College of Kinesiologists of Ontario
College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

March 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario's health regulatory Colleges;

2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

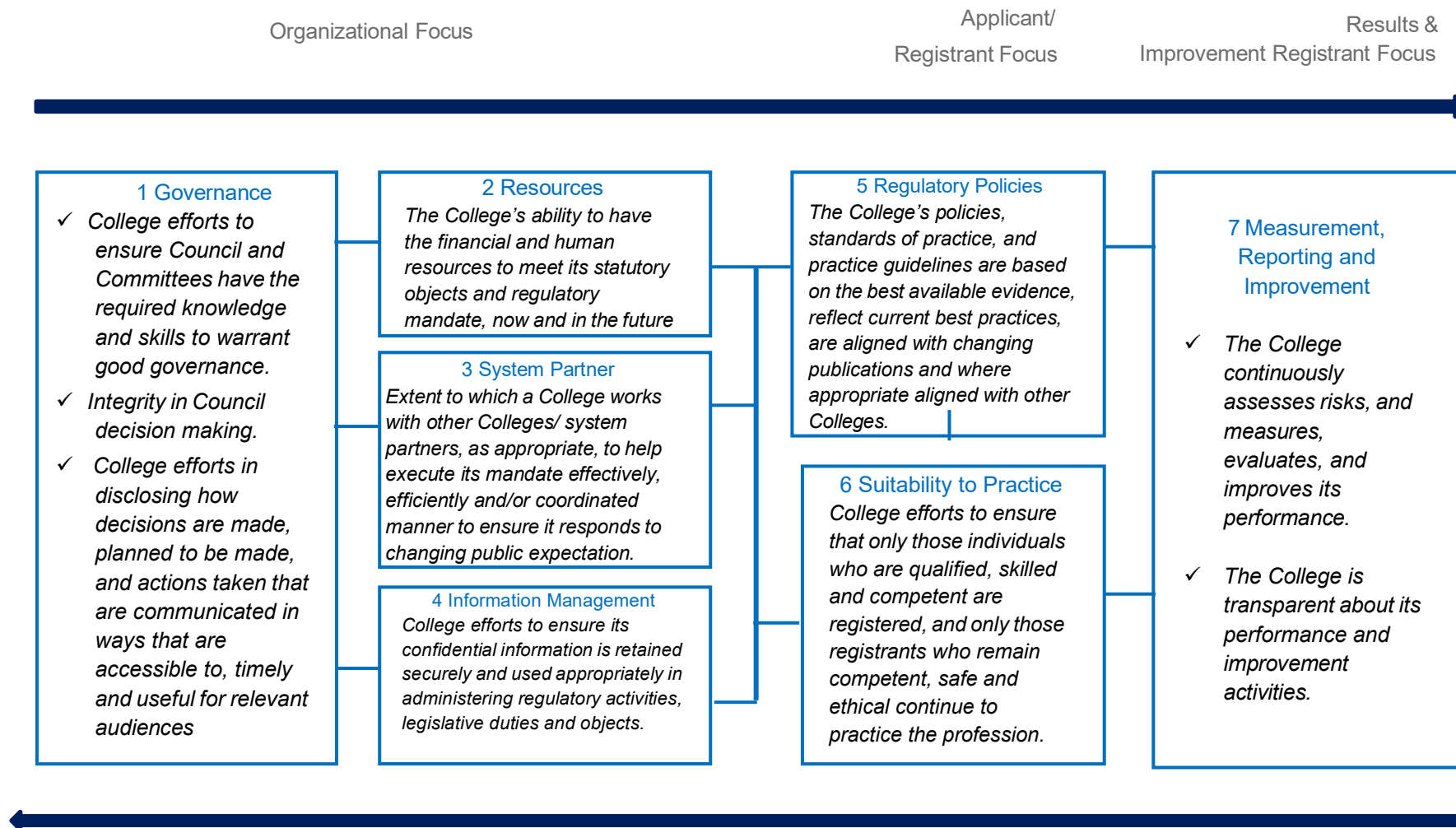**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/
Registrant Focus

Results &
Improvement Registrant Focus

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

The ministry's Summary Report is available:

In English: and
In French:

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

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

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.
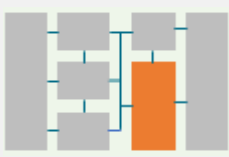
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, seven pieces of Evidence have been categorized as benchmarks i.e. as excellent regulators, Colleges are expected to meet or work towards meeting these Evidence. Benchmarks are clearly identified in Part 1 of the tool. If a College does not meet, or partially meets a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmark Evidence.

Additionally, the CPMF tool expands the use of drop-down menus to make the tool easier to complete. Where a College fully met the Standard or Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'.

Part 1: Measurement Domains

<table>
<tr>
<td colspan="3">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.</td>
</tr>
<tr>
<td rowspan="2">DOMAIN 1: GOVERNANCE
STANDARD 1</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td>a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and

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Benchmarked Evidence
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<td>
The College fulfills this requirement:

| | Yes |

• The competency and suitability criteria are public: Yes
If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

Council eligibility criteria for Professional members are set out in the By-laws of the College (specifically By-Law 10). A summary of the eligibility criteria may be found here: Eligibility-for-Election-Website.pdf (coko.ca), with a more comprehensive version available here: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca) (pp: 19-20).

The Eligibility criteria were recently reviewed and updates to By-law 10 have been proposed, reviewed by Council and circulated for 60-day public consultation. The consultation can be found here: By-law 10 amendments regarding the election of Council members – College of Kinesiologists of Ontario (coko.ca). The consultation period ended on February 8, 2022, with By-law 10 being submitted to Council for approval on March 20, 2022.

The College's Competencies for Council, which are available here: https://www.coko.ca/wp-content/uploads/2021/06/APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf. The profile includes the following competencies for individual Council/committee members:
- Understanding basic Governance responsibilities and Fiduciary Duties
- Financial and Organizational Oversight
- Leadership
- Professionalism/Good Character
- Emotional Intelligence
- Communicator/Communications Skills
- Thinks Broadly/Thought Process
- Inclusiveness/Respectful of Diversity
- Understanding of Public Sector and Health Systems

The Competencies also include additional competencies for Council and committees as bodies/groups:
- Diversity on Council/committee
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</table>

			- Experience - Knowledge The College's Governance and Nominations Committee (see Terms of Reference, Attachment 3 to Schedule 4 to the By-laws: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf, pg. 137-142) is responsible for ensuring that nominees meet the prescribed eligibility criteria (competencies, suitability).	
			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.	
		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: • 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. The College's Council Elections webpage (Council Elections – College of Kinesiologists of Ontario (coko.ca)) includes a link to an online Council Orientation Module: Council Orientation Module - Overview | Rise 360 (articulate.com). This module must be completed by all nominees as part of the eligibility requirements set out in By-law 10 (Eligibility-for-Election-Website.pdf (coko.ca)). The module is divided into 13 parts (10 sections, 1 section containing "Helpful Resources", plus a Quiz and Final Thoughts/Acknowledgement). The content in the module is presented, where possible, in an interactive format intended to promote active engagement with the material. The Quiz at the end consists of 10 questions which pertain to the key sections of the module (sections 1 – 10). The nominee completes a Google form (link found in section 13: "Final Thoughts") to verify completion of the module.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and ―――――――― *Benchmarked Evidence* ――――――――	The College fulfills this requirement:	Yes

• The competency and suitability criteria are public: Yes

• *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*

The College's Governance and Nominations Committee (Terms of Reference can be found as Attachment 3 to Schedule 4 to the By-laws: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf, pg. 137-142) is responsible for ensuring that Committee candidates/applicants meet all eligibility criteria, including possessing the required competencies to serve on the Committee.

The College's Council and Committee Competency Profile was approved by Council in March, 2021 ([Council-Package-March-1-2021.pdf (coko.ca)](), pg. 117). The development of this Competency Profile was in keeping with the College's 2019-2022 Strategic Plan: [2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca)]()

The College's Council and Committee Competency Profile can be found here: [APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf (coko.ca)]()

Applications to serve on Committees of the College are also evaluated based on the eligibility criteria set out in By-law 13: Specific Composition and Selection of Committees: [The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca)]() (pp. 30-33).

The eligibility criteria in By-law 13 have been reviewed in keeping with the College's goals of alignment with governance best practices. This review included an environmental scan of the competency and suitability criteria published by other regulatory Colleges in Ontario. Proposed amendments that emerged from this review will be presented to Council in March 2022, with circulation for 60-day public consultation to follow. Following the consultation period, amendments to By-law 13 will be presented to Council in June 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.

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- 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.

As per the College's 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca)), and a Resolution passed by Council in March 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 118), all Committee members (Council and Non-Council) attend Committee orientations at the first Committee meeting following approval of the Committee slate by Council (September Council meeting). Orientations are conducted via teleconference software and are facilitated by College staff. Committee members who are appointed after the orientation has taken place (for example, a Council member elected via by-election or a Public Council member appointed by the Lieutenant Governor in Council) receive individual Committee orientation via teleconference.

All Committee orientations include the following topics:

- Committee mandate, terms of reference and applicable legislation;

- Committee portfolio and accountabilities;

- Committee Governance (including conflicts of interest and confidentiality); and

- Committee decision-making framework

These orientation meetings (or ad hoc orientation sessions that may be required from time to time) are scheduled to ensure adequate time is allotted for discussion and questions.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

The College fulfills this requirement:

- 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.

One of the goals set out in the College's 2019-2022 Strategic Plan was to strengthen the College's decision-making capacity, including by the development of training mechanisms for Council and Committees that focus on the public interest and reducing risk of harm to patients/clients (2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca). As per a resolution passed by Council in March 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 119), public appointees to Council receive an orientation (via teleconference software and facilitated by College staff) prior to attending their first Council meeting. These orientations typically last for 1-1.5 hours and include the following topics:

- Governance

- Financial planning and stewardship

- Chair training (where necessary and applicable)

- The role of 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 educational requirements to enter the practice of kinesiology in Ontario

The President of the College often attends these orientation sessions to provide their perspective and experience as a Council member.

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

Additional comments for clarification (optional):

Measure:		
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	**College Response**	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
  i. Council meetings; and
 	
  ii. Council.
	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

	• 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
	
	• *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.*
	
	The College's Council Effectiveness Review Framework (CERF) was developed and approved in 2014 see pg. 10: Minutes-June-17-18-2014.pdf (coko.ca).
	
