

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

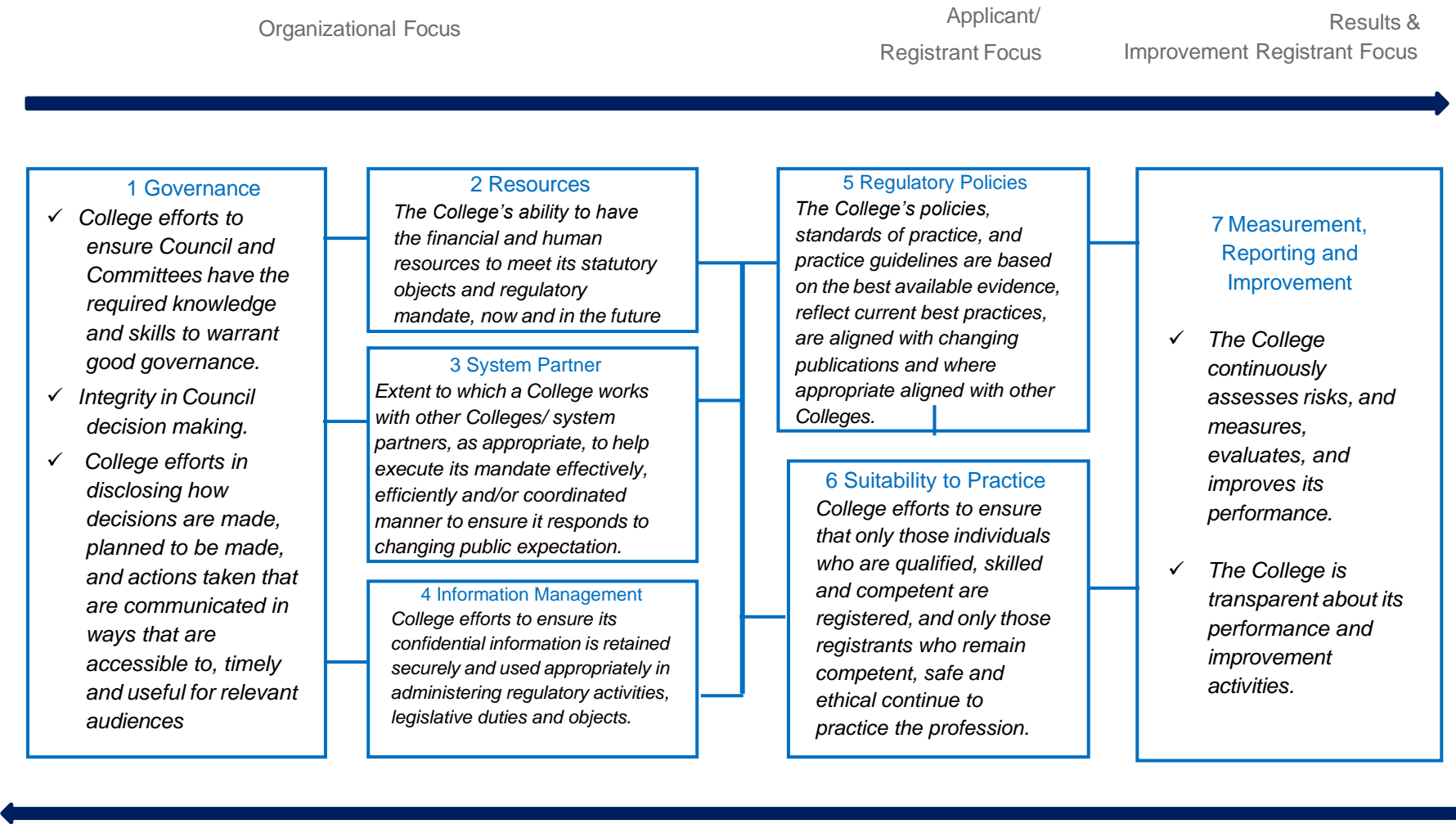


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

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

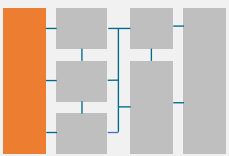
What has changed in 2022?

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

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

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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 <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:
			<div>Partially</div> <ul style="list-style-type: none">The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>While the College has suitability criteria set out in the College by-laws (section 4.08), the College has not implemented competency requirements for eligibility. The College Council was unconstituted for more than 2 years, and remained so until March 2022. This caused limitations on the Council’s ability to address this measure. Now that the Council is constituted, an improvement plan has been developed to fully implement Council competencies requirements. An improvement plan can be found in the link below.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>https://www.ctcmpao.on.ca/resources/forms-and-documents/Council_Compencies_High-Level_Work_Plan.pdf</p>

