

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

November 2024

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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 to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

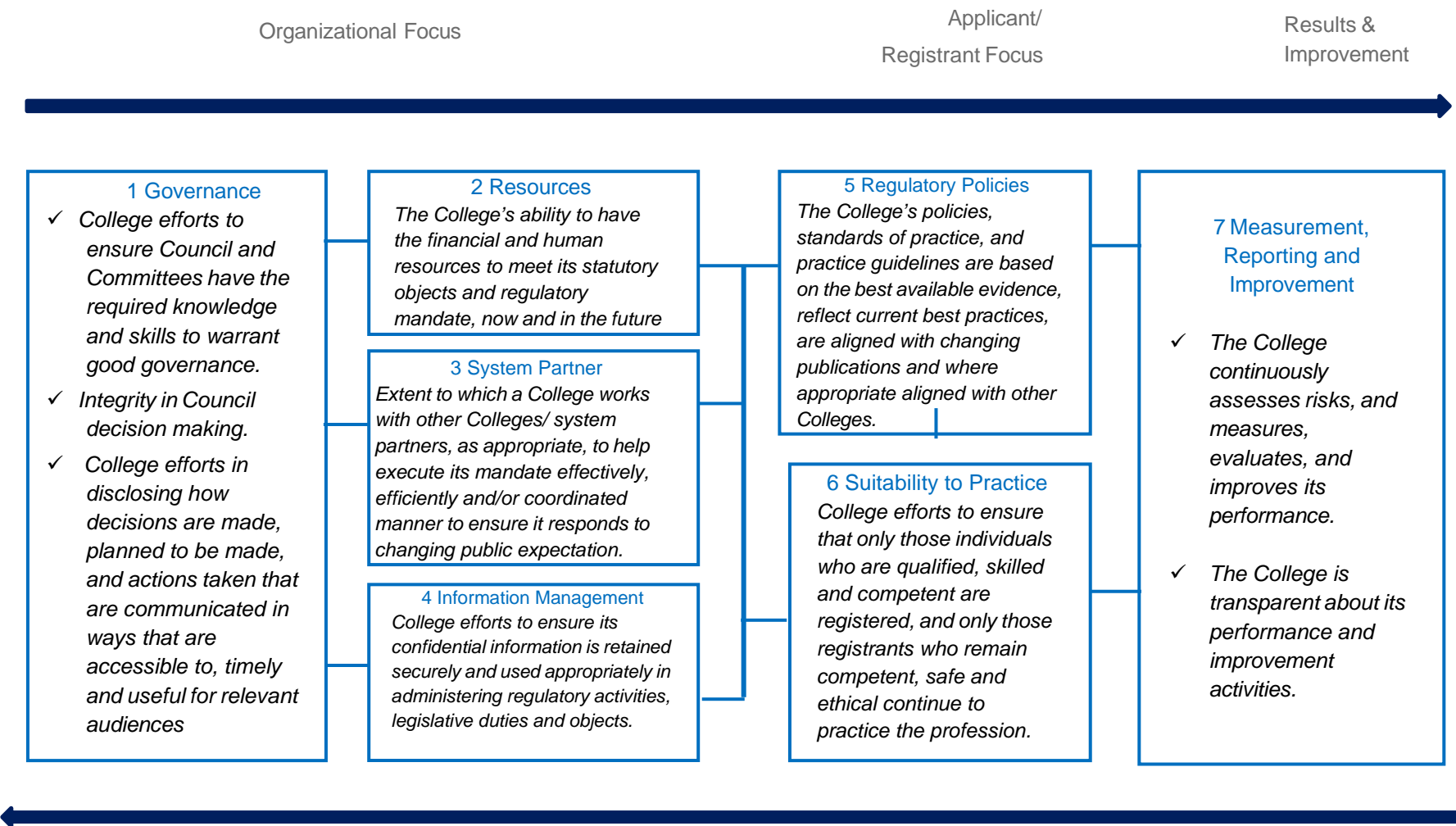


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

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

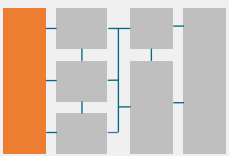
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

