

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 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 which is to act in the public interest?” This information will:

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

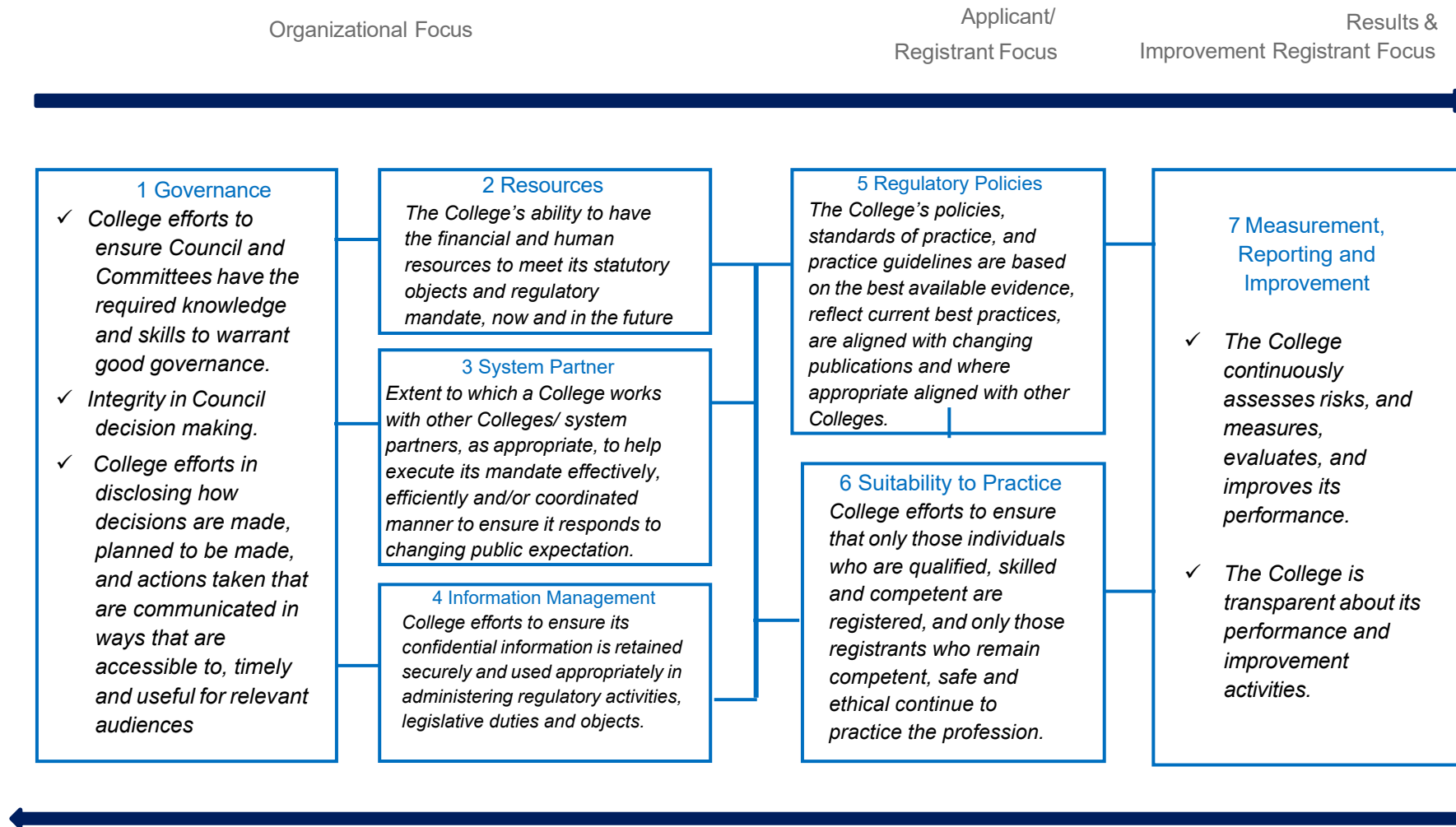


Figure 2: CPMF Domains and Standards

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) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. 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.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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

Completing the CPMF Reporting Tool

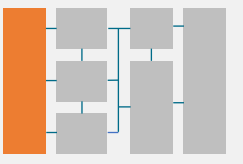
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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 required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
		Required Evidence	College Response	
DOMAIN 1:	STANDARD 1	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:	Yes
		i. meeting pre-defined competency and suitability criteria; and <hr style="width: 50%; margin: 5px auto;"/> <i>Benchmarked Evidence</i> <hr style="width: 50%; margin: 5px auto;"/>		

			<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>-</p>
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	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <ul style="list-style-type: none"> - As per the eligibility criteria set out in the College’s By-law 10.11 and 10.12 (pgs 19 and 20 of the .pdf), the College requires all nominees to complete a 13-section online Council Orientation Module. - Link to the online Council Orientation Module (“the Module”) is provided in the Competency and Eligibility section of the Council elections webpage. The module was not amended or revised in 2023. - The Module includes links to relevant legislation, College materials (including By-laws) and other helpful and relevant resources. The module is text-based, with duration/completion time(s) varying depending on the individual and their circumstances (how they access and review the module). - The Module includes a 10-question Quiz, as well as a link to a completion survey. The completion survey includes an opportunity for open-ended suggestions regarding the Module. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>-</p>	
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <ul style="list-style-type: none"> - As per a resolution passed by Council in March 2021 (March 1 2023 Council meeting, see pg. 120 of the .pdf), individuals expressing interest in appointment to statutory committees are required to meet the eligibility criteria found in the College’s By-law 13.14 (pg 32 of the .pdf file). This by-law was reviewed and amended in 2023, with amendments approved by Council during a Council meeting on June 26, 2023 (pgs. 151-170 of the .pdf, also refer to the Minutes of the June 26, 2023 Council meeting, pgs. 11-12 of the .pdf) 	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1268"> <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.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. </td> </tr> <tr> <td data-bbox="776 1268 2196 1356"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1268 2612 1356">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	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.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 		<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.
The College fulfills this requirement:	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.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 									
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.								

			<i>Additional comments for clarification (optional):</i>
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		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <ul style="list-style-type: none"> - As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 119 of the .pdf), prior to attending the first Council meeting following their appointment, Public appointees to Council are required to attend an up to 2 hr. orientation session. These sessions typically last around 1.5 hrs., depending on the number and complexity of questions asked. - Orientation sessions are conducted online (videoconference or teleconference if required) and are led by the Registrar & CEO, with the President of Council typically in attendance. Individual components of the orientation sessions are facilitated by College staff at the direction of the Registrar & CEO. - Orientation sessions include the following topics: <ul style="list-style-type: none"> ○ Governance; ○ Financial planning and stewardship; ○ The role of the College and the role of Council; ○ Where Council's role begins and ends, and the role of staff; ○ Duties and responsibilities of a Council member (e.g. conflict of interest); ○ What a registered kinesiologist does (and information on the entry-to-practice requirements); ○ An overview of the College's portfolios and the relevant committees 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <div style="float: right; text-align: right;">Met in 2022, continues to meet in 2023</div> <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: Yes • <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> <ul style="list-style-type: none"> - The College uses a Council Effectiveness Review Framework (CERF) to evaluate the effectiveness of Council meetings and Council. The CERF was last reviewed, by a third-party consultant, in 2023, with the results and a proposal for the facilitation/administration of the CERF to be supported by that consultant reviewed and approved by Council on June 26, 2023 (see: June 26, 2023 Council meeting minutes, pgs. 9-11). - The Framework, with proposed amendments as reviewed by Council on June 26, 2023 can be found in the June 26, 2023 Council meeting materials, pgs. 134-150. - The results of the 2023 CERF were reviewed in-camera by Council at the September 26, 2023 Council meeting, with an approved overview of the 2023 CERF posted to the College's Council and Committees webpage (under a section specific to the Council Effectiveness Review Framework (CERF)). 	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>Brian</p>	<p>Yes</p>	
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. 2023 - Council's performance and effectiveness were most recently assessed and evaluated in accordance with the College's Council Effectiveness Review Framework in 2023. This was facilitated by an external third-party consultant. An overview of the results is publicly available on the College's website. - This third-party external involvement was the first time this approach was used by the College. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>					

