

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

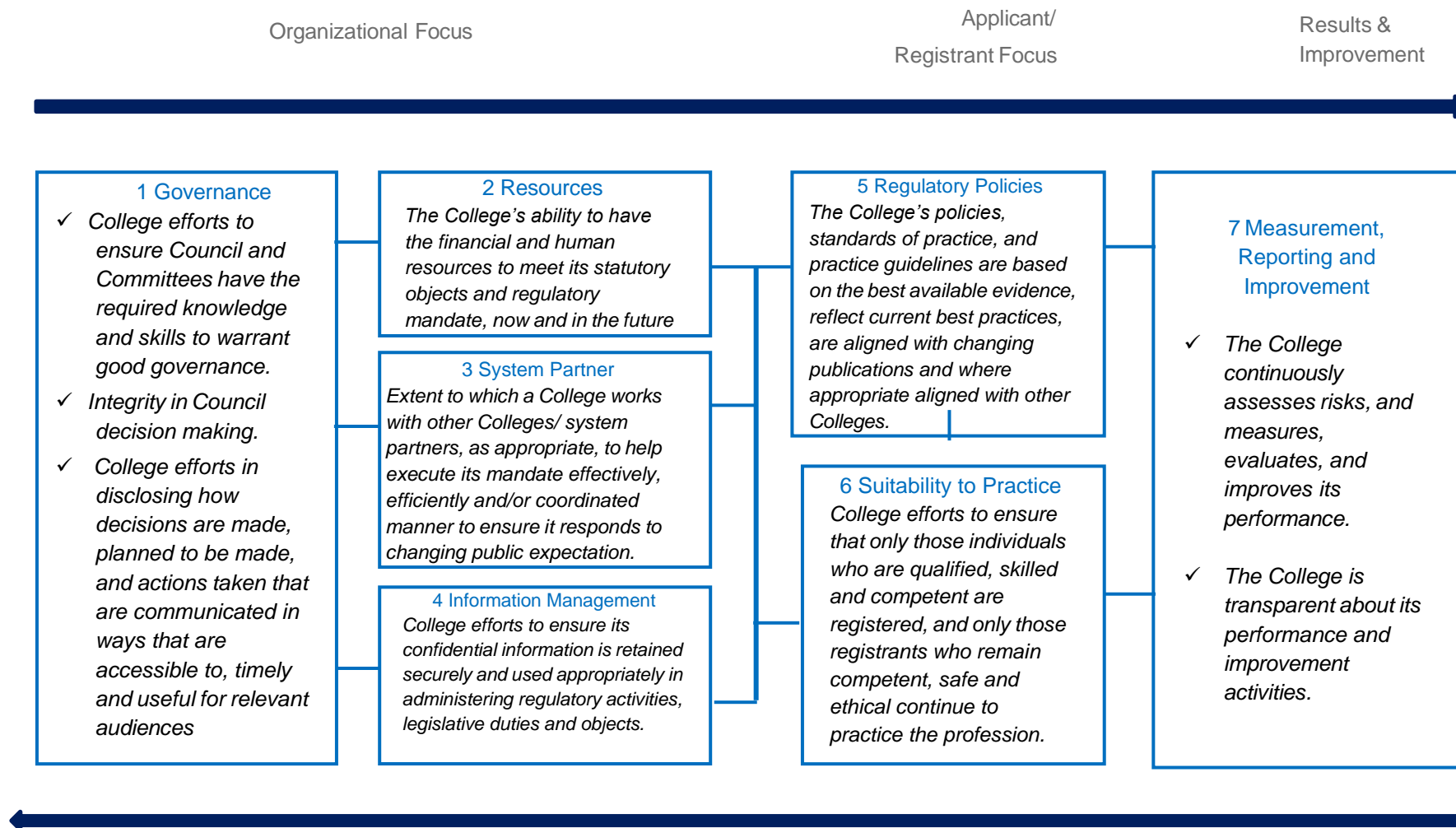


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

Completing the CPMF Reporting Tool

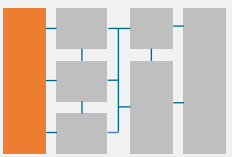
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

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

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The Council and Committee Competency Profile can be found here on the College's website. Also, the Council eligibility criteria are set in the College's by-laws (specifically articles 10.11 and 10.12, which can be found on pgs. 19-21 of the .pdf of the By-laws).</p>

	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. - The orientation training required can be completed at a pace suitable for the individual completing the module. Completion of the module may require 1-2 hours, depending upon the individual. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). - The orientation training is currently provided via an online Council Orientation Module. Completion of the module is a required element of the nomination process. The module can be completed at a pace suitable for the individual, though it must be completed prior to the closure of the nomination window for the nominee to be deemed eligible to stand for election. The module, which includes links to the College’s By-laws and other resources, is divided into 12 parts. The module contains interactive elements, as well as a knowledge-testing quiz at the end of the module. Completion of the module is documented both on the nomination form and confirmed via a survey link embedded in the module itself. - The requirement to complete the orientation module is set out in articles 10.11 and 10.12 of the College’s By-laws (pgs. 19-21 of the .pdf of the By-laws). For greater specificity, see clauses 10.11.xix (pg. 20 of the .pdf of the By-laws) and 10.12.xix (pg. 21 of the .pdf of the College’s by-laws). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. - The module is available via public link on the College’s Council and Committees webpage (under the section heading: “Competency and Eligibility”). <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p>	<p>Yes</p> <p>Choose an item.</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> - The Council and Committee Competency Profile can be found here on the College’s website. Also, the committee eligibility criteria are set in the College’s by-laws (specifically article 13.14, which can be found on pg. 32 of the .pdf of the By-laws). - Expressions of interest in serving on committees are reviewed by the College’s Governance & Nominations Committee, taking into consideration the College’s By-laws, the relevant Policy for committee appointments and the terms of reference for each committee. 	<p>Yes</p>

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2198 573">The College fulfills this requirement:</td> <td data-bbox="2198 516 2612 573">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 573 2612 1122"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year, such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. </td> </tr> <tr> <td data-bbox="776 1122 2198 1174"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2198 1122 2612 1174">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1174 2612 1433"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year, such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	<p><i>Additional comments for clarification (optional):</i></p>	
The College fulfills this requirement:	Yes										
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. <ul style="list-style-type: none"> - At least 1 hour in duration (varies depending upon the Committee). • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> - Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year, such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed). - Committee orientations may be supported or facilitated by pre-orientation online modules. - Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> - These orientations provide committee members with information and training regarding: <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 											
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.										
<p><i>Additional comments for clarification (optional):</i></p>											

