concerns surrounding public health related issues. (Infection prevention & control issues) The College may refer concerns to the local public health unit for further follow-up to ensure public safety concerns are quickly remediated to ensure the public is not at risk while the College continues their investigation. The College will often look to s. 36(1) (i) of the RHPA as the authority to make such disclosures where necessary. The College will also from time to time attend public health inspections of a facility of a known member to work alongside them in ensuring the public is protected. The College will also work with agencies such as the Office of the Coroner to provide information as is requested/summonsed to ensure the relevant and necessary information is provided to this agency to assist in their independent inquiry / investigations.• Law firms:<ul style="list-style-type: none">– The College regularly partners with law firms that specialize in health regulation to provide education and training to members (e.g. ethics course for SCERPs, webinar on the prevention of sexual abuse).• Office of the Fairness Commissioner:<ul style="list-style-type: none">– In addition to the annual report submitted to the OFC, the College has at times proactively sought out their input while developing policies or procedures that may affect internationally trained applicants.• Provincial Government:<ul style="list-style-type: none">– The College communicates with the provincial government when needed to ensure we are fulfilling our regulatory obligations and keeping them abreast of matters relevant to their portfolio (Public Appointments Secretariate, Ministry of Health’s Emergency Operations Centre, Public Health Ontario). <p>Through these collaborations the College is able to seek advice and help from the most knowledgeable sources. This allows us to regulate the profession much more effectively than if we were to do so in a bubble.</p>
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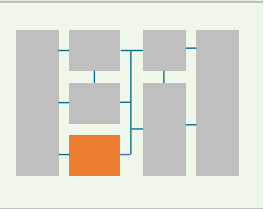
	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none">• <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> <p>The College maintains a number of partnerships that allows the College to share resources, knowledge and experiences. This allows the College to be more in tune with the challenges facing regulation, and the ways of overcoming those challenges.</p> <p>The College looks to maintain regular and open dialog with our system partners, which allows us to stay abreast of the challenges, successes, and emerging trends among our partners. This allows us to maintain strong relationships with our partners, and identify which system partners are relevant for collaboration when we are facing similar issues.</p> <p>Examples of our partnerships are:</p> <ul style="list-style-type: none">• <u>HPRO</u> <p>Working with other Ontario health regulators allows us to ensure that we are adopting best practices and regulating in a way that is consistent with other professions, and will help patients know what to expect when receiving</p>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none">• <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i>• <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> <p><u>Standards on Preventing Sexual Abuse and Maintaining Professional Boundaries.</u></p> <p>In responses to the increased focus on how colleges approach complaints of sexual abuse by their members, we found it appropriate to update our standards in this area. In 2020, the College approved a Standard on Preventing Sexual Abuse, and a Standard on Maintaining Professional Boundaries. In development of these standards, the College sought input from Dr. Ruth Gallop, who acts as an expert on cases of boundary violations for Colleges, on how we could better align our standard with public expectations. The College adopted new requirements on treatments of sensitive areas as a result of this. The College also identified that the College of Massage Therapists had identified a similar requirement, and would create needed consistency between the two Colleges. Furthermore, the College use a plain language editor in the drafting of the standards. This resulted in standards that are easy to understand by both members and the public.</p>
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	<p>treatment from one of our registrants. An example of this collaboration in 2020 was in the College’s response to the COVID-19 pandemic. The College sought input from other regulators to ensure messaging and requirements were consisted in a quickly changing environment.</p> <ul style="list-style-type: none">• <u>Citizen Advisory Group</u> As a smaller College, a particular challenge we face is in reaching the public as a whole to hear their concerns and seek their feedback. Through the CAG, the College is able to combine our resources of other Colleges to more effectively engage the public. This allows us to be better informed of the needs of patients in Ontario. For example, the College had access to the June 23, 2018 CAG Report, where boundaries and sexual abuse received a large number of votes for setting it as a priority for Colleges.• <u>TCM Professional Associations.</u> It has been a goal of the College this year to become more engaged with TCM associations. We believe that this with allow for better dialogue with our members and allow for more effective regulation. This has been particularly helpful through our COVID response, as it allowed us to hear the concerns of the profession in how they should return to practice once Directive 2 was amended, and develop at return-to-work guide that addressed those concerns.	<p><u>COVID-19 Response.</u> Due to COVID-19 the public has had heightened expectations in regards to infection prevention and control. Because of this, the College has developed a number of resources for our members to guide them to meet these expectations before this profession was permitted to return to practice. The College worked with other Colleges, the Ministry’s Emergency Operations Centre, and TCM Associations to come up with the COVID-19 disinfection instructions, prevention guidelines and related material. Examples of what was developed in response to COVID-19 are:</p> <ul style="list-style-type: none">- A COVID-19 webpage to house all related material- Return to Practice Guidance- Return to Practice Guidance Poster- Telepractice Position Statement- COVID-19 FAQs- Regular updates through email
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DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.