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>- Council and Committee training opportunities have been, may be and are identified in the following ways:</p> <ul style="list-style-type: none"> ○ The results of the 2023 Council Effectiveness Review Framework (which includes opportunities for Council and Committee feedback regarding learning and continuous improvement); ○ Needs/opportunities identified by and recommendations from Council and Committee members; ○ Needs/opportunities for Council and Committee competency-building to ensure that Council, Committees and individual members of both have the knowledge and judgement required by the Council and Committee Competency Profile; ○ Ad hoc suggestions and recommendations by Council and Committee members; ○ Consideration by the Governance and Nominations Committee (see the Terms of Reference for more details, pg. 74 of the .pdf of the College’s By-laws) <p>- On September 25, 2023, a Council orientation was held. Council members received the following training, the need(s) for which emerged from the sources described above as well as Council’s and the College’s reflection on and awareness of current, emerging and evolving issues in health professional regulation and the public interest:</p> <ul style="list-style-type: none"> ○ Governance training provided by an external third-party consultant ○ Conflict of Interest training provided by a representative from the College’s legal counsel ○ Finance training provided by a representative from the College’s auditor ○ Equity, Diversity and Inclusion training provided by an external third-party consultant with subject matter expertise ○ Sexual Abuse training provided by Professional Conduct staff from another health profession regulator in Ontario ○ Training pertaining to the Discipline Committee provided by a representative from the College’s independent legal counsel (ILC) <p>- From February 2023 – June 2023, Council members attended a 5 module webinar series provided by the Council on Licensure, Enforcement and Regulation (CLEAR) regarding regulatory governance. This training was intended to guide less-experienced Council members and/or those who had identified specific learning goals in their understanding of regulatory governance and decision-making.</p> <p>- From October 17-18 2023, Council members attended the Canadian Network of Agencies for Regulation (CNAR) conference. Attendees participated via the “virtual” (videoconference) option. This conference was identified as an opportunity for Council members to broaden their understanding of key and emerging topics in regulation in Canada.</p> <p>- On November 3, 2023 and November 20, 2023, Council members attended a Health Profession Regulators of Ontario (HPRO) Discipline Orientation Workshop. This training provided more detailed and specific information regarding Discipline Committee processes, procedures and decision-making/jurisprudence.</p>	<p>Yes</p>
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			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i> -	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <ul style="list-style-type: none"> - The College’s Risk Management Framework and Business Continuity Plan and Disaster Recovery Plans are used to identify and manage risks to the College’s ability to fulfil its legislated mandate to protect the public. - Council and Committee training is included in risk mitigation strategies including: <ul style="list-style-type: none"> ○ Financial risks: <ul style="list-style-type: none"> ▪ Training regarding the College’s financial, budget and audit processes (training provided to Council and also to members of the College’s non-statutory Planning and Finance Committee). ▪ Training regarding the College’s Directors & Officers Liability Insurance (September 26, 2023) ○ Human Resources risks: <ul style="list-style-type: none"> ▪ Training on the College’s Workplace Harassment and Workplace Violence prevention and management policies (September 26, 2023) ○ Risks pertaining to confidence in the College: <ul style="list-style-type: none"> ▪ Training all Committee members on the College’s mandate and governance, including decision-making processes, for each of the Committees on which the member(s) serve (during Committee orientations, which take place on various dates following appointment(s) to the Committee(s). ○ Governance risks: <ul style="list-style-type: none"> ▪ Ensuring that Officers and Committee Chairs (and Vice-Chairs), are trained on College processes, policies and procedures, including the College’s Code of Conduct for Council and Committee members and the College’s Conflict of Interest By-law. ○ Compliance risks: <ul style="list-style-type: none"> ▪ Training on the principles of Equity, Diversity and Inclusion (EDI) and anti-Bias to build understanding of and promote Council competence regarding these issues. - Ongoing and ad hoc training is also provided to Council regarding changing expectations, such as changes to legislation and emerging/evolving regulatory governance best practices. Examples from 2023 include: <ul style="list-style-type: none"> ○ Presentations on March 20, 2023 and June 26, 2023 from the Registrars of other health profession regulators in Ontario and an external third-party consultant regarding Council Performance and Effectiveness Evaluation. 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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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>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <p>- No changes were made in 2023 to the existing Code of Conduct and Conflict of Interest By-laws (the College’s by-law 16).</p> <p>- These were approved in 2021.</p>	<p>Yes</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>-</p>	

	ii. accessible to the public.	The College fulfills this requirement: <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. - See CPMF Domain 1, Standard 2, Measure 2.1.a.ii from the College's 2023 CPMF submission for details (pg. 19 of the .pdf). - The approved Code of Conduct and Conflict of Interest By-law are posted to the College's website. 	Met in 2022, continues to meet in 2023
		<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: <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. Three years 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; <ul style="list-style-type: none"> o Please see the following: <ul style="list-style-type: none"> ▪ By-law 10.11 and By-law 10.12 (pgs. 19-20 of the .pdf) describe individuals to whom and circumstances in which the three-year cooling off period may apply, specifically: <ul style="list-style-type: none"> • Findings of professional misconduct, incompetence or incapacity by the College or any other regulatory body; • Being in a leadership position (employee, officer or director) of any professional association or certifying body related to the profession; • Service as a member of Council for the maximum term; • Disqualification from Council or a committee of the College; • Individuals who have been College staff; and • Individuals who resigned from Council for reasons other than health or personal reasons acceptable to Council 	Met in 2022, continues to meet in 2023

- Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
 - o Following the requisite public consultation, By-law 10 was reviewed and approved at the [March 20, 2023](#) Council meeting (see pgs. 8-9 of the .pdf).
- Where not publicly available, please briefly describe the cooling off policy.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when the conflict of interest questionnaire was implemented OR last evaluated/updated. <ul style="list-style-type: none"> - The conflict of interest questionnaire is an element of the College’s Council and Committee Member and Volunteer Conflict of Interest Policy and By-law (By-law 16). The Policy was approved by Council at the September 27, 2021 Council meeting (Agenda Item 15, pg. 9 of the document). - Relevant amendments to By-law 16 were approved by Council in principle at the Council meeting on December 6, 2021 (Agenda Item 15, pg. 10 of the .pdf), with approval formalized following legal review. - The questionnaire was first implemented at the December 6, 2021 Council meeting (see note at the bottom of the Agenda, pg. 3 of the .pdf. The formatting of the Agenda has subsequently been updated to include a link to the relevant Conflict of Interest declaration survey). • 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. <ul style="list-style-type: none"> - The Conflict of Interest form is publicly available on the College’s website and is distributed to Council members via cloud-based survey application (example: December 4, 2023 Council Meeting). - Conflicts of interest declarations (via the Conflict of Interest form or in-meeting declaration(s)) were most recently considered by Council at the December 4, 2023 Council Meeting (see link associated with the Agenda, pg. 4 of the .pdf). Any declarations of conflict(s) of interest are recorded in the minutes (see: September 26, 2023 Council Minutes, Agenda Item 3 on pg. 2 of the .pdf). 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<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. <ul style="list-style-type: none"> - Public interest rationales are included in Issue/Decision Notes for agenda items to be presented to Council (see, as an example, the Meeting Materials for the December 4, 2023 Council meeting, pgs. 32-33, with the specific public interest rationale on pg. 33 of the .pdf). - These public interest rationales can be found in meeting materials, which (including past Council materials back to 2017) are posted to the College’s website in advance of Council meetings and are, therefore, publicly available. The public interest rationales are also reviewed as part of presentations and discussions pertaining to relevant agenda items. Except for <i>in camera</i> proceedings, Council meetings are open to the public, with RSVPs requested. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>- The College’s Risk Management Plan, which includes a Business Continuity and Disaster Recovery framework (with portfolio-specific Business Continuity and Disaster Recovery plans) is reviewed twice each year by Council, typically at the March and September Council meetings. The March Council meeting was chosen because it occurs at the end of Q2 of the College’s Fiscal Year (September 1 – August 31 of the following calendar year), making it a mid-year checkpoint. The September meeting was selected as it is traditionally the first meeting of a new Council (with newly-elected Council members present) and is typically used as an opportunity for Council training on relevant topics, including risk management.</p> <p>- The College’s Risk Management, Business Continuity and Disaster Recovery plans were most recently reviewed by Council at the September 26, 2023 Council Meeting (see Agenda Item 11, pgs. 5-7 of the .pdf).</p> <p>- More details, including amendments that were proposed and approved by Council can be found in the meeting materials for the September 26, 2023 Council meeting (see pgs. 39-96 of the .pdf).</p> <p>- Note that the College’s approach to risk management is described on pgs. 46-49 and includes:</p> <ul style="list-style-type: none"> ○ Roles and responsibilities; ○ Risk Analysis Matrix; ○ Types of Risk Identified; and ○ Risk Assessment process <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p> <p>Choose an item.</p>
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		<p>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>	<p><i>Additional comments for clarification (if needed)</i></p>
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Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. <ul style="list-style-type: none"> - Approved Council minutes from 2023 – 2011 are posted to the “Council and Committee Minutes” page on the College’s website. - Updates on the status of implementation of Council decisions to date, and outstanding Action Items from previous Council meetings, are found in the minutes (see the minutes of the March 20, 2023 Council meeting, Item 6 on pgs. 2-3) • 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. <ul style="list-style-type: none"> - At each regular Council meeting, and elsewhere as required, Council is provided with updates on the College’s operations in the form of a dashboard that shows quarterly progress on College projects and operational activities. An example of these dashboards can be found in the meeting materials for the June 26, 2023 Council meeting (pgs. 37-29 of the .pdf). - The College posts staff contact information on its website, as well as a General Contact Form. Should a request for more detailed updates or information be received, the College’s response times and processes would be governed by all applicable legislation regarding requests for information and the College’s Privacy Code and Client Service Policy.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	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. - Executive Committee meeting information is posted under the Executive Committee meetings section of the Council and Committee meetings page on the College's website. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