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Duration of orientation training. - Council orientations are typically scheduled for 1.5 hours. The specific duration of each orientation may vary depending on the number of new Public members and the type and complexity of questions that may arise. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). - Orientations are conducted via virtual meeting (videoconference) prior to the appointee(s) first Council meeting. - Orientation sessions are facilitated by the President of Council and the Registrar & CEO and include presentations from College staff responsible for various College portfolios. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. - Orientation topics include: <ul style="list-style-type: none"> ○ Governance; ○ Financial planning and stewardship; ○ The role of the College and the role of Council; ○ Where Council's role begins and ends, and the role of staff; ○ Duties and responsibilities of a Council member (e.g. conflict of interest); ○ What a registered kinesiologist does (and information on the entry-to-practice requirements); ○ An overview of the College's portfolios and the various statutory and non-statutory committees. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2023, continues to meet in 2024</td> </tr> </table>		Met in 2023, continues to meet in 2024	
		Met in 2023, continues to meet in 2024		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. - Amendments to the College’s Council Effectiveness Review Framework (CERF) were most recently approved by Council on June 24, 2024 (see Agenda Item 13 on pg. 5 of the Minutes of that meeting of Council). • 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. - The current CERF can be reviewed on pgs. 47-54 of the Meeting Materials for the June 24, 2024 Council meeting. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> - A public report was provided to Council at the December 2024 Council meeting (see pg. 40 of the December Council meeting package). A summary public report is also posted to the Council and Committee page on the College’s website. 			
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>		Choose an item.		
	Choose an item.			
<i>Additional comments for clarification (optional)</i>				

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> - Every 3 years • Please indicate the year of last third-party evaluation. - Fiscal year 2022-2023. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. - The report regarding the 2023-2024 CERF provides a high-level overview of how the outcome of that CERF cycle contributed to the identification of opportunities to enhance the training provided to Council and Committee members. • 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>. - Council and committee members may provide feedback regarding training needs and opportunities in Meeting Evaluation Surveys (which are administered at the end of each Council and committee meeting). Council members can also provide relevant feedback via the Council Annual Evaluation Survey (which is administered following the June Council meeting). The Annual Evaluation Survey asks Council members to rate their agreement with the following statement: “Council and Council members receive ongoing training and education to build and maintain the necessary knowledge and competencies.”. Council members may also choose to complete a voluntary Council Member Self-Reflection, which allows them to identify any personal goals for the following fiscal year. The Council Member Self-Reflection is also offered following the June Council meeting, at the same time as the Council Annual Evaluation Survey. Training needs and opportunities may also be identified via ongoing dialogue and communication between the Registrar & CEO and the President of Council. - Oversight of council and committee training and development based on evaluation results, and recommendations from Council and committees is among the responsibilities of the Governance & Nominations Committee. This is specified in the terms of reference of that Committee (see: Attachment 3 to Schedule 4 to the College’s By-laws, specifically pg. 74 of the .pdf) 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. - Council and committee training has been informed on an ongoing basis by the College Performance Measurement Framework (CPMF: See link for the College's previous submissions). By setting out Standards and Measures of regulatory excellence, the CPMF has provided the College and Council with insight into public expectations, including the importance and relevance of risk management and Diversity, Equity and Inclusion. - The College may also use its risk management framework to identify how evolving public expectations or other risk factors may impact ongoing Council training. While the detailed risk management plan and risk mitigation strategies are not made public, the College does provide Council with a quarterly dashboard. One example of an update to the risk management plan relevant to Council training can be found in the risk management dashboard presented to Council at the June 2024 meeting (see. Pg. 60 of the Council meeting materials for that meeting) • 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>. - Consideration of public expectations, including risk management and Diversity, Equity and Inclusion, informed the Council training that was provided on September 16, 2024. This was a full-day Council training and orientation meeting. Topics included: <ul style="list-style-type: none"> ○ Discipline Committee training (required as all Council members are appointed to the College's Discipline Committee as per the By-laws) ○ Sexual Abuse (intended to help Council members understand how the College protects the public from sexual abuse by the College's members and supports individuals who have reported sexual abuse by a member of the College) ○ Equity, Diversity and Inclusion (training provided Council with a good governance perspective on Equity, Diversity and Inclusion) ○ Conflict of Interest ○ An update/information from the Ontario Fairness Commissioner ○ Training regarding risk management and how it applies in the regulatory context - To provide additional support to Council, the College also provided Council members with more specific training focused on understanding financial statements. This training was provided at the December 2024 Council meeting prior to presentation of the College's audited financial statements for 2023-2024. This training is typically provided each year. Such training supports the College's approach to risk management by helping Council understand and make informed decisions regarding the College's financial statements. 	
			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:			
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
Required Evidence	College Response		
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement:		
	<p>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>- At the September Council meeting, the College ensures that Council receives annual training from the College’s legal counsel regarding conflicts of interest. This was most recently provided on September 16, 2024. As part of this training, Council receives a review of the College’s By-laws and any relevant legislation, practices, public expectations, issues and emerging initiatives. This training provides and supports an annual review of the existing relevant articles of and schedule to the By-laws.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <p>- No changes were indicated or required in calendar year 2024.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (optional)</i></p>		Choose an item.

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. - The College's By-laws, which are publicly available on the College's website, include the Council and Committee Code of Conduct (Schedule 3 to the By-laws on pgs. 63-64 of the .pdf) and Conflict of Interest By-law (By-law 16, pgs. 37-40 of the .pdf). - Both the Code of Conduct and the Conflict of Interest By-law (By-Law 16) are also posted separately on the College's website. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2023, continues to meet in 2024</p> <p>Choose an item.</p>
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2023 • Please provide the length of the cooling off period. Three years • How does the College define the cooling off period? <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Please see Articles 10.11 and 10.12 (pgs. 19-21 of the .pdf) of the By-laws. These Articles describe individuals to whom and circumstances in which the three-year cooling off period may apply to eligibility to stand for election to Council: <ul style="list-style-type: none"> - Findings of professional misconduct, incompetence or incapacity by the College or any other regulatory body; - Being in a leadership position (employee, officer or director) of any professional association or certifying body related to the profession; - Service as a member of Council for the maximum term; - Disqualification from Council or a committee of the College; - Individuals who have been College staff; and - Individuals who resigned from Council for reasons other than health or personal reasons acceptable to Council - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR <ul style="list-style-type: none"> - Following the requisite public consultation, By-law 10 was reviewed and approved at the March 20, 2023 Council meeting (see pgs. 8-9 of the .pdf). - Where not publicly available, please briefly describe the cooling off policy. 	<p>Met in 2023, continues to meet in 2024</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. - 2021 (please see pg. 24 of the .pdf of the College’s previous CPMF submission for specific links to relevant Council materials). • 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 Conflict of Interest form is publicly available on the College’s website and is distributed to Council members via cloud-based survey application (example: December 2, 2024 Council Meeting). - Conflicts of interest declarations (via the Conflict of Interest form or in-meeting declaration(s)) were most recently considered by Council at the December 2, 2024 Council Meeting (see link associated with the Agenda, pg. 2 of the .pdf). Any declarations of conflict(s) of interest are recorded in the minutes (see: September 17, 2024 Council Minutes, Agenda Item 3 on pgs. 1-2 of the .pdf). 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. - The College provides Council members with Issue/Decision Notes associated with topics to be presented to Council. These issue/decision notes include public interest rationales relevant to the issue at hand. - The public interest rationales provided in the issue/decision notes are also included in presentations for Council. • 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. - Example: December 2, 2024 Council meeting, Agenda Item 14, Strategic Plan Report. Public Interest Rationale provided on pg. 43 of the .pdf) 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. - The College’s risk management plan is reviewed quarterly by the Planning and Finance Committee and by Council. This occurred in 2024. • 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. - Please see the College’s Report on the 2025-2030 Strategic Plan, which was presented to Council for approval (and duly approved by Council) on December 2, 2024 (see pgs. 41-44 of the .pdf). 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

