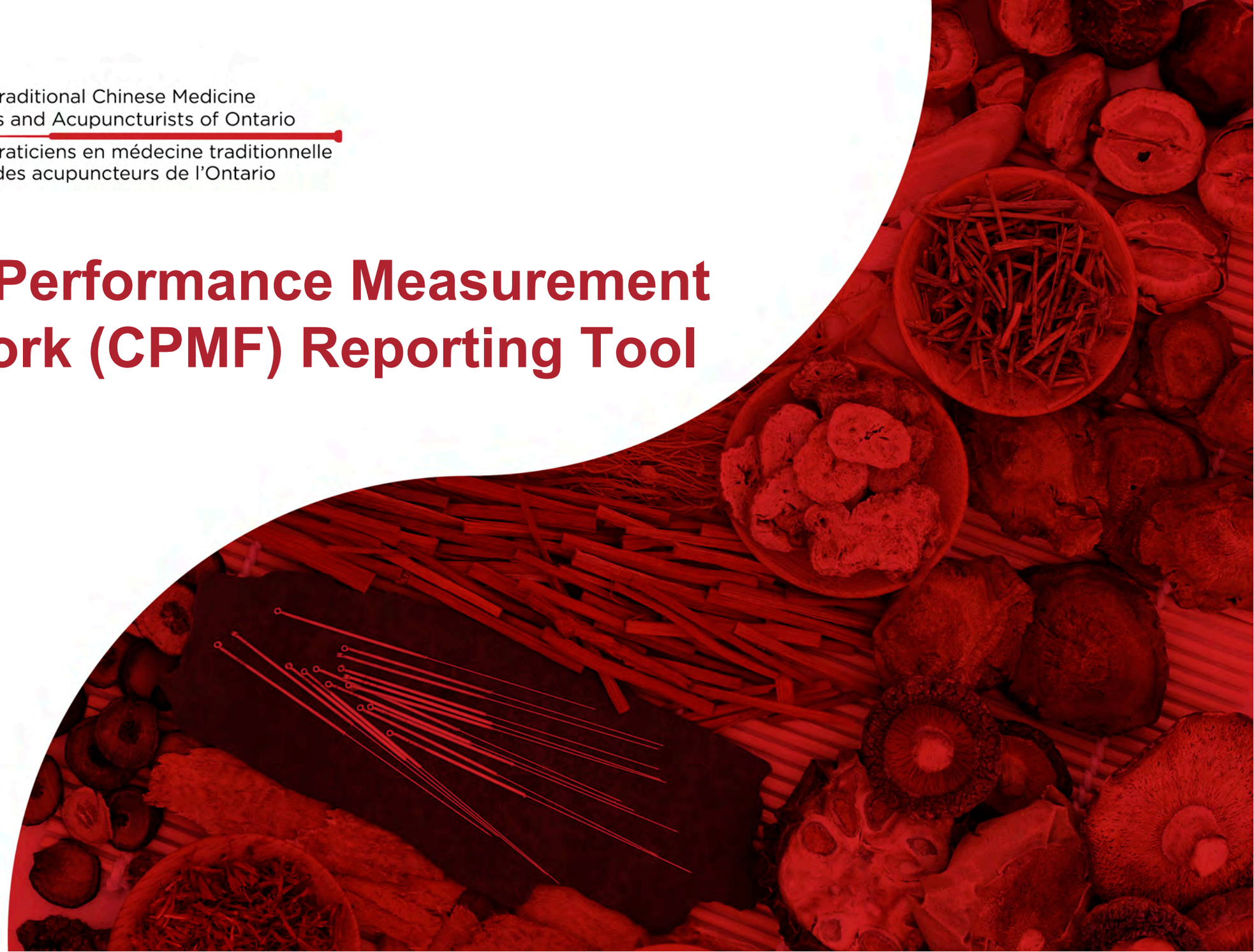
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