	The main components of the CERF include:
	
	  • Chair Performance Feedback Survey
	
	  • Member Self-Reflection Survey
	
	  • Committee Effectiveness Evaluation Survey
	
	The Executive Committee is responsible for ensuring that the CERF is completed "at least once every two years beginning in 2014." To-date, the CERF has been administered in:
	
	2014 - Minutes-September-22-23-2014.pdf (coko.ca) (pg. 11, "President's Report")
	
	2016 - Minutes-March-7-2016.pdf (coko.ca) (pg. 8, "Council Self-Evaluation") and Minutes-December-5-2016.pdf (coko.ca) (pg. 5 "Registrar's Report")
	
	2018 - Meeting-June-25-2018.pdf (coko.ca) (pg. 1, "In-Camera Session")
	
	2021 - Minutes for organization meeting (short form) (coko.ca) (pg. 5, "President's Report"). The report on the Committee and Council Effectiveness Review Framework is publicly posted here: Team Meeting Agenda Template (coko.ca) (pp. 136-143)	

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

			  As per the Terms of Reference of the Governance and Nominations Committee: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf (Attachment 3 to Schedule 4 to the By-laws, pg. 137-142), which state that the Governance and Nominations Committee is responsible for oversight of this effectiveness and performance evaluation. The next is expected to take place in Q1-Q2 of fiscal year 2023-2024 and will be conducted by an external, third-party consultation with oversight by the Governance and Nominations Committee.	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: • Has a third party been engaged by the College for evaluation of Council effectiveness? No • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. The College's current Council effectiveness review framework does not include a third-party assessment.	No
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) *As described in the College's previous CPMF submission, the College has partnered with a sub-group of other regulatory Colleges to collaborate on a strategy and plan to meet the requirements of this CPMF measure. Emerging from these discussions was a question as to who may conduct the third-party assessment of Council (specifically, whether the Registrar or a designated staff member at another regulatory College could do so). A letter was sent to the Ministry of Health regarding the feasibility of this proposed approach to third-party assessment of Council. This letter was dated October 31, 2022 and sent on November 4, 2022, with a response from the Ministry on December 23, 2022.* *The Ministry's response stated that the intent of the assessment is to "[…]provide a subject matter expert's view on Council effectiveness with the purpose of identifying improvement opportunities[…] and that "[s]uch a review does not necessarily require a full assessment of College governance."* *The Ministry's response also clarified that "Colleges are encouraged to engage assessors who have expertise in the field of professional regulation and who do not have a conflict of role or interest. Given that this evaluation might necessitate the delivery of some critical observations and/or recommendations, having assessors who are not peers (e.g., a current Registrar of another health regulatory College) may be more suitable."* *Based on this response, the College is proposing and will implement the following plan in order to meet the requirements of this CPMF Measure:* - *The College has, in February 2023, engaged with a consultant with suitable experience and subject matter expertise* - *This consultant has provided, in February 2023, a proposal for this work*	

			- *It is currently expected that the third-party evaluation process, as conducted by the consultant and overseen by the Governance and Nominations Committee, will be completed by Q2 of the 2023-2024 fiscal year.* - *Council will receive a report following completion of the evaluation process, no later than the end of Q2 2023-2024 fiscal year.*	
		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- 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>.

In General: Council and Committee Training was informed by the most recent Council and Committee Effectiveness Review. Opportunities for development were also identified by feedback provided by Council and Committee members (informally and during the College's most recent assessment via the College's Council Effectiveness Review Framework (CERF). The following training has been provided to Council and Committee members:

1) Chair and Vice-Chair training (Monday November 7, 2022 – Committee Chairs and Vice-Chairs) facilitated by an external consultant.

- This training was informed by feedback from Council and Committee members, as well as the College's adoption of a Council Mentorship and Succession Planning Policy (Succession-Planning-and-Mentorship-Program-Policy-22.12.5.pdf (coko.ca)). Feedback received by the College indicated that Council and Committee members occasionally experienced some hesitation in putting themselves forward for consideration for roles as Committee Chairs or Vice-Chairs.

- The goal of this training is to promote the competencies required for effective Council and Committee function and decision-making, consistent with the College's 2019-2022 Strategic Plan: 2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca)

2) Governance training for Council members (Monday September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 2, Agenda Item 7.)

- This training provided Council with subject matter expert perspective on regulatory College governance. Governance training ensures that Council members are well-equipped to consider the College's governance structure, including how it may change or may be required to change for consistency with identified governance best practices or legislated requirements.

- This training was also consistent with the goal of strengthening the College's decision-making capacity, as described in the College's 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca))

3) Conflict of Interest training for Council members (Monday, September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 2, Agenda Item 8.)

- This training was informed by the College's review in 2021 and 2022 of its Conflict of Interest policies and procedures, and the goal of ensuring compliance with the College's Conflict of Interest by-laws (by-law 16: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca), pgs. 33-35).

4) Discipline training (Monday September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 3, Agenda Item 12.)

			• As all Council members are required to serve on the College's Discipline Committee, it was determined that regular (annual) comprehensive training delivered by a subject matter expert regarding this regulatory function is important, particularly for newer and less-experienced Council members.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? / Choose an item.
			Additional comments for clarification (optional):

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: / Yes

The College fulfills this requirement: **Yes**

- 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>.

The College maintains an awareness of evolving public expectations by:

- Documenting inquiries received from the public in an internal database, a high-level overview of which was presented in the 2021-2022 Annual Report (CKO-Annual-Report-2021-2022.pdf (coko.ca), pgs. 9, 17).
- Reviewing its Risk Management Plan twice each fiscal year. The most recent review was completed and submitted to Council for approval at the September 26, 2022 (the relevant documents can be found here: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). With each review, the College may add or revise risks, assign risk priorities based on probability of a risk occurring and severity of impact of an occurrence and describe (for risks added) or update, if necessary, the risk mitigation strategy associated with each risk.
- The College's Committees and Portfolios (Quality Assurance, Patient Relations, Inquiries, Complaints and Reports, Discipline, and Fitness to Practice) proceedings, decision-making and operations help to provide information regarding risk identification and management. Summaries of these Committee's activities can be found in the College's Annual Reports (for example: CKO-Annual-Report-2021-2022.pdf (coko.ca) pgs. 12-16).

The following training was provided based on evolving public expectations (including the College's Risk Management Plan, Disaster Recovery Plan, Emergency Preparedness Plan) and identified opportunities (including via the College's Strategic Plan):

1) EDI-B training (Monday December 5, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/12/Council-Package-Dec-5-2022.pdf, see pg. 2, Agenda Item 7)

- The College engaged a subject matter expert to provide information regarding this emerging and developing issue. This training was provided to help Council better understand the College's progress towards its strategic goal (see Goal 1 of the College's 2019-2022 Strategic Plan: 2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca)) of increased focus on equity to strengthen the College's decision-making processes.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? / **Yes**

Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion.

Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training:

- ***BE Thought Leaders:*** *Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.*
- ***TRAIN for the future:*** *Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.*

Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next [one or two] reporting periods to engage our Council and Committee members in ongoing learning related to DEI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in Q2 of Fiscal Year 2023-2024, for action planning in Q3-Q4 of Fiscal Year 2023-2024 and beginning implementation to close key gaps in Q4 of Fiscal Year 2023-2024.

STANDARD 2

Measure:

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and Further clarification: 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	The College fulfills this requirement:	Yes

- Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.
- Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review.

The College's Conflict of Interest Policy and relevant By-law (By-law 16: Conflicts of Interest) was last reviewed and updated in 2021. The process was as follows:

- September 27, 2021: Proposed amendments to By-law 16: Conflicts of Interest were reviewed by Council and approved for public consultation. The relevant minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9.
- September 27, 2021: A new Conflict of Interest Policy was reviewed and approved by Council. The relevant Council meeting minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9.
- October 30 – November 30, 2021: The public consultation period for the proposed amendments to By-law 16: Provide your Feedback – College of Kinesiologists of Ontario (coko.ca), specifically: DRAFT-Proposed-amendments-to-By-law-16-table-Sept-23-2021-Council-Revised2.docx (live.com)
- December 6, 2021: By-law 16 was reviewed by Council following public consultation, with Council approving the By-law 16 amendments in principle pending legal review of specific subsections (see Council-Minutes.-December-6-2021.pdf (coko.ca), pg 10). The by-laws were formally approved following receipt of the requested legal advice in December 2021.

		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.	• An overview of amendments to By-law 16:
			  o Amendments for consistency within the By-laws
			  o Insertion of reference to Conflict of Interest Policy
			  o Insertion of language pertaining to Pre-Meeting Declaration forms and Declarations of Conflicts of Interest prior to meetings.
			  o Insertion of wording clarifying disclosure potential of Conflicts of Interest, declaration of Conflicts of Interest and the procedure where a member of Council believes that another member may have a Conflict of Interest.

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) *The next scheduled review of the Council Code of Conduct and Conflict of Interest By-laws and Policy will take place in Calendar Year 2024 (Fiscal Year 2023-2024 or later if necessary and depending in part on the College's Equity, Diversity and Inclusion self-assessment), though these materials may be reviewed earlier in the event of unanticipated changes in the legislative environment and/or governance best practices. Our upcoming self-assessment of our practices pertaining to Equity, Diversity and Inclusion will help to inform that review by identifying any potential systemic barriers or unconscious biases embedded in our Code of Conduct and Conflict of Interest Policy.*	

		ii. accessible to the public.	The College fulfills this requirement: Met in 2021, continues to meet in 2022
			• 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. The Conflict of Interest Policy was reviewed and approved by Council on September 27, 2021. The relevant Council meeting minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9. Conflict of Interest By-law 16 was last discussed at Council on March 28, 2022 (Council-Package-March-28-2022.pdf (coko.ca), pg. 2). It was confirmed that the action item (legal review of specific elements of the by-law) had been completed.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)
		b. The College enforces a minimum	The College fulfills this requirement: Yes

| | | 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. | • 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?

     − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;

     − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**

     − Where not publicly available, please briefly describe the cooling off policy.

 Cooling off period set out in By-law 10: Election of Council Members and is specifically included under by-law 10.09: Eligibility for Election ([The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca)](#), pgs. 18-19). The three year cooling-off period is prescribed in by-law 10.09 for anyone who:

    - been in a leadership position, including but not limited to being an employee, officer or director of any professional association or certifying body related to the profession;

    - has been disqualified from Council or a committee of the College;

    - who has been staff of the College; or

    - who has resigned from Council for reasons other than health or personal reasons acceptable to Council.