		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
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			<i>Additional comments for clarification (optional):</i> The College intends to develop an orientation program based on the Council competencies. The College’s improvement plan looks to implement Council competencies by 2024, at which time the College will focus on the development of an orientation program.	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	No
		i. Met pre-defined competency and suitability criteria; and <div>Benchmarked Evidence</div>	<ul style="list-style-type: none">• The competency and suitability criteria are public: Choose an item.• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i>	

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>https://www.ctcmpao.on.ca/resources/forms-and-documents/Council_Competencies_High-Level_Work_Plan.pdf</p> <p>It will be the priority of the College to first develop competencies for Council. However, the College is also planning to develop additional competencies that will be implemented for each committee.</p>	
ii.	attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	<p>The College fulfills this requirement:</p>	Yes
		<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training.• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics for Statutory Committee. <p>Committee members for all committees attend a full day training session conducted by College staff/legal counsel. These sessions are held online. All Committee members are provided training on the mandate of the Committee, relevant legislation, regulations, policies, 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). Council members also received Discipline Committee training through HPRO.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
<p><i>Additional comments for clarification (optional):</i></p>			

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics. <p>Council members received half-day, online training session provided by legal counsel. Topics covered include the Ontario health regulation model, governance, effective decision making, and emerging trends in regulation.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

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
	<ul style="list-style-type: none">• Please provide the year when Framework was developed <i>OR</i> last updated.• Please insert a link to Framework <i>OR</i> link to Council meeting materials and indicate the page number where the Framework is found and was approved.• Evaluation and assessment results are discussed at public Council meeting: Choose an item.• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i>	
	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) The College’s new strategic plan outlines good governance as a primary strategic priority. As part of this, the College intends to address governance shortfalls in the next reporting period, using the CPMF to help identify needs. Developing performance evaluation will be a focus of this effort.		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Has a third party been engaged by the College for evaluation of Council effectiveness? Yes<i>If yes, how often do they occur?</i>Please indicate the year of last third-party evaluation. <p>The College contracted a third party to review our governance practices in 2021. This was the first of such reviews, however the College intends to meet the CPMF requirement of a third party review every 3 years.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		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	
			<ul style="list-style-type: none">• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College provides annual, full-day training to Council members. The topics for this training are informed by the needs of Council members and any emerging trends or topics in regulation. Council members attended the annual orientation session on December 7, 2022. This year’s training included presentations on sexual abuse prevention, governance, decision writing, and diversity, equity, and inclusion.</p> <p>This year, due to an influx of new Council members mid-way through the year, the College held an additional, half-day, training session on June 15, 2022. The topics covered in the half-day session were Governance and an introduction to traditional Chinese medicine.</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	The College fulfills this requirement:		Yes
		<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.	<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.		
			The College has a risk management plan that is reviewed and updated quarterly. The College uses this plan to assess risks and take action when necessary to mitigate any identified risks. Discussion of the risk management plan can be found in item 18 of the December 8, 2022 Council meeting .		
			Our preliminary assessment is that overall, our College is at the following level, in terms of building capacity to reflect evolving public expectations with respect to diversity: <ul style="list-style-type: none">• Proactive<ul style="list-style-type: none">– Several council/committee members self-identify in a way that reflects the diversity of the populations we serve/the public– There have been some learning events or resources provided to decision makers		
			In the last year, our College has provided the following learning activities: <ul style="list-style-type: none">• The College received DEI training from Dr. Nafeesa Jalal. Dr. Jalal has experience working with other regulators, and was able to provide training relevant to decision makers in a regulatory organization		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional):</i> Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training: <ul style="list-style-type: none">• BE Thought Leaders: Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.• TRAIN for the future: Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in future reporting periods to engage our Council and Committee members in ongoing learning related to DEI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps to inform our training agenda in the next reporting period.		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The College’s code of conduct (Schedule 1) and conflict of interest policy (section 10.01) 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.</p> <p>The College Council remained unconstituted for previous reporting periods; however, as the College has received the required number of public members, the College will conduct a review of its by-laws in the next reporting period. The College intends to include DEI considerations in this review, particularly for the code of conduct.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>

		ii. accessible to the public.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy <i>OR</i> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf</p> <p>Conflict of Interest - Section 10.01 Code of Conduct - Schedule 1</p>	Met in 2021, continues to meet in 2022
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.
		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).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed <i>OR</i> last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <i>OR</i> Where not publicly available, please briefly describe the cooling off policy. 	Met in 2021, continues to meet in 2022
		<p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College’s cooling off period can be found in section 4.08 of the College by-laws. Members are ineligible for election to Council if:</p> <ul style="list-style-type: none"> They have resigned from Council in the previous 3 years. They are a director, owner, board member, officer, or employee of a professional association in the previous 2 years. They are a director, owner, board member, or officer of a TCM educational institution in the previous 2 years. They have been a member of staff at the College in the previous 1 year. 	