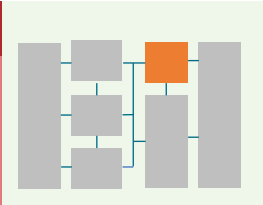
Measure	Required evidence	College response
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

8.1 The College demonstrates how it protects against unauthorized disclosure of information.	<div>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</div> <div><ul style="list-style-type: none">Insert a link to policies and processes OR provide brief description of the respective policies and processes.<p>The College deals with privacy in a number of areas, such as:</p><p>Section 10.02 and Schedule 1 of the College By-laws: https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf</p><p>https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_Confidentiality_Policy_v001_2017-11-03.pdf</p><p>https://www.ctcmpao.on.ca/resources/forms-and-documents/Access-to-Records-Policy-Final-03-05-2020.pdf</p><p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p><p>Additional comments for clarification (optional)</p></div>
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DOMAIN 5: REGULATORY POLICIES

Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.



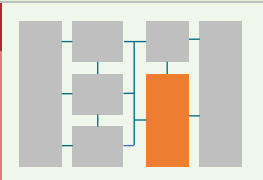
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>The College maintains a risk assessment tool to track all potential risks in regulating the profession. This tool is regularly updated and presented to Council to inform their decision making. When necessary the results of the risk assessment will trigger an evaluation.</p>
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional)</p>
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public,	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>The College thoroughly researches the subject of a new policy, standard, or practice guideline. The College takes a risk-based approach in guiding policy decisions, and the development process can include a review of best practices, stakeholder consultations, and a review of public</p>

	<div>iii. the current practice environment,</div> <div>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</div> <div>v. expectations of the public, and</div> <div>vi. stakeholder views and feedback.</div>	<div>expectations (the College participates in the Citizen Advisory Group and has access to information on public expectations that arises from this project). Furthermore, public protection is the driving factor in considering policy options. This information is provided to College Council and Committees when making policy decision to ensure decisions are fully informed.</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
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DOMAIN 6: SUITABILITY TO PRACTICE

Standard 10

The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.



Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Required Documents Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/RequiredDocumentsPolicy_v002_2019-02-20.pdf Alternative Documentation Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/AlternativeDocumentationPolicy_v002_2019-02-20.pdfInsert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates</div>

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

		<p>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> <p>The College provides extensive training to staff to ensure that registration processes are followed and documentation provided by candidates meets the registration requirements. To this end, the Registration Department maintains a detailed policy and procedures manual. In addition, the College developed a number of tools to evaluate the documentation submitted by applicants and third parties. These evaluation tools are completed in detail when reviewing documentation, and often includes reviews by more than one staff to ensure accuracy. There is a system in place to ensure that original documents are submitted directly by third parties (when required).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></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).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>Registration staff reviews the College’s criteria and processes for its registration requirements on an ongoing basis. A systemic review is conducted once a year. Under its Terms of Reference, the Registration Committee is responsible for overseeing and implementing of registration practices audit every three years (or as required by the Fairness Commissioner). The goal of these reviews is to ensure that the College’s registration practices are transparent, objective, impartial and fair, and align with best practices. College staff participate in networking initiatives focused on identifying best practices in registration and examinations (e.g., Ontario</p>