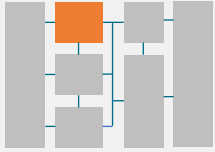
Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2023, continues to meet in 2024</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. - Council minutes for meetings from 2011 – 2024 are posted to the College’s website. • 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. - At each regular Council meeting, and elsewhere as required, Council is provided with updates on the College’s operations in the form of a dashboard that shows quarterly progress on College projects and operational activities. An example of these dashboards can be found in the meeting materials for the December 2, 2024 Council meeting (pgs. 96-99 of the .pdf). Council is also provided with updates regarding any Action Items emerging from previous Council meetings (see the Minutes of the September 17, 2024 Council meeting, pg. 2 of the .pdf) - The College posts staff contact information on its website, as well as a General Contact Form. Should a request for more detailed updates or information be received, the College’s response times and processes would be governed by all applicable legislation regarding requests for information and the College’s Privacy Code and Client Service Policy. 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

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

Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: Met in 2023, continues to meet in 2024 <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. - Past Council meeting materials are posted to the College's website. Meeting materials dating back to 2017 are provided. For Council meetings prior to 2017, meeting highlights and/or meeting minutes are posted to the website.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.
	<i>Additional comments for clarification (optional)</i>
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. - Notices of Discipline Committee Hearings are posted to this page on the College's website.

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	Choose an item.
		<p>Additional comments for clarification (optional)</p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>		<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>		<p>The College fulfills this requirement:</p>	Yes
		<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. - Please see the College’s previous CPMF submission for more details. - Of note, and associated with the development of the College’s 2025-2030 Strategic Plan, the College’s Mission, Vision and Values have been amended to include “Equity, Diversity, Inclusion and Belonging” among the College’s Values. This is consistent with the College’s revised Vision of “Trusted Kinesiologists providing optimal movement for Ontarians of all ages.” • 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. - Please see the 2025-2030 Strategic Plan Report from the December 2, 2024 Council meeting (pgs. 41-44). 	
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	Choose an item.
		<p>Additional comments for clarification (optional)</p> <p>The College has allocated financial resources towards engaging external consultants and subject matter experts to provide ongoing training to Council. Such training has been provided at the September Council meetings in 2022, 2023 and 2024. Additional external expertise will be sought as required.</p> <p>The College has also allocated human resources to active participation in ongoing working groups relevant to DEI, including a standing committee of the Health Professional Regulators of Ontario (HPRO). College staff have also actively participated as a member of a relevant committee of the Council for Licensure, Enforcement and Regulation (CLEAR).</p>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. - Please see the College’s previous CPMF submission for details regarding 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. - An example from 2024 of how the College has applied an Equity Impact Assessment was a review of the College’s Reserve Funds Policy. Proposed amendments to this Policy were presented to Council at the September 17, 2024 Council meeting and were approved. These proposed amendments included increasing the minimum amounts required to be maintained as the College’s internally restricted reserves for Investigations & Hearings, Property & Technology and Funding for Sexual Abuse Therapy/Counselling. The Equity Impact Assessment enhanced the review of this Policy by supporting one element of the Public Interest Rationale. Specifically, that increasing the minimum amount to be maintained in the College’s internally restricted reserve fund for sexual abuse therapy/counselling is in the public interest as doing so would help ensure that the College is able to support patients/clients who have made allegations of sexual abuse by a kinesiologist. The Equity Impact Assessment considerations showed that this may be of particular importance for patients/clients from equity-seeking groups, some of whom may not have ready access to resources such as private insurance for therapy/counselling. 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				



Measure:

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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.

College Response

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.
- **Council recently approved a revised budget for fiscal year 2024-2025 at the [December 2, 2024 Council meeting](#) (see pgs. 58-59 of the .pdf). This revised budget was associated with a revised operational plan ([see pgs. 46-57 of the .pdf of the December 2024 Council meeting materials](#)) intended to support the College's new 2025-2030 Strategic Plan.**
- **The College also provides Council with a quarterly Dashboard showing progress towards portfolio projects as set out in the operational plan for that fiscal year. Please see [pgs. 96-99 of the .pdf of the December 2024 Council meeting](#) for an example of this Dashboard.**
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.
- **The 2025-2030 Strategic Plan was developed over the course of 2024, with research and consultation including a Council strategic planning workshop that took place June 24-25, 2024. The 2025-2030 Strategic Plan was approved by Council in December of 2024. This 2025-2030 Strategic plan sets out 3 strategic themes, with more specific strategic goals that fall under each theme. The strategic planning process included operational considerations regarding timelines to achieve each of the strategic goals. The College's operational plans for each year, including a revised operational plan for fiscal year 2024-2025, have and will emerge from the strategic plan. The College's budget for each fiscal year emerges from the operational plan. The budgeting process includes projected expenditures and revenues for future fiscal years to aid in long-term planning. The operational plan and budget are reviewed by the College's Planning and Finance Committee and approved by Council. With Council's approval, one of both of the operational plan and the budget may be amended on an as-needed basis, for example to address new or emerging priorities, issues, opportunities or risks.**

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

Choose an item.

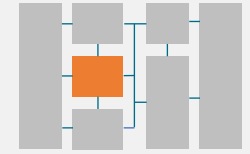
Additional comments for clarification (optional)