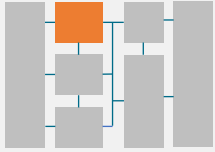
Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 <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. - Council meeting materials are posted under the Past Council Meetings section on the Council and Committee Meetings page of the College's website at least one week prior to the Council meeting. - Council meeting materials dating back to 2017 are maintained on the website.
	<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. 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 2022, continues to meet in 2023 <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. - Notice of Discipline hearings are posted to the Upcoming Discipline Hearings page on the College's website. The information posted includes a link to the Notice of Hearing, the Hearing Date, a Summary of the Allegations and a link to the full allegations.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>	<p>College Response</p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>		<p>Yes</p>
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. - As reported previously, the College remains committed to its 2020 statement on systemic racism and the “focus on equity, diversity and inclusion” described in the first of the three strategic goals (“1- Strengthen”) of the 2019-2022 Strategic Plan. - The College’s DEI strategy includes: <ul style="list-style-type: none"> ○ Participation in the Steering Committee of a Health Professions Regulators of Ontario (HPRO) Anti-Racism in Health Regulation (ARHR) project. The project was completed in 2023 and the College has used the toolkit developed to complete a DEI self-assessment, the results of which were reported to Council at the March 25, 2023 Council meeting. This self-assessment is a reflection on the College’s operations, as aligned with the domains of the College Performance Measurement Framework (CPMF). The self-assessment tool allowed the College to consider its approach to DEI on a continuum from “Inactive” to “Reactive” to “Proactive” to “Progressive”. ○ This project was also associated with the following training, which was attended by College staff: <ul style="list-style-type: none"> ▪ March, 2023: Q&A sessions regarding the ARHR project and the needs of the regulatory community; ▪ April, 2023: Training sessions focused on addressing Unconscious Bias; and ▪ June, 2023: Facilitated training regarding the deliverables of the ARHR project. ○ In addition, on November 14, 2023, College staff attended a free education event describing, from a governance/Board perspective, the benefits of the principles of DEI. - The College’s expectations and requirements of its members that are consistent with the principles of DEI can be found in: <ul style="list-style-type: none"> ○ The Code of Ethics ○ The Kinesiologist Core Competency Profile ○ The Essential Competencies of Practice for Kinesiologists in Ontario • 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 		

			<p>number.</p> <p>- Resources have been allocated to support the College’s work towards DEI by ensuring that Council members have received training:</p> <ul style="list-style-type: none"> ○ September 2022 (Meeting Materials, pg. 19 of the .pdf; Meeting Minutes, pg. [XX] of the .pdf) ○ September 2023 (Council Orientation session on September 25, 2023) 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. <ul style="list-style-type: none"> - The College has embedded EIAs into its Policy and Material Development and Review Framework (for specifics, see the Note re: Accessibility, Equity, Diversity, Inclusion and anti-Bias on pg. 7 of the .pdf). - One of the tools developed as part of this HPRO Anti-Racism in Health Regulation (ARHR) project, which was completed in 2023, is an HPRO Equity Impact Assessment (HPRO-EIA), which may support College regulatory operations, including the review and development of programs, policies and other regulatory materials (including standards of practice). The HPRO-EIA follows a four-phase process: <ul style="list-style-type: none"> ○ Scoping ○ Information Gathering ○ Analysis ○ Action - Another tool that has been utilized by the College for Equity Impact Assessments is the Health Equity Impact Assessment (HEIA), which was developed by the Ministry of Health in Ontario. • 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. <ul style="list-style-type: none"> - One example is consideration of the College’s Per Diem and Council and Committee Compensation Policy (reviewed and approved by Council on June 26, 2023, see the Minutes of the June 26, 2023 Council meeting, pg. 13 of the .pdf). As the HPRO-EIA was not available at that time, the revisions to the Policy were reviewed through the lens of the HEIA to ensure fairness and lack of bias or perceived bias or any unintended effects of revisions to this Policy. - Another example is revisions to the Terms of Reference of the Planning and Finance Committee (see the December 2023 Council meeting package, pgs. 126 – 131 of the .pdf). The Equity Impact Assessment was applied to the review of these Terms of Reference. Proposed amendments were made and approved, including amendments aimed at enhancing opportunities to participate by removing the requirement/limitation that the Chair of the Planning and Finance Committee be a Public Appointee to Council. 	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

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Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES STANDARD 4		Required Evidence	College Response
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <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. -The materials for each regular Council meeting include a quarterly dashboard report on the College's progress towards its operational goals, which are derived from the goals set out in the strategic plan. An example of the College's dashboards can be found in the meeting materials for the December 4, 2023 Council meeting (see pgs. 30-31 of the .pdf). This information is presented to provide Council with an opportunity to discuss the progress of activities and projects supporting achievement of the goals of the strategic plan. -The College's budget was approved by Council on June 26, 2023 (see pg. 40 of the .pdf for the meeting materials and Agenda Item 8 of the Minutes, pgs. 3-4 of the .pdf). -On December 4, 2023, Council reviewed and approved a revised budget (see pg. 110 of the .pdf for the meeting materials). • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. -The College's budget is developed by staff and reviewed by the non-statutory Planning and Finance Committee, who may then refer the budget to Council for consideration, with any recommendations. -The process by which resources are allocated remains consistent with that described in the previous year's CPMF (Domain 2, Standard 4, Measure 4.1.a. See pg. 29 of the .pdf).
			<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 style="text-align: right;">Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>

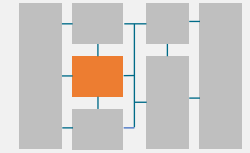
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. - The College’s financial reserve policy was first considered by Council in 2011 (prior to Council meetings being made public) and was revised on: April 9, 2014 (see Agenda Item 7.1, pgs. 2-3 of the .pdf) • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. -The financial reserve policy was most recently reviewed and updated on December 3, 2018 (see “Amendment to the Reserve Funds Policy” on pg. 3 of the .pdf). • Has the financial reserve policy been validated by a financial auditor? Yes 	Met in 2022, continues to meet in 2023	
			<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 (if needed)</i></p>		