			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
			<ul style="list-style-type: none">• Please provide the year when conflict of interest the questionnaire was implemented <i>OR</i> 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 and indicate the page number.	
			The College implemented the questionnaire in 2020. Prior to each Council meeting, Council members are asked if there are any conflicts of interest to declare. Council responses to the questionnaire can be seen on pages 98-162 of the March 22, 2023 Council package .	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• 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 and indicate the page number.		
			Briefing notes for Council meeting agenda items include this information. It can be seen in each briefing note for the December 8, 2022 Council 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)		

		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.	The College fulfills this requirement:	Yes
		<p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<ul style="list-style-type: none">• Please provide the year that the formal approach was last reviewed.• Please insert a link to the internal and external risks identified by the College <i>OR</i> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College maintains a risk management plan that is updated quarterly by staff and reviewed by Council members at each meeting. Based on a recommendation from our 2021 governance review, the College has implemented a more in-depth review of our risk register, which will be conducted on an annual basis.</p> <p>The risk management report was discussed in Item 18 of the December 8, 2022 Council Meeting</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Choose an item.	
			<i>Additional comments for clarification (if needed)</i>	

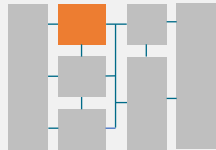
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<div> <div>The College fulfills this requirement:</div> <div> <div>Partially</div> </div> </div> <div> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted <i>OR</i> where the process for requesting these materials is posted. </div> <div> <p>Council minutes and highlights can be found here: https://www.ctcmpao.on.ca/about-us/committees/ (Each public agenda package contains minutes from previous meeting)</p> </div>
			<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Yes</div> </div>
			<div>Additional comments for clarification (optional)</div> <div>The College had implemented status updates on Council decisions due to Council remaining unconstituted for a prolonged period. Now that Council has been properly constituted, the College will begin implementing this practice in the next reporting period.</div>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <p>i. the meeting date;</p> <p>ii. the rationale for the meeting;</p> <p>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</p> <p>iv. if decisions will be ratified by Council.</p>	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none">• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.			
			Information on the Executive Committee meetings can be found here: https://www.ctcmpao.on.ca/about-us/committees/ . The College Council ratifies all decisions made on behalf of Council. The decisions requiring ratification are brought to Council at the next meeting after the decision was made. The June 15, 2022 Council meeting includes decisions needed to be ratified by Council in the consent agenda item.			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.	
			<i>Additional comments for clarification (optional)</i>			

		Measure: 3.2 Information provided by the College is accessible and timely.	

			<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>
			<div>Additional comments for clarification (optional)</div>
		<div>Measure:</div> <div>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</div>	
		Required Evidence	College Response
		<div>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).</div>	<div> <div> <div>The College fulfills this requirement:</div> <div> <div> <div> <div> <div>Please insert a link to the College’s DEI plan.</div> <div>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</div> </div> </div> <div> <div>The College has not yet operationalized a DEI plan; however, in 2022, the College developed a new strategic plan. This plan includes DEI as a core principle and commits the College to strengthen it’s DEI practices at all levels. The development of a formal DEI plan is a priority in this respect.</div> </div> </div> </div> <div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Yes</div> </div> <div>Additional comments for clarification (optional)</div> <div>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. For resourcing, Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in developing a comprehensive DEI plan and integrating it with our strategic and operational planning efforts.</div> </div> </div>

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <i>OR</i> please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>At the December 8, 2022 Council meeting, Council reviewed and approved an Equity Impact Assessment for future use in item 14. The College will begin implementing the use of the Equity Impact Assessment in 2023.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment.</p>		

	Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.		
DOMAIN STANDARD 4	Required Evidence	College Response	
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none">• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <i>AND</i> a link to the most recent approved budget and indicate the page number.• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.	
		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. The most recent budget can be found starting page 60 of the March 22, 2023 Council meeting. Some of the activities identified as strategic directions and received funding accordingly are: <ul style="list-style-type: none">• 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.

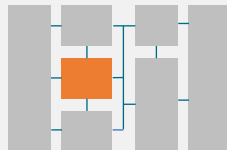
			Additional comments for clarification (optional)	
		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated.• Has the financial reserve policy been validated by a financial auditor? Yes https://www.ctcmpao.on.ca/resources/forms-and-documents/Financial_Reserve_Policy_v002_2021-09-22.pdf	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	

			Additional comments for clarification (if needed)
		<div>c. Council is accountable for the success and sustainability of the organization it governs. This includes:<div>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).</div></div>	<div><div>The College fulfills this requirement:</div><div><div><div><div><div></div><div>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</div></div><div><div></div><div>Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</div></div></div><div><div>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.</div><div><div>https://www.ctcmpao.on.ca/resources/forms-and-documents/CTCMPAO_HR_PolicyManual_2022.pdf</div><div>https://www.ctcmpao.on.ca/about-us/organizational-chart/</div></div><div>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 HR Policies manual has been previously reviewed by Council, most recently in March 2022 (item 15).</div></div></div><div>Yes</div></div></div>