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. - The College has an internal Reserve Funds Policy that sets out the level(s) of the College’s reserves. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. - Most recent review and approval by Council: September 2024 (see pg. 4 of the .pdf of those Minutes). • Has the financial reserve policy been validated by a financial auditor? Yes 	<p>Met in 2023, continues to meet in 2024</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. - Please see the College’s previous CPMF submission for more details. The College notes that the relevant Policies are considered internal/operational in nature and are not posted publicly. - For some additional clarity and context, the College’s By-laws (specifically, By-law 8. The Registrar, see pg. 15 of the .pdf) do include some information regarding senior leadership succession planning. Specifically, Article 8.03 describes the circumstances in which an Acting Registrar may be appointed, and by whom (specifically, the Executive Committee or Council if the position of Registrar was to be vacant, or the Registrar in circumstances where the Registrar may be absent for an extended period of time). • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. - Also as noted in the previous CPMF submission, the College’s enterprise risk management plan includes succession planning, orientation of new staff, ongoing training and performance management of existing staff) critical to the risk mitigation strategies for human resources risks and other risks associated with the College’s human resources. - While the entirety of the enterprise risk management plan is not shared publicly, the College does provide Council with quarterly updates (see an example of the risk management dashboard, pgs. 44-50 of the .pdf) regarding any changes to the risk likelihoods, impacts, priorities and risk mitigation strategies. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. - The College's data and technology resources are provided by external third-parties. The College continually monitors, with the support of these parties, emerging and evolving approaches to the use of technology in health profession regulation. - The College's enterprise risk management plan, business continuity and disaster recovery plans include explicit and specific consideration of information technology risks and events, including cybersecurity threats. The enterprise risk management plan is presented to the Planning & Finance Committee and to Council on a quarterly basis, with any proposed amendments provided in a summary/"dashboard" format. - This information is not generally made public, due to risks that may be associated with explicit disclosure of the College's cybersecurity/IT security infrastructure and risk mitigation strategies. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>								
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <table border="1" data-bbox="701 1036 2628 1422"> <thead> <tr> <th data-bbox="701 1036 1354 1092">Initiative Undertaken</th> <th data-bbox="1354 1036 1991 1092">How engagement has shaped the outcome</th> <th data-bbox="1991 1036 2628 1092">Specific changes implemented at the College</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 1092 1354 1422"> <p>Human resource collaborations with other Ontario regulators.</p> </td> <td data-bbox="1354 1092 1991 1422"> <ul style="list-style-type: none"> - Shared resources with the College of Massage Therapists of Ontario to participate in leadership training for senior staff. - Enhanced communication between regulators where some members are dually-registered. Establishment and maintenance of appropriate connections </td> <td data-bbox="1991 1092 2628 1422"> <ul style="list-style-type: none"> - College of Kinesiologists of Ontario staff took advantage of an opportunity to reflect on their personal approach to leadership and how to leverage their strengths in the interests of the College. - College of Kinesiologists of Ontario staff also participated in reciprocal/mutual mentorship opportunities to build </td> </tr> </tbody> </table>			Initiative Undertaken	How engagement has shaped the outcome	Specific changes implemented at the College	<p>Human resource collaborations with other Ontario regulators.</p>	<ul style="list-style-type: none"> - Shared resources with the College of Massage Therapists of Ontario to participate in leadership training for senior staff. - Enhanced communication between regulators where some members are dually-registered. Establishment and maintenance of appropriate connections 	<ul style="list-style-type: none"> - College of Kinesiologists of Ontario staff took advantage of an opportunity to reflect on their personal approach to leadership and how to leverage their strengths in the interests of the College. - College of Kinesiologists of Ontario staff also participated in reciprocal/mutual mentorship opportunities to build
Initiative Undertaken	How engagement has shaped the outcome	Specific changes implemented at the College							
<p>Human resource collaborations with other Ontario regulators.</p>	<ul style="list-style-type: none"> - Shared resources with the College of Massage Therapists of Ontario to participate in leadership training for senior staff. - Enhanced communication between regulators where some members are dually-registered. Establishment and maintenance of appropriate connections 	<ul style="list-style-type: none"> - College of Kinesiologists of Ontario staff took advantage of an opportunity to reflect on their personal approach to leadership and how to leverage their strengths in the interests of the College. - College of Kinesiologists of Ontario staff also participated in reciprocal/mutual mentorship opportunities to build 							

		<p>and lines of communication.</p> <ul style="list-style-type: none"> - Participated in informal mentorship conversations/partnerships with staff from other regulators including (but not limited to) the College of Registered Psychotherapists of Ontario (CRPO), the College of Occupational Therapists of Ontario. 	<p>capacity and identify/implement good and best practices.</p> <ul style="list-style-type: none"> - Mentorship and capacity-building for new College of Kinesiologists of Ontario staff in key portfolios including Professional Conduct).
	High-level collaboration with other regulators where there are commonalities in scopes of practice/practice environments.	<ul style="list-style-type: none"> - Facilitated identification of potentially shared/common resources and good or best practices. - This engagement enabled and facilitated discussion(s) of how to take a proactive approach to identified and emerging or potential trends in health professional regulation. 	<ul style="list-style-type: none"> - Planned and ad hoc meetings and communications between Registrars. Senior staff were kept apprised of circumstances and plans/action items.
	Temporarily shared office space/facilities	<ul style="list-style-type: none"> - During College of Kinesiologists of Ontario's office space relocation, which took place and was completed in 2024, the College of Massage Therapists of Ontario agreed to provide some space and materiel resources (use of scanner/copier, space to securely store documents). 	<ul style="list-style-type: none"> - This collaboration facilitated the College's office space transition by ensuring that incoming mail would be received and stored efficiently and securely. - Enhanced awareness of opportunities to share resources and provide reciprocal support as needed to other regulators.
	Health Professions Regulators or Ontario (HPRO) Engagements	<ul style="list-style-type: none"> - Active membership and participation in HPRO portfolio-specific committees, working groups. - Engagement has helped build and maintain lines of communication and a culture of reciprocity and mutual support among health professional regulators. 	<ul style="list-style-type: none"> - Registrar & CEO appointed to HPRO nominating committee. - College of Kinesiologists staff actively participated in formation and emergence of "Enterprise Risk Management and Business Continuity" (ERMABC) working group. This resulted in an opportunity for

			<p>a risk management team member from the College of Nurses of Ontario sharing their insights regarding risk management with the College of Kinesiologists of Ontario's Council (September 2024).</p>
	<p>Professional Associations</p>	<ul style="list-style-type: none"> - Enhanced awareness and understanding of health professional regulation of Kinesiology in Ontario. - Identification of potential opportunities for potential collaboration in the future. - Facilitated communication with members, applicants to build awareness. - Reciprocal participation and consultation regarding strategic planning activities. 	<ul style="list-style-type: none"> - Clear understanding of professional association activities and goals. - Open and transparent lines of communication maintained throughout 2024. - The College was also invited by a provincial professional association to provide a presentation at a national virtual conference. This presentation included the College's insights regarding the regulation of the profession in Ontario.

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.*

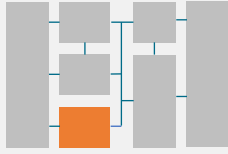
Issue/Achievement	System Partner(s) Engaged	Discussions with System Partners	Use of Information Received
<i>Development of 2025-2030 Strategic Plan</i>	<i>Professional Associations Ministry of Health Other regulators Educators (Universities)</i>	<i>Discussions conducted via interviews, correspondence as necessary. Discussed perceptions of the College and how it fulfils its mandate of public protection. Also discussed system partner perspectives on future directions in health professional regulation and the College's work.</i>	<i>Informed SWOT and PESTLE analyses that, in turn, informed the development of the new Strategic Plan for 2025-2030. More specifically, feedback from system partners supported the identification of strategic themes. These themes were then used to develop more specific strategic goals. System partner engagements also identified an opportunity to review, revise and thereby enhance the College's Mission, Vision and Values.</i>
<i>Patient-/Client-Centred Care</i>	<i>Members of the College Professional Associations Members of the Public (via the Citizen Advisory Group) Other regulators</i>	<i>Feedback was sought via direct and indirect outreach. Feedback was typically received via electronic survey responses, though some (other regulators, one interprofessional</i>	<i>Feedback from system partners was used to refine the draft Practice Guideline to address opportunities for improvement, for example by amending the wording and format of the draft Practice Guideline for clarity/readability.</i>