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. <ul style="list-style-type: none"> - The College has an internal HR Policy manual, which sets out, among other matters, the College’s approach to: <ul style="list-style-type: none"> ○ Advancement; ○ Educational assistance and professional development; and ○ Performance evaluations and salary reviews (including, as an Appendix, the College’s compensation philosophy and framework ○ Succession planning (for example, appointment of a CEO or acting Registrar). - The College also maintains internal policies specific to the Registrar & CEO, including: <ul style="list-style-type: none"> ○ Salary, Benefits, Vacation and other Entitlements and Requirements; and ○ The Registrar & CEO’s expenses - As described in the previous CPMF submission (Domain 2, Standard 4, Measure 4.1.c.i on pg. 31 of the .pdf), the College maintains a suite of internal and some publicly available policies to support organizational success, sustainability and ongoing effective resource stewardship. - This includes the approved Mentorship and Succession Planning Policy • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <ul style="list-style-type: none"> - The College has, in 2023, reviewed and revised its Risk Management, Business Continuity and Disaster Recovery Plans, including ensuring that portfolio-specific Business Continuity and Disaster Recovery Plans (which are not publicly available) are updated. These plans include provisions for succession planning in the event of an emergency situation or other disruption (such as loss of key senior staff). These materials were reviewed and approved by Council on September 26, 2023 (see: Meeting Minutes, Agenda Item 11, pgs. 5-7 of the .pdf). <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><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 style="text-align: center;">-</p>	<p>Yes</p>
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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <ul style="list-style-type: none"> - The College’s data and technology resources are provided by external third-parties. The College continually monitors, with the support of these parties, emerging and evolving approaches to the use of technology in health profession regulation. - Some examples of how the College reviewed its approach to the use of data and technology to ensure effective, secure and cost-effective implementation in 2023 include: <ul style="list-style-type: none"> ○ Updates/upgrades to the College’s Registration database to promote increased functionality. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"> - On <u>December 4, 2023</u> (see pg. 111 of the .pdf), Council approved a proposed College website redesign/relaunch project. The goal of the project is to better support the College’s mandate by streamlining how information is shared with members, the public and other system partners. - A phased approach to this project has been proposed, with essential upgrades and improvements completed by August 2024 (Q4 of fiscal year 2023-2024). - The College has also engaged in discussions and developed a workplan to migrate the College’s electronic storage systems to a virtual “Cloud-based” filing system maintained by the College’s third-party service provider. This will facilitate: <ul style="list-style-type: none"> ○ Enhanced cybersecurity and control over access; ○ Centralized administration of data to enhance document management (including permissions); ○ Collaboration between College staff and portfolios; ○ A secure approach to flexible working arrangements as permitted or required; ○ Timelines: Migration to be completed by Q4 of Fiscal Year 2023-2024. 	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> - The College’s engagement with other health regulatory Colleges through a variety of channels, which may include (but are not limited to): <ul style="list-style-type: none"> ○ Membership in relevant regulatory associations, for example: <ul style="list-style-type: none"> ▪ At a Provincial level, the College is a member of the Health Profession Regulators of Ontario (HPRO) (formerly the Federation of Health Regulatory Colleges in Ontario (FHRCO)). Membership in this organization is required under the College’s By-law 25 – Membership in Other Organizations (see pg. 58 of the .pdf). The College’s HPRO membership includes active participation as members of portfolio-specific working groups, as well as inter-portfolio working groups and committees focused on topics and issues of relevance to the regulatory community in Ontario (for example, membership in a Steering Committee and subsequent standing working group focused on Diversity, Equity, Inclusion and Anti-Racism in Health Regulation). The College supports other HPRO members by answering queries posted to HPRO portfolio-specific message boards. Preliminary discussions began in 2023 regarding the creation/development of an HPRO working group specific to risk

management, with work to continue in 2024. This initiative is a collaborative effort between Operations, Finance and Policy-focused staff at a number of other Ontario regulators including the College, the Ontario College of Pharmacists and the College of Nurses of Ontario.

- At a National level, the College is an active member of The Canadian Network of Agencies for Regulation (CNAR). This membership includes opportunities for Council and staff networking, training and continuing development (for example, virtual attendance at the CNAR annual conference in October 2023 and ongoing attendance and participation in webinars and learning series hosted by CNAR).
- As per [By-law 25 – Membership in Other Organizations](#) (see pg. 58 of the .pdf), the College maintains membership in the Council on Licensure, Enforcement and Regulation (CLEAR). College staff and Council members have participated in virtual webinars and other learning activities offered by CLEAR. The primary focus in 2023 was a CLEAR learning series focused on regulatory governance, attended by the College’s senior-level/management staff at the College and several Council members.
- Ad hoc engagements and collaborations with other health profession regulatory Colleges in Ontario, which included the following:
 - Conducted a joint investigation with the CMTO into sexual abuse allegations.
 - Staff support for Council orientation and training (for example, sexual abuse training for Council in September 2023 provided by a Professional Conduct staff member from the College of Occupational Therapists of Ontario);
 - Presentations to Council by key or senior staff (including Registrars) of other health profession regulatory Colleges in Ontario. An example of such a presentation is a review at the [March 2023 Council meeting](#) (see Agenda Item 7 on pg. 3 of the .pdf) of the process by which other Colleges conduct(ed) a Council performance and effectiveness evaluation facilitated by an external third-party consultant.
 - Informal and formal partnerships focused on training, orientation and knowledge translation for new staff (specific examples from 2023 supporting the onboarding and training of new Communications and Professional Conduct staff). New College Communications staff have pursued and received mentorship and knowledge translation opportunities with Communications staff from other regulators in Ontario. Specifically, new CKO Communications staff have received support and guidance from the College of Physiotherapists of Ontario and the Ontario College of Social Workers and Social Service Workers. Specific topics of discussion with representatives from these Colleges included English-French translation services and website redevelopment and upgrade. There have also been general discussions regarding opportunities for future collaboration.
 - Knowledge and information sharing pertaining to the development of the Emergency Class Certificate of Registration regulation and associated policy and procedure development processes. This work began in 2023, the primary collaborators were the Director, Registration and College and Registration leadership from the College of Dietitians of Ontario. This collaboration facilitated the development and approval of the College’s Emergency Class Certificate of Registration regulation. Benefits of this collaboration are expected to continue into 2024 and the development of relevant Policies and procedures (for example, Policies pertaining to supervision of members who may hold an Emergency Class certificate of registration).

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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.

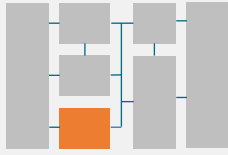
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe 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 2023, the College’s system partner engagements included, but were not limited to:
 - Engagement with the Ministry of Health:
 - In 2023, the College worked to maintain effective and appropriate 2-way communication with the Ministry of Health, including direct correspondence (typically by email, occasionally by letter sent via email). Specific matters included a request for additional public appointees to Council to ensure that Council and committees will remain properly constituted and that Council will continue to have a suitable number of Public appointees with relevant and appropriate competencies to fulfil their mandate and fiduciary duty(ies).
 - Engagement with students:
 - The College has engaged with educational institutions (Universities and other institutions offering a four-year University degree in Kinesiology, or a program deemed to be substantially equivalent) to provide information regarding the College’s mandate and portfolios. Students attending these presentations have opportunities to ask questions and gain a broader understanding of how the College regulates the profession in the public interest. In 2023, the College’s work on such engagements expanded slightly to accommodate specific requests from academic institutions (for example, College presentations to a specific class and/or pertaining to a specified topic). An example in 2023 included presenting to a University-level undergraduate class focused on legal issues in the health care professional regulation (specifically geared to Kinesiology students).
 - Engagement with educators:
 - Faculty members of educational institutions (Universities and other institutions offering a four-year University degree in Kinesiology, or a program deemed to be substantially equivalent) are invited to represent their institution as members of the Colleges University Liaisons Committee, the most recent meeting of which took place on December 11, 2023. Traditionally, these meetings are opportunities for the College and institution representatives to exchange information relevant to the regulation of the profession of kinesiology in the public interest. Members of the Committee receive updates regarding College portfolio activities and are invited to share updates and information about their programs for the College’s information.
 - Engagement with members of the profession:
 - The College has, in 2023, accepted invitations to speak to groups of members in their workplace during “Kinesiology Week 2023”. This provided an

opportunity for the College to connect directly with its registrants, sharing information regarding the College's perspective on emerging and developing trends in the practice environment, as well as providing updates on matters such as Professional Conduct trends.