		<p>Regulators for Access, APPT). The Registration Department references and utilizes information available on third party websites (e.g., resources available on the Office of the Fairness Commissioner website).</p> <ul style="list-style-type: none"> Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>On November 25, 2020 the Registration Committee reviewed the currency requirement, refresher program guidelines and education equivalency guidelines. Any changes resulting from the review will be considered in 2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency ⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>Registration Regulation https://www.ontario.ca/laws/regulation/130027#BK6</p> <p>Refresher Program Guidelines (for Members) https://www.ctcmpao.on.ca/resources/forms-and-documents/Refresher_Program_Guide_v2_2016-11-25.pdf</p> <p>Policy for a Certificate in the Inactive Class of Registration https://www.ctcmpao.on.ca/resources/forms-and-documents/Inactive-Class-Registration-Policy-01-22-2020.pdf</p>

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

		<p>Annual Renewal Guide https://www.ctcmpao.on.ca/resources/forms-and-documents/Registration_Renewal_Guide.pdf</p> <ul style="list-style-type: none"> List the experts / stakeholders who were consulted on currency: <p>The College's currency requirement is set in the Registration Regulation. When initially drafting the regulation, the College consulted stakeholders and considered best practices. The currency requirements have not been amended since the regulation came into force.</p> <ul style="list-style-type: none"> Identify the date when currency requirements were last reviewed and updated: <p>The Registration Committee commenced a review of the currency requirement on November 25, 2020. Any changes resulting from the review will be considered in 2021.</p> <ul style="list-style-type: none"> Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>Registrants in the General Class of registration must declare as part of the annual renewal process whether they have conducted a minimum of 500 traditional Chinese medicine patient visits over each three-year period. College staff monitors registrants' responses to their annual declaration of practice hours. Any registrant who has not completed the minimum patient visits over each three-year period may be required to complete a refresher program and/or be referred to the Quality Assurance Committee for a peer and practice review.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: <p>https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---CTCMPAO.aspx</p> <ul style="list-style-type: none"> Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input checked="" type="checkbox"/>

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (if needed)</p> <p>There was no action plan issued, but the 2016 Registration Practices Assessment Report identified two recommendations. The College has undertaken steps to address these recommendations.</p>
<p>Standard 11</p> <p>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</p>		
Measure	Required evidence	College response
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p>	<ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard Standard for Preventing Sexual Abuse https://www.ctcmpao.on.ca/resources/forms-and-documents/Standard-for-Preventing-Sexual-Abuse-2020.pdf – Duration of period that support was provided The Standard came into effect on April 1, 2020. The College provided a three-month advance notice to ensure that registrants have time to incorporate the new standard into their practice. After that the College has provided ongoing support (see below). – Activities undertaken to support registrants Communication – announcements, educational tips The standard was posted on the College website three months prior to coming into effect Webinar on the new standard, a copy of the webinar and FAQs are posted on the College website A new template for consent to treatment of sensitive areas was developed and is now posted on the College website – % of registrants reached/participated by each activity 28% attended the webinar session 100% of registrants were sent relevant communications about the new standard 100% of the registrants have access to the relevant supporting information and tools (e.g., form for consent). – Evaluation conducted on effectiveness of support provided We do not have a formal process in place to evaluate the effectiveness of support provided • Does the College always provide this level of support: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p>
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		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
		<p>Additional comments for clarification (optional)</p> <p>The College plans to develop a policy and procedure document to outline how we educate and support registrants in applying the standards of practice and practice guidelines applicable to their practice.</p>
		<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁵ .	<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>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and</p> <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none">List the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: The QA assessment is focused on the College's Standards of Practice, that is:<ul style="list-style-type: none">Advertising;Communication;Consent;Diagnosis and Treatment;Infection Control;Legislation, Standards and Ethics;Maintaining Professional BoundariesPreventing Sexual Abuse; andRecord-keeping Standards of practice are the underpinning of the QA Program. The QA Committee first identified this when developing the QA Program Framework. The Framework was developed in part with the support of another Ontario health regulatory body.Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please insert link to policy Quality Assurance Program Framework https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_Program_Framework_v004_2017-03-24.pdf Quality Assurance – Self-Assessment and Professional Development; General Requirements Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_SAPD_GeneralRequirements_Policy_v002_2020-05-22.pdfInsert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: The College is currently undertaking a comprehensive QA Program review. The project includes data analysis, literature review and key stakeholder interviews. The goal of the project is to develop a QA Program that meets both the College's legislative requirements and to incorporate the right touch approach into our QA program.
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⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<ul style="list-style-type: none">• Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">- Public Yes <input type="checkbox"/> No <input type="checkbox"/>- Employers Yes <input type="checkbox"/> No <input type="checkbox"/>- Registrants Yes <input type="checkbox"/> No <input type="checkbox"/>- other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/>• Insert link to document that outlines criteria to inform remediation activities OR list criteria: Quality Assurance – Self-Assessment and Professional Development; Non-Compliance Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_SAPD_Non-Compliance_Policy_v001_2017-11-03.pdf Quality Assurance – Peer and Practice Assessment; Non-Satisfactory Assessment Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_PPA_Non-SatisfactoryAssessment_Policy_v001_2017-11-03.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College is currently undertaking a comprehensive QA Program review. One of the goals of the project is to develop a QA Program that aligns with right touch regulation.</p>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<ul style="list-style-type: none">Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: College staff developed detailed procedures and tools to track the results of remediation activities. As part of this process, staff provides regular updates to the QA Committee on the status of all remediation activities directed under the QA Program. In 2020, the College created a new Professional Programs Coordinator position with a focus on compliance coordination and monitoring. Quality Assurance – Peer and Practice Assessment; Non-Satisfactory Assessment Policy https://www.ctcmpao.on.ca/resources/forms-and-documents/QA_PPA_Non-SatisfactoryAssessment_Policy_v001_2017-11-03.pdfInsert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: College staff tracks registrants’ remediation activities. As part of this process, staff provides regular updates to the QA Committee. The Committee monitors the remediation activities and determines whether a registrant has demonstrated the knowledge, skills and judgement following remediation on a case-by-case basis. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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Standard 12 The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://www.ctcmpao.on.ca/public/filing-a-complaint/Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none">Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) 91% (83 of 91 inquiries)