		<p><i>Collaborative interprofessional health care network.</i></p> <p><i>Organizations who employ members of the College.</i></p> <p><i>Associations/organizations whose work may be relevant to, aligned with, supported by or provided to members of the College.</i></p>	<p><i>association/alliance) elected to provide more specific feedback/suggestions/recommendations.</i></p> <p><i>Outreach asked system partners to respond to questions regarding the accuracy, clarity, potential effectiveness of a draft Practice-Guideline – Patient-/Client-Centred Care.</i></p>	
	<i>Infection Prevention and Control</i>	<p><i>Ministry of Health (Infection Control unit)</i></p> <p><i>Other health professional regulators</i></p>	<p><i>Series of virtual meetings to discuss emerging and ongoing trends in infection prevention and control in Ontario.</i></p> <p><i>Meetings began in June 2024 and have continued.</i></p>	<i>Information received during these briefings used to provide information and resources to members of the College to enhance IPAC practices in the public interest.</i>
	<i>Health Human Resources</i>	<p><i>Canadian Institute for Health Information (CIHI)</i></p> <p><i>Ontario Health Digital Services</i></p> <p><i>Professional Associations</i></p> <p><i>Financial Services Regulatory Authority of Ontario (FSRA)</i></p>	<p><i>The College had discussions in 2024 with CIHI regarding how kinesiology may be integrated into their data tracking. These discussions emerged from communication between the College and professional associations.</i></p> <p><i>The College has also had discussions with representatives from Ontario Health Digital Services regarding enhanced integration of the College’s data into the Provincial Provider Registry.</i></p>	<p><i>Information regarding CIHI’s data collection, and whether kinesiology could be considered for inclusion could be used to, at least initially, create high-level aggregate data regarding the total number of practitioners, their genders, age and the average practitioner age.</i></p> <p><i>Regarding the provincial provider registry, this registry provides comprehensive provider profiles. There have been ongoing discussions regarding enhancing links between the Provincial Provider Registry, the Professional</i></p>

				<p>Associations and the College's member database to ensure that up-to-date information is included in the Provincial Provider Registry. Work has begun on a project that would support such integration.</p>
	<p>Artificial Intelligence in health care and health professional regulation</p>	<p>Members of the Public (via the CAG) Other health professional regulators in Ontario</p>	<p>In 2024, the College agreed to co-sponsor a CAG meeting focused on potential impacts of artificial intelligence (for example, use of Large Language Models to support patient/client care, or AI tools to support documentation of patient/client visits).</p>	<p>Information gathered from the CAG meeting will be used on an ongoing basis to support consideration of a health professional regulatory framework for Artificial Intelligence. The specific form/format of any such guidance (whether it might be common guidance or standards, or unique guidance/standards for each regulator informed by a common set of principles) is yet to be determined.</p>
<ul style="list-style-type: none"> • In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7). - The College identifies system partners through a variety of means, including: <ul style="list-style-type: none"> ○ Awareness of the responsible bodies for legislation and regulations that may intersect with the College's activities (for example, the Information Privacy Commissioner of Ontario, whose mandate includes responsibility for privacy legislation and protection personal health information in Ontario). ○ Requests for information from the College (for example, system partners may reach out to the College for information regarding its requirements, expectations, legislation/regulations, Practice Standards, etc). ○ A system partner being brought to the College's attention by one or more Professional Associations. One example of this was correspondence between the College and the Financial Services Regulatory Authority of Ontario (FRSA). The impetus for this correspondence was a request from a Professional Association for the College to provide FSRA with the College's perspective on a legislative/regulatory amendment proposed by the 				

Professional Association.

- **Member reporting** (for example, as part of Registration and Annual Renewal, members are required to indicate their practice location/employer). This information could be used to identify employers as system partners.
- **Other regulators and associations/alliances that support regulators.** Some examples may include the Canadian Network of Agencies of Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR) and the Health Professions Regulators of Ontario (HPRO).
- **General awareness and environmental scans of relevant alliances, associations and other organizations relevant to the College’s members and the profession.** One example is the Rehab Care Alliance (RCA), which is an interdisciplinary rehabilitation-focused organization that, as per [its website](#): “works with partners across the province to strengthen and standardize rehabilitative care through better planning, ongoing evaluation and quality improvement, and the integration of best practices across the care continuum.”



Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.
- **Please see the College's [previous CPMF submission](#) (specifically Domain 2, Standard 7, Measure 7.1, Required Evidence a.i. on pg. 46 of the .pdf) for details.**

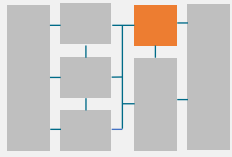
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Yes

Additional comments for clarification (optional)

- **The College's internal Privacy Code has been under review, including receiving advice and recommendations from the College's legal counsel. Review began in 2024, expected to be presented to Council in March of 2025.**

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. - The College’s Enterprise Risk Management Plan and associated Business Continuity Plan and Disaster Recovery Plan includes consideration of and risk strategies to address various cybersecurity risks, including but not limited to unauthorized disclosure of information due to cybersecurity incident. These plans also include consideration of risks associated with other forms of unauthorized disclosure of information. The College also has portfolio-specific Business Continuity Plans and Disaster Recovery Plans that take various events and scenarios into consideration. These plans include practices and processes to address accidental or unauthorized disclosure of information, whether due to cybersecurity incident or some other unauthorized disclosure of information. The College’s risk management framework is reviewed on a quarterly basis, with updates presented to the Planning & Finance Committee. An overview is presented to Council at each scheduled Council meeting. - In addition, the College requires that all staff, Council members, Committee members and other representatives (such as Peer Assessors associated with the College’s Quality assurance program) review and sign annual confidentiality declarations (see the College’s Quality Assurance – Confidentiality Policy as an example of how this is documented at a Policy level). 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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

Benchmarked Evidence

College Response

The College fulfills this requirement:

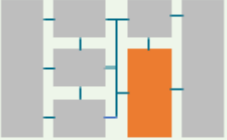
Met in 2023, continues to meet in 2024

- 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).
- Please see the College’s [Policy and Material Development and Review Framework](#). Specifically, information regarding Policy, Practice Standard, Practice Guideline and other material review timelines can be found on pgs. 5-6 of the .pdf).
- Other information regarding how reviews are conducted can be found in the various sections of the Framework, which is arranged as a multi-step process.