- Engagement with Professional Associations:
 - o In 2023, the College continued to engage with system partners from professional associations with which registrants of the College may be associated. Professional association representatives provided feedback on public consultations, including the proposed changes (increase) to the College's fee schedules and proposed amendments to the College's by-laws (for examples of professional association correspondence with the College and the College's response, please refer to the meeting materials from the [June 2023 Council meeting](#), pgs. 73-77 of the .pdf)
 - o Professional association representatives were also invited to be present as guests at the December 2023 University Liaisons Committee meeting.
 - o The College also engaged in email correspondence with professional association representatives in response to letters pertaining to specific topics or issues.
- Public consultations
 - o The College has conducted a number of public consultations in 2023, which can be found on [the "Provide Your Feedback" page on the College's website](#). One of these consultations was about proposed amendments the College's fee schedule and was facilitated by live webinars. Members of the public, registrants of the College and representatives from any other system partners in attendance, such as professional associations, had opportunities to receive information and ask questions about proposed amendments to the College's fees and relevant by-laws. One example of these webinars is posted to the College's [YouTube channel](#).
- *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).*
- The College maintains an internal database of contacts including, among others:
 - o Representatives of professional associations;
 - o University faculty representatives; and
 - o Contact information for the Registrars of other Ontario health profession regulatory Colleges.
- In addition, the College maintains up-to-date contact information for:
 - o Key staff at the Ministry of Health, including Ministry staff assigned as liaisons with the College (for example, Ministry staff responsible for facilitating the CPMF submission process, or individual(s) who may attend Council meetings on behalf of the Ministry).
 - o Representatives of the Citizen Advisory Group (CAG), which is sponsored by a collaborative group of Ontario regulators to provide public perspectives on policies and initiatives.
 - o Other system partners, such as the Information and Privacy Commissioner, Public Health Ontario and Health Quality Ontario, to name only 3. The

	<p>College may review resources by and, where necessary, liaise with these system partners regarding specific or general topics/issues that are or may be relevant to the regulation of the profession of kinesiology in Ontario.</p>
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Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

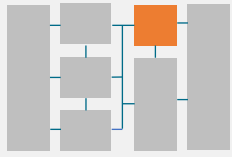
- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.
 - As described in its previous [CPMF submission](#) (see: Domain 4, Standard 7, Measure 7.1.a.i, pgs. 37-38 of the .pdf), the College’s polices (such as its [Registration – Access to Records](#) and [Quality Assurance – Member File Retention](#) Policies), processes and procedures regarding information disclosure and request for disclosure are governed by its internal Privacy Code and are informed by the College’s Risk Management Plan, which includes risk mitigation strategies for risks associated with inappropriate or unauthorized disclosure of information.

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

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>- As described in more detail in the College’s previous CPMF submission (Domain 2, Standard 7, Measures 7.1.a.ii. and 7.1.a.iii., pg. 39 of the .pdf), the College’s cybersecurity measures (the details of which are administered by an external third-party service provider) and measures to address accidental or unauthorized disclosure of information are set out in the College’s Risk Management Plan, Business Continuity Plan and Disaster Recovery Plan. An overview of updates and amendments made and approved by Council (where appropriate and applicable) in 2023 includes:</p> <ul style="list-style-type: none"> ○ Amendments to the risk mitigation strategies pertaining to information management were reviewed by Council at the March 20, 2023 Council meeting (see Agenda Item 18 in the Minutes, pgs. 10-11 of the .pdf) and at the September 26, 2023 Council meeting (see Agenda Item 11 of the Minutes, pgs. 5-7 of the .pdf). These amendments included amending risk mitigation strategies to remove specific, explicit references to cybersecurity measures to prevent known vulnerabilities from being exploited. ○ Revision of the Business Continuity and Disaster Recovery Plans to include internal, more detailed portfolio-specific plans and more detailed consideration of cybersecurity issues and/or unauthorized or accidental disclosure of information were reviewed and approved by Council at the September 26, 2023 Council meeting (see Agenda Item 11 of the Minutes, pgs. 5-7 of the .pdf). <p>- In order to minimize the risk of the College’s Risk Management, Business Continuity and Disaster Recovery Plans being compromised by unnecessary public exposure, certain details, such as portfolio-specific plans and some details pertaining to risk mitigation strategies, whether implemented by the College or by third-party service providers, are not presented to Council at public meetings. These details are reviewed by the Planning and Finance Committee, who may recommend the plans and any proposed amendments to Council for consideration.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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

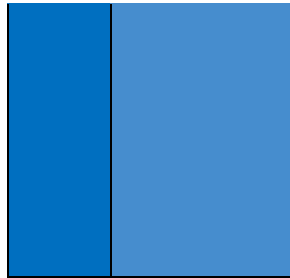
Benchmarked Evidence

College Response

The College fulfills this requirement:

- 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).
- This process is governed by the College’s Policy and Material Development and Review Framework, which was approved by Council on December 5, 2022 and is described in more detail in the College’s [previous CPMF submission](#) (see: Domain 5, Standard 8, Measure 8.1.a., pgs. 40-41 of the .pdf).

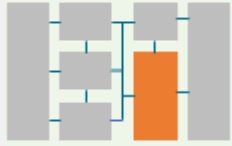
Met in 2022, continues to meet in 2023



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>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. - The College’s approach to ensuring that it takes these five considerations into account when developing or reviewing policies, standards, guidelines and other materials is documented in the Policy and Material Development and Review Framework. This approach was described in more detail in the College’s previous CPMF submission (Domain 5, Standard 8, Measure 8.1.b., see pg. 42 of the .pdf). <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. <ul style="list-style-type: none"> - One of the deliverables of the HPRO Anti-Racism in Health Regulation (ARHR) project in 2023, is the availability of the Health Profession Regulators of Ontario Equity Impact Assessment tool (HPRO-EIA). This tool includes detailed guidance for conducting equity impact assessments. - The College is an active member of an HPRO working group focused on DEI in health professional regulation. This working group emerged from and expanded upon the membership of the Steering Committee for the ARHR project and may ensure that the HPRO-EIA tool is reviewed and, if necessary, revised to ensure that it remains fit-for-purpose. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <ul style="list-style-type: none"> - The College's previous CPMF submission (Domain 5, Standard 8, Measure 8.1.c., pg. 43 of the .pdf) provides some details and examples of how the principles of DEI are reflected in the Colleges standards, guidelines and other materials (including the Code of Ethics). - The College will work to continue ensuring that the principles of DEI are integrated into its expectations regarding the treatment, care and services provided by registrants of the College, in keeping with the College's commitment to anti-racism. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		



Measure:
 9.1 Applicants meet all College requirements before they are able to practice.