 By-law 10 was last discussed at Council on December 5, 2022 (see: [Council-Package-Dec-5-2022.pdf (coko.ca)](#), pgs. 154-160). At this meeting, Council reviewed proposed amendments to by-law 10, including:

 • Inserting an item clarifying the three-year cooling off period as it impacts eligibility for election: "three (3) calendar years have passed since the member last served on Council for the maximum term." This item is in addition to existing references to three-year cooling-off periods that apply to election eligibility for individuals who have been disqualified from Council, resigned from Council (other than for health or personal reasons acceptable to Council or were/are a member of the staff of the College. |

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	
			In Q2 2022-2023 (as described above: December 5, 2022), the College presented proposed amendments to by-laws 6, 10, 12 and 13. Included in these amendments were clarifications regarding the cooling-off periods and how they may apply (for example: non-Council committee members seeking to stand for election to Council, or Council members who have not served a full term of office). Such clarifications were intended to promote transparency, internal consistency and consistency with governance best practices. Following a 60-day consultation period that concluded on February 8, 2023, proposed amendments to by-laws 6, 10 and 12 will be presented to Council for approval on March 20, 2023. Additional review of by-law 13 amendments will also be presented to Council on March 20, 2023 for approval for external consultation.	

c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.
Additionally:

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 specific to the meeting agenda.

The College fulfills this requirement: **Yes**

• Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated.

• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes

• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

The College's Council Committee and Volunteer Conflict of Interest policy states that "2) Upon appointment or election and annually thereafter, all Council and committee members, and volunteers shall fully complete and deliver to the Registrar a Conflict of Interest Declaration Form, available from the Registrar, acknowledging their understanding of the Conflict of Interest Policy, declaring their current and recent affiliations with professional associations, certifying bodies related to the profession, and other relevant organizations/groups, and acknowledging awareness of their fiduciary duties to the College."

Additional requirements of the Policy include: "3) In advance of each Council or committee meeting, Council and committee members shall submit a Conflict of Interest Pre-meeting Declaration Form, to the designated staff person by the date identified by the Registrar. The Form will be disseminated with the meeting agenda to ensure members take the time to review meeting material and to ensure that they do not have a conflict with any agenda items." and "4) Members' completed Conflict of Interest Declaration Forms will be included as an appendix to the Council meeting materials as required by the Ontario Ministry of Health's College Performance Measurement Framework."

The conflict of interest disclosure form can be found here: Conflict-of-Interest-Disclosure-Form.docx (live.com)

The College's pre-meeting conflict of interest questionnaire was approved, as part of the College's Council and Committee Member and Volunteer Conflict of Interest Policy and revisions to the Conflict of Interest (By-law 16: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca), pgs. 33-35), at the September 27, 2021 meeting of Council (Council-Minutes-Sept-27-2021.docx (live.com), Agenda Item 15 on pg. 9).

The questionnaire was first implemented as part of the December 6, 2021 Council meeting (Council-Minutes.-December-6-2021.pdf (coko.ca), pgs. 1-2 for Conflict of Interest declarations and pg. 5 for an update regarding the conflict of interest declaration form, presented as part of the Registrar's report).

Conflict of Interest declaration forms were most recently completed by Council members prior to the December 5, 2022 Council meeting (see: Council-Package-Dec-5-2022.pdf (coko.ca), pg. 2: Agenda header and Agenda Item 3).

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

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Yes

The College fulfills this requirement: Yes

- 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.

The College has improved its performance regarding this measure as follows:

The public interest rationale for decisions to be made by Council is included in the briefing or decision note associated with the agenda item in question. The briefing notes are included in the Council material package, which is publicly available on the College's website: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca). The current year's Council meeting materials are included, as is an archive of meeting materials from the previous 5 years.

One example of how the public interest rationale is incorporated into a note for Council is found in the December 5, 2022 Council meeting materials (Council-Package-Dec-5-2022.pdf (coko.ca), pg. 106).

Another example of how public interest rationales are provided in Council materials is the resolution associated with each decision to be made by Council. The resolution is written to include a high-level overview of the rationale behind a given item presented for Council's consideration. An example of how a resolution may be used to identify the public interest rationale is found here in the Council meeting materials for June 27, 2022 (Council-Package-June-27-2022.pdf (coko.ca), pg. 101).

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

Additional comments for clarification (if needed)

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Yes

• Please provide the year 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. The Risk Management Plan is structured based on a framework that was first approved by Council in September 2014 (Minutes-September-22-23-2014.pdf (coko.ca), pgs. 3-4) and was most recently reviewed in September 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). The framework involves identification of a risk and determination of a risk priority associated with that risk. The risk priority, based on a matrix (severity of impact x likelihood of occurrence) is directly proportionate to the need and timeframe for intervention and/or adjustment of the College's operations. The framework currently includes the following 8 risk types: - Financial - Information Management - Loss/Damage of Capital Equipment/Furnishings - Loss/Compromise of Examination - Human Resources - Loss of Public/Registrant Confidence - Governance - Compliance The College's Risk Management, Disaster Preparedness and Business Continuity Plans are reviewed by staff and presented to Council for review and approval twice each year. The most recent presentation of the current Risk Management Plan occurred on September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44).	

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

Additional comments for clarification (if needed)
The College will continue to review its Risk Management Plan, including risk matrix and risk mitigation strategies, twice each year, including presenting the reviewed Risk Management Plan to Council. The next scheduled review will be presented to Council on March 20, 2023, with an additional review to take place in September 2023. The College will also undertake a review of its Disaster Preparedness and Business Continuity Plans, with these documents to be presented to Council no later than September 2023.

		Measure:		
		3.1 Council decisions are transparent.		
DOMAIN 1: GOVERNANCE	STANDARD 3	**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 2021, continues to meet in 2022
			• Please insert a link to the webpage where Council minutes are posted.	
			• Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted.	
			Council meeting minutes are posted here: Council and Committee Minutes – College of Kinesiologists of Ontario (coko.ca)	
			Information regarding the meetings and discussions, including status updates regarding Council decisions and other action items emerging from any given Council meeting, falls under the College's Communications portfolio. Requests for this information may be made by email or telephone to the College's Manager, Communications.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
		  i. the meeting date;
		  ii. the rationale for the meeting;
		  iii. a report on discussions and
			The College fulfills this requirement:	Yes

			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Information regarding Executive Committee meetings, including the Agenda for upcoming meetings, is posted here: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		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.	*Additional comments for clarification (optional)*	

<table>
<tr><td colspan="5" style="background:#bfbfbf">Measure:
3.2 Information provided by the College is accessible and timely.</td></tr>
<tr><td colspan="2">Required Evidence</td><td colspan="3">College Response</td></tr>
</table>

		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: • 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 agenda and meeting materials are posted here: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca). This webpage also includes brief notes regarding RSVP for attendance, visitor/observer code of conduct and accessibility. Archived materials (dating back 5 years, currently to 2017) are also posted on this web page. Approved meeting minutes are posted here: Council and Committee Minutes – College of Kinesiologists of Ontario (coko.ca) The College also maintains a page on its website for Council meeting highlights: Council Highlights – College of Kinesiologists of Ontario (coko.ca)	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are	The College fulfills this requirement:	Yes

		posted at least one month in advance and include a link to allegations posted on the public register.	• Please insert a link to the College's Notice of Discipline Hearings. Notices of Discipline Hearings are posted here: [Upcoming Discipline Hearings – College of Kinesiologists of Ontario (coko.ca)](#) This web page includes: - Notice of hearing - Hearing Date - Summary of allegations - A link to the full allegations.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.

Required Evidence	College Response	

a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:
	
	• Please insert a link to the College's DEI plan.
	
	• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.
	
	The College has not implemented a formal DEI/EDI-B (Equity, Diversity, Inclusion and anti-Bias) plan. However, the College has, as part of an HPRO working group convened to address this issue, been able to conduct a preliminary assessment and has concluded that it currently takes a Reactive approach to DEI/EDI-B, which can be described as follows:
	
	    • Active participation as a Steering Committee member of the previously mentioned HPRO Working Group
	    • Surface-level consideration of EDI-B issues as they arise
	    • Providing some orientation/training to Council regarding EDI-B topics and issues.
	    • Some efforts to embed EDI-B principles into its operations as follows:
	
	The College's 2019-2022 Strategic Plan ([2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca)](#)), presented to Council on April 15, 2019 ([Council-](#)
		Partially

			Package-April-15-2019.pdf (coko.ca), pgs. 32-35) included, as a Strategic Initiative: "Increased Council and Committee competency development in technical, leadership, decision-making and interpersonal skills, with a focus on equity, diversity and inclusion.". As part of its Strategic Plan, the College incorporated EDI-B principles within its Council and Committee Competency Profile (APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf (coko.ca)).

In keeping with the Strategic Plan, the College has worked to build Council and committee EDI-B awareness and competency by inviting a subject matter expert to present to Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pg. 2, Agenda Item 7).

The College has also embedded EDI-B principles in its Policy and Material Development and Review Framework, as approved by Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), see Decision Note pgs. 104-106).