		<div><div></div><div>Benchmarked Evidence</div><div></div></div>	<div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div>								
		<div>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).</div>	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><div><div><div><div></div></div><div>Please insert a link to the College’s data and technology plan which speaks to improving College processes <i>OR</i> please briefly describe the plan.</div></div><div>https://www.ctcmpao.on.ca/resources/forms-and-documents/College-Technology-Data-Plan.pdf</div></div></td></tr><tr><td colspan="2"><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div></td><td colspan="2"><div>Choose an item.</div></td></tr></table>	The College fulfills this requirement:	Yes	<div><div><div><div></div></div><div>Please insert a link to the College’s data and technology plan which speaks to improving College processes <i>OR</i> please briefly describe the plan.</div></div><div>https://www.ctcmpao.on.ca/resources/forms-and-documents/College-Technology-Data-Plan.pdf</div></div>		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div>		<div>Choose an item.</div>	
The College fulfills this requirement:	Yes										
<div><div><div><div></div></div><div>Please insert a link to the College’s data and technology plan which speaks to improving College processes <i>OR</i> please briefly describe the plan.</div></div><div>https://www.ctcmpao.on.ca/resources/forms-and-documents/College-Technology-Data-Plan.pdf</div></div>											
<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div>		<div>Choose an item.</div>									

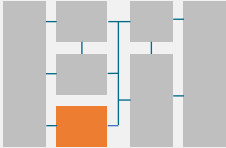
		<i>Additional comments for clarification (optional)</i>
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DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>This year, the College continued its extensive use of partnerships to inform the College and help share resources. Examples of this are:</p> <ul style="list-style-type: none">CTCMPAO often engages with other Ontario health regulatory colleges, typically with the aim of sharing information and developing best practices. New this year, the College joined a new working group for public appointments with other regulators. The College also continued its support of HPRO’s EDI measures.The College participates in the Citizen Advisory Group to better understand the needs and expectations of Ontarians in regards to health care;As many of our members are dual registrants, or work in multidisciplinary clinics, the College also works with other regulators during investigations when appropriate;The College also regularly partners with other TCM regulators across Canada through our national organization, the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA). This year, the College has been collaborating closely with CARB-TCMPA to implement a Chinese version of our registration examinations in Ontario. The College offered its first exam in Chinese in October, 2022, as directed by the Ministry of Health.In developing our new strategic plan, the College conducted extensive consultation, which included interviews with other Colleges, Ministry of Health staff. The College also increased its public engagement for the strategic plan by using QR codes that members were asked to post in their clinics.	

	<ul style="list-style-type: none">• In addition to other regulators, the College continued to regularly engage with other system partners to fulfill its mandate, such as Ontario TCM schools, TCM professional associations, the Office of the Fairness Commissioner, and other stakeholders.
	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none">• <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> <p>In 2022, the College had the following successes where the College engaged with system partners:</p> <p><u>Strategic Plan:</u> After remaining unconstituted for more than 2 years, the College’s previous strategic plan expired, with no ability to replace it. Upon receive the required number of public appointees in 2022, the College made a new 5-year strategic plan a priority. As this plan is to guide the College’s priorities for the next 5 years, the College wanted to ensure that it was well informed by multiple system partners. The College conducted interviews with Ministry of Health staff, representatives from other health regulators in Ontario, and representatives from TCM associations. The College also conducted broad consultation with the membership, and the public. The College was able to increase its engagement with the public by asking members to post a QR code in their clinic with a link to the consultation. Participants were asked for feedback on their expectations regarding the College’s priorities. From this, the College was able to determine common themes, and received feedback that helped inform strategic priorities.</p> <p><u>Chinese Examination:</u> In March 2022, the Ministry of Health asked the College to begin offering our registration examination in Chinese by October 2022. This ambitious timeline meant that the College would need help from its partners at the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA). With their assistance, the College was able to meet expectations of the Ministry, and offered its first sitting of the Chinese exam in October 2022. The College was also able to share resources with our counterpart in British Columbia, which resulted in reducing the cost of offering the exam in Chinese if it had been developed by CTCMPAO alone.</p> <p><u>Equity, Diversity, and Inclusion (EDI):</u> Throughout 2022, the College worked with HRPO to develop new tools and strategies to strengthen College’s EDI practices through the Anti-BIPOC Racism Working Group. The College has been able to share resources and ideas in this initiative, and the working group was even able to secure a Federal grant for</p>