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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 <div>Benchmarked Evidence</div>	The College fulfills this requirement: Yes
			<ul style="list-style-type: none">The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>Amendments to the suitability criteria to stand for election to Council (By-Law section 4.08) and for the newly formed Nominations Committee (By-Law section 4.09) were approved by Council at the June 12, 2024, meeting.</p> <p>The Nominations Committee met for orientation and to discuss the draft competency assessment and updated election process. The assessment is based on the improvement plan that was developed regarding Council competency requirements. The competencies will be applied for eligibility for the 2025 Council elections.</p> <p>Council competencies: https://www.ctcmpao.on.ca/member/election/CTCMPAO_Council_Skills-Final.pdf</p> <p>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>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>A By-Law amendment was made to the suitability criteria to stand for election to Council (section 4.08), which now states “(xviii) the member has successfully completed the College’s current training program relating to the duties, obligations and expectations of Council and committee members”.</p> <p>As part of the orientation process, the College has begun offering an online information session to members in districts that are up for election. The Registrar and Deputy Registrar present the role of the College, Council, the public interest, and eligibility criteria to stand for election. A member must attend such a session to be eligible for election.</p>	
			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):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	No
			<ul style="list-style-type: none">• The competency and suitability criteria are public: Yes• If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.	

		<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>The College was committed to implementing competency requirements for eligibility to Council prior to addressing Committee requirements. Now that Council competencies have been put in place; these will be used as a basis to work on Committee competencies.</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 OR list orientation training topics for Statutory Committee. <p>Committee members attend a full day training session conducted by College staff and legal counsel. These sessions are held online.</p> <p>Training topics include 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 2023, continues to meet in 2024
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Council members attended a half-day online training session provided by the Registrar. Topics included the roles of each Committee, 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 OR last updated.• Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved.• Evaluation and assessment results are discussed at public Council meeting: Choose an item.• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>Council members are reminded to complete an effectiveness survey following each meeting to provide feedback on several areas. Then the results of these surveys are discussed at the next Council meeting to address any possible concerns from the feedback.</p> <p>On June 11, 2024, the Council attended an in-person workshop at the College on self-assessments, provided by a regulatory expert.</p>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
		<i>Additional comments for clarification (optional)</i> The College’s strategic plan outlines good governance as a primary strategic priority. As part of this, the College is addressing governance shortfalls, using the CPMF to assist in identifying needs. The June 11, 2024, session was an introduction to the concept of an effectiveness framework. Council intends to take the learnings from this session, as well as the results of the third-party effectiveness assessment, to develop a framework. The College expects to address this in 2025.	

		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? YesIf yes, how often do they occur?Please indicate the year of last third-party evaluation. <p>In 2021, the College contracted a third party to review our governance practices. 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> <p>A governance review consultant was appointed for 2024. A Council and Committee review survey was circulated, and Council members were provided with individual coaching sessions. The consultant presented the results at the March 19, 2025, meeting.</p> <p>The governance review is posted on the College’s website: https://www.ctcmpao.on.ca/resources/forms-and-documents/CTCMPAO_2024_Council_Review-All_Council.pdf</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)		

		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 OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College provides an annual, full-day online training session to Council members. The topics for this training are informed by the needs of the Council and any trends or topics emerging in regulation. Council members attended the annual orientation session on December 4, 2024. This year’s training included presentations on conflict of interest and fiduciary duties, understanding mental health, and the Health Professionals Discipline Tribunal.</p> <p>In particular, the training on mental health was identified as a need by Council members who were interested in learning more on the topic so that it can be better understood in the context of files before ICRC.</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):		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College has a risk management plan that is reviewed and updated quarterly. The College uses this plan to assess risks and act when necessary to mitigate any identified risks. Discussion of the risk management plan can be found in item 18 of the December 5, 2024 Council meeting.</p> <p>Overall, the College is at the following level, in terms of building capacity to reflect evolving public expectations with respect to diversity:</p> <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 <p>In the past year, the College had a learning session on understanding mental health by Christine Gallo from the Canadian Mental Health Association (CMHA).</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.
			<p><i>Additional comments for clarification (optional):</i></p> <p>The College continues to support the work of the Health Profession Regulators of Ontario (HPRO) as it develops resources 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. Staff continue to attend the HPRO EDI Network meetings.</p> <p>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.</p>		