A Statement on Systemic Racism, issued in July 2020: College statement on systemic racism – College of Kinesiologists of Ontario (coko.ca) | |
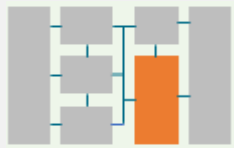
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)

Council receives regular updates on the progress of a collaborative initiative sponsored by HPRO regarding EDI-B and anti-racism (most recent update provided to Council on December 5, 2022 as part of the Registrar's Report (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 3-4). This project is scheduled for completion in March 2023. Project deliverables will include:

- *An equity, diversity and inclusion (EDI) framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation;*
- *An EDI self-assessment checklist and reporting tool; and*
- *The development of an EDI toolkit, including internal training components for colleges.*

The College will use these tools to support the development and implementation of a formal EDI-B/DEI strategy and policy. The first step in the process will be, in Q3-Q4 2022-2023 Fiscal Year, consideration of the deliverables of the HPRO project and how they may be applied. This will include a specific workplan for a formal EDI-B self-assessment, which is expected to be concluded by Q2 of Fiscal Year 2023-2024. The results of this self-assessment will be used to develop and implement a performance improvement action plan specific to EDI-B. This may include, as described earlier, incorporation of an EDI-B lens into review of the College's Code of Conduct and Conflict of Interest policies and by-laws, which is expected to occur in Fiscal Year 2023-2024 (Calendar Year 2024) | |
| | | b. The College conducts Equity Impact | The College fulfills this requirement: | Partially |

		Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: 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.	• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. In 2022, the College developed a Policy and Material Development and Review Framework ([Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca)](#)). The framework explicitly states (pg. 7, item 29) that an EDI-B lens, which may include an Equity Impact Assessment, will be applied to all materials developed and published by the College. For clarification and additional detail, Step 4 of the process (assessing readiness for policy/document/other material development) includes the application of an analytical framework to a given issue or problem. The analytical framework includes assessment of the Effects of the proposed policy/document/other material. The effect of the proposed policy/document/other material from an Equity perspective is explicitly included in the analytical framework. This analysis and assessment would be supported by ensuring that identification of relevant stakeholders/subject matter experts/sources of information includes consideration of diverse perspectives, consistent with the principles of EDI-B.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes
			Additional comments for clarification (optional) *As part of a collaborative project supported by HPRO, the College will, in 2023 (expected project completion: March 2023), have access to an EDI-B toolkit (including an equity impact assessment, a self-assessment checklist and reporting tools), intended to facilitate the analysis and assessment of College operations and materials (including Policies and other documents) through an equity lens.* *The first step in the process will be, in Q3-Q4 2022-2023 Fiscal Year, consideration of the deliverables of the HPRO project and how they may be applied. This will include a specific workplan for a formal EDI-B self-assessment, which is expected to be concluded by Q2 of Fiscal Year 2023-2024.*

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

		Required Evidence	**College Response**	
DOMAIN 2: RESOURCES	**STANDARD 4**	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number. The College's strategic plans can be found here: Corporate Documents – College of Kinesiologists of Ontario (coko.ca) (scroll down to "Strategic Plans" tab). The most recent strategic plan: 2019-2022-Strategic-Plan-scaled.jpg (2560×1978) (coko.ca). Each Council meeting includes an overview, via quarterly dashboards, of work in each portfolio that pertains to Strategic Plan goals/priorities/projects (example of a Dashboard: Council-Package-Dec-5-2022.pdf (coko.ca) pgs. 25-27). The College's current budget was reviewed and approved by Council on June 27, 2022 (Council-Package-June-27-2022.pdf (coko.ca), pg. 34) • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Projects and other initiatives are identified as part of the Strategic Plan development process/cycle. This process includes a strategic planning workshop, which results in the identification, via research, analysis and consultation, of overarching goals or priorities to be addressed by the strategic plan. A series of strategic initiatives are then set, based on consideration of how the goal or priority in question may be accomplished. Each of these strategic initiatives is assigned a timeline/completion date. Strategic plan development is associated with financial forecast/review to ensure resources available to complete the projects that may be associated with any given strategic initiative identified in the Strategic Plan. This forecast is used to inform the development of the College's annual budget, with resources allocated to the strategic initiatives expected to be completed during any given fiscal year (note that the College's fiscal year runs from August 1 to September 31 of the following calendar year. Progress towards strategic initiatives can be monitored using the quarterly dashboards, as well as by providing quarterly budget updates to the non-statutory Planning and Finance Committee and 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)	

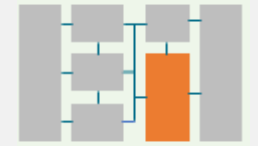|		b. The College:	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• 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 ([Minutes-April-9-2014.pdf (coko.ca)](Minutes-April-9-2014.pdf), Agenda Item 7, pgs. 2-3) • 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 ([Minutes-December-3-4-2018.pdf (coko.ca)](Minutes-December-3-4-2018.pdf), pg. 3). • Has the financial reserve policy been validated by a financial auditor? Yes The College's most recent audit included a review of the College's financial reserves. The auditor made recommendations regarding the amount of funds that should be held in the reserve ([Council-Package-Dec-5-2022.pdf (coko.ca)](Council-Package-Dec-5-2022.pdf), pgs. 34-51).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Yes

- Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.

  The College has an internal HR manual.

- Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.

Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.

The College's internal HR manual was most recently reviewed and approved by Council on September 14, 2020 (Council-Package-September-14-2020.pdf (coko.ca), pgs. 58-121).

The HR manual includes each of the College's HR policies. In addition to the policies contained in the HR manual, the College has additional policies that support organizational success by facilitating effective human resource planning and management. These policies include:

- A Council Succession Planning and Mentorship Policy, approved by Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 140-146).

- A Procurement Policy, which includes consideration of how the College may obtain consulting services (for example, specific expertise or strategic advice) in a transparent manner intended to maximize value for the College.

- A Committee Slate Selection Policy, which supports Council and College Staff in developing the committee slate based on the competencies and preferences of Council members and members of the College who have submitted expressions of interest to serve on committee(s).

- A Peer Assessor Selection Policy (Peer-Assessor-Selection-Policy-September-2015.pdf (coko.ca)), which governs the selection and appointment of members of the College who have expressed an interest in serving as a Peer Assessor.

- An internal Business Continuity Plan and Disaster Recovery Plan, intended to provide a framework for College operations in exceptional circumstances. These were most recently discussed as part of a review of the College's Risk Management Framework at a meeting of Council on March 28, 2022 (Council-Package-March-28-2022.pdf (coko.ca), pgs. 243-244).

As per the College's Policy and Material Development and Review Framework (,Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca), approved by Council on December 5, 2022), the College has committed to ensuring that all College policies, documents and materials are reviewed, revised and, where required, approved by Council, in accordance with a schedule or as needed to address urgent or emergent issues. This Framework guides how written operational policies (including those regarding the College's staffing complement and other human resources policies) are developed and reviewed.

			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.	

	Yes	ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes

The College fulfills this requirement: **Yes**

- Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan.

  The College's data and technology plan, including cyber security, is managed by a third-party provider. In 2022, the College chose to change service providers to ensure that its information technology operational and security needs are met in the most efficient and cost-effective manner possible. The third-party software provider is responsible for maintaining the following in keeping with the College's operational needs:

  - Updating registrant database and digital records maintenance
  - 3rd-party IT provider provides hourly system backups for cyber security.
  - HIROC cyber security insurance
  - Maintenance of documents and other electronic records on a server owned by the College. File/document material access is limited/controlled via permissions on the College's shared drive.
  - Regular system and software updates.

  The College has also transitioned to a primarily virtual entry-to-practice examination. The virtual examination is administered by a third-party service provider with relevant expertise and experience. This service provider is responsible for ensuring:

  - Exam security, including preventing the loss or release of information that could compromise the exam's fairness or integrity
  - Exam integrity, accomplished by remote proctoring tools and reports made to the College regarding individual exams where problematic behaviors may have occurred.
  - Exam integrity is also maintained by processes to preserve exam progress in the event of a local or wide-spread issue that impacts applicants' ability to complete the exam

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

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.
	Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* In 2022, the College's system partner engagements included (but were not limited to): **Health Profession Regulators of Ontario (HPRO):** The College has participated in a range of ad hoc HPRO working groups and committees, including serving on the Steering Committee of an anti-racism project. This project began in October 2020 and is expected to be completed in March 2023. The outcome is the development of tools and resources to facilitate the embedding of EDI-B principles and practices into regulatory College operations. A similar initiative is participation (since January 2022) in an HPRO working group exploring strategies for third-party assessment and evaluation of Council performance and effectiveness. The College also attends and contributes to regular HPRO briefings and portfolio-specific committees and working groups, including consideration of items circulated for review and requesting feedback regarding specific developing/ongoing issues. Engagement with the HPRO Communications working group has included support for an HPRO Public Awareness Campaign and Communicators' Forum and planning/organizational support for the HPRO Communications

conference (held in December 2022).

The Ontario Regulators for Access Consortium (ORAC):

Due to the challenges of COVID-19, the ORAC group has not met as frequently as in previous years and therefore, has not had the opportunity to address and discuss public initiatives (e.g. mission statement) in the way it has in the past. Any public facing initiatives would be communicated through the ORAC website: https://regulatorsforaccess.ca/about/. The Working Group is currently going through a self-examination process through a sub-working group to redefine ORAC's mandate and determine the best format for ORAC moving forward. This initiative remains ongoing.

The ORAC Working Group convened on March 2, 2022 to discuss recent changes to regulation as well as communications received from the Office of the Fairness Commissioner (OFC). Additionally, the Working Group has had several off-line discussions throughout the year to provide support and reach consensus on matters such as: professional liability insurance, applicant accommodation, approaches to practice hour requirements and language proficiency requirements. As an organization, CKO sought and received feedback from the Working Group on July 20, 2022 and October 18, 2022 relating to examination appeal policies to ensure consistency with other regulators' approaches to policy exemptions and requirements and information pertaining to database management systems.

Associations of regulatory bodies:

Regulatory associations, including CNAR (Canadian Network of Agencies for Regulation) and CLEAR (Council on Licensure, Enforcement and Regulation) work to disseminate and promote identified and emerging best practices in professional regulation. College staff and Council members attend and participate in conferences, seminars and other training and development activities hosted or sponsored by these associations. Such events and activities are opportunities to exchange information and build and maintain professional networks.

The Public:

In keeping with its public protection mandate, the College seeks to engage with members of the public, including the patients/clients of members of the College. The College maintains a webpage containing ongoing and completed public consultations (Provide your Feedback – College of Kinesiologists of Ontario (coko.ca)). The College is also a Partner of the Citizen's Advisory Group (CAG: Citizen Advisory Group – Bringing patient and caregiver voices to health regulation in Ontario). This latter body describes itself as working to bring patient perspectives to health professional regulation in Ontario. The work of the CAG involves public/patient review of regulatory college materials, processes and policies. This work may be completed via CAG meetings, through facilitated focus groups, or by other means (such as surveys that may be sent pertaining to specific materials).

Engagement with the public is also achieved through the College's general email (info@coko.ca), Practice Advice service and the "Patients/Clients" section of the College's website, which provides information regarding health professional regulation, the profession of kinesiology and the College's Complaints processes (including measures to prevent and eliminate sexual abuse of patients by kinesiologists).