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. - The College’s approach to consideration of the 6 listed components when developing or amending policies, standards and practice guidelines can be found in the College’s Policy and Material Development and Review Framework. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. - As stated in the College's Policy and Material Development and Review Framework (pg. 7 of the .pdf): "The College of Kinesiologists is committed to the principles of accessibility, reasonable accommodation, equity, diversity, inclusion and anti-bias (EDI-B). An EDI-B lens (which may include an Equity Impact Assessment) will be applied to all materials developed and published by the College." • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. - As part of the development of the College's new Strategic Plan for 2025-2030 a revised Mission, Vision and Values for the College were approved by Council in December 2024. Among the amendments are the inclusion of "Equity, Diversity, Inclusion and Belonging" in the Values. This is intended to explicitly reflect the College's ongoing commitment to the principles of equity, diversity and inclusion." - A previous CPMF submission provided some specific examples of how Diversity, Equity and Inclusion are integrated into the College's policies, practice standards and practice guidelines. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

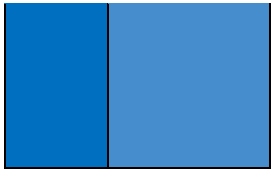
		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2023, continues to meet in 2024</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - The College’s Required Documents Policy (which was most recently reviewed, updated and approved by Council in September 2024), Language Proficiency Policy (which was most recently reviewed, updated and approved by Council in March 2024), the Professional Liability Insurance (PLI) Policy and the Good Conduct Policy all describe the specifics regarding acceptable documentation. - Verification and validation of documents is supported by reference documents available for staff, an internal annual PLI audit, connections with external resources/groups to ensure awareness of and alignment with best practices in documentation review, verification and validation. The College also ensures that documents come from the required source (i.e. transcripts directly from the issuing educational institution either in sealed envelope or via electronic file transfer). • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). - As part of the application process, applicants are required to declare their registration with any other regulatory body/bodies. These declarations are included in the College’s application and renewal forms. Applicants who declare registration with another regulatory body or other regulatory bodies are required to provide letter of standing or similar documentation from that other regulatory body or those other regulatory bodies, as the case may be.

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

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. - The College has several policies and procedures regarding its Registration portfolio (please see the “Registration” sub-menu under the “Policies” menu). These policies include the College’s policies that govern the processes for assessment of whether an applicant meets registration requirements. These policies may themselves be reviewed and, as necessary, revised, in accordance with the College’s Policy and Material Development and Review Framework. This Framework includes processes by which best practices in applicant assessment may be identified. Some examples may include, but are not limited to, subject matter expert consultation, review of relevant legislation, collaboration and consultation with other regulators, or by other means, such as primary literature review. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. - In 2024, the Registration Required Documents Policy and Language Proficiency Policy were reviewed by the College. - The Required Documents Policy review was a best practice review, and no substantive changes or amendments were required. This Policy was reviewed and approved by Council at the September 2024 Council meeting (see pg. 3 of the .pdf). - The Language Proficiency Policy was reviewed to ensure alignment with language proficiency requirements under immigration legislation, and amendments to the Policy were made accordingly. These amendments were reviewed and approved by Council at the March 2024 Council meeting (see pgs. 6-9 of the .pdf). 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> - Currency: the General Regulation (O.Reg. 401/12 under the Kinesiology Act, 2007) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. - Competency: Also as per the General Regulation (O.Reg. 401/12), applicants and registrants must have graduated from a program in kinesiology that was offered at the bachelor level at an Ontario university and which was not less than four years in duration, or have successfully completed a program which a panel of the Registration Committee considers to be substantially equivalent. - Competency: O.Reg. 401/12 also requires that applicants (except those applying for an Emergency Class certificate of registration) are required to successfully complete the College’s Entry-to-Practice Examination. Applicants for the Emergency Class certificate of registration who have failed the Entry-to-Practice Examination on their third attempt at the examination are not eligible to receive such a certificate of registration, unless they have successfully completed another satisfactory education program. The Entry-to-Practice Examination is based on the Kinesiologist Core Competency Profile. • Please briefly describe how the College identified currency and competency requirements. <ul style="list-style-type: none"> - The currency and competency requirements were initially identified as part of the development of the <i>Kinesiology Act, 2007</i> and its associated Regulations. • Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> - The currency and competency requirements as set out in regulation (O.Reg. 401/12) were last updated in 2023. This update was associated with the creation of the Emergency Class Certificate of Registration. - In March 2024 (see pg. 6 of the .pdf), Council reviewed and approved proposed revisions to the Kinesiologist Core Competency Profile and Entry-to-Practice Examination Blueprint. These updated documents will impact the various elements of competency assessment, such as assessment of educational equivalency and the specific content of the Entry-to-Practice Examination. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <ul style="list-style-type: none"> - As part of the annual renewal process, members are required to declare whether they have met the currency requirement set out in the College’s General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>). Members who are identified as not having met the currency requirements. - Competency is assessed on an ongoing basis by the College’s Quality Assurance portfolio. Specifically, all members are required to complete a Self-Assessment every 2 years, including developing individual learning goals and documenting associated specific learning activities to achieve these goals. The College also assesses member competency using the Peer and Practice Assessment. Members may be selected for a number of specified reasons, including random selection. 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.



Additional comments for clarification (optional)

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.		
		<p>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).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. <ul style="list-style-type: none"> - College of Kinesiologists of Ontario Fair Registration Practices Report for 2023 - 2024 OFC report will be submitted by the end of March 2025 and will be posted to the College’s website once the submission has been reviewed and released by the OFC. • Where an action plan was issued, is it: No Action Plan Issued
		<p style="text-align: right;">Met in 2023, continues to meet in 2024</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>		

Measure:
 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence

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.

College Response

The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- 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 [Code of Ethics](#)
 - Duration of period that support was provided **Ongoing since 2017**
 - Activities undertaken to support registrants

The College supports member understanding and application of the Code of Ethics, and many of its other Practice Standards and Guidelines, via a mandatory learning module that pertains to Ethics and Professionalism. This module helps kinesiologists understand how to apply the College’s Code of Ethics and the associated model for ethical decision making in their practice. All members of the College are required to complete this module at least once while they are members of the College. The module is divided into two sections: Ethical Foundations and Principles and Principles of Ethical Conduct. The module also requires members to complete a quiz at the end of the module. Aggregate data from the quiz appeared to indicate that members take a higher-than expected number of attempts to successfully respond to certain questions. This was taken as an opportunity to review and, where necessary, revise the module and quiz. In addition, review and revisions to the College’s Practice Standards supported the goal of reviewing the module to ensure that it remains accurate and aligned with the current Practice Standards.

 - % of registrants reached/participated by each activity **100%**
 - Evaluation conducted on effectiveness of support provided

The module includes a feedback survey, aggregate data from which may be reviewed by the College. Data from the survey indicates the following:

96% of members agree that “the module is relevant to a variety of kinesiology settings and reflects my practice area”

97% of members agree that “the module helped me better understand the Code of Ethics, practice standards and the Essential Competencies of Practice for Kinesiologists in Ontario.

95% of members agree that “the instructions were clear, and the online platform was user-friendly”.

90% of members agree that “the module helped me identify areas for improvement”.

The College also evaluated the impact of the review and revision on the number of responses required to correctly answer each Quiz question (the target is < 1.5 responses per question). Decreases in number of attempts per question were noted for all questions that had been identified as being above the target number of responses per question.
- Does the College always provide this level of support: **Yes**
If not, please provide a brief explanation:
The College publishes supplemental material, including webinars, invitational presentations, ad hoc learning modules, social media outreach and provides additional guidance (such as eLearning modules) to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-

risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College's Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College's Quality Assurance portfolio.