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 signed Council member’s COI declarations are posted here: https://www.ctcmpao.on.ca/about-us/council-members/</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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. https://www.ctcmpao.on.ca/regulation/by-law/CTCMPAO_ByLaws_2019-02-01.pdf Conflict of Interest - Section 10.01 Code of Conduct - Schedule 1	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">Cooling off period is enforced through: Choose an item.Please provide the year that the cooling off period policy was developed OR last evaluated/updated.Please provide the length of the cooling off period.How does the College define the cooling off period?<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; ORWhere not publicly available, please briefly describe the cooling off policy. 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: <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 OR last evaluated/updated.• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes• Please insert a link to the most recent Council meeting materials that includes the questionnaire 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. COI questionnaires are posted with each Council member’s biography - https://www.ctcmpao.on.ca/about-us/council-members/		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.		
		Additional comments for clarification (optional)			

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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. <p>Briefing notes for Council meeting agenda items include this information. It can be seen in each briefing note for the December 5, 2024, 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>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please provide the year that the formal approach was last reviewed.• Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College 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 26 of the December 5, 2024, Council meeting.</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 (if needed)		

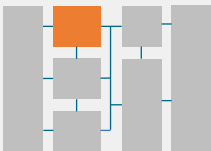
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<div> <div>The College fulfills this requirement:</div> <div> <div>Yes</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 OR where the process for requesting these materials is posted. <p>Council minutes and highlights: https://www.ctcmpao.on.ca/about-us/committees/</p> <p>Each public agenda package contains minutes from the previous meeting.</p>
			<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)

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:		Yes
			<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 September 18, 2024, Council meeting includes decisions needed to be ratified by Council in the consent agenda item.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)					

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence		College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none">Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Meeting materials and highlights: https://www.ctcmpao.on.ca/about-us/committees/	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none">Please insert a link to the College’s Notice of Discipline Hearings. Discipline hearings schedule: https://www.ctcmpao.on.ca/public/hearings-schedule/	

			<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>
		<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>The College fulfills this requirement:</div> <div> <div>Partially</div> <div> <ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. </div> </div> <div>The College has not yet operationalized a DEI plan; however, as per the new strategic plan, DEI is a core principle. The College is committed to strengthening its DEI practices at all levels and the development of a formal DEI plan is a priority. For example, DEI has been included in the Council competencies and is a part of the Council Competency Assessment.</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 continues to actively support the work of the Health Profession Regulators of Ontario (HPRO) as it develops resources 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>

		<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> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>At the December 8, 2022 Council meeting, Council reviewed and approved an Equity Impact Assessment for future use in item 14. The College is in the process of implementing the use of the Equity Impact Assessment.</p>	Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p> <p>The College continues to actively support the work of the Health Profession Regulators of Ontario (HPRO) as it develops resources 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>	

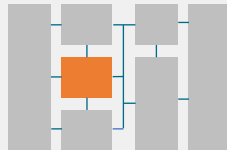
		Measure:										
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.										
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response									
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	<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 Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.<p>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 in the March 20, 2024, Council meeting package. Some of the activities identified as strategic directions and received funding accordingly are:</p><ul style="list-style-type: none">Governance Coach and Council TrainingEnhance Communication: The College to improve communication with its stakeholders through, email campaigns, webinars, newsletters, videos and general meetings allocated and estimated its costs.</td></tr><tr><td colspan="2"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr><tr><td colspan="2"><i>Additional comments for clarification (optional)</i></td></tr></table>	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 AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>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 in the March 20, 2024, Council meeting package. Some of the activities identified as strategic directions and received funding accordingly are:</p> <ul style="list-style-type: none">Governance Coach and Council TrainingEnhance Communication: The College to improve communication with its stakeholders through, email campaigns, webinars, newsletters, videos and general meetings allocated and estimated its costs.		<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									
		<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>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 in the March 20, 2024, Council meeting package. Some of the activities identified as strategic directions and received funding accordingly are:</p> <ul style="list-style-type: none">Governance Coach and Council TrainingEnhance Communication: The College to improve communication with its stakeholders through, email campaigns, webinars, newsletters, videos and general meetings allocated and estimated its costs.										
		<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>												
<u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.												