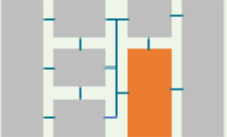
	the project. Through the working group the College was also able to identify an EDI expert, with experience working with regulators, to provide training to Council.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it:	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div>
		i. uses policies and processes to govern the disclosure of, and requests information;	<div> <ul style="list-style-type: none"> Please insert a link to policies and processes <i>OR</i> please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>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. Council and Committee members sign similar confidentiality agreements prior to starting their term. Furthermore, the College deals with this issue through policies such as:</p> <ul style="list-style-type: none"> 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 https://www.ctcmpao.on.ca/about-us/ctcmpao-privacy-policy/ </div>
		<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>	

			Additional comments for clarification (optional)	
		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	<div>The College fulfills this requirement:</div> <div><ul style="list-style-type: none">Please insert a link to policies and processes <i>OR</i> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</div> <div>The College enforces cybersecurity measures at all levels. Some of the measures are identified in: Antivirus, firewalls, password protections, restricted folders access, regular patch updates, disaster recovery, local permissions, use of only domain laptops, two factor authentication, etc. All policies are set out in the College HR Policy Manual.</div> <div>Furthermore, staff, Council, and Committee members receive training on privacy. The College’s Privacy Code sets the expectation for maintaining confidential information for the College.</div>	Yes
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p>	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <i>OR</i> please briefly describe the College’s development and amendment process.<p>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.</p><p>The College intends to develop a formal document outlining it’s policy development process in the next reporting period.</p></td></tr><tr><td colspan="2"><p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p></td></tr></table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <i>OR</i> please briefly describe the College’s development and amendment process. <p>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.</p> <p>The College intends to develop a formal document outlining it’s policy development process in the next reporting period.</p>		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
			The College fulfills this requirement:	Yes					
			<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <i>OR</i> please briefly describe the College’s development and amendment process. <p>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.</p> <p>The College intends to develop a formal document outlining it’s policy development process in the next reporting period.</p>						
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>									
		<hr/> <p><i>Benchmarked Evidence</i></p>							

		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. 	
			<p>The College Council has reviewed and approved a new Equity Impact Assessment for use beginning in 2023. Also, the College’s new strategic plan sets DEI as a strategic priority of the College. Going forward, the review of policies, guidelines, standards, and Code of Ethics will be reviewed with a DEI lens to ensure these principles are reflected in policy.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <i>OR</i> please briefly describe in a few words the processes and checks that are carried out. Please insert a link and indicate the page number <i>OR</i> 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 CRC policy	Yes

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

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <i>OR</i> please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The College’s policies related to registration requirements are reviewed on a regular basis and updated as needed, to accommodate changing needs or regulatory amendments. The Registration Committee audits the College’s registration policies every three years to ensure they are appropriate and serve the public interest. When contemplating policy changes, College staff may solicit input from (or share with) other regulators in the pursuit of best practices. In 2022, this was done regarding currency requirements for Inactive Class members wishing to return to practice, and concerning language proficiency test scores. Additionally, staff attend relevant workshops or seminars from organizations such as CNAR (Canadian Network of Agencies for Regulation), and review resources available from relevant sources, such as the OFC website.</p> <p>In 2022 the Registration Committee began reviewing the Inactive Class of Registration policy, with a focus specifically on the currency requirements for members who wish to transfer back to the General class. Changes resulting from the review will be implemented in 2023. They also reviewed and updated the Language Fluency policy in 2022, as required by O. Reg. 508/22.</p> <p>For applicants from other Canadian jurisdictions, the College requests a “letter of standing” be submitted to the College directly from the regulator in the other province. This letter confirms if the applicant is a member in good standing in that province, and if there is any relevant information (discipline finding, failure to comply with QA)</p>	Yes
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			Additional comments for clarification (optional)				
		Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.					
		c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">• 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.<p>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 requirements for inactive members returning to practice. This Policy is currently under review and will be updated in 2023.</p><p>The currency requirement is set out in the Registration Regulation. When initially drafting the regulation, the College consulted stakeholders and considered best practices.</p><p>For new registrants, the Registration Committee may impose terms conditions and limitations (TCLs) on the certificate of registration to address currency concerns. These TCLs may require the registrant to complete a refresher program and/or to practise under supervision for a specified number of patient visits. TCLs will appear on the public register until the requirements have been fulfilled. All proposed refresher courses and supervisors must be pre-approved by the College. In the event that supervised practice is required, periodic reports from the supervisor must be submitted, along with copies of patient records, to be reviewed to ensure compliance with practice standards. The list of the pre-approved refresher courses is being reviewed in 2023.</p></td></tr></table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none">• Please briefly describe the currency and competency requirements registrants are required to meet.• 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. <p>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. 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The College fulfills this requirement:	Yes						
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		<p>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.</p> <p>Policy references: Registration Regulation, Refresher Program Guidelines (for Members), Refresher Program Guidelines (for Applicants), and Policy for a Certificate in the Inactive Class of Registration.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

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

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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).	<div>The College fulfills this requirement:</div> <div> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued </div> <div> 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. </div> <div> 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”. </div> <div> Fair Registration Practices Report 2020 </div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		<div>Additional comments for clarification (if needed)</div>