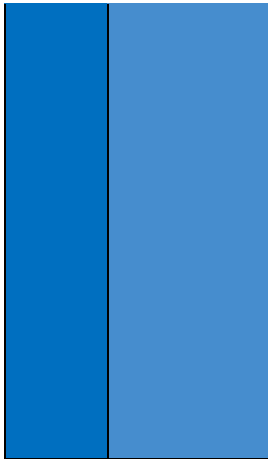
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place 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. -The College’s relevant Policies, including the Required Documents Policy, have been described in more detail in previous CPMF submissions (for example: the March 2023 CPMF submission, see: Domain 6, Standard 9, Measure 9.1.a. on pgs. 44-45 of the .pdf). -Of note the College’s Language Proficiency Policy, which describes, in conjunction with the Required Documents Policy, some details regarding the source and nature of documents that may be accepted as verification of proficiency in English or French was revised in 2023. This included revisions made for consistency with new Registration Regulation requirements (O.Reg. 508/22) under the <i>Regulated Health Professions Act, 1991</i>. These amendments were approved by Council on March 20, 2023 (see Agenda Item 11, pgs. 6-7 of the .pdf). • 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.). -As per s. 22.4(3) of the <i>Health Professions Procedural Code</i>, individuals assessing qualifications and making registration decisions or reviewing decisions have received training on how to assess such qualifications and make such decisions and training in special considerations that may apply in the assessment of applications and the process for applying those considerations. -All documents received by the College regarding an application are reviewed and validated by the College in a manner consistent with specified time frames. The College’s policies and procedures require that documents must be received directly from the source of those documents, or that there is a means for source authentication. Some examples of source authentication may include: <ul style="list-style-type: none"> ○ Verification via online portal maintained by the source of the document(s) or information; ○ Direct mail from the source; and ○ The requirement that all applicants must provide government issued photo ID prior to writing the examination, which is verified by the remote proctor of the entry-to-practice exam. -The College does have, in its Alternative Documentation Policy, a mechanism by which alternatives to required documents may be considered in extremely exceptional circumstances. 	<p>Met in 2022, continues to meet in 2023</p>

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

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <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. <ul style="list-style-type: none"> -The College reviews its policies on an ongoing basis in keeping with the Policy and Material Development and Review Framework. -The framework describes the eight-step process used by the College to develop new policies or other materials. This process may also be used to review existing policies or materials. The process is intended to be flexible and consultative, with allowances in the framework for a non-linear approach, or other approaches that may deviate from the framework where required (see article 2 of the framework, pgs. 1-2 of the .pdf). -Step eight, described on pgs. 6-7 of the .pdf, includes information regarding the review-by date that is assigned to each policy (or to other materials). For policies, the review-by date is 3 years from creation or last review. - As stated in the framework, reviews of registration policies may also be required due to emergent trends, changes in legislation) or other matters that may necessitate a review of the applicable policy/policies, such as evolving best practices relevant to the policy(ies) in question. Such matters may arise at times other than the review-by dates associated with the policy/policies or materials. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <ul style="list-style-type: none"> -The Policy and Material Development and Review Framework was approved by Council on December 5, 2022 (see: Agenda Item 16 on pg. 12). -In 2023, the framework was applied as follows: <ul style="list-style-type: none"> ○ Revisions to the College’s Language Proficiency Policy (approved by Council on March 20, 2023 (see Agenda Item 11, pgs. 6-7). ○ Development of a Policy to support registration in the Emergency Class Certificate of Registration. This Policy was approved by Council on December 4, 2023 (see: pgs. 76-82 of the .pdf) 	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.
		<p>c. A risk-based approach is used to ensure that currency² 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.).</p>
	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. <ul style="list-style-type: none"> - Currency: section 7(1), paragraph 2 of the General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. - Competency: Applicants' competency is assessed by assessment of the applicant's education (see the Assessment of Education Policy for more details), with competency further validated by successful completion of the College's entry-to-practice examination. Both of these requirements are described in s. 5(1), para (a)(i)(ii) and (b) of O.Reg 401/12 under the <i>Kinesiology Act, 2007</i>. - Competency: section 80 of the <i>Health Professions Procedural Code</i> (Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>) requires the College to have a Quality Assurance program. The College's Quality Assurance program monitors, on an ongoing basis, members' competence (Section 2(1) of O.Reg 29/13 under the <i>Kinesiology Act, 2007</i> specifies the components of the Quality Assurance program, which includes, among other components, continuing professional development requirements, a Self-Assessment (completed every two years by the College's registrants), and Peer and Practice Assessments. • Please briefly describe how the College identified currency and competency requirements. <ul style="list-style-type: none"> - Currency and competency requirements were identified during the process of development of the Regulations under the <i>Kinesiology Act, 2007</i>. Regulations were developed and approved by the Transitional Council of the College of Kinesiologists of Ontario, in consultation with stakeholders and subject matter experts. • Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> - Currency: Amendments to O. Reg 401/12 came into force on August 31, 2023 to create an Emergency Class Certificate of Registration. This includes specifying (s. 9.1(1), para. 3.(ii.)) how the currency requirement (1,500 hours over the previous three-year period) may apply to applicants for Emergency Class Certificates of Registration. - Competency: The amendments to O. Reg. 401/12 (which came into force on August 31, 2023) amended the General Regulation such that successful completion of the entry-to-practice examination is not a requirement for the Emergency Class Certificate of Registration, with the caveat (s. 9.1(2) of O.Reg 401/12) that an applicant is not eligible for an Emergency Class Certificate of Registration if they have failed the entry-to-practice examination on their third attempt, unless that applicant successfully completed another satisfactory education program. • 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. <ul style="list-style-type: none"> - Currency: self-declaration during the annual renewal form. 	



<ul style="list-style-type: none">- Competency: Assessment of education, successful completion of the entry-to-practice examination, peer and practice assessment (registrants may be randomly selected or selected for other reasons specified in the College’s Peer and Practice Assessment General Requirements Policy, with specifics set out in other College policies (such as the policies pertaining to Self-Assessments, Continuing Professional Development and Prescribed Learning Modules).- Character/Good Conduct: registrants are required to self-declare any character or conduct issues (such as charges or convictions of criminal offences) on the annual renewal form. The College also requires mandatory reporting of any conduct or character issues that may emerge outside the annual renewal period. Disclosures and reports are reviewed and, if necessary, referred for further investigation.	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

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

Measure:					
9.3 Registration practices are transparent, objective, impartial, and fair.					
		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 2022, continues to meet in 2023	
		<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. -The College posts all OFC reports on its website. • Where an action plan was issued, is it: No Action Plan Issued 			
		<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: 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>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard: Practice Standard – Professional Boundaries – Duration of period that support was provided: Ongoing since 2023 – Activities undertaken to support registrants: <p>The College requires that all registrants complete a prescribed learning module (delivered electronically and hence referred to as an “eLearning module”) pertaining to the Prevention of Sexual Abuse. This module was developed in 2018 to help registrants understand professional boundaries and how to protect the public by ensuring registrants are aware of their responsibilities to prevent and report sexual abuse of patients and related forms of professional misconduct. Revision of the eLearning module for consistency with the College’s adoption of the spousal exception to the sexual abuse provisions set out in the <i>Regulated Health Professions Act, 1991</i> were completed and implemented 2023. Amendments to the module included clarification of the spousal exception and how registrants should approach situations where they may be considering providing treatment, care or services to their spouse, as defined in legislation.</p> <p>The College undertook the following in support of the amended eLearning module:</p> <ul style="list-style-type: none"> ○ Notification of members (via newsletter, the College’s website and direct email) that the Prevention of Sexual Abuse eLearning module had been amended. ○ Development of a summary “refresher module” using a web-based application (Articulate). This refresher module was posted to the College’s website in the interests of highlighting changes to the eLearning module for those registrants who had previously completed the eLearning module as required. <ul style="list-style-type: none"> – % of registrants reached/participated by each activity: <ul style="list-style-type: none"> ○ 1065 individuals completed the full revised eLearning module and/or the refresher module in 2023. – Evaluation conducted on effectiveness of support provided <ul style="list-style-type: none"> ○ To-date: <ul style="list-style-type: none"> ▪ 97% of registrants agreed that the eLearning module “[...]is relevant to a variety of kinesiology settings and reflects my practice area.” ▪ 98% stated agreement that “[t]he module helps me understand the College’s practice standards and guidelines as they apply to my practice.” ▪ 96% agreed with the statement that “[t]he instructions were clear, and the online platform was user-friendly.” ▪ 87% agreed that “[t]he module helped me identify areas for improvement.” ○ Specific to the refresher module:

Met in 2022, continues to meet in 2023

- 75% indicated “strongly agree” with the statement “I understand the changes to the Prevention of Sexual Abuse E-Learning Module.”
- 25% indicated “agree” with the statement “I understand the changes to the Prevention of Sexual Abuse E-Learning Module.”