Post-secondary educational institutions in Ontario offering programs of study in kinesiology and related disciplines:

This includes faculties and/or departments of Kinesiology (or, in some circumstances, related subject areas, such as Human Kinetics and Physical Education) at Universities in Ontario. In addition, the College may also engage with Colleges offering certificate programs, such as post-degree training in Kinesiology or related

subjects. University Liaisons Committee meeting and University Visits. 20 Universities (to be confirmed). Up to 100 specific contacts (3 connections for each meeting). Follow-ups scheduled: webinar recording for circulation, .pdf of presentation forwarded, responses to any questions from individual universities or students. Universities and Colleges. In some cases there have been multiple presentations. Discussions and collaboration regarding the relationships between the College's requirements (the College's Registration portfolio) and University curricula. The most recent work of this nature was from February 23, 2022 to November 10, 2022. The College has committed, through this process, to building and maintaining open communication with academic system partners.

Professional associations that represent registrants of the College:

The College may engage and have relationships with professional associations that serve and represent its members. Such engagements and partnerships may be undertaken where there are issues relating to public protection that also fall within the scope and mandate of the professional association. An example of this may be the College responding to a request to provide information regarding its standards, guidelines and policies to members of an Association.

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

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

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

The following examples illustrate how the College engaged, in 2022, with system partners and other stakeholders to respond to changing and evolving public and societal expectations:

Informal or ad hoc engagement with system partners (including other regulators):

In 2022, the College engaged in specific outreach to system partners regarding operational/resource management issues such as:

- Review of the College's fee schedule (including consideration of how other Colleges, particularly those of similar size and scope, have addressed and managed the question of changes to fee schedules. This information was used to support the College's business case regarding its fee schedule, as well as in the preparation of a Communications strategy to disseminate proposed changes to the fee schedule and associated by-laws.

- IT service procurement, specifically the identification of potential vendors/service providers that would be able to meet the College's requirements in a secure, reliable and cost-effective manner.

- Review of College employee health benefits package. This review was conducted to ensure that the College's total compensation package is aligned with the general environment, to ensure that the College can attract and retain suitable staff in key operational portfolios and roles.

- Other regulatory Colleges were consulted for suggestions/recommendations regarding a review of the College's auditor and identification/selection of alternative service providers. This advice ensures that the College's financial affairs are transparently and effectively reviewed in keeping with financial oversight requirements and best practices.

- Investment/financial management policies to promote organizational financial planning/security.

As part of the development of a Policy and Material Development and Review Framework, the College identified and consulted with a number of other regulatory Colleges (CNO, CDO, COTO, CRTO, College of Optometrists of Ontario). This process was begun in March 2022 and concluded in December 2022. The process included outreach (facilitated by HPRO Practice Advisors Working Group) and included review of other College's CPMF submissions and websites to identify appropriate opportunities for partnership and learning.

In addition, and where appropriate, communication and engagement with system partners supports the College's Professional Conduct portfolio activities. For example, the College may occasionally share or receive information regarding a member of the College who is dual-registered with another regulatory College.

Professional Associations:

On November 26, 2022, the College participated in a "Safe Sport Summit" hosted by the Ontario Athletic Therapists Association (OATA). Some members of this Association are registered with the College as kinesiologists. The College was invited to provide information regarding how the College, within its mandate and jurisdiction, addresses sexual abuse of patients/clients by kinesiologists. The presentation included discussion of the College's mandatory reporting requirements and guidelines.

Public Groups:
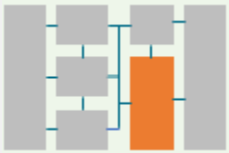
In 2022, the College conducted the following public consultations:
- Registration Policies (Registration Timelines, Language Proficiency, Inactive Class Certificate of Registration and Reissuance of the General Class Certificate of Registration). These consultations ended in May 2022.
- 60-day public consultations regarding the College's by-laws (specifically by-law 6, 10 and 12) began in December 2022 and ended in February 2023.

These public consultations provided the public an opportunity to review proposed new and amended/revised materials and provide specific and general feedback by responding to surveys associated with each of the consultations. An example of how the consultation process is presented to the public can be found here: [Changes to the Inactive Class Certificate of Registration Policy – College of Kinesiologists of Ontario (coko.ca)](#).

Educational Bodies:

The College's relationship with Universities and Colleges includes the College's University Liaisons Committee, which last met in December 2022 and provides an opportunity for engagement and discussion regarding current and emerging issues.

From March 2022 to November 2022, the College directly engaged with an academic institution. The goal of this initiative was to promote greater clarity and understanding of the College's registration requirements. The College also provides regular University and College "campus visits" (virtual format at this time) to inform students of Kinesiology and some related disciplines about the College's mandate, scope, and processes/policies (including the entry-to-practice examination and registration). This provides students an opportunity to ask questions regarding the role of the College and its mandate and jurisdiction.

The above relationships allow the College to maintain an ongoing awareness of the practice and regulatory environments. Engagement with stakeholders, including the public, promotes alignment with best practices through feedback regarding the College's activities.

The College maintains a database of system partners and stakeholders, which is reviewed and updated as required (for example, where emerging issues such as EDI-B indicate that there are or may be potential system partners and stakeholders with which the College does not have an existing relationship or connection. The College may identify such groups, bodies, organizations or individuals via its existing system partner/stakeholder network or by engaging with subject matter experts (such as external consultants).

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

Domain 4: Information Management	STANDARD 7	Required Evidence	College Response	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College's Risk Management Plan, which was most recently reviewed by Council on September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44) includes consideration of risks associated with inappropriate or unauthorized disclosure of information. The Risk Management Plan has incorporated risk mitigation strategies to address potential related compliance issues. Among the risk mitigation strategies in place is the College's internal Privacy Code, which was adopted voluntarily. The Privacy Code "[…]endeavors to adapt the Canadian Standards Association (CSA) principles included in	

			Schedule 1 to *PIPEDA* in a manner that is appropriate for a regulatory body."
			The Privacy Code states that the College's collection, use and disclosure of personal information is done for the purpose of regulating the profession of kinesiology in the public interest. The Privacy Code is based on the following principles:
			Principle 1: Accountability
			Principle 2: Identifying Purposes
			Principle 3: Consent
			Principle 4: Limiting Collection
			Principle 5: Limiting Use, Disclosure or Retention
			Principle 6: Accuracy
			Principle 7: Safeguards
			Principle 8: Openness
			Principle 9: Individual Access
			Principle 10: Challenging compliance
			Some additional, publicly available policies that are guided by the Privacy Code (and other legislative requirements) include:
			Registration Policy – Access to Records Policy: Note to Finance Committee (coko.ca)
			Quality Assurance – Member File Retention Policy: Member-File-Retention-Policy-April-2015.pdf (coko.ca)

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

	ii. uses cybersecurity	The College fulfills this requirement:	Yes

		measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College's Risk Management Plan (see: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44 for the most recent version as reviewed and approved by Council) includes descriptions of the risk mitigation strategies, including cybersecurity measures and backups, in place to address issues such as: - Breach(es) of confidentiality associated with or due to compromised information management/technology systems - Unintended loss or destruction of records - Systems being compromised by cyber attacks (virus, malware/ransomware or other security breach) - Theft of or damage to equipment, such as computers or data storage devices or servers - Breach of exam security The College's Information Technology is managed by a third-party contractor. Part of the consideration process associated with selecting a service provider included ensuring that cybersecurity measures specific to the health professional regulatory environment are in place, and that security issues would be considered and addressed on an ongoing basis.
		Benchmarked Evidence	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.
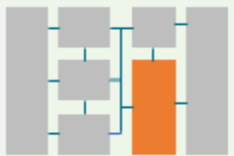
Measure:

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

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response	

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. ___ *Benchmarked Evidence* ___	The College fulfills this requirement:	Yes

The College fulfills this requirement: **Yes**

- 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).

The College's Policy and Material Development and Review Framework ([Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca)))](#) was developed in 2022 and reviewed and approved by Council on December 5, 2022 (see: [Council-Package-Dec-5-2022.pdf (coko.ca)](#), pgs. 104-121).

This framework is based on an 8-step process (which emerged from evidence gathered by the College through an environmental scan and in consultation with other regulatory Colleges) as follows:

Step 1: Identify, describe and analyze the need, issue or problem
Step 2: Identify and analyze options to address the need, issue or problem
Step 3: Determine and understand stakeholders, decision-makers and influencers;
Step 4: Assess readiness for policy/document/other material development;
Step 5: Develop an action plan;
Step 6: Implement the action plan;
Step 7: Facilitate the adoption and implementation of the policy/document/other material that has been developed;
Step 8: Monitor and evaluate policies/documents/other materials.

This process is applied in a flexible manner to adapt to the needs of the issue at hand, and may not always be used in a linear fashion.

The following review criteria have been incorporated into the framework:
Policies: 3 years from creation or last review;
Practice Standards or Guidelines; 5 years from creation or last review;
By-laws: 3 years from creation or last review
The framework also includes mechanisms by which review and revision may occur outside the stated timelines (for example, changes in legislation/regulation and other issues that may arise).

			College staff are responsible for monitoring their portfolio(s) and ensuring that materials are reviewed in a timely fashion based on the framework.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data;	The College fulfills this requirement:	Yes

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		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. *Benchmarked Evidence*	• 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 Policy and Material Development and Review Framework ([Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca)](#)) describes the factors that are considered as part of the development and review of policies, practice standards, practice guidelines and other materials. The framework considers each of the listed components as follows (all page number references below pertain to the link above): i. evidence and data: considered in steps 1-4 of the framework (pgs. 2-4) ii. the risk posed to patients/the public: embedded throughout the framework, but particularly in steps 1, 2 and 4 (pgs. 2-4) iii. the current practice environment: primarily embedded in steps 1, 2, 7 and 8 (initial review, environmental scan, implementation and monitoring/evaluation steps) (pgs. 2, 3, 5 and 6). iv. alignment with other health regulatory Colleges: considered as part of steps 1 and 2, also as part of ongoing review/evaluation in step 8 (pgs. 2, 3, 5 and 6) v. expectations of the public: considered throughout steps 1 – 4 of the framework (pgs. 2-4) and may also be considered as part of the adoption and implementation process as part of Step 7 (pg. 5). vi. stakeholder views and feedback: primarily considered in steps 3 and 5 of the framework (pgs. 3-5).

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.