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

College Performance Measurement Framework (CPMF) Reporting Tool

2021



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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

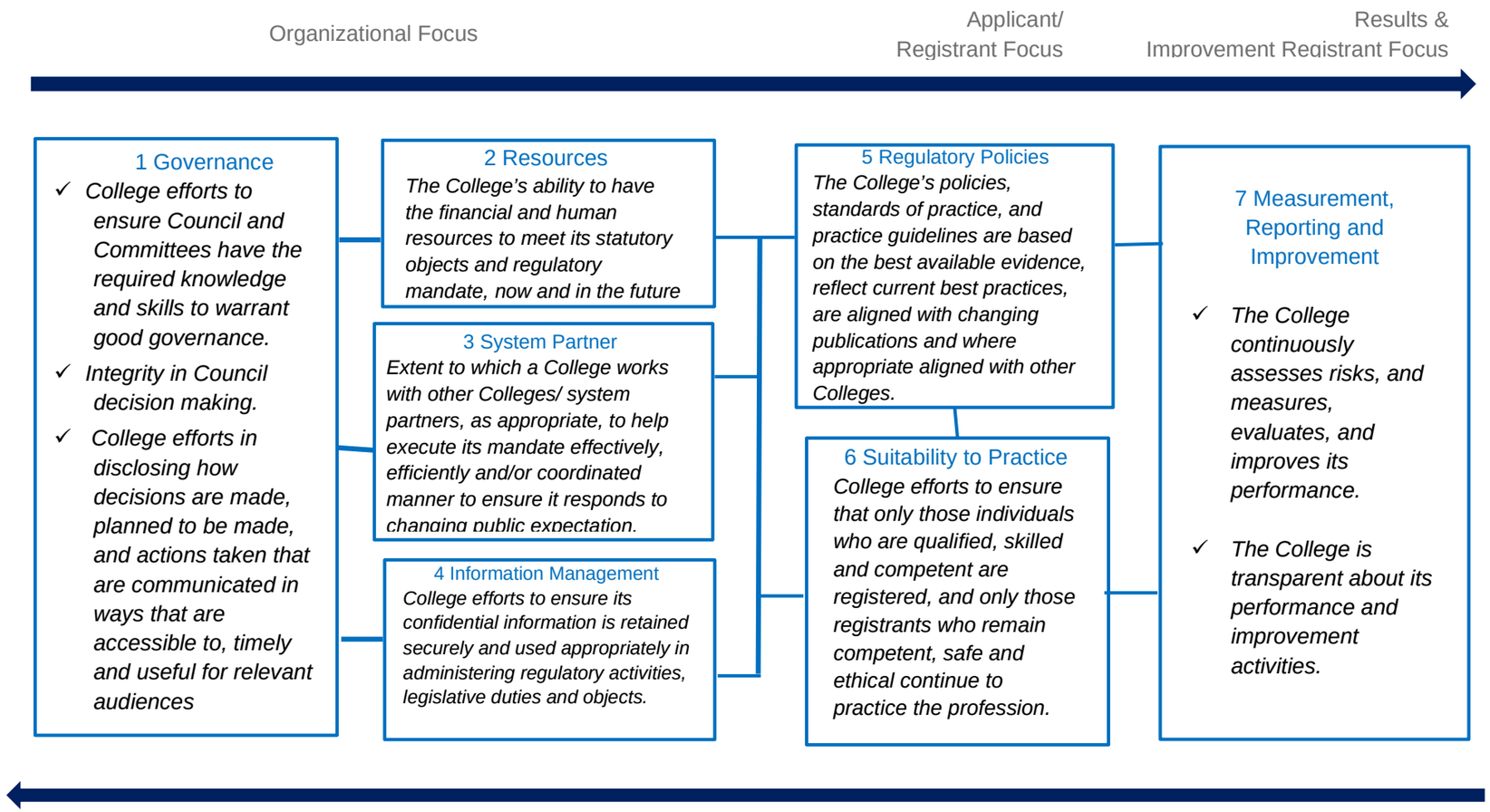

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.[1]

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.

- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

	Measure **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**	
DOMAIN 1: GOVERNANCE	STANDARD 1	
	Required Evidence	**College Response**
	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement: **Partially** • The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* Section 4.08 of College By-laws. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Yes** *Additional comments for clarification (optional):* As previously reported, the College has suitability criteria found in our by-laws; however they do not include competency requirements. The College has made progress to address this issue in 2021 by beginning to draft competencies. A meeting with Council members was held on November 1, 2021 where Council members decided on a set of high-level competencies to commence this process with. The College is continuing to draft indicators for the competencies, and develop a process to assess candidates at future meetings. We expect to make significant progress in the next reporting period. While the College intends to continue its progress on this project, we have remained unconstituted through 2021. Implementing the competency requirements will require by-law changes, which cannot be done without a constituted Council. This means, until the requisite number of public members are appointed to the College, we will not be in a position to fully meet this requirement.

		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:	No
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): As noted, the College is drafting competency requirements for eligibility for election. The College intents to develop a training program based on these competencies once they are completed, and require members of the College to attend the training before they are eligible to seek election to Council. The College faces barriers to meeting this requirement as well due to the lack of public appointees, as it will require a by-law amendment.	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	No
			• The competency and suitability criteria are public: Choose an item • *If yes, please insert a link to where they can be found, if not please list criteria.*	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): In addition to drafting competencies for Council members, the next step of this process will be to draft additional competencies for each committee. The College intends to make progress in this regard in the next reporting period.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee. Committee members attend a full day training session conducted by College staff/legal counsel. Currently, due to COVID, these sessions are held online. All Committee members are provided training on the mandate of the Committee, relevant legislation, regulations, policies, and processes, and the role and responsibilities of members (including responsibilities specific to each Committee and general responsibilities of all Committee members such as conflicts of interest and confidentiality).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional):	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics. Meets standard	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: Partially • Please provide the year when Framework was developed ***OR*** last updated. • Please 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: Choose an item • *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.* Council members complete an effectiveness survey following each meeting to provide feedback on a number of areas. The results of these surveys are discussed at the beginning of the next Council meeting and any issues arising from the feedback are addressed. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (optional)* In 2021, the College made governance improvements a priority for the College going forward. This began with completing a third party governance review that came with a number of recommendations and an acknowledgment that improvements are needed to meet the requirements set out in the CPMF. As part of this, the College will take steps to implement a framework to evaluate the effectiveness of Council in the upcoming reporting period.

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• A third party has been engaged by the College for evaluation of Council effectiveness: Yes • *If yes, how often over the last five years?* • Year of last third-party evaluation. The College contracted a third party (Governance Solutions Inc.) to conduct a full review of our governance practices in 2021. The review was completed in November of 2021 and included a number of recommendations for the College to address. A summary of the recommendations can be found here. The College is currently preparing a work plan to address the recommendations of Governance Solutions Inc. The College faces a barrier in implementing some recommendations due to the lack of public appointments on Council.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last year. 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. Council members attended an orientation session on December 8, 2021 where they received training from College legal counsel on the roles and responsibilities of Council, as well as presentations on the risk informed compliance framework from the Office of the Fairness Commissioner, council competencies from Deanna Williams, DEI training from Harmony@Work. 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.).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided <u>over the last year</u>. The College's December 8, 2021 orientation session included training on the foundations of DEI and organizational anti-oppression from Harmony@Work and a presentation on risk-informed compliance from the OFC.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**	
		Required Evidence	**College Response**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes • Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. The College's code of conduct and conflict of interest policy are included in College by-laws. No changes to these sections of the by-laws have been made in the previous three years; however, the College conducts an annual review of its by-laws. As the College does not have the required number of public appointees on Council, we are currently unable to make by-law changes. Should Council find it necessary to update it's Code of Conduct or Conflict of Interest Policy, it would need to wait until we receive more public members to Council. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (optional)*