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).	<div>The College fulfills this requirement:</div> <div>Met in 2021, continues to meet in 2022</div>
		<p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard 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 <i>If not, please provide a brief explanation:</i> <p>Maintaining Professional Boundaries Standard</p> <p>The College hosted a webinar to help members gain a better understanding of the standard. A copy of the webinar is posted on the College's website as a resource for members - the webinar was attended by 503 registrants (~20%); a copy of the webinar is available to all registrants. The webinar also included content relevant to the Telepractice Guideline in terms of opportunities for more informal interactions which may potentially lead to more boundary crossings.</p> <p>The webinar and accompanying FAQs are posted on the College's website as a resource to members - 100%.</p> <p>The College surveyed registrants in attendance to provide feedback and help improve future webinar sessions and/or resources provided. In addition, College staff continue to track and report inquiries related to the new and existing standards to foster improvement and flag potential educational opportunities.</p> <p>The College issued educational tips before and after the webinar and also provided notices online and via the College's newsletter. These are posted on the College website as a resource for members - 100%.</p> <p>The current Quality Assurance Program assesses registrants based on meeting the standards of practice. As a result, in instances where practice improvements are identified pertaining to Maintaining Professional Boundaries, registrants are able to view the webinar again, along with a review of additional resources, and then demonstrate the knowledge gained by way of submission or other means as identified and/or directed.</p> <p>Telepractice Guideline (new)</p> <p>Following advance notice, feedback and a consultation deadline of February 3, 2022, the Telepractice Guideline was approved by the Executive Committee (due to a non-constitutional Council) in March 2022 and was ratified by Council in follow-up. The College undertook several activities and continues to provide ongoing</p>

		<p>support to members in implementing the new guideline. Following are examples of the activities undertaken and the percentage of registrants reached/participated in each activity:</p> <p>The College issued announcements to give registrants advance notice before the guideline came into effect - 100%.</p> <p>The College issued educational tips before and after the guideline came into effect (e.g., Telepractice Considerations); the educational tips are posted on the College website as a resource for members - 100%.</p> <p>The guideline was posted on the College website prior to coming into effect - 100%.</p> <p>The College scheduled an additional webinar for early 2023 to help promote further understanding of the guideline, from both a professional and legal perspective. A copy of the webinar along with FAQs will be posted on the College's website as a resource for registrants afterwards. Adequate time is being provided to registrants to enable their participation, which is free of charge to registrants.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies 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: <div>Met in 2021, continues to meet in 2022</div>
		<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <i>OR</i> please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> <p>The QA assessments are presently focused on the College's Standards of Practice (e.g., Advertising, Communication, Consent, Diagnosis and Treatment, Fees and Billing, Infection Control, Legislation, Standards and Ethics, Maintaining Professional Boundaries, Preventing Sexual Abuse; and Record-keeping).</p> <p>The standards of practice provide the Quality Assurance Program's foundation. Following the development of a procedure document to outline its processes for developing and updating standards of practice and how the College supports registrants in adopting new standards, a 2022 Policy was implemented and approved by the Quality Assurance Committee in August 2022 to review standards of practice on a five-year cycle. With the new Policy: Quality Assurance Standards of Practice – Procedure in place, the Committee commenced review of four of its existing Standards of Practice in late 2022.</p> <p>Quality Assurance - Self-Assessment and Professional Development; General Requirements Policy</p>
		<div> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <div>Choose an item.</div> </div>
		<i>Additional comments for clarification (optional)</i>

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none">• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used.• Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">– <i>Public</i> Choose an item.– <i>Employers</i> Choose an item.– <i>Registrants</i> Choose an item.– <i>other stakeholders</i> Choose an item. <p>In 2021, the Quality Assurance (QA) Committee, based on evidence provided, specified specific criteria for registrants being selected for peer and practice assessments to be conducted in 2022. As per the College’s Quality Assurance Regulation, the criteria were published on the CTCMPAO website three months prior the registrants being selected. In addition, and in accordance with the QA Policies, registrants who did not comply with and/or fulfill the Self-Assessment and Professional Development requirements were also presented to the QA Committee for direction of a peer and practice assessment, where appropriate.</p> <p>As indicated in the previous CPMF Tool, in 2021, the College completed a Quality Assurance (QA) Program review with the key recommendation that the College adopt a responsive and reflexive framework through evidence-based, collaborative and participatory program development, incorporating the right touch approach. Starting in 2022, the College has been working with a consultant on Phase II of the comprehensive QA Program review following a continued collaborative and participatory approach from registrants, Council and Committee members, as well as other stakeholders. The Project will be entering the Pilot Project testing phase for the Self-Assessment, Professional Development, and Peer and Practice Assessment components in the upcoming months.</p>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
		<i>Additional comments for clarification (optional)</i>		
			The College fulfills this requirement:	Yes