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			<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 <p>Financial Reserve Policy - https://www.ctcmpao.on.ca/resources/forms-and-documents/Financial_Reserve_Policy_v002_2021-09-22.pdf</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 (if needed)		

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <p><i>Benchmarked Evidence</i></p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>https://www.ctcmpao.on.ca/resources/forms-and-documents/CTCMPAO_HR_PolicyManual_2022.pdf https://www.ctcmpao.on.ca/about-us/organizational-chart/</p> <p>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.</p> <p>The College’s Succession Plan Policy was approved at the meeting on December 5, 2024. It can be found here: https://www.ctcmpao.on.ca/regulation/policies/Succession_Plan_Policy-Final.pdf</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. https://www.ctcmpao.on.ca/resources/forms-and-documents/College-Technology-Data-Plan.pdf		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

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>-</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>The College continues to foster 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. The College is a member of a 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 regarding health care.The College participates in the HPRO Advisors Meetings.Through HPRO, we are working with Rubicon Strategy, a government relations firm. Rubicon will be providing strategic advice related to our 2024 government relations objectives. They will help identify collective priorities across our 26 Colleges for HPRO to present to the government.As many of our members are dual registrants, or work in multidisciplinary clinics, the College also works with other regulators during investigations when appropriate.	

	<ul style="list-style-type: none">• The College continues to partner 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). The College has been collaborating closely with CARB-TCMPA to implement a Chinese version of our registration examinations in Ontario. This is the second year the College is offering the exam in Chinese, as directed by the Ministry of Health.• College staff attended the Canadian Network of Agencies of Regulation (CNAR) conference in October 2024 to learn and connect with members and experts in the field of professional regulation. <p>In addition to other regulators, the College regularly engages 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>
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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

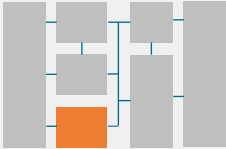
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe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

In 2024, the College had the following successes where the College engaged with system partners:

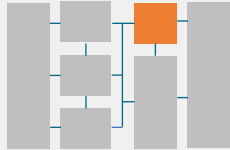
Office of the Fairness Commissioner (OFC): In 2024, the staff and members of the Doctor Title Working Group met with the OFC for initial feedback on the Doctor Title Project. The OFC oversees the registration processes of 41 regulated professions and health regulatory colleges. The College sought feedback on the draft assessment pathways to registration to ensure that its registration processes and practices are transparent, objective, impartial, and fair. The College had a thorough discussion and received valuable feedback.

Ontario TCM Schools: In 2024, the College met with Ontario schools to provide updates on the Program Approval Project. This opportunity allowed school representatives to ask questions and share their feedback and concerns with the College.

Council Training/Learning: The College recognizes that other health regulators have made progress on areas relevant to the College’s strategic plan, and Council wish to learn from their experiences. For example, at the December 4, 2024, orientation session, the College invited speakers to present on the Health Professionals Discipline Tribunal (HPDT). The HPDT started as an initiative by the College of Physicians and Surgeons of Ontario to create more independence and a streamlined process for their Discipline Committee. It was realized that this process could benefit all Colleges, and that they had the resources to take this beyond just the CPSO.