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional)</p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: Supports available to complainants include accessing funding for sexual abuse therapy. https://www.ctcmpao.on.ca/public/prevention-of-sexual-abuse/ CTCMPAO Educational Tips - Filing a Complaint (mailchi.mp) Most frequently provided supports in CY 2020: Funding for sexual abuse therapy <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional)</p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: The College routinely advises complainant’s and member upon nearing the 150-day mark regarding the status of their complaints. Once a matter is referred to discipline, a notice is provided to the Member and the Complainant of the decision. <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional)</p>

Standard 13

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

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><div>• Insert a link to guidance document OR describe briefly the framework and how it is being applied:</div><div>Identify whether the matter is a complaint or report matter.</div><div>A process of assessing the seriousness of the information received and whether the conduct in question exposes or is likely to expose patients to harm or injury. If it does not rise to that level that the matter can be handled via regular complaint procedure without emergency appointment. (i.e., widespread fraud concerns and/or sexual abuse.etc.)</div><div>See Complaints - Procedure</div><div>Provide the year when it was implemented OR evaluated/updated (if applicable): Updated February 2020</div><div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div><div>Additional comments for clarification (optional)</div></div>

Standard 14

The College complaints process is coordinated and integrated.

Measure	Required evidence	College response
		<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div>