The College will use the EDI-B self-assessment tool developed as part of an HPRO EDI-B/anti-racism in health regulation project to apply an EDI-B lens to the review of policies, practice standards, practice guidelines and other materials. This tool is expected to be available after March 2023. The College will actively participate in and pursue opportunities to learn how this tool may be most effectively applied, including discussions with representatives of other regulatory Colleges. It is anticipated that this preparatory/training work will begin in Q3-Q4 of the 2022-2023 Fiscal Year and will be concluded by Q2 of Fiscal Year 2023-2024.

		c. The College's policies,	The College fulfills this requirement:	Yes

		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.	- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. - Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. The College's Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca) implicitly and explicitly refers to EDI-B principles and how they will be applied to the review and development of College policies, practice standards, practice guidelines and other materials (specifically, item 29. on pg. 7 states that an EDI-B lens will be applied to the development of College materials).
			
			Examples of how these principles are currently embedded in College materials include:
			
			Among the Principles of Ethical Conduct contained in the College's The Code of Ethics: College of Kinesiologists Policy and Procedure Manual (coko.ca), pg. 2) are:
			
			   - Respect: "Members are respectful of the differing needs of each individual an honour the patient's right to privacy, confidentiality, dignity and treatment without discrimination"; and
			
			   - Autonomy and Well Being: "Members are at all times guided by a concern for the patient's well-being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning."
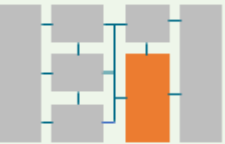			
			Several Competencies and Performance Indicators included in the Essential Competencies of Practice address matters relevant to EDI-B. Examples of this can be found in Unit 3: Professionalism and Ethics, particularly Competencies 3.1 and 3.2 and their related Performance Indicators (Essential-Competencies-of-Practice-for-Kinesiologists-in-Ontario-March-2018.pdf (coko.ca), pgs. 29-31).
			
			As part of a review in 2022 of the College's Practice Standard – Discharging a Client, the College updated the Practice Standard to explicitly state that a member of the College may not discharge a patient/client for reasons considered to fall within the protected grounds in the Ontario Human Rights Code (see: College of Kinesiologists Policy and Procedure Manual (coko.ca), top of pg. 2). This emerged from an environmental scan regarding this Practice Standard and was supported by legal advice. This was reviewed and approved by Council on September 26, 2022 (see: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 56-62).

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

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

<table>
<tr>
<td rowspan="2">DOMAIN 6: SUITABILITY TO PRACTICE</td>
<td rowspan="2">STANDARD 9</td>
<td>**Required Evidence**</td>
<td colspan="2">**College Response**</td>
</tr>
<tr>
<td>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].</td>
<td colspan="2">
The College fulfills this requirement: Met in 2021, continues to meet in 2022

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.

- Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

The College's Required Documents Policy sets out the full documentary requirements for registration; additional policies outline the specific requirements for individual registration documents, such as the Criminal Record Check Report or the professional liability insurance. Below is a summary of how the CKO verifies registration requirements:

- Confirmation of graduation is verified by way of an official transcript submitted directly to the CKO from the educational institution where the candidate completed their education in kinesiology (or a related field).

- Applicants who obtained their education in kinesiology (or a related field) outside of Canada must have their academic qualifications verified by a College-approved international credentialing agency. The credential agency attests to the authenticity of the documents reviewed and prepare a course-by-course evaluation report as required.

- All applicants for registration must arrange for an original Police Criminal Record Check Report to be sent directly to the College from their local police service; the report must show that the search was completed no more than 6 months prior to the date of application (https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf).

- Letters of standing are received directly from other regulators.

- The entry-to-practice examination is administered by the CKO's trusted third-party exam administrator; exam results and candidate profiles are also received directly from the exam administrator The exam administrator maintains a high standard of security and delivery, and has an established reputation with numerous regulators across North America.

- When the applicant's first language is not English or French and their relevant health care education was not in English or French in accordance with the College's Language Proficiency Policy, the applicant must demonstrate fluency in either language by completing an approved language test, the results of which must be sent directly to the College from the test administrator (https://www.coko.ca/wp-content/uploads/2022/07/Language-Proficiency-Policy-June-2022.pdf).

- Evidence of professional liability insurance coverage is obtained by way of a certificate issued by the insurance provider to the candidate. Each candidate's
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			certificate is reviewed by staff to confirm it satisfies the requirements of the College's Professional Liability Insurance Policy (https://www.coko.ca/wp-content/uploads/2020/06/Professional-Liability-Insurance-Policy-June-2017.pdf).

[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.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated.\ • The CKO has various policies governing its registration processes, which are available for review on our website under "Registration Policies: https://www.coko.ca/about/corporate-documents/ . • Graduates of non-Ontario kinesiology programs are required to complete the College's Academic Assessment Form, which provides the Registration Committee a standardized approach in reviewing programs for substantial equivalency. Registration Committee members also receive orientation training and are provided decision making tools to ensure informed decision making. • The CKO assesses policies and processes related to registration requirements on a cyclical basis to ensure they are current, meet fair registration principles set out by the Ontario Fairness Commissioner, and demonstrate best practices amongst provincial and national regulators. The CKO is actively compliant with the recent regulatory directives from the Ministry aimed at modernizing the registration process and reducing barriers for applicants to regulatory health professions in Ontario. The CKO also conducts regular environmental scans both independently and in consultation with the Ontario Regulators for Access (ORAC) working group, to ensure processes and policies are consistent with current best practices. • In September 2022 the CKO engaged a psychometric consultant to begin a comprehensive review of the kinesiologist core competency profile, which is a collection of validated statements or competencies that describe the performance required to demonstrate competence in the role of a kinesiologist at the entry-to-practice level. The profile provides the foundation for the development of the CKO's entry-to-practice examination and the exam blueprint, which describes the structure of the exam. The revalidation project will include a review and update of the exam blueprint, as well as a refresh of the Academic Assessment Form. The project has an anticipated project completion of summer 2023. • The CKO maintains an internal log of previous Registration Committee outcomes to ensure consistency throughout the review and decision-making process. • In December 2022, the College established a policy review schedule to assist in determining when a policy is due for review. Registration policies, including those related to the processes above, will undergo review on a regular basis in the coming years.	Yes

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

Measure:
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.

c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please briefly describe the currency and competency requirements registrants are required to meet.
- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.

As per section 7 (2) of the General Registration Regulation of the Kinesiology Act 2007, registrants issued a General class certificate of registration must practise the profession for at least 1,500 hours during every three-year period where the first three-year period begins on the first September 1 following the day that the member is issued a general certificate of registration and each subsequent three-year period begins on the first anniversary of the commencement of the previous period.

The College ensures that this requirement is met by requiring that registrants self report their practice hours yearly as part of the annual renewal process. Registrants who fail to suffice the minimum practice hours requirement are referred to the Quality assurance department and may be required to undergo a peer and practice assessment to ensure their continued competency in kinesiology.

All kinesiologists registered in the General class must complete a self-assessment every two years. The 90-day self-assessment period begins on December 1 and ends March 1 of the next calendar year. The self-assessment asks kinesiologists a series of questions related to the practice standards and Essential Competencies that allows them to assess their knowledge, skills, and judgement. Kinesiologists are required to identify a minimum of three learning goals, which form the basis of step two of the Quality Assurance Program: Continuing Professional Development (CPD). The College does not require kinesiologists to collect a certain number of CPD hours or credits per year, and CPD activity does not need to be pre-approved by the College. Rather, learning is self-directed. Registrants are encouraged to select learning activities based on their own needs and goals, and to reflect on how learning impacts their individual practice.

Kinesiologists in the Inactive Class applying to return to the Active Class must satisfy to the requirements of the College's Reissuance of the General Class Certificate of Registration policy. Similarly, registrants applying to return to the Active Class after administrative revocation (that is, a member who has been suspended for three consecutive years and has had their license revoked) must satisfy the requirements set out in the Reinstatement to the General Class after Administrative Revocation policy. Both policies were developed to ensure that out of practice kinesiologists have the requisite knowledge, skill and judgement to return to practice.
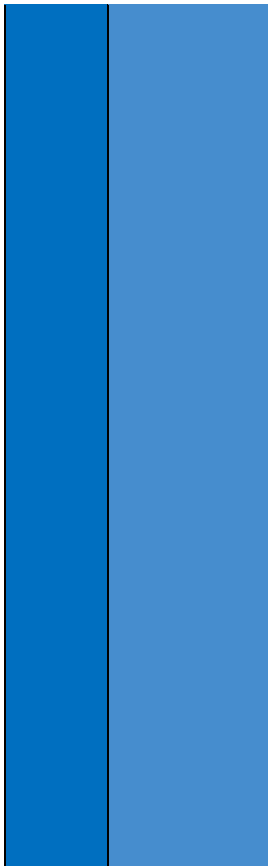
Kinesiologists also have specific mandatory reporting requirements to the College as it relates to their conduct and the conduct of other kinesiologists. Kinesiologists must file a mandatory or self-report with the College if they:

- believe a patient/client may have been or is being sexually abused by a kinesiologist. (Special rules apply to how this type of report is made. Kinesiologists should consult the Mandatory Reporting Guideline or consult with the College);
- end a partnership, health profession corporation or association with a kinesiologist or other regulated health professional for reasons of professional misconduct, incompetence or incapacity;
- have been charged with or found guilty of an offence, or are subject to any bail or similar restrictions;
- have a finding of professional malpractice or negligence;
- have a finding or proceeding by another regulatory body.

In 2022, the College conducted an audit of registrants' Professional Liability Insurance (PLI) coverage. This was identified as an area of risk by the College, namely that registrants without adequate PLI may present a risk to the public in the event that a claim. (as described in the Professional Liability Insurance Policy). Of the 300 randomly-selected registrants, 22 were determined to have submitted insufficient evidence of holding PLI that meets the College's standards.