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• Please insert a link to the 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 Conflict of Interest - Section 10.01 Code of Conduct - Schedule 1	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the college define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – Insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR*** – Where not publicly available, please describe briefly cooling off policy. Meets standard	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire. The College implemented a conflict of interest questionnaire in 2020.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. Meets standard	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Yes
			• Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities. The College maintains a risk management plan that is updated quarterly by staff and reviewed by Council members at each meeting. Part of the recommendation from our 2021 governance review is to include a more in-depth review with participation of Council members on an annual basis. We are planning to adopt this practice going forward. The risk management plan was discussed in item 12 of our December 9, 2021 open Executive Committee Meeting.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure 3.1 Council decisions are transparent.	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Partially • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (optional)* The College posts meeting documents on the College website, but our Council has remained unconstituted throughout the reporting period. The College intends to implement status updates on Council decisions once Council becomes constituted.

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. https://www.ctcmpao.on.ca/about-us/committees/	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional) Information does not specify rationale for meeting; however as our Council is not properly constituted, our Executive Committee has been required to act on behalf of Council throughout the reporting period. All decisions of the Executive Committee from November 2019 until the College becomes constituted will require ratification by Council.	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. https://www.ctcmpao.on.ca/about-us/committees/	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. https://www.ctcmpao.on.ca/public/hearings-schedule/	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		Measure **3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.**		
		Required Evidence	**College Response**	
		a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	No
			• Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The College has taken steps to address this in 2021, such as providing DEI training for staff and Council members, and looking at ways we can collaborate with other colleges on this item. However, the College will need to formally adopt a DEI plan, and will work to do so in the next reporting period. The College's current strategic plan is out of date, but due to a lack of public appointees we have not been able to adopt a new strategic plan. Once constituted, our Council will hold a strategic planning session, and will ensure a focus of it is on DEI.	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement:	No
			• Please insert a link to the Equity Impact Assessments conducted by the College ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The College will implement an equity impact assessment into our decision making process in the next reporting period.	

DOMAIN 2: RESOURCES	STANDARD 4	**Measure** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The College estimated costs and allocated funds to projects and programs accordingly to the Strategic Plan approved by Council for the development of several activities. Some of the activities are : - Quality Assurance Program : The College allocated funds for the consultant and the implementation of the program - Enhance Communication : The College in order to improve communication with its Stakeholder through, email campaigns , webinars , news letters, videos and general meetings allocated and estimated its costs. - School Program Approval : Costs have been allocated for the development of the program.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes • Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The College previously reported that it has a Financial Reserve Policy, but it had not been reviewed by a financial auditor. In this reporting period, we had the policy reviewed by our auditors, and made slight changes to the policy based on their feedback. These changes were approved at our September 22, 2021 open Executive Committee meeting. The reserve amount set out in the policy has not been fully met , 75% of the amount has been set out. (2.5mil on 3mil). However this is because the College has been adding to the reserve fund annually from the date of its inception, and did not deposit the total amount at once. The College intends to maintain the level set out in the policy within the coming years. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (if needed)*

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Partially
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College on a regular basis engages its legal counsel to review and update the College Human Resources Policy Manual to ensure the College is in accordance with the Employment Standards Act, 2000. These "standards" are the minimum requirements to describe the rights and responsibilities of employees and employers in Ontario. The College will review the HR Manual with Council in the upcoming reporting period, provided it receives enough public appointees to be constituted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Partially
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. CTCMPAO Data Technology Plan	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The College will bring our data plan to Council for review in the next reporting period, provided that our Council receives enough public appointees to be constituted.	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response *Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* CTCMPAO 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, CPMF etc.); • IPAC Knowledge Translation and Exchange Working Group with the Ministry of Health; • The College regularly collaborates with other regulators both within Ontario through HPRO and across Canada though CARB-TCMPA on projects where sharing resources is possible and appropriate; • 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;