- Does the College always provide this level of support: Yes
If not, please provide a brief explanation:

The College publishes supplemental material, including webinars, invitational presentations, ad hoc learning modules, social media outreach and provides additional guidance (such as eLearning modules) to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College’s Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College’s Quality Assurance portfolio.

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

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. <ul style="list-style-type: none"> - As described in more detail in previous CPMF submissions, the College's priority areas of focus for QA assessment were identified as part of the Peer and Practice Assessment development process (see: the Final Report of the Development of the College of Kinesiologists of Ontario Peer and Practice Assessment). - To summarize, the Essential Competencies of Practice for Kinesiologists in Ontario are divided into five Units, 45 Competencies and 301 Performance Indicators. The Essential Competencies were evaluated by focus groups of College registrant, with one focus group composed of registrants in clinical practice and the other including registrants focused on non-clinical practice. These focus groups were facilitated by a third-party consulting firm. The results of the focus groups were used to identify the competencies to be assessed for clinical and non-clinical practice, respectively. - The identified competencies can be found as Appendix B to the Final Report of the Development of the College of Kinesiologists of Ontario Peer and Practice Assessment (pgs. 12-15 of the .pdf). - The College's Self-Assessment, another component of the QA portfolio, asks registrants to reflect on and evaluate their level of understanding of and ability to apply the College's Practice Standards and Guidelines, as well as the Essential Competencies of Practice for Kinesiologists in Ontario. • Is the process taken above for identifying priority areas codified in a policy: NO • <i>If yes, please insert link to the policy.</i> <ul style="list-style-type: none"> - Of note, the College does have policies regarding the administration of its Quality Assurance assessments: <ul style="list-style-type: none"> ○ Peer and Practice Assessment – General Requirements Policy; and ○ Self-Assessment – General Requirements Policy 	Partially
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

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

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. - The College’s Peer and Practice Assessment – General Requirements Policy, Self Assessment – General Requirements Policy and Continuing Professional Development Policy all provide some information regarding how the College determines which registrants will undergo an assessment activity (and which type of assessment activity will be required). - As noted in the College’s previous CPMF submission, the College presently uses the results of an annual Professional Liability Insurance Audit as a criterion for registrants to be entered into a stratified random sampling pool for Peer and Practice Assessment. This was selected as a criterion based on an internal cross-functional review of risk. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022, ongoing in 2023. <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> Yes - <i>other stakeholders</i> Yes 	Met in 2022, continues to meet in 2023
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Yes	
<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"> - The College is committed to continuous improvement and ensuring that it fully incorporates the principles of right-touch regulation. The College will continue to monitor the following and may review and revise its assessment selection criteria accordingly: <ul style="list-style-type: none"> o Aggregate results of Quality Assurance activity participation by kinesiologists; o Professional Conduct matters that have come to the College’s attention; and o Issues associated with public risk, whether they are or may be specific to the College and its registrants or more generally applicable to the regulation of health professions in Ontario. 				
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. -Please see the following: <ul style="list-style-type: none"> o Peer and Practice Assessment – General Requirements Policy (pg. 5, “Reporting, review and notice – unsatisfactory PPA Reports” items 30-34) o Competency Enhancement Policy (see pgs. 1-7) o Mentorship Program – Information Package (see pg. 3 of the .pdf for an overview, see pgs. 6-8 for more specifics regarding member responsibilities and 	Met in 2022, continues to meet in 2023

			learning plan development).
		<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.		
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrants 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>Note: the following describes both the College’s process for monitoring completion and the process(es) for determining whether a registrant has demonstrated the required knowledge, skills and judgement following remediation.</p> <p>Registration:</p> <ul style="list-style-type: none"> - For clarity, where remediation may be ordered by the Registration Committee or a panel thereof, tracking and determination of completion and knowledge, skill and judgement may be the responsibility of the Registrar (who may assign duties to College staff) or the Committee, depending on the specific nature of the remediation activity required and on any requirements set out in legislation (for example, the <i>Health Professions Procedural Code</i>). - The College’s relevant policies include: <ul style="list-style-type: none"> ○ Reinstatement-to-the-General-Class-after-Administrative-Revocation-Policy-June-2017.pdf (coko.ca) (see articles 2 and 3 of the policy, pgs. 2-3 of the .pdf) ○ Reissuance-of-General-Class-Certificate-of-Registration-Policy-June-2022.pdf (coko.ca) (see articles 5 and 6, pgs. 2-3 of the .pdf and articles 7 and 10, pg. 3 of the .pdf). <p>Quality Assurance:</p> <ul style="list-style-type: none"> - Completion of remediation directed by the Quality Assurance Committee or a panel thereof may be monitored by the Registrar (with specific responsibility assigned to College staff). One mechanism to monitor effectiveness of remediation may be ordering a second Peer and Practice Assessment. - The College’s relevant policies include: <ul style="list-style-type: none"> ○ Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (see articles 7-15 of the Policy, pgs. 2-3 of the .pdf; also note that the Policy describes the process by which a second PPA may be ordered by the Quality Assurance Committee) ○ CKO-Mentorship-Program-Information-Package.pdf (coko.ca) (pgs. 7-8 provide more details and specifics regarding monitoring of the mentorship and learning plan evaluation) <p>Professional Conduct:</p> <ul style="list-style-type: none"> - The College follows the requirements of legislation.

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

Measure 11.1

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

Required Evidence

College Response

- a. The different stages of the complaints process and all relevant supports available to complainants are:
 - i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
 - ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
 - College webpage (describes the complaints process and how to submit a complaint): [Concerns and Complaints – College of Kinesiologists of Ontario \(coko.ca\)](https://www.coko.ca/concerns-and-complaints)
 - o Note regarding letter of acknowledgement.
 - About Sexual Abuse webpage (including information regarding how patients/clients may access funding for therapy/counselling following allegations of sexual abuse): [Understanding Sexual Abuse – College of Kinesiologists of Ontario \(coko.ca\)](https://www.coko.ca/understanding-sexual-abuse)
 - Addressing Sexual Abuse webpage: (provides more details regarding how the College addresses complaints) [Addressing Sexual Abuse – College of Kinesiologists of Ontario \(coko.ca\)](https://www.coko.ca/addressing-sexual-abuse)
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.
 - The College’s complaint form (a fillable form that anyone wishing to make a complaint can complete and submit to the College) is found here: [Complaints-Form.pdf \(coko.ca\)](https://www.coko.ca/complaints-form). This online form is intended to provide support and convenience for anyone who raises a concern about a registrant. However, this form is not a requirement to submit a complaint. Complaints are required to be in a permanent form. The College ensures that its complaints intake process is fully compliant with the requirements of the *Regulated Health Professions Act, 1991* (“RHPA, 1991”) and Schedule 2 to the *RHPA, 1991*, the *Health Professions Procedural Code*.

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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		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <ul style="list-style-type: none"> - Complainants are given an opportunity to ask questions about the process and seek clarification at various points during the intake phase. 	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries from the public that the college in 2023 received a detailed response within 5 business days (12/12, or 100% response within 5 business days).</p> <p>All timelines set out in the <i>Regulated Health Professions Act, 1991 (RHPA, 1991)</i> and the <i>Health Professions Procedural Code (Schedule 2 to the RHPA, 1991)</i> are complied with.</p> <p>The current policy regarding follow-up and response timelines is described in the College’s Client Service Policy.</p> <p>Other follow-up timelines can be found on the College’s website (in the FAQ section at the bottom of the page).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>

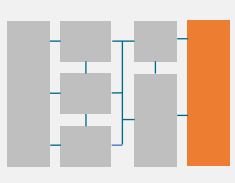
			<i>Additional comments for clarification (optional)</i>
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	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> -The College has general policies pertaining to Client Service and Accessibility that are publicly available on its website. -Members of the public are provided with direct support from the assigned college investigator who is available via phone or email as a resource for questions related to the process or potential outcomes. -Members of the public are referred to the Complaints section of the college website, which has a frequently asked questions section, which addresses topics of a general nature such as how long the process may take, who makes the decision about the complaint and how to appeal the decision. -Members of the public who confirm a complaint receive specific information regarding the range of decisions that can be issued by the ICRC and if they will appear on the member's profile on the public register. The Complaint Confirmation Letter also states that the ICRC has no ability to direct the member to pay money or make a refund. -The College also posts information on its website pertaining to the Discipline process, Understanding sexual abuse, Addressing sexual abuse and the Fitness to Practice program. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none"> -Complainants are made aware of available support and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>			
	<p>a. Provide details about how the</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