		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <i>OR</i> list criteria. <p>Quality Assurance – Self-Assessment and Professional Development: Non-Compliance Policy</p> <p>Quality Assurance – Peer and Practice Assessment – Non-Satisfactory Assessment Policy</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>
		<p>Measure:</p> <p>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</p>	
		<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <i>OR</i> 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 <i>OR</i> please briefly describe the process. <p>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 all of the outcomes and status of remediation activities directed under the QA Program. The QA Committee is able to identify whether the remediation activities were successful by having the registrant demonstrate through evidence (e.g., submissions, reassessment of the areas identified as a concern) that they have taken the practice actions and quality improvement needed to meet the required knowledge, skill and judgment.</p> <p>Quality Assurance - Peer and Practice Assessment - Non-Satisfactory Assessment Policy</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

			Additional comments for clarification (if needed)
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:	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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 policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>Frequently Asked Questions · CTCMPAO Website</p> <p>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.</p> <p>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 to obtain funding, and provides the contact information to the College staff member to assist the complainant in answering any procedural questions related to the supports available.</p>
		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	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

		complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	Additional comments for clarification (optional)	
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. <div>Benchmarked Evidence</div>	The College fulfills this requirement:	
			Yes	
			<ul style="list-style-type: none">Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. As part of the College’s process, a survey was implemented for Complainants and Members that have participated in the Complaints Process.	
		If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
		b. The College responds to 90% of	The College fulfills this requirement:	
			Met in 2021, continues to meet in 2022	

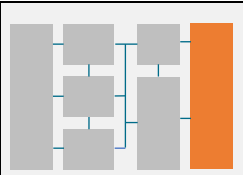
		inquiries from the public within 5 business days, with follow-up timelines as necessary.	Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	
			Met in 2021, continues to meet in 2022 <ul style="list-style-type: none"> Please list supports available for the public during the complaints process. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 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. Complainants that allege sexual abuse are provided with an informational package that includes the College's standards along with application/information form to access the funding for therapy offered by the College. College staff and Council receive annual training regarding handling of sexual abuse matters and the sensitivities involved in speaking with individuals that have been impacted by sexual abuse. This annual training assists both staff and Council in ensuring they receive the appropriate training in handling the investigation of these matters. The College also will provide interpretation assistance through an external interpretation firm in the event the Complainant and/or member requires this service throughout the complaints and/or discipline process.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description.• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.	
			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.) Complainants receive the notification of receipt of complaint which provides contact information for a single staff member at the College for the complainant to follow up on regarding their complaint and/or procedural questions. Prior to certain actions conducted by the ICRC, (i.e., requesting an undertaking) the College will reach out to receive feedback and/or comments from the complainant prior to proceeding. Once a matter is concluded before the ICRC, a notification is sent to all parties shortly. (i.e., reasons and/or referral of specified allegations)	
		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:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">• Please insert a link to guidance document and indicate the page number <i>OR</i> please briefly describe the framework and how it is being applied.• Please provide the year when it was implemented <i>OR</i> 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 matters to ensure that those matters are prioritized. Staff continually consider any new information that comes to staff's attention pertaining to cases in its inventory to ensure that where new information becomes available that heightens the risk of the matter to any of the above noted categories, expedited measures are taken and those matters are prioritized.	
			The year of last review was in 2021	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:	
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<div> <div>The College fulfills this requirement:</div> <div> <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number <i>OR</i> please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). </div> </div> <div> Transparency Initiatives · CTCMPAO Website </div> <div> <p>Regulators</p> <p>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.</p> <p>Law enforcement agencies</p> <p>From time to time, the College will also engage with various law enforcement agencies in situations where the College is made aware of allegations of sexual abuse (and where the complainant consents to the disclosure) and/or other criminal conduct pertaining to a member. The College will from time-to-time share information as per s. 36 (e) and/or s. 36 (g) to ensure the relevant law enforcement authorities have the required information to aid in their investigation. Other instances, the College may receive requests from local law enforcement agency for information pertaining to our Members whom have engaged in concerns related to widespread fraud and the College will provide information as is necessary to the relevant parties.</p> <p>Municipal / Government agencies</p> <p>Other times, the College will receive information and/or be advised of concerns surrounding public health related issues. (Infection prevention & control issues) The College may refer concerns to the local public health unit for further follow-up to ensure public safety concerns are quickly remediated to ensure the public is not at risk while the College continues their investigation. The College will often look to s. 36 (i) as the authority to make such disclosures where necessary. The College will</p> </div>

			also work with agencies such as the Office of the Coroner to provide information as is requested/summoned to ensure the relevant and necessary information is provided to this agency to assist in their independent inquiry / investigations.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		Measure: 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.	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<div> <div>The College fulfills this requirement:</div> <div> <div>Partially</div> <div> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <i>OR</i> list KPIs and rationale for selection. </div> </div> </div> <p>The College’s past strategic plan did not include public facing KPIs. The College has instead been reporting on its work plan. However, with the development of the College’s new 5-year strategic plan, the College has begun work to develop public KPIs and will report on these on the College website. The College intends to complete this in the next reporting period.</p>
			<div> <div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></div> <div>Yes</div> </div>