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

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

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

Successes

Telepractice Guideline - In 2021 the College, for the first time engaged the Citizen Advisory Group (CAG) to help draw responses from the public for a consultation. This consultation was for our draft telepractice guideline. Through this, we found that we were able to reach an audience that would not normally engage with our consultations and increase the number of public responses. As a test of the process, the College chose to use the voluntary option for respondents, but in the future, we intend to leverage the ability to offer a fee to complete surveys to improve our response rate from the public even further. We expect that going forward, we will use the CAG regularly to improve our understanding of public expectations.

Education Program Approval Process - Currently the TCM education system does not have a process for approving or accrediting schools or programs. This means that the College must undergo a labourious process of reviewing the content of education for each applicant. In response to this, the College has initiated a project that would allow us to approve education programs, so that students graduating from these programs can have their education approve in a more efficient manner. To ensure consistency across Canada, we are collaborating with the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists. Furthermore, we are engaging in consultations with TCM schools and educators in Canada to help us understand the impact the process with have on the TCM education system. By working with these partners, we expect that the program approval process will improve the registration practices for Canadian regulators, which in turn will make the registration process easier for applicants to navigate.

Information Sharing Policy - As noted above, the College is participating in a project with other health profession regulators in Ontario to develop an information sharing policy. Currently, the manner in which we share information is done informally and reactionary. We believe there is a need to change this, and be better prepared to provide information to our system partners when we anticipate that it might be needed. While this policy is still in development, we expect it will have a beneficial impact on the way we operate.

Covid-19 Response - Throughout the pandemic the College has remained engaged with our system partners including other Colleges, the public health units, TCM associations, TCM schools and the OFC. In particular, in 2021, these partnerships allowed us to ensure that our members had access to COVID-19 vaccines as soon as they were eligible to keep our members providing services in a safe manner. Furthermore, we were able to transition to a fully online examination process that was fair and safe to our applicants while maintaining integrity in the process.

Identifying and Maintaining System Partner Relationships

One of the most important factors in identifying new partners is determining who may have expertise, knowledge, or established best practices that are relevant to our needs. Being able to gain from others'

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has policies governing the disclosure and of requests of information, written in its HR Policy Manual. Confidentiality agreement are also agreed upon and signed by each employee. Furthermore,the College deals with this issue through policies such as: Section 10.02 and Schedule 1 of the College By-laws: https://www.ctcmpao.on.ca/regulation/bylaw/CTCMPAO_ByLaws_2019-02-01.pdf https://www.ctcmpao.on.ca/resources/forms-anddocuments/QA_Confidentiality_Policy_v001_2017-11-03.pdf https://www.ctcmpao.on.ca/resources/forms-and-documents/Access-to-Records-Policy-Final-03-05-2020.pdf	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College enforces and maintains cybersecurity measures at all levels. Some of the measures are identified in: Utilization of antivirus, firewalls, password protections, limiting access to folders, regular patch updates, disaster recovery, local permission, use of domain laptops only, two factor authentication, etc. All policies are set out in the College HR Policy Manual.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Measure** **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).**

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Meets standard	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components ***OR*** please briefly describe the College's development and amendment process. The College thoroughly researches the subject of a new policy, standard, or practice guideline. The College takes a risk, data, and evidence based approach in guiding policy decisions (with the use of our risk management plan), and the development process can include a review of best practices, stakeholder consultations, and a review of public 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.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	No
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) To date, the College has not included an equity impact assessment in the review of these documents. We commit to begin this practice in the next reporting period.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Measure** **9.1 Applicants meet all College requirements before they are able to practice.**
	Required Evidence	**College Response**
	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[2].	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Required Documents Policy Alternative Documentation Policy 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).