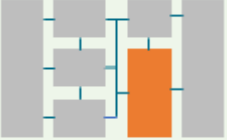
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><ul style="list-style-type: none">Please insert a link to policies and processes OR 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 is 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.pdfhttps://www.ctcmpao.on.ca/resources/forms-anddocuments/QA_Confidentiality_Policy_v001_2017-11-03.pdfhttps://www.ctcmpao.on.ca/resources/forms-and-documents/Access-to-Records-Policy-Final-03-05-2020.pdfhttps://www.ctcmpao.on.ca/about-us/ctcmpao-privacy-policy/<p>The Council approved a Records Retention Policy in September 2024, which will address unauthorized access and outline appropriate retention and destruction methods.</p></div>
		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)			

		<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>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College 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.</p> <p>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.</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>	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> <div><ul style="list-style-type: none">Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</div> <div>The College utilizes different methods to inform when a policy, standard, or guideline should be evaluated:<ul style="list-style-type: none">The College’s risk management plan is used to assess risks to the College. This assessment may lead to an evaluation of policies, standards, or guidelines.The College uses formal policies outlining when documents should be evaluated. For example, the College’s Standard of Practice Procedure requires the College to evaluate standards every 5 years.</div> <div>The College also uses its health system partners to inform ourselves of emerging best practices in regulation and emerging trends in the profession. This can lead to the review or development of new polices, standards, or guidelines. An example of this is the formation of an Acupuncture Standard Ad Hoc Committee, which will provide recommendations for the development of a Standard of Practice for Acupuncture.</div>
		<div><hr/><i>Benchmarked Evidence</i><hr/></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>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</div> <div><div>i. evidence and data;</div><div>ii. the risk posed to patients / the public;</div><div>iii. the current practice environment;</div><div>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</div><div>v. expectations of the public; and</div><div>vi. stakeholder views and feedback.</div></div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:		Yes
			<div><div><div><div></div></div><div>Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process.</div></div></div> <div>The College conducts thorough research into 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 the Council and Committees to ensure that policy decisions are fully informed.</div> <div>The College intends to develop a formal document outlining its policy development process in the next reporting period.</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>		

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	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. For example, the Council Competency Assessment will include a question on a member’s understanding of DEI.</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)	

		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 .	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> <ul style="list-style-type: none">• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out.• Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <div>Required Documents Policy</div> <div>Criminal Background Check Policy</div>

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.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out.• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.	
			<p>The College reviews its policies related to registration requirements on a regular basis and updates them as needed to accommodate changing circumstances or regulatory requirements. When considering policy changes, the College engages expertise from its Registration Committee and legal counsel and may also solicit input from other regulators in the pursuit of best practices. In 2024, the College updated its Language Fluency Policy to align with new Ministry directives, as well as its policies regarding Supervision and for Inactive Class members returning to active practice.</p> <p>Additionally, staff attend meetings with other Ontario regulators, as well as 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. For applicants who are registered in other professions or jurisdictions, the College requires that a letter of standing be submitted to the College directly from the relevant regulatory body. This letter confirms whether the applicant is a member in good standing in that profession, and whether there is any relevant information (discipline finding, failure to comply with QA) that should be considered with respect to their application.</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: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">• Please briefly describe the currency and competency requirements registrants are required to meet.• 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.	
	To ensure ongoing currency, 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 currency requirements are imposed on all General certificates of registration as terms, conditions and limitations (TCLs). Registrants who fail to meet these TCLs are referred to the Quality Assurance Committee for a peer and practice review. Additionally, registrants who apply to 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.	
	The currency requirement is set out in the Registration Regulation . When initially drafting the regulation, the College consulted stakeholders and considered best practices.	
	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 new registrant to complete a refresher program and/or to practise under the supervision of an experienced registrant 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. If 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. In 2024, after conducting research and public consultations, the Supervision Policy for Members was updated to include more robust criteria to ensure that supervisors have sufficient professional experience to provide appropriate guidance.	
	Additional policy references: <ul style="list-style-type: none">• Refresher Program Guidelines (for Members)• Refresher Program Guidelines (for Applicants)	
	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>
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² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	<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: Choose an item.	
	The College submits annual reports to the OFC, and no remedial actions were required by the OFC from the previous year’s report. In February 2024 the OFC informed the College that, following their latest risk review process, the College would be placed in the “low-risk” category for the period April 1, 2024 to March 31, 2026.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <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>	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div>
			<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: Choose an item. <i>If not, please provide a brief explanation:</i> <p>The College continues to provide educational tips and notices of webinars online and via the College’s newsletter. These are posted on the College website as a resource for members.</p> <p>The current QA Program assesses registrants based on meeting the standards of practice. As a result, in instances where practice improvements are identified, registrants can view the relevant webinars again, along with a review of additional available resources, and then demonstrate the knowledge gained by way of submission or other means as identified and/or directed.</p> <p>The Council also approved an Acupuncture Ad-Hoc Committee to work on a Standard for Acupuncture. Work on the new standard has begun and will involve various activities for research and stakeholder engagement and feedback.</p>
			<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>
			Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> 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> <div>Met in 2023, continues to meet in 2024</div> <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 OR 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: Choose an item. If yes, please insert link to the policy. </div> <div> <p>The Quality Assurance assessments are currently based 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>In 2023, the College began using the new Self, Peer and Practice Assessment tools and began the testing phase for the Peer and Practice Assessment. The Pilot Project testing for the Self-Assessment and Professional Development Tools also started this year.</p> </div> </div>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div>
		Additional comments for clarification (optional)