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

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .	
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. - As described in more detail in previous CPMF submissions (pg. 61 of the .pdf), the College's priority areas of focus for QA assessment were identified as part of the Peer and Practice Assessment development process. - To summarize, the Essential Competencies of Practice for Kinesiologists in Ontario are divided into five Units, 45 Competencies and 301 Performance Indicators. The Essential Competencies were evaluated by focus groups of College members, with one focus group composed of members in clinical practice and the other including members in non-clinical practice. These focus groups were facilitated by a third-party consulting firm. The results of the focus groups were used to identify the competencies to be assessed for clinical and non-clinical practice, respectively. - The College's Self-Assessment, another component of the QA portfolio, asks registrants to reflect on and evaluate their level of understanding of and ability to apply the College's Practice Standards and Guidelines, as well as the Essential Competencies of Practice for Kinesiologists in Ontario. Aggregate Self-Assessment data may be used to inform future changes to the Peer and Practice Assessment, as it may support identification of areas or types of practice that may be higher or lower risk. - Also, the aggregate Peer and Practice Assessment data may be used to further inform a risk-based/right-touch approach to identifying areas of focus for the Peer and Practice Assessment. • Is the process taken above for identifying priority areas codified in a policy: No • <i>If yes, please insert link to the policy.</i>
	Partially
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Yes</p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College has initiated a review and validation of the Essential Competencies of Practice for Kinesiologists in Ontario. This review and validation, which will be supported by an external third-party consultant, will begin in Q2-Q3 of Fiscal Year 2024-2025 (March-April 2025) and will continue, likely concluding in late 2025 or as late as early 2026 depending on circumstances. One of the relevant benefits of this project will be applying a risk-based, right-touch regulatory focus to the Essential Competencies that can be used on an ongoing basis to identify opportunities to ensure maximum impact on public safety and practice quality.</p>

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

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Quality Assurance – Self-Assessment General Requirements Policy Quality Assurance – Peer and Practice Assessment General Requirements Policy Quality Assurance – Continuing Professional Development Policy Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 ongoing in 2024 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants Yes other stakeholders Yes 	Met in 2023, continues to meet in 2024
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Yes	
<p><i>Additional comments for clarification (optional)</i> The College is committed to continuous improvement and ensuring that it fully incorporates the principles of right-touch regulation. The College will continue to monitor the following and may review and revise its assessment selection criteria accordingly: <ul style="list-style-type: none"> Aggregate results of Quality Assurance activity participation by kinesiologists; Professional Conduct matters that have come to the College’s attention; and Issues associated with public risk, whether they are or may be specific to the College and its registrants or more generally applicable to the regulation of health professions in Ontario. </p>				
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. Quality Assurance – Peer and Practice Assessment General Requirements Policy (pg. 5, “Reporting, review and notice – unsatisfactory PPA Reports” items 30-34) Competency Enhancement Policy (see pgs. 1-7) Mentorship Program – Information Package (see pg. 3 of the .pdf for an overview, see pgs. 6-8 for more specifics regarding member responsibilities and learning plan development). 	Met in 2023, continues to meet in 2024
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	

		<i>Additional comments for clarification (optional)</i>	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrants complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Note: the following describes both the College’s process for monitoring completion and the process(es) for determining whether a registrant has demonstrated the required knowledge, skills and judgement following remediation.</p> <p>Registration: For clarity, where remediation may be ordered by the Registration Committee or a panel thereof, tracking and determination of completion and knowledge, skill and judgement may be the responsibility of the Registrar (who may assign duties to College staff) or the Committee, depending on the specific nature of the remediation activity required and on any requirements set out in legislation (for example, the Health Professions Procedural Code). The College’s relevant policies include: Reinstatement to the General Class After Administrative Revocation (see articles 2 and 3 of the policy, pgs. 2-3 of the .pdf) Reissuance of General Class Certificate of Registration (see articles 5 and 6, pgs. 2-3 of the .pdf and articles 7 and 10, pg. 3 of the .pdf).</p> <p>Quality Assurance: Completion of remediation directed by the Quality Assurance Committee or a panel thereof may be monitored by the Registrar (with specific responsibility assigned to College staff). One mechanism to monitor effectiveness of remediation may be ordering a second Peer and Practice Assessment. The College’s relevant policies include: Competency Enhancement Policy (see articles 7-15 of the Policy, pgs. 2-3 of the .pdf; also note that the Policy describes the process by which a second PPA may be ordered by the Quality Assurance Committee) Mentorship Information Package (pgs. 7-8 provide more details and specifics regarding monitoring of the mentorship and learning plan evaluation)</p> <p>Professional Conduct: - The College follows the requirements of legislation.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (if needed)</i>
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Measure 11.1

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

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;

ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
 - [Concerns & Complaints – kinesiologists](#): includes steps in complaints process, as well as FAQ for potential complainants.
 - [The Discipline Process – kinesiologists](#): includes information regarding the Discipline process
 - [The Fitness to Practice Process – kinesiologists](#): includes information regarding the Fitness to Practice process
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.
 - **Complaints Form**: This online form provides support and convenience for anyone who raises a concern about a registrant. However, this form is not a requirement to submit a complaint. Complaints are required to be in a permanent form.
 - **The College ensures that its complaints intake process is fully compliant with the requirements of the Regulated Health Professions Act, 1991 (“RHPA, 1991”) and Schedule 2 to the RHPA, 1991, the Health Professions Procedural Code.**

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

Choose an item.

Additional comments for clarification (optional)

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <ul style="list-style-type: none"> Complainants are given an opportunity to ask questions about the process and seek clarification at various points during the intake phase. 		
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries from the public that the college in 2024 received a detailed response within 5 business days (10/10, or 100% response within 5 business days). All timelines set out in the Regulated Health Professions Act, 1991 (RHPA, 1991) and the Health Professions Procedural Code (Schedule 2 to the RHPA, 1991) are complied with. The current policy regarding follow-up and response timelines is described in the College’s Client Service Policy. Other follow-up timelines can be found on the College’s website (in the FAQ section at the bottom of the page).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> - Members of the public or others making a complaint or report are provided with direct support from the assigned College investigator who is available via phone or email as a resource, including for questions related to the process or potential outcomes. - The College’s website has resources, including an FAQ section which provides information regarding how long the process may take, who makes decisions regarding the disposition of a complaint or report and how to appeal a decision. - Specific information is provided to members of the public in the form of a Complaint Confirmation Letter. The letter describes the decisions that can be made, the extent to which decisions will appear on the Public Register, and any limitations (such as stating that the ICRC may not direct a member to pay money or make a refund). • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none"> - Complainants are made aware of available support and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>			
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - Both the complainant and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as 	

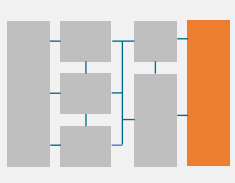
the date of the ICRC meeting where the case will be discussed. In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period.