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 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 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). In 2021 the Registration Committee continued its review of the currency requirement. The Committee also reviewed the College's criteria for meeting the program of clinical experience, the criminal background checks and the application documents requirements. Criminal Background Check Policy was updated on October 27, 2021. Any changes resulting from the review of the currency, program of clinical experience and the application documents requirements will be considered in 2022.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

Measure **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
c. A risk-based approach is used to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. All registrants in the General Class must conduct a minimum of 500 traditional Chinese medicine patient visits during every three-year period of being registered with the College. Registrants who do not meet the 500 patient visits minimum must complete a refresher program approved by the Registration Committee. These requirements are listed in the Registration Regulation as terms, conditions and limitations (TCLs) imposed on all General certificates of registration. Registrants who fail to meet these TCLs are referred to the Quality Assurance Committee for a peer and practice review. In addition, registrants who apply for transfer from the Inactive to the General Class must satisfy the Registration Committee that they possess the current knowledge, skill and judgment relating to the practice of the profession. The College's Policy for a Certificate in the Inactive Class of Registration outlines the criteria for satisfying the currency requirement. As mentioned above, the 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. The Registration Committee commenced a review of the currency requirement at the end of 2020. Any changes resulting from the review will be considered in 2022. The Registration Committee reviewed and approved several new refresher courses. The list of approved refresher courses was updated in May 2021. Registrants in the General Class 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.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional) Policy references - Registration Regulation, Refresher Program Guidelines (for Members), Refresher Program Guidelines (for Applicants), Policy for a Certificate in the Inactive Class of Registration	

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

Measure **9.3 Registration practices are transparent, objective, impartial, and fair.**		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued Registration Practices Assessment Report 2016 - 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. In September 2021, the OFC assigned CTCMPAO a "full compliance" (provisional rating) with the new Risk-informed Compliance Framework (RICF). The OFC determined that CTCMPAO "has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met".	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (if needed) Fair Registration Practices Report 2020	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	**College Response**
		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). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Yes • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:* Standard for Fees and Billing (new) The Standard was approved on December 10, 2020, it came into effect on April 1, 2021. The College provided an advance notice to ensure that registrants have time to incorporate the new standard into their practice. The College continues to provide ongoing support to members in implementing the new standard. The College undertook several activities to provide support to registrants; the following list provides examples of the activities undertaken and the percentage of registrants reached/participated in each activity: The College issued announcements to give registrants advance notice before the standard came into effect - 100% The College issued educational tips before and after the standard came into effect. The educational tips are posted on the College website as a resource for members - 100% *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (optional)*

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].**
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

The College fulfills this requirement:	Yes

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found.
- Is the process taken above for identifying priority areas codified in a policy: Yes
  If yes, please insert link to policy:

The QA assessment is focused on the College's Standards of Practice, that is Advertising, Communication, Consent, Diagnosis and Treatment, Fees and Billing, Infection Control, Legislation, Standards and Ethics, Maintaining Professional Boundaries, Preventing Sexual Abuse; and Record-keeping.

Standards of practice are the underpinning of the QA Program. The QA Committee first identified this when developing the QA Program Framework.

Quality Assurance Program Framework

Quality Assurance - Self-Assessment and Professional Development; General Requirements Policy

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

Additional comments for clarification (optional)

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Partially
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item – *Employers* Choose an item – *Registrants* Choose an item – *other stakeholders* Choose an item	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional) In 2021 the College completed phase 1 of a comprehensive QA Program review project. This phase of the project included data analysis, literature review and key stakeholder interviews. The key recommendation from phase 1 is that the College adopt a responsive and reflexive Quality Assurance Framework through evidence-based, collaborative and participatory program development, incorporating the right touch approach. The College developed a detailed implementation plan and will be working with consultant(s) to develop new QA assessment tools based on phase 1 recommendations.	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes
			• Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria. Quality Assurance - Self-Assessment and Professional Development; Non-Compliance Policy Quality Assurance - Peer and Practice Assessment; Non-Satisfactory Assessment Policy	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item