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none">Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.	
			The College updates Council on its progress on the College work plan and risk management report at each meeting . The College intends to improve its practices in this standard with its new strategic plan. The College’s goal is to be more transparent in our reporting on progress.	
			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. <div>Benchmarked Evidence</div>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
	In 2022 the College used performance and risk review findings to identify a need to review its government relations practices. This resulted in Council approving a proposal from a new government relations firm to work with the College at its September 21, 2022 meeting .	
	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website.	
	The College’s strategic plan can be found on the College website. In the next reporting period, the College will improve transparency on regulatory outcomes, by posting regular updates on our progress towards the 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)		

Part 2: Context Measures

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

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

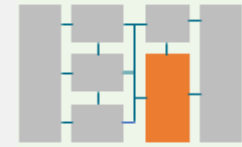
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Self-Assessment Form	75		
ii. Professional Development Tool	75		
iii. Peer and Practice Assessment	32		
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>			

<p><i>* 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.</i></p> <p><u>NR</u></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>For the Self-Assessment and Professional Development Tool, the numbers are the total initial notifications/selections of registrants in 2022 to be completed in 2023. It includes those who were randomly selected in December 2022 and those that were asked to submit their documents due to declaring non-compliance of the QA program during the renewal for 2022. The College's reporting cycle for the 2022 Quality Assurance Program is still ongoing.</p> <p>For the Peer and Practice Assessments, the total includes randomly selected members.</p>	

Table 2 – Context Measures 2 and 3


DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2022	85	3%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
-			
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, 2022. This also includes registrants from the December 2022 Self-Assessment random selection, and those who had declared non-compliance of the QA Program during the 2022 renewal. Also included are members who completed their scheduled Peer and Practice Assessments in 2022 from previous years. The College’s reporting cycle for the 2022 Quality Assurance Program is still ongoing.			
The College has also been working on a comprehensive review and redevelopment of its QA Program.			

Table 3 – Context Measure 4

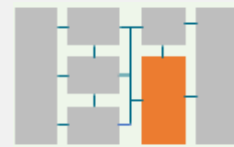
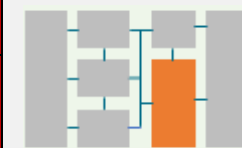
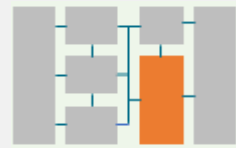
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	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 judgement following remediation*	15		
II. Registrants still undertaking remediation (i.e., remediation in progress)	5		
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed)			
The total for section I includes registrants that have undergone remedial activities in 2022 related to their Peer and Practice Assessment.			
The total for section II includes registrants that are continuing to undergo undergoing remedial activities commenced in 2022 related to their Peer and Practice Assessment.			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	NR	NR	NR	NR	
IV. Competence / Patient Care	6	35	NR	NR	
V. Intent to Mislead including Fraud	NR	NR	41	91	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	NR	NR	NR	NR	
XI. Qther <please specify>	NR	NR	NR	NR	
Total number of formal complaints and Registrar’s Investigations**	17	100%	45	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022	26		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	55		
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	45		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	16	61	
IV.	Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

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

X.	Unauthorized Practice			NR			
XI.	Other <please specify>						
<ul style="list-style-type: none">• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

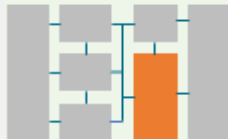
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	250	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	388		
Disposal			
Additional comments for clarification (if needed)			
In CY 2022, 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

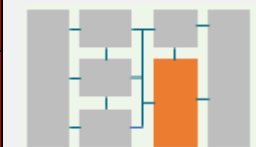
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	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 2022	283		
II. A contested discipline hearing in working days in CY 2022	332		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

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

Context Measure (CM)	
CM 13. Distribution of Discipline finding by type*	
Type	#
I. Sexual abuse	NR
II. Incompetence	
III. Fail to maintain Standard	NR
IV. Improper use of a controlled act	
V. Conduct unbecoming	NR
VI. Dishonourable, disgraceful, unprofessional	NR
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	NR
XI. Falsifying records	
XII. False or misleading document	NR
XIII. Contravene relevant Acts	

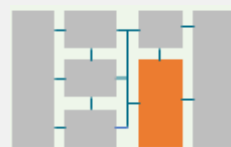
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

** 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 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 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	NR		
II. Suspension	5		
III. Terms, Conditions and Limitations on a Certificate of Registration	5		
IV. Reprimand	5		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

Return to: [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](#)