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

Choose an item.

			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. <ul style="list-style-type: none"> The first step of intake is assessment of the complaint or report through the lens of the College’s jurisdiction and mandate. The College has interpretive tools which are intended to explain the process to the public and to the College registrant. This information can be found on the “Concerns and Complaints” page of the College’s website. The College assesses risk on intake using a three-point risk matrix as follows: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated 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 2023, continues to meet in 2024
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2023, continues to meet in 2024</p>
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. <ul style="list-style-type: none"> - The College maintains and abides by an internal Privacy Code. With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the Regulated Health Professions Act, 1991. The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation. - The College’s Good Conduct Policy (see “Decisions by the committees” on pg. 3 of the .pdf) states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” - The College maintains its Public Register in keeping with the requirements set out in s. 23 of the Health Professions Procedural Code. The Public Register is accessible through the College’s website • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <ul style="list-style-type: none"> - Over the past year, the College has shared information with two other regulators regarding members who are registered with the College and the other regulator in question. Specifically, information was shared between the College of Kinesiologists of Ontario and the College of Massage Therapists of Ontario (CMTO) and the College of Chiropractors of Ontario (COCO). 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <ul style="list-style-type: none"> - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. </td> <td style="width: 20%; padding: 5px; text-align: center;"> Met in 2023, continues to meet in 2024 </td> </tr> </table>	<ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <ul style="list-style-type: none"> - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. 	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <ul style="list-style-type: none"> - KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43). - The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting). - The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan. 	Met in 2023, continues to meet in 2024		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				

			<i>Additional comments for clarification (if needed)</i>	
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <ul style="list-style-type: none"> - The College reports on progress towards operational goals via quarterly dashboards (an example of which can be found in the materials for the December 2024 Council meeting, pgs. 96-99). - Regulatory outcomes are documented in the College’s Annual Report, which is typically presented to Council at the December Council meeting. The Resources section of the College’s website includes a section specific to the Annual Report. The College also uses the CPMF report as an opportunity to report on regulatory performance. The College’s CPMF reports are presented to Council at the March Council meeting and are also available on the Resources section of the College’s website. - Updates/amendments to the College’s risk management approach are reviewed quarterly by Council. Any such updates/amendments are presented in a Dashboard format, an example of which can be found in the materials for the December 2024 Council meeting (pgs. 31-36 of the .pdf). 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure: 14.2 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. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <ul style="list-style-type: none"> - One example of how the College demonstrates how Council uses performance and risk review findings to identify opportunities for improvement or refinement can be found in the Materials for the September 2024 Council meeting, specifically the Issue/Decision Note regarding a review of and proposed amendments to the College’s Reserve Funds Policy (pgs. 42-45 of the .pdf). The note explicitly describes the Risk Considerations that informed the rationale for review of and amendments to the Policy. The Issue/Decision note also provides rationales for proposed amendments, which include consideration of how the amendments may support the College’s approach to risk management and mitigation. 	
	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure: 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:	Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. <ul style="list-style-type: none"> - The College’s dashboard is presented to Council at each of the regularly scheduled Council meetings (typically in September, December, March and June of the Fiscal Year, which runs from September 1st to August 31st of the following calendar year). - An example of the College’s current dashboard can be found in the meeting materials for the December Council meeting (see pgs. 96-99 of the .pdf). 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>		

Part 2: Context Measures

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

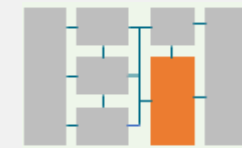
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Assessment	2450	
ii. eLearning module – Ethics & Professionalism	227	
iii. eLearning module – Prevention of Sexual Abuse	248	
iv. Peer and Practice Assessment	48	
v. Competency Enhancement – Demonstrated Change Report	NR	
vi. Competency Enhancement - Mentorship	NR	
vii. Competency Enhancement – Specified Continuing Education and Remediation Plan (SCERP)	NR	
viii. Voluntary Peer Circle Pilot Project	5	
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

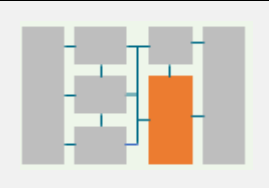
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2024	2547	100	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.</i>
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

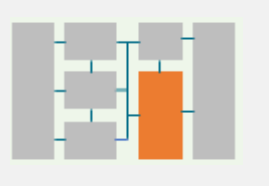
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	100%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</p>			
<i>Additional comments for clarification (if needed)</i>			
-			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0%	0	0%
II. Billing and Fees	0	0%	0	0%
III. Communication	0	0%	2	33%
IV. Competence / Patient Care	2	50%	1	17%
V. Intent to Mislead including Fraud	0	0%	0	0%
VI. Professional Conduct & Behaviour	2	50%	1	17%
VII. Record keeping	0	0%	0	0%
VIII. Sexual Abuse	0	0%	1	17%
IX. Harassment / Boundary Violations	0	0%	0	0%
X. Unauthorized Practice	0	0%	0	0%
XI. Other <please specify>	0	0%	1	17%
Total number of formal complaints and Registrar’s Investigations**	4	100%	6	100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	4	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	6		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	7		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0%
II. Formal complaints that were resolved through ADR	0		0%
III. Formal complaints that were disposed of by ICRC	6		60%
IV. Formal complaints that proceeded to ICRC and are still pending	1		10%
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	10%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2	20%	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar's Investigation</p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024							
Distribution of ICRC decisions by theme in 2024*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care	2				1		2
V. Intent to Mislead Including Fraud		1					
VI. Professional Conduct & Behaviour	1		1		2		
VII. Record Keeping		1					
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X. Unauthorized Practice							
XI. Other <please specify>							
<ul style="list-style-type: none"> • Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions. <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

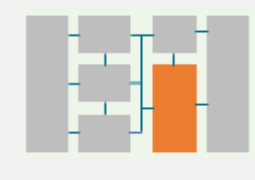
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What 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>
I. A formal complaint in working days in CY 2024	75	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2024	90	
Disposal		
Additional comments for clarification (if needed)		
-		

Table 8 – Context Measure 12

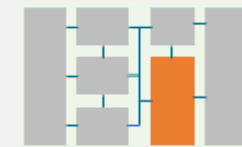
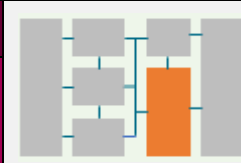
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2024	0	
II. A contested discipline hearing in working days in CY 2024	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed) The College had no Discipline Hearings in CY 2024.		

Table 9 – Context Measure 13

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

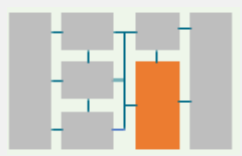
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

The College had no Discipline referrals from the ICRC in CY2024, therefore no findings were made.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 12	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>	
Type	#		
I. Revocation	NR		
II. Suspension	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	NR		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>			
Additional comments for clarification (if needed) <p>The College had no Discipline findings in CY2024, therefore no orders were made.</p>			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)