		Additional comments for clarification (optional)

Measure:
10.3 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 any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. 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. Quality Assurance - Peer and Practice Assessment; Non-Satisfactory Assessment Policy	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement: Yes • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. The College maintains a website that clearly outlines the College's complaint process to complainants. The page also goes through a variety of details pertaining to the potential outcomes from a complaint. A fully accessible and fillable complaint form is made available on the College's web page. Information pertaining to supports to a complaint is found on the College's dedicated page describing the process of applying for funding for sexual abuse therapy. Complainants who allege sexual abuse by a practitioner of the College may find information to supports here. The web page clearly describes criteria for eligibility, information on how to complete forms *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (optional)*

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	No
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The College will implement a survey for complainants who have proceeded through the College's complaints process. The College anticipates implementing this survey in Q4 of the next reporting period.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). 91% (83 of 91 inquiries)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			• Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Supports to complainants include: Access to funding for sexual abuse therapy. Providing timely communication to members of the public regarding information pertaining to the College's complaints process. All complainants receive acknowledgment of their formal complaint within fourteen (14) days of receipt of their complaint.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		Measure **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description. The College routinely advises parties on the progress of complaints and/or discipline matters. Parties to a complaint are advised routinely of the progress of their complaints through regular correspondence at specified intervals. (As prescribed in the legislation) Ensuring that a complainant receives confirmation of their complaint within a timely fashion. (Once a complaint has been filed, the College reaches out to the complainant to ascertain the information provided and to inquire if there are any other relevant information requested of the complainant.)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure** **12.1 The College addresses complaints in a right touch manner.**	
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link to guidance document ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). College staff receive training on the triage and identification of complaints and whether the matter can be considered as a formal complaint and/or information. The process includes 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, the matter can be handled via regular complaint procedure without emergency appointment. (widespread fraud concerns and/or sexual abuse. etc.) In cases where the subject matter relates to sexual abuse, widespread false billing, physical / emotional abuse, financial abuse, the risk of patient harm is great, staff will expedite these
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item
			Additional comments for clarification (optional) See Complaints - Procedure See Registrar's Report - Procedure See Incapacity Proceedings - Procedure

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the policy ***OR*** please briefly describe the policy. • Please 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'). https://www.ctcmpao.on.ca/public/transparency-initiatives/	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (if needed) 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 Regulated Health Professions Act, 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. Law enforcement agencies	

DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	**Measure** **14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.**		
		Required Evidence	**College Response**	
		a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement:	Partially
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			Additional comments for clarification (if needed) The College's internal work plan includes performance indicators that are linked to the strategic plan; and is regularly included in Council meeting material. The College is committed to being more transparent in its next strategic plan, and develop a public document outlining our KPIs. The College intends to hold a strategic planning session once our College Council receives enough public appointees to becomes constituted. In the meantime, the College has begun posting a work plan update on our website to give more information on our progress towards the strategic plan
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: Yes • Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes. The College updates Council at each meeting on our progress towards the College work plan. As noted above, the College also provides an update on our risk management plan. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (if needed)*

Measure **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Choose an item
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. The College began drafting Council competencies as a response to our governance review. https://www.ctcmpao.on.ca/about-us/committees/CTCMPAO_Public_Agenda_2021_09_22_v002.pdf	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (if needed)	
Measure **14.3 The College regularly reports publicly on its performance.**		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Partially
	• Please insert a link to the College's dashboard or relevant section of the College's website. https://www.ctcmpao.on.ca/about-us/strategic-plan/	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (if needed) The College is posting updates on our internal work plan as a temporary measure until we are able to fully address this issue through a new strategic plan. The College will not be able to adopt a new strategic plan until it receives sufficient public appointees.	

Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	
i. Self Assessment	58	***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).* *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 2021. 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 13.1(a) of Standard 11.*
ii. Professional Development Tool	58	
iii. Peer and Practice Assessment	89	
iv. *<Insert QA activity or assessment>*		
v. *<Insert QA activity or assessment>*		
vi. *<Insert QA activity or assessment>*		
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

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

Additional comments for clarification (if needed)

For the Self-Assessment and Professional Development Tool, the numbers are the total notifications/requests that were sent to College registrants. It includes those who were randomly selected in November 2021, those that were asked to submit their documents due to declaring non-compliance of the QA program during the renewal for 2021, and those that had deferred hours from the previous (2020) submission period.

Notifications
4 - 2021 non-compliance
1 - 2020 random selection (deficient hours)
53 - 2021 random selection

For the Peer and Practice Assessments, the total includes all members that were notified in 2021. This includes assessments that were put on hold in 2020 and were able to resume in 2021, and those selection due to special criteria.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

Statistical data collected in accordance with the recommended method or the College own method: Choose an item

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

Context Measure (CM)			
	#	%	***What does this information tell us?*** *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	240	9% (based on 2,700 total membership)	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	NR	NR	

NR

Additional comments for clarification (if needed)

The College's reporting cycle for the 2021 Quality Assurance Program is still ongoing.

The total number of registrants was calculated as those who submitted their Self-Assessments and Professional Development Tools to the College between the period of January 1 to December 31, 2021. This includes registrants from the random selection periods of November 2020 and December 2021, and those who had declared non-compliance of the QA program during the 2021 renewal. Also included are members who completed Peer and Practice Assessments in 2021.

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2021:**	#	%	***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	

NR
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.*
***This number may include any outcomes from the previous year that were carried over into CY 2021.*

Additional comments for clarification (if needed)

The College's reporting cycle for the 2021 Quality Assurance Program is still ongoing. As of yet, no referrals have been made to the Quality Assurance Committee regarding remediation.

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2021		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	0	0	0	0
II.	Billing and Fees	NR	NR	0	0
III.	Communication	NR	NR	0	0
IV.	Competence / Patient Care	7	36	0	0
V.	Intent to Mislead including Fraud	7	36	0	0
VI.	Professional Conduct & Behaviour	NR	NR	NR	NR
VII.	Record keeping	NR	NR	0	0
VIII.	Sexual Abuse	NR	NR	NR	NR
IX.	Harassment / Boundary Violations	NR	NR	NR	NR
X.	Unauthorized Practice	0	0	0	0
XI.	Other <*please specify*>				
Total number of formal complaints and Registrar's Investigations**		19	**100%**	29	**100%**

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	19		*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.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	7		
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 2021	29		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	23	121	
IV. Formal complaints that proceeded to ICRC and are still pending	12	63	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	9	18	

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

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

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

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	30						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	NR	0	NR	0	0	0	0
II. Billing and Fees	0	NR	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	0	6	NR	NR	0	NR	0
V. Intent to Mislead Including Fraud	0	0	NR	NR	NR	NR	0
VI. Professional Conduct & Behaviour	0	0	0	0	0	NR	0
VII. Record Keeping	0	0	0	NR	NR	NR	0
VIII. Sexual Abuse	0	0	0	0	NR	NR	0
IX. Harassment / Boundary Violations	0	0	0	0	NR	NR	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	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 2021.*

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

NR

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

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College own method: Choose an item

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

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *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 2021	225	
II. A Registrar's investigation in working days in CY 2021	279	

Disposal

Additional comments for clarification (if needed)

In CY 2021, the College disposed of matters that were also subject to criminal charges. In those cases, the College has held their investigation in abeyance until the disposal of the court matters. The College makes every effort to ensure the regulatory process does not impede the criminal process. These matters held in abeyance continue to accrue working days despite the investigation being held in abeyance.

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)		
CM 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 2021	158	
II. A contested discipline hearing in working days in CY 2021	0	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
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	0
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

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

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

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College own method: Choose an item

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

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	NR	
V. Undertaking	0	

** 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 may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

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

Return to:-Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10