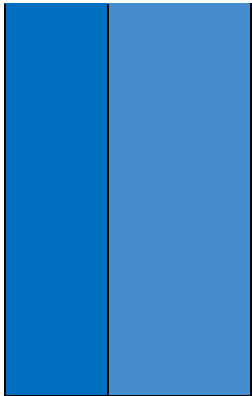
		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: 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. - Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines. - Both the complainant and the registrant are provided with the contact information of the college staff or investigator that is facilitating the case and this person is available to answer any process-related questions at any time from either party. • 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. -Both the complainant and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as the date of the ICRC meeting where the case will be discussed. -In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period. 	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <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. <ul style="list-style-type: none"> - The first step of intake is assessment of the complaint or report through the lens of the College’s jurisdiction and mandate. The College has interpretive tools which are intended to explain the process to the public and to the College registrant. This information can be found on the “Concerns and Complaints” page of the College’s website. -The College assesses risk on intake using a three-point risk matrix as follows: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated at after the member response and before the matter appears before the ICRC. -Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol. -All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 	Met in 2022, continues to meet in 2023
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. -The College maintains and abides by an internal Privacy Code. With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the <i>Regulated Health Professions Act, 1991</i>. The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation. -The College’s Good Conduct Policy (see “Decisions by the committees” on pg. 3 of the .pdf) states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” -The College maintains its Public Register in keeping with the requirements set out in s. 23 of the <i>Health Professions Procedural Code</i>. The Public Register is accessible through the College’s website • 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’). - In 2023, the College has received and shared information with another health profession regulator in Ontario re: complaints that pertain(ed) to dual-registered member(s). 		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <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 style="margin-left: 20px;">-Please see the College’s previous CPMF submission (Domain 7, Standard 14, Measure 14.1.a. on pgs. 61-62 of the .pdf).</p> </td> <td style="width: 20%; padding: 5px; text-align: center;"> Met in 2022, continues to meet in 2023 </td> </tr> </table>	<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 style="margin-left: 20px;">-Please see the College’s previous CPMF submission (Domain 7, Standard 14, Measure 14.1.a. on pgs. 61-62 of the .pdf).</p>	Met in 2022, continues to meet in 2023
		<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 style="margin-left: 20px;">-Please see the College’s previous CPMF submission (Domain 7, Standard 14, Measure 14.1.a. on pgs. 61-62 of the .pdf).</p>	Met in 2022, continues to meet in 2023		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes				

			<p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"> - Upon completion and approval by Council, the College’s new Strategic Plan will include KPI’s for each of the identified strategic goals. The College is targeting Q4 of fiscal year 2023-2024 (approximately June-August 2024) for development of its new Strategic Plan. 						
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="758 548 2136 609">The College fulfills this requirement:</td> <td data-bbox="2136 548 2577 609">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2" data-bbox="758 609 2577 1128"> <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 reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College’s annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar’s Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College’s submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College’s risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). </td> </tr> <tr> <td data-bbox="758 1128 2136 1185"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2136 1128 2577 1185">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<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 reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College’s annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar’s Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College’s submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College’s risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). 		<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.
The College fulfills this requirement:	Met in 2022, continues to meet in 2023								
<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 reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College’s annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar’s Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College’s submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College’s risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). 									
<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 (if needed)

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	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. -The minutes of the September 26, 2023 Council meeting (see Agenda Item 11, pg. 5-7) describe discussions by Council of the College’s Risk Management Plan. 	
	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p>	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. - Council materials, including quarterly dashboards, annual operational plans and other matters are posted publicly to the College’s website (scroll to section: “Past Council Meetings”). - The College also posts its CPMF reports in full. - Other reports, such as quarterly financial and committee reports to Council, are posted in the meeting package for each Council meeting (for an example, see the December 2023 meeting package (see pgs. 18-31 of the .pdf)). - In addition, the College’s Annual Reports are publicly available via the website (scroll to tab/drop down menu marked “Annual Reports”). - Finally, the College also posts its Strategic Plans on its website (scroll to tab/drop down menu marked “Strategic Plans”). 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

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

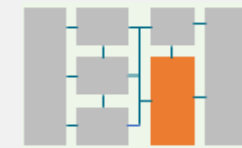
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-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 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Assessment	2252	
ii. eLearning Module: Ethics and Professionalism	304	
iii. eLearning Module: Prevention of Sexual Abuse	688	
iv. Peer and Practice Assessment	33	
v. Competency Enhancement – Demonstrated Change Report	NR	
vi. Competency Enhancement – Mentorship	NR	
vii. Competency Enhancement – Specified Continuing Education or Remediation Program (SCERP)	NR	
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

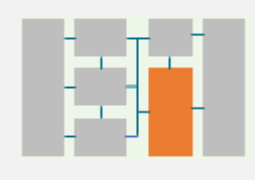
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	2551	100	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

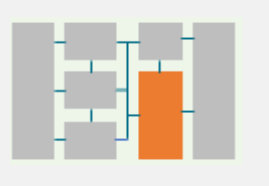
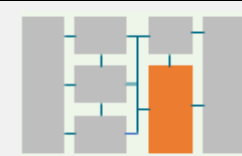
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	100	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.			
Additional comments for clarification (if needed)			

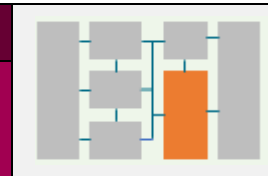
Table 4 – Context Measure 5

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 2023	Formal received	Complaints	Registrar initiated	Investigations	<p><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></p>
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	1	8	0	0	
IV. Competence / Patient Care	1	8	1	9	
V. Intent to Mislead including Fraud	0	0	2	18	
VI. Professional Conduct & Behaviour	2	17	7	64	
VII. Record keeping	5	42	0	0	
VIII. Sexual Abuse	2	17	0	0	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	0	0	0	0	
XI. Other <please specify>	1 – Frivolous & Vexatious	8	1 - Incapacity		
Total number of formal complaints and Registrar’s Investigations**	12	100%	10	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	11	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	9	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	5	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	5	45
IV. Formal complaints that proceeded to ICRC and are still pending	1	9
V. Formal complaints withdrawn by Registrar at the request of a complainant	3	27
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	1	9
<p><i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i></p>		



<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>1</p>	<p>9</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication		1					
IV. Competence / Patient Care		1					
V. Intent to Mislead Including Fraud	1						
VI. Professional Conduct & Behaviour	1				1		
VII. Record Keeping		2					2
VIII. Sexual Abuse						1	
IX. Harassment / Boundary Violations							

X. Unauthorized Practice							
XI. Other <please specify>							1 – Frivolous & Vexatious
<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 2023. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

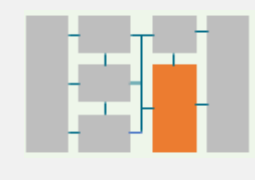
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2023	193	
II. A Registrar’s investigation in working days in CY 2023	133	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

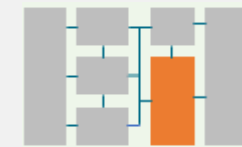
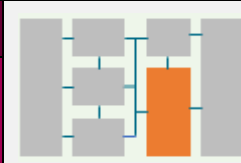
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	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 2023	NR	
II. A contested discipline hearing in working days in CY 2023	NR	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) There were no contested or uncontested Discipline hearings in CY 2023. -		

Table 9 – Context Measure 13

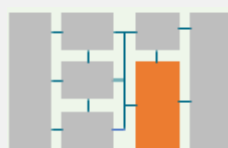
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
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 <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

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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.

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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.

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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.

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

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