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. 	
			<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.
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	Additional comments for clarification (optional)	
			<p>The Quality Assurance (QA) Committee policies align with a fairness approach and use a stratified pull system to select members for assessments.</p> <p>The College completed a Quality Assurance (QA) Program review in 2021 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. The College has since completed its work with a consultant on Phase II of the comprehensive QA Program and the Project has entered the Pilot Project testing phase.</p> <p>As part of the new workplan, the College will be developing a tiered approach that is more aligned with right-touch regulation.</p>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>Quality Assurance – Self-Assessment and Professional Development: Non-Compliance Policy</p> <p>Quality Assurance – Peer and Practice Assessment – Non-Satisfactory Assessment Policy</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.

		Additional comments for clarification (optional)	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none">• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process.• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>College staff use detailed procedures and tools to track the results of remediation activities. As part of this process, staff provide regular updates to the QA Committee on the outcomes and status of remediation activities directed under the QA Program. The QA Committee can 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>	
		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)	
		The College is in the process of developing a system that tracks remediation, analyses outcomes and reviews long term changes to member’s practice. This process will ensure the system focuses on measurable and expected outcomes when QA requires remediation.	

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:	<div>The College fulfills this requirement:</div> <div>Yes</div> <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. <div>Filing a Complaint - https://www.ctcmpao.on.ca/public/filing-a-complaint/</div>
		<div>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;</div> <div>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</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> <div>Frequently Asked Questions - https://www.ctcmpao.on.ca/frequently-asked-questions/</div> <div>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.</div> <div>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.</div>

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	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. <p>As part of the College’s process, a survey was implemented for Complainants and Members that have participated in the Complaints Process.</p>	
		<div>Benchmarked Evidence</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.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			<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: <ul style="list-style-type: none">• 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.		
			The College supports the public by ensuring the complaints process is available in other languages. (French and Chinese)		
			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	The College fulfills this requirement:			Yes

		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.).	<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.	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		Additional comments for clarification (optional)	
		Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied.Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			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 an 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.	
			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 OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). </div> </div> <div> Transparency Initiatives: https://www.ctcmpao.on.ca/public/transparency-initiatives/ <u>Regulators</u> 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. <u>Law enforcement agencies</u> 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. <u>Municipal / Government agencies</u> Other times, the College will receive information and/or be advised of concerns surrounding public health related issues. (Infection prevention & control issues) The College may refer concerns to the local public health unit for further follow-up to ensure public safety concerns are quickly remediated to ensure the public is not at risk while the College continues their investigation. The College will often look to s. 36 (i) as the authority to make such disclosures where necessary. The College will also from time to time attend public health inspections of a facility of a known Member to work alongside them in ensuring the public is protected. The College will also work with agencies such as the Office of the Coroner to provide information as is requested/summoned to ensure the relevant and necessary information is provided to this agency to assist in their independent inquiry / investigations </div>

			<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.	<table><tr><td>The College fulfills this requirement:<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.<p>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 is beginning 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></td><td>Partially</td></tr></table>	The College fulfills this requirement: <ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>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 is beginning 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>	Partially
		The College fulfills this requirement: <ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>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 is beginning 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>	Partially		
<table><tr><td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr></table>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.		
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.				