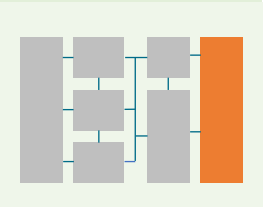
<p>14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>	<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type 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>	<ul style="list-style-type: none">• Insert a link to policy OR describe briefly the policy: https://www.ctcmpao.on.ca/public/transparency-initiatives/• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>Regulators For instance, the Conduct team will routinely engage system partners such as other regulated health colleges where there is conduct related concerns arising from a member of more than one regulated health college. (The College will share what information as is necessary as per s. 36 (c) of the <i>Regulated Health Professions Act</i>, 1991 (RHPA) with another regulator to ensure that they are also able to regulate their profession in the public interest). This type of engagement could include, but not be limited to, pursuing joint investigations between one or more regulated health college, sharing of information to ensure the relevant regulator has the information it needs to combat unauthorized practice of a controlled act and/or sharing of procedures to ensure similar procedural fairness for members of any of the 26 regulated health professions.</p> <p>Law enforcement agencies From time to time, the College will also engage with various law enforcement agencies in situations where the College is made aware of allegations of sexual abuse (and where the complainant consents to the disclosure) and/or other criminal conduct pertaining to a member. The College will from time-to-time share information as per s. 36 (e) and/or s. 36 (g) to ensure the relevant law enforcement authorities have the required information to aid in their investigation. Other instances, the College may receive requests from local law enforcement agency for information pertaining to our Members whom have engaged in concerns related to widespread fraud and the College will provide information as is necessary to the relevant parties.</p> <p>Municipal / Government agencies Other times, the College will receive information and/or be advised of concerns surrounding public health related issues. (Infection prevention & control issues) The College may refer concerns to the local public health unit for further follow-up to ensure public safety concerns are quickly remediated to ensure the public is not at risk while the College continues their investigation. The College will often look to s. 36 (i) as the authority to make such disclosures where necessary. The College will also from time to time attend public health inspections of a facility of a known Member to work alongside them in ensuring the public is protected. The College will also work with agencies such as the Office of the Coroner to provide information as is requested/summoned to ensure the relevant</p>
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		and necessary information is provided to this agency to assist in their independent inquiry / investigations.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT

Standard 15

The College monitors, reports on, and improves its performance.



Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>The College’s internal workplan includes performance indicators that are linked to the strategic plan; and is regularly included in Council meeting material. However, as Council is currently unconstituted, we are unable to link to meeting materials.</p>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)

	<p>b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i> The College's Council has remained unconstituted throughout the reporting period, and therefore did not hold any meetings. As such we are not able to link to Council meeting materials.</p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i> The College Council has remained unconstituted throughout the reporting period, and we are unable to link to meeting materials. However, the Executive Committee have been performing this function in lieu of a constituted Council.</p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College's strategic objectives and</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to College's dashboard or relevant section of the College's website:

	regulatory activities are made public on the College’s website.	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?<div>Yes<input checked="" type="checkbox"/>No<input type="checkbox"/></div><div>Additional comments for clarification (if needed)<div>The College regularly posts meeting information where college performance is discussed. Once the College’s Council becomes constituted, as part of the College’s next strategic planning session, scheduled for 2021, the College will ensure to post this information more prominently on it’s website.</div></div></div>
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PART 2: CONTEXT MEASURES

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

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

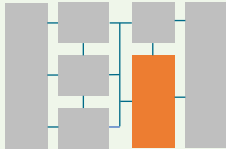
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
i. Self-Assessment	268	
ii. Professional Development Tool	268	
iii. Peer and Practice Assessment	5	
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 = Non-reportable: results are not shown due to < 5 cases		

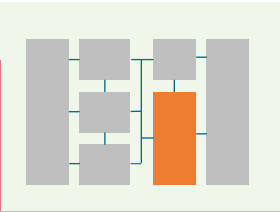
Additional comments for clarification (if needed)

Due to the ongoing COVID-19 pandemic, peer and practice assessments from 2019 and 2020 have been placed on hold and have not yet resumed.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



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

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

Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	251		What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	

Additional comments for clarification (optional)

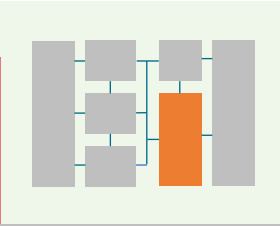
The College's reporting cycle for the 2020 Quality Assurance Program is still ongoing.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



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

☒ Recommended ☐ College methodology

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

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	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. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

Additional comments for clarification (if needed)

The College’s reporting cycle for 2020 Quality Assurance Program is still ongoing, which includes those members still undergoing the remediation process. The QA Committee did not refer any member for remedial activities in 2019.