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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[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 2021, continues to meet in 2022
	• Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued The CKO was audited by the Office of the Fairness Commissioner (OFC) in 2016. To review the report, please visit: https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---Kinesiologists.aspx The last publicly available report submitted by the College to the OFC was for the year 2020. Release of the 2021 reporting template to health regulators was delayed by the OFC until late Fall 2022, as the OFC was implementing a series of changes to the format and measurables. Once released, the report was circulated and submitted in a SurveyMonkey format which does permit for the export of a shareable report. Previous Fair Practice Reports can be found on the College's website: https://www.coko.ca/applicants/start-an-application/fair-registration-practices/ The OFC's Risk Informed Compliance Framework rating of the 2022/2023 submission was low risk.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	
		Required Evidence	**College Response**
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: _Met in 2021, continues to meet in 2022_ • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: − Name of Standard Practice Standard – Infection Control − Duration of period that support was provided Ongoing (since 2020/start of the COVID-19 pandemic) − Activities undertaken to support registrants The College developed a range of materials regarding practice during the COVID-19 pandemic. Such materials supplemented the information contained in the Practice Standard – Infection Control (College of Kinesiologists Policy and Procedure Manual (coko.ca)), as well as containing specific and up-to-date information during an evolving public health emergency. These materials were developed and made available throughout the COVID-19 pandemic (beginning in 2020 and remain available). Materials have been updated on an ongoing basis to ensure that registrants have access to information that is current and relevant. Needs were and may be identified through: - Registrant surveys - Tracking registrant questions received through the College's Practice Advice portfolio - Information and updates provided by government and other Public Health authorities Information that was created to supplement the Practice Standard included: - A COVID-19 portal on the College's website, with information and links to resources, including provincial government information: COVID-19 – College of Kinesiologists of Ontario (coko.ca) - A webinar, produced in conjunction with other regulatory colleges and Public Health Ontario (live date: June 22, 2020) regarding COVID-19 Infection Prevention and Control for Regulated Health Professionals - A webinar (live date: March 25, 2021, 6-7pm) regarding practice during the COVID-19 pandemic (Practicing during COVID-19 - YouTube) - Revisions to the Practice Standard – Infection Control (approved by Council June 27, 2022: Council-Package-June-27-2022.pdf (coko.ca), pgs. 87-94). The Practice Standard was amended to provide resources more relevant to the practice of kinesiology in Ontario (specifically, public health and IPAC guidelines and guidance from organizations in Canada and Ontario). − % of registrants reached/participated by each activity - The 2020 webinar regarding infection control has been posted to the College's Youtube channel, where it has been viewed 874 times since June 26, 2020. - The 2021 webinar regarding practice during COVID-19 was viewed has been viewed 97 times since March 31, 2021.

- − Evaluation conducted on effectiveness of support provided
- - Webinar attendees were provided with webinar effectiveness surveys and contact information for follow-up questions.
- - 31% of Practice Advice inquiries between 2020-2021 pertained to Infection Control and other COVID-19 related questions.
- - 19% of Practice Advice inquires in 2021-2022 pertained to Infection Control and COVID-19.

- • Does the College always provide this level of support: No
  If not, please provide a brief explanation:

  The College publishes supplemental material/provides additional guidance 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. The College continues to provide additional support regarding Practice Standards and Practice Guidelines by:
    - Creation of eLearning modules relevant to specific Practice Standards and Guidelines. All registrants are required to complete the prescribed eLearning modules regarding Prevention of Sexual Abuse and Ethics and Professionalism.
    - Providing online FAQs on the College's website
    - Providing articles, webinars, explainer videos and tools (such as checklists) on the College's website
    - Newsletter articles (i.e., "Case of the Month") describing scenarios related to the Practice Standards, with explanations and links to the relevant Practice Standard(s).

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

Additional comments for clarification (optional)

The College's Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca), approved by Council on December 5, 2022, includes specific stages in the material development and review process that pertain to ensuring that the implementation of new and revised materials is adequately resourced and supported. Specifically:

- *Step 5 of the Framework states that communications planning will be incorporated into the action plan developed for new or revised material(s).*
- *Step 7 of the Framework specifically indicates that plans will be made to "facilitate the adoption and implementation of the policy/document/other material that has been developed".*
- *Step 8 establishes the ongoing monitoring of new and revised College materials.*

The intent of the Framework is to facilitate the adoption process for new and/or revised materials by ensuring that communications plans are considered early in the development and review process. This will, in turn, promote effective operational planning and ensure that resources are used efficiently.

Over the next reporting year, the College will apply this model to the consideration of materials provided by the College aimed at the prevention and elimination of sexual abuse of patients by kinesiologists. At present, a review is underway of the College's eLearning module, intended to support registrants of the College in their application and understanding of the College's Practice Standards and Guidelines pertaining to Sexual Abuse, Professional Boundaries and Mandatory Reporting. The College will work to implement an effective communications strategy regarding this material, which is expected to be completed and available to registrants by September 2023.

Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**	

a. The College has processes and policies in place outlining:	The College fulfills this requirement:	Partially
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;	• 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. An overview of the development of the College's QA assessment process (Peer and Practice Assessment) can be found here: Development-of-PPA-Final-Report-March-2015-Abbreviated-February-2021.pdf (coko.ca) (pgs. 1-10, with Appendices pgs. 11-21). This describes how the Peer and Practice Assessment was developed to apply a Behavior-Based Interviewing lens to the *Essential Competencies of Practice for Kinesiologists*. The essential competencies and specific performance indicators (which may be described as sub-competencies which fall under each essential competency) were ranked by focus groups of kinesiologists based on the importance of each essential competency and frequency a given competency may be used by kinesiologists. The ranking established by the focus groups was further refined from the perspective of public protection/risk to the public. The College's Peer and Practice Assessment – General Requirements Policy (PPA-General-Requirements-Policy-March-2017.pdf (coko.ca)) sets out, on pages 1-2, the participation and selection criteria as well as exclusions that may apply. The essential competencies and performance indicators evaluated during Peer and Practice Assessments are associated with specific "core", "clinical" and "trigger" questions. All members selected for Peer and Practice Assessment are expected to participate in situation-based interviews which cover each of the identified "core" questions. In addition, specific "trigger" questions may be assigned to a member's situational interview based on information received from the member in a Pre-Assessment Questionnaire, regarding: - The member's practice environment (clinical, non-clinical or mixed practice) - Whether the member completes certain specified tasks or duties. Members practising in clinical or mixed (clinical and non-clinical) practice environments will, as part of their situational interview, also be asked "clinical" questions. Such registrants also participate in a case-based interview and patient record review specific to the clinical aspects of their practice. • Is the process taken above for identifying priority areas codified in a policy: No • *If yes, please insert link to policy*	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
			The College will review and, if necessary, revise its Peer and Practice Assessment process to ensure consistency with the Essential Competencies of Practice and that the assessment tool is robust and consistent with its goal of optimizing practice quality. To this end, the College will undertake the following review: - *A review of the current status of the Peer and Practice Assessment, to be presented as a business case for seeking an external consultant to review the portfolio (to be presented to Council at the June 2023 Council meeting)* - *Based on this review, and with Council's approval, the College may engage an external consultant to complete a review of its Peer and Practice Assessment (expected project completion in fiscal year 2023-2024).*	

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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).

| | | ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and | The College fulfills this requirement:

• 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.

A cross-functional review of the Peer and Practice Assessment by College staff (Quality Assurance, Registration and Professional Conduct) identified Professional Liability Insurance ("PLI") and participation in Quality Assurance portfolio activities as areas of potential risk associated with members' practice. The latter risk may already be addressed through existing Peer and Practice selection criteria (see: PPA-General-Requirements-Policy-March-2017.pdf (coko.ca), pgs. 1-2). The Quality Assurance Committee reviewed these findings and a proposal that the latter risk (PLI) may be addressed using Peer and Practice Assessment via stratified random sampling (which is already included in the General Requirements Policy as a possible selection criteria).

The following steps were implemented in keeping with a right-touch approach:
- College staff would conduct audits of member PLI.
- Members identified as having not provided evidence of PLI, or evidence of PLI that does not meet the College's standards, would be duly advised and given 30 days to provide evidence of PLI that meets the College's standards.
- Members who did not provide evidence of PLI upon request would be entered into a stratified random sampling pool for Peer and Practice Assessment, in addition to any other actions the College may take.

The first such audit was conducted in 2022, with the results to inform Peer and Practice Assessment in early 2023. The Quality Assurance Committee determined an initial target of 20% of Peer and Practice Assessments will be selected via stratified random sampling.

• Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable). 2022
If evaluated/updated, did the college engage the following stakeholders in the evaluation: | Yes |

			− Public	No
			− Employers	No
			− Registrants	Yes
			− other stakeholders	Yes

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

Additional comments for clarification (optional)

Aggregate data regarding the results of Peer and Practice Assessments will be reported and may be used to identify additional opportunities to apply stratified random sampling to more comprehensively adopt a right-touch approach to Peer and Practice Assessments. Cross-functional reviews by staff will continue, including where new or developing information (such as complaints, or decisions regarding Peer and Practice Assessments) may indicate an issue that could be addressed using a right-touch regulatory approach.

iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria.

PPA-General-Requirements-Policy-March-2017.pdf (coko.ca) (pg. 5, "Reporting, review and notice – unsatisfactory PPA Reports" items 30-34)
Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (pgs. 1-7)
More specific information regarding the College's Mentorship Program is available here: CKO-Mentorship-Program-Information-Package.pdf (coko.ca)

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

Additional comments for clarification (optional)

Measure:
10.3   The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.

a. The College tracks the results	The College fulfills this requirement:	Yes

		of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process. The College's Peer and Practice Assessment – General Requirements Policy ([PPA-General-Requirements-Policy-March-2017.pdf (coko.ca)](#), pgs. 5-6) sets out the reporting, review and notice procedures where a member's knowledge, skill and judgement may have been found to be unsatisfactory. The College's Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf (coko.ca)](#)) sets out how the College may determine that a given form of competency enhancement may be completed to ensure that the member demonstrates the required knowledge, skill and judgement to practise safely and meet the College's expectations. • 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. As per the Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf (coko.ca)](#)), members who are directed to participate in competency enhancement may demonstrate remediation as follows: Demonstrated Change Reports (pg. 2, item 7. of the Policy): the member must submit to the College evidence that includes: - a review of the relevant College Practice Standard (or other material as indicated by the Quality Assurance Committee) - what they have learned - changes made to their practice based on this new knowledge - how these changes/this new knowledge impacts patient/client care or service. Course/learning module (pg. 2, Item 8. of the Policy): the member must provide evidence of successful completion of the course or learning module to the College. Mentorship (pg. 2-3, Items 9-15 of the Policy): the member and their mentor will agree to a learning plan and sign a Mentorship Agreement Contract, which will be reviewed and approved by the College before the mentorship begins. College staff will also review interim and final evaluations, which will be submitted by the mentor. Note re: assessment: As per the Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf (coko.ca)](#) (pg. 3-6, Items 16-43)), members who have been directed to participate in competency enhancement may also be directed to participate in a second Peer and Practice Assessment. Such a direction would typically be made alongside the direction to participate in a Mentorship. This second Peer and Practice Assessment may facilitate the assessment of whether the member demonstrates satisfactory knowledge, skill and judgement following competency enhancement (i.e., Mentorship).
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1**		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process,	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) 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) Addressing Sexual Abuse webpage: (provides more details regarding how the College addresses complaints) Addressing Sexual Abuse – College of Kinesiologists of Ontario (coko.ca) • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. The College'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)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and;	*Additional comments for clarification (optional)*	
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement: • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. Complainants are asked at the end of the intake process if the information on the website is useful and easy to understand. Changes are made as needed. No changes were required in the reporting period.	Yes
		Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	
		b. The College responds to 90% of	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

		inquiries from the public within 5 business days, with follow-up timelines as necessary.	Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			All inquiries to the college in 2022 received a detailed response within 5 business days. The current policy regarding follow-up and response timelines can be found here: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-Policy-December-2014.pdf Notes regarding Service Policy/response to inquiries by mail, telephone, email. Other follow-up timelines can be found here (in the FAQ section at the bottom of the page): https://www.coko.ca/patients-and-clients/concerns-and-complaints/	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please list supports available for the public during the complaints process. 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: https://www.coko.ca/patients-and-clients/concerns-and-complaints/discipline/ https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/ https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/addressing-sexual-abuse/ https://www.coko.ca/patients-and-clients/concerns-and-complaints/fitness-to-practise/ • Please briefly describe at what points during the complaints process that complainants are made aware of supports available.	