			Additional comments for clarification (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 2023, continues to meet in 2024
			<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 regularly updates the 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 and the 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><div></div><div>Benchmarked Evidence</div><div></div></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. <p>As part of the previous discussion on the Council Competencies Framework, Council discussed the risk review findings related to lack of engagement/participation of members with the College, and how competencies may impact this risk. The council discussed ways to mitigate this risk, such as amending the geographical allocation of Council seats, or potentially moving away from a geographical allocation. This topic will be discussed further at a future Council meeting.</p>	
	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. <p>Strategic Plan - https://www.ctcmpao.on.ca/about-us/strategic-plan/</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 (if needed)	
With the completion of the College’s strategic plan, performance results will be included on the website in the next reporting period.		

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.

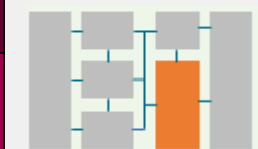
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<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 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Peer and Practice Assessments	150		
ii. <Insert QA activity or assessment>			
iii. <Insert QA activity or assessment>			
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<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>NR</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>The College's reporting cycle for the 2024 QA Program is ongoing.</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 2024	51		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.		15.69	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
The College is continuing to work on the 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: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		13	
II. Registrants still undertaking remediation (i.e., remediation in progress)		8	
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.			
<div>NR</div> <div>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.</div> <div>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</div>			
Additional comments for clarification (if needed)			
-			

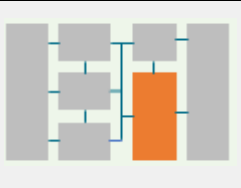
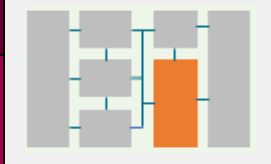
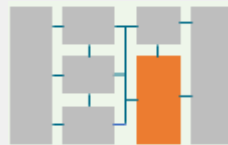


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 12						
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal received	Complaints	Registrar initiated	<i>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.</i>	
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		7	47%	NR		NR
V. Intent to Mislead including Fraud		NR	NR	NR		NR
VI. Professional Conduct & Behaviour		5	33%	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**		15	100%	3	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 2024	21		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 2024	16			
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	3			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%		
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	11	52%		
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 2024	24						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	NR	NR	NR	NR	NR	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	9	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	NR	NR	NR
VII. Record Keeping	NR	NR	NR	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

X.	Unauthorized Practice	NR	NR	NR	NR	NR	NR
XI.	Other <please specify>	NR	NR	NR	NR	NR	NR
<div><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 2024.<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></div>							
<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> <div></div>							

Table 7 – Context Measure 11

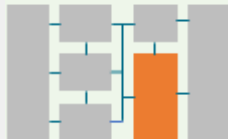
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	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 2024	210	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2024	536		
Disposal			
Additional comments for clarification (if needed)			
Investigations where parallel criminal charges are being investigated are held in abeyance until they are disposed of by the courts. As College investigations have been commenced, the time of commencing the investigation is inclusive of the time the matter is placed on hold until disposition. Investigations only resume once the criminal proceedings have been concluded. The timeframe above accounts for the matters held in abeyance reflecting a higher number of working days in CY 2024.			
If such matters (held in abeyance) were excluded, the 90th percentile for complaints stands at 185 days and reports stands at 390 days.			

Table 8 – Context Measure 12

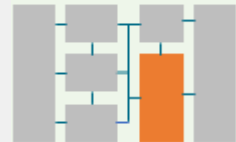
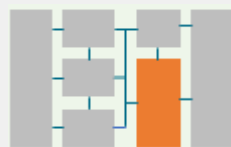
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What 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 2024	217	
II. A contested discipline hearing in working days in CY 2024	NR	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
The College held uncontested hearings in CY 2024.		
-		

Table 9 – Context Measure 13

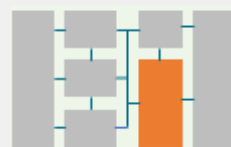
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		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.
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

** 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	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
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](#)