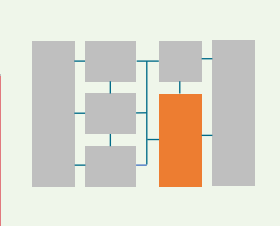
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

☒ Recommended ☐ College methodology

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

Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		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.
Themes:	#	%	#	%	
I. Advertising	NR	NR	0	0	
II. Billing and Fees	NR	NR	0	0	
III. Communication	NR	NR	0	0	
IV. Competence / Patient Care	6	40	0	0	
V. Fraud	NR	NR	0	0	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	
VII. Record keeping	NR	NR	0	0	
VIII. Sexual Abuse / Harassment / Boundary Violations	NR	NR	NR	NR	
IX. Unauthorized Practice	0	0	NR	NR	
X. Other <please specify>	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	15	100%	1	100%	

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

Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

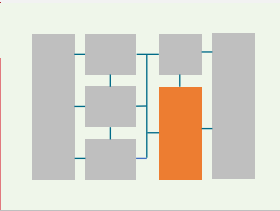
** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

☒ Recommended ☐ College methodology

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

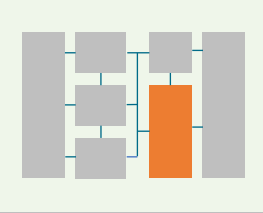
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	15		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	9		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	NR		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0		
II. Formal complaints that were resolved through ADR	0		
III. Formal complaints that were disposed** of by ICRC	NR	NR	
IV. Formal complaints that proceeded to ICRC and are still pending	11	73	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	

<p>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</p> <p>φ Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p><i>Additional comments for clarification (if needed)</i></p>	
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DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

☒ Recommended ☐ College methodology

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	15						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	NR
II. Billing and Fees	0	NR	NR	NR	0	0	NR
III. Communication	0	NR	NR	NR	0	0	NR
IV. Competence / Patient Care	0	NR	NR	NR	0	0	NR
V. Fraud	0	NR	NR	NR	0	NR	0
VI. Professional Conduct & Behaviour	0	NR	NR	NR	0	0	0
VII. Record keeping	0	NR	NR	NR	0	NR	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other <please specify>	0	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 2020.							
† NR = Non-reportable: results are not shown due to < 5 cases.							

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

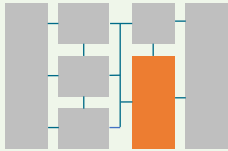
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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

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

Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020	252	
II. A Registrar’s investigation in working days in CY 2020	278	

* **Disposal Complaint:** The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

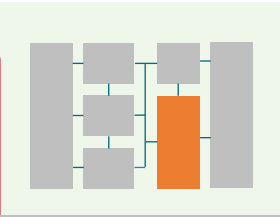
* **Disposal Registrar’s Investigation:** The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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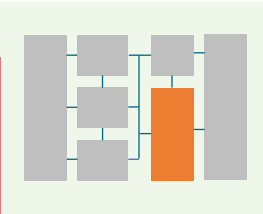
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. * The information enhances 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. An uncontested^ discipline hearing in working days in CY 2020	147	
II. A contested# discipline hearing in working days in CY 2020	0	
* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).		
^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.		
# Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.		

Additional comments for clarification (if needed)

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

☒ Recommended ☐ College methodology

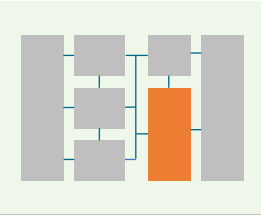
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*			<div>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.</div>
Type		#	
I.	Sexual abuse	0	
II.	Incompetence	0	
III.	Fail to maintain Standard	NR	
IV.	Improper use of a controlled act	0	
V.	Conduct unbecoming	NR	
VI.	Dishonourable, disgraceful, unprofessional	NR	
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	NR	
XII.	False or misleading document	NR	
XIII.	Contravene relevant Acts	0	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.			
NR = Non-reportable: results are not shown due to < 5 cases.			
Additional comments for clarification (if needed)			

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

Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*			What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type		#	
I. Revocation ⁺		0	
II. Suspension ^{\$}		NR	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}		NR	
IV. Reprimand [^] and an Undertaking [#]		0	
V. Reprimand [^]		NR	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.			
+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.			
\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to: <div><div>Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),</div><div>Practice the profession in Ontario, or</div><div>Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.</div></div>			
** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.			
^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice			
# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.			
NR = Non-reportable: results are not shown due to < 5 cases			
Additional comments for clarification (if needed)			

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

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

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

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

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