Complainants are made aware of the available supports 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.

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

Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**	

a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: • 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 complaint 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	Yes
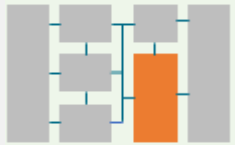
			parties explaining the reason for the delay. No delay letters were required during the reporting period.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
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: • Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied. The College assesses risk on intake using a three point risk matrix from: 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 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 13**	**Measure:**

13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).

a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes

- Please insert a link to the policy and indicate page number **OR** please briefly describe the policy.

  The College's Good Conduct Policy, which pertains to Registration and Inquiries, Complaints and Reports Committee decisions regarding member conduct, 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." (Note to Finance Committee (coko.ca), pg. 3).

  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 *Regulated Health Professions Act, 1991i* (*RHPA, 1991*) (Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)). The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation.

  The College maintains its Public Register in keeping with the requirements set out in s. 23 of the Health Professions Procedural Code (Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)). The Public Register is accessible through the College's website: Find a Kinesiologist – College of Kinesiologists of Ontario (coko.ca)

- 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').

  The College has shared information regarding member standing with other regulatory Colleges (for example, where a member of the College has applied to become a member of another College). Such information sharing is typically requested by the member (for example, in the form of requests for a letter of good standing).

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	
			The College has received, through HPRO, a document pertaining to disclosure principles (what can, may or will be disclosed, under what circumstances, and to whom) under s. 36 of the RHPA, 1991. The College is also supporting an ongoing initiative to establish clear criteria for proactive and reactive disclosures that may be permissible under s. 36 of the RHPA, 1991.	
			Action plan:	
			- *Complete survey, providing general information around the College's reactive and proactive sharing of information/disclosure of information. This survey is being supported by an HPRO working group focused on information sharing. The survey itself was developed by the College of Physiotherapists of Ontario.*	
			- *The survey results will be compiled in February/March 2023.*	
			- *The results will be presented to the HPRO board.*	
			- *The College will consider the results of this survey (once published) and determine whether a policy may be required, and where it may be appropriate to align its practices with those of other regulatory Colleges.*	

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.

DOM		Required Evidence	College Response	
		a. Outline the College's KPIs,	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

| | | including a clear rationale for why each is important. | • 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.

KPIs are defined in both the College's strategic plan (https://www.coko.ca/wp-content/uploads/2020/05/2019-2022-Strategic-Plan-scaled.jpg) and it's annual operational plans (Council-Package-June-27-2022.pdf (coko.ca), pgs. 36-39). KPIs in the strategic plan are chosen with the help of an external facilitator, who guides Council and staff in prioritizing needs and how to realistically achieve the strategic objectives.

Council is updated at each meeting regarding the College's performance with respect to KPIs in the form of quarterly financial reports and dashboards (example: Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 25-31). KPIs in the operational plans are chosen to ensure staff are achieving the overall strategic objectives.

Some examples of KPIs set out in College policies and operations:

- Client Service Policy in place for CKO response times: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-PolicyDecember-2014.pdf
- Tracking of open rates / bounce back rates for e-mail correspondence. This is to ensure delivery of key targeted communication to registrants, applicants and stakeholders.
- Tracking engagement on external communication platforms (Youtube, LinkdIn, Facebook, Twitter)
- Use of a database to track and report on Practice Advice Inquires (for an example of how this is reported, see the Annual Report (Challenges Conquered: Modernizing Regulatory Excellence (coko.ca), pg. 17). |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. These items were most recently discussed by Council as follows: - Progress against stated strategic initiatives and regulatory outcomes: December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 15-16 (report on Registration outcomes), pgs. 20-27 (Committee reports and Q1 Dashboard, and discussed in the Registrar's Report to Council, documented on pg. 3 as Agenda Item 9)) -Risk Management Plan: September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). Council was advised that the Risk Management Plan would be regularly (twice per year) reviewed by staff and would be revised and updated accordingly.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

-

Measure:

14.2   Council directs action in response to College performance on its KPIs and risk reviews.

a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• 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. Performance and risk reviews are done biannually and presented to Council. The most recent review of risks, business continuity planning and disaster preparedness planning was done on September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). There have also been discussions of the College's performance indicators at Council (for example: Council-Package-June-27-2022.pdf (coko.ca), pgs. 36-39). The College has also begun using its CPMF submission(s) as a means to identify opportunities for process development and alignment with best practices. The CPMF and its review by Council also presents an opportunity to describe and elaborate on progress towards organizational goals (for example: Council-Package-March-28-2022.pdf (coko.ca) pgs. 150-221).	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

Measure:

14.3   The College regularly reports publicly on its performance.

		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:)	Yes
			• Please insert a link to the College's dashboard or relevant section of the College's website. Dashboard updates are provided at each quarterly Council meeting (example: Council-Package-Dec-5-2022.pdf (coko.ca) pgs. 25-27). The College also posts all annual reports on its Corporate Documents webpage (Corporate Documents – College of Kinesiologists of Ontario (coko.ca)).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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.
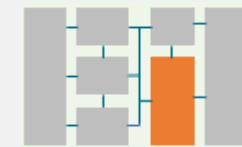
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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. *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		

Type of QA/QI activity or assessment:	#	
i. Self-Assessment	2483	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
ii. eLearning Module: Ethics and Professionalism	193	
iii. Peer and Practice Assessment	52	
iv. Competency Enhancement – Demonstrated Change Report	NR	
v. Competency Enhancement – Mentorship Program	NR	
vi. *<Insert QA activity or assessment>*		
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

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

NR

Additional comments for clarification (if needed)

i. The College's biennial Self-Assessment cycle opened on December 1, 2022 and will close on March 1, 2023.
iii. This includes members who were selected for Peer and Practice Assessment in the Fall of 2021, but their assessments were conducted in 2022.
iii. This does not include members selected for Peer and Practice Assessment in the Fall of 2022 but completed their assessments in calendar year 2023.

Table 2 – Context Measures 2 and 3
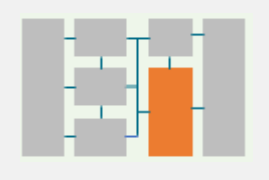
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College own method: **Recommended**
If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	2483	100	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
NR			
Additional comments for clarification (if needed)			
–			

Table 3 – Context Measure 4
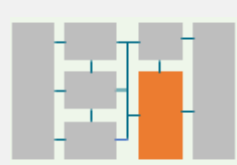
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended
If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	**#**	**%**	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgment 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 2022.
**This measure may include any outcomes from the previous year that were carried over into CY 2022.

Additional comments for clarification (if needed)
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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data is collected in accordance with the recommended method or the College's own method: Recommended
If a College method is used, please specify the rationale for its use:

Context Measure (CM)

CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising					*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.*
II. Billing and Fees					
III. Communication	1	25			
IV. Competence / Patient Care	2	50			
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour	1	25			
VII. Record keeping					
VIII. Sexual Abuse					
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Qther *<please specify>*					
Total number of formal complaints and Registrar's Investigations**	4	**100%**		**100%**	
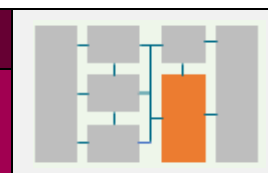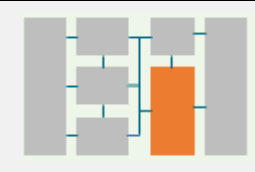
[Formal Complaints](#) [NR](#) [Registrar's Investigation](#) ****** *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*	

Additional comments for clarification (if needed)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			

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

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

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	3		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	0		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	0		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC	3	100	
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

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

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

\# *May relate to Registrar's Investigations that were brought to the ICRC in the previous year.*
*** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*

Additional comments for clarification (if needed)

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended.
If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2022	3
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication	1	1					
IV. Competence / Patient Care	1						
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice							
XI.	Other *<please specify>*							

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.

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

NR

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

Additional comments for clarification (if needed)
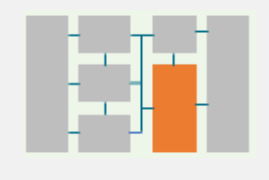
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Table 7 – Context Measure 11

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. 90th Percentile disposal of:	Days	What does this information tell us? *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2022	95	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2022	N/A	
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
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		

	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.*
CM 12. 90th Percentile disposal of:		
I. An uncontested discipline hearing in working days in CY 2022	N/A	*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.*
II. A contested discipline hearing in working days in CY 2022	2	

Disposal Uncontested Discipline Hearing Contested Discipline Hearing
Additional comments for clarification (if needed)

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard	1	
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		*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.*
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

*   The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

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

Context Measure (CM)	
CM 14. Distribution of Discipline orders by type*	

Type	#	
I. Revocation		*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.*
II. Suspension	1	
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand	1	
V. Undertaking	1	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may may not equal the total number of discipline cases.

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR   -

Additional comments for clarification (if needed)

Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

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

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent 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:

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:

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to:

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

Return to:

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

Return to:

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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