College Performance Measurement Framework (CPMF) Reporting Tool

For the Year Ending December 31, 2020

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

2. help Colleges improve their performance.

a) Components of the CPMF:

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
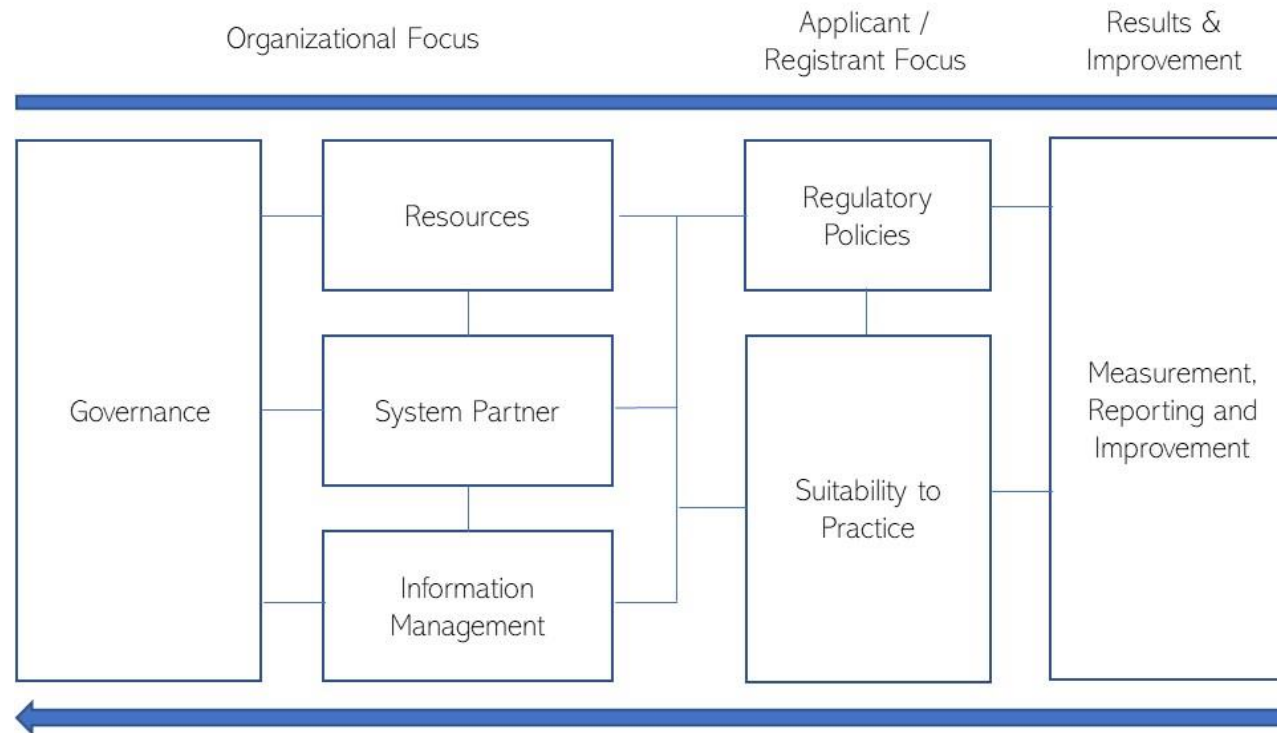
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard ⟶	**Measure** ⟶	**Evidence** ⟶	**Improvement**

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.	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.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1.   meet with the ministry to discuss the system partner domain;

2.   complete the self-assessment;

3.   post the Council approved completed CPMF Report on its website; and

4.   submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

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[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two.
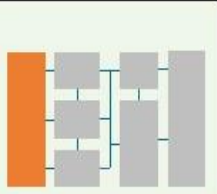
Furthermore,

- where a College <u>fulfills the "required evidence"</u> it will have to:

    o   provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it <u>"partially" meets required evidence</u>, the following information is required:

    o   clarification of which component of the evidence the College meets and the component that the College does not meet;

    o   for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and

    o   for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College <u>does not fulfill the required evidence</u>, it will have to:

    o   indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.

The areas outlined in red in the example below are what Colleges will be asked to complete.
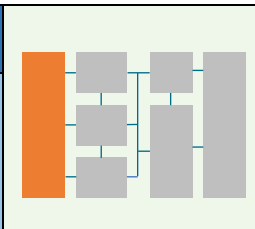
Example:

DOMAIN 1: GOVERNANCE

Standard 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.

Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 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.**		
Measure	**Required evidence**	**College response**
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.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and	The College fulfills this requirement: **Partially**
		The competency/suitability criteria are public: **Yes** The minimum suitability/competency criteria are found in the publicly available _By-Law 20: Election to Council, Qualifications, Terms of Office and Conditions for Disqualification_. These are described in section 20.7 for professional members and section 20.8 for Academic member. They are further elaborated upon in the Call for Council Nominations. • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public _OR_ list orientation training topics: Professional members of Council participate in a new members orientation prior to taking their Council seat. This orientation is described in 1.1 c. as it is done in conjunction with the public member orientation.
		i. Competency suitability information is provided in the _Call for Council Nominations_ and includes statements regarding the need for Council to represent the diversity of the College membership and the public served. This will be expanded to elaborate on other areas of competence/suitability for prospective Council members.

	ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	ii. Orientation training to acquaint candidates with the College's mandate and the expectations of the role of Council members is being explored
		Additional comments for clarification (optional):
	b. Statutory Committee candidates have:	The College fulfills this requirement: **Yes**
	i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The competency / suitability criteria are public: **Yes** A *Call for Interest in Statutory College Committees* is sent to all members of the College and published as a News Post on the College website. https://cpo.on.ca/call-for-interest-in-committees-2020-2021/ The College distributes a call for interest to all members asking those interested in serving on College Committees to make this known. Members are asked to provide a statement of their interest in the particular Committee, their background and experience, and what they believe they will bring, or can offer, to the work of the Committee. A small working group reviews the expressions of interest and draws up a slate of candidates for the Executive Committee in considering the needs of each Committee. In doing so, consideration is given to areas of practice, populations served, length of time in profession, and any other area of diversity noted by those interested. The College is exploring the development of orientation modules for members thinking about putting their names forward to stand for Committee appointments. This would more fully acquaint them with the Committees' role, expectations, and time commitment. • Duration of each Statutory Committee orientation training: The duration of the training varies depending on the Committee. The Quality Assurance, Client Relations and Registration Committees meet for a ½ day orientation. The ICRC orientation training is a one-hour session at which the ICRC Handbook is distributed, followed by observation of an ICRC meeting, and then discussion of process observed. Discipline Committee orientation is a ½ day session conducted by the College's independent legal counsel. In addition, Committee members also attend the full-day HPRO Discipline Training sessions. • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Committee orientation is conducted in-person or virtually in real time. It is facilitated by the Chair of the Committee as well as the College Director with staff responsibility for the Committee. In the case of the Discipline Committee, orientation and training is also provided by the College's legal counsel.

		• Insert link to website if training topics are public **OR** list orientation training topics for Statutory Committee:
		Quality Assurance and Client Relations Committee Orientation Topics:
		– Statutes, Regulations, Policies and Procedures relevant to Committee work – Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality – Objects and Duties of the College – Mission, Vision and Strategies – Right Touch Regulation – Current Projects and Priorities of the Committee
		Registration Committee Orientation Topics:
		– Registration Committee Mandate and Committee Policy and Procedure Manual – Review of the: 　• Code of Conduct 　• Policy on Conflict of Interest and Bias; 　• Policy on Confidentiality of Information; 　• *Regulated Health Professions Act, 1991* generally and sections RHPA Code related to Registration, in particular 　• *Psychology Act, 1991* – Overview of the mandate of the Office of Fairness Commissioner and their work in relation to registration practices and discussion of any OFC Action Plan items or other related work; – Review of the Registration Guidelines, and specific guidelines such as Guidelines for Training for Supervised Practice Members, Guidelines for Declaring Areas of Practice, Guidelines for Autonomous Practice Members Requesting a Change of Area of Practice, etc. – Current projects and/or special topics for the Committee and setting Committee meeting dates for the year/term.
		ICRC Committee Orientation Topics:
		– Distribution of ICRC Handbook – Statutes, Regulations, Policies and Procedures relevant to Committee work – Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality – Objects and Duties of the College – College Mission, Vision and Strategies – Right Touch Regulation – Full Committee Plenary Sessions are held twice a year, normally for a full day at which current projects and priorities are discussed

		Additional comments for clarification (optional):
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	**The College fulfills this requirement: Yes**
		• Duration of orientation training: 2 – 3 hours
		• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): The training is conducted in person or virtually in real time by the College President and the Registrar & Executive Director.

		• Insert link to website if training topics are public *OR* list orientation training topics:
		– Objects and Duty of the College
		– Governing Legislation
		  • The *Regulated Health Professions Act, 1991 (RHPA)*
		  • RHPA Themes
		  • Prevention of Sexual Abuse
		  • Controlled Acts
		  • The *Psychology Act, 1991*
		    – Scope of Practice
		    – Protected Titles and Terms
		– Vision, Mission, Strategies
		– College Structure and Council Member Role
		  • Expectation of Council Members
		  • Code of Conduct
		– Committees and College Activities
		– Current Priorities

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

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: **Partially**
		• Year when Framework was developed **OR** last updated: • Insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved: *<insert link>* • Evaluation and assessment results are discussed at public Council meeting: Yes ☐ No ☐ • *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*
		The Council reviews its progress on policy and business issues using an Action List which is reviewed at each meeting. In addition, a standing item on each Executive Committee agenda is a review of the previous Council meeting. This will be explored further in the coming year.
		Additional comments for clarification (optional)
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: **No**
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☐ *If yes, how often over the last five years? <insert number>* • Year of last third-party evaluation: *<insert year>*
		At this time there are no plans to undertake a third-party assessment of Council effectiveness, but this will be reviewed as Council considers its overall evaluation plans.
		Additional comments for clarification (optional)
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: **Partially**
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found **OR** • Describe briefly how this has been done for the training provided <u>over the last year</u>.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** The College Executive is responsible for ongoing Council member training. Prior to COVID-19, when meetings were held in-person, the day prior to the September and March Council business meetings was set aside for Council training. Training Day topics are scheduled based on the suggestions of Council members or ideas

		prompted by timely matters. Due to COVID-19, training did not occur in 2020. Previous Council training topics during 2018 and 2019 included:
		- Presentation by CNO on Vision 2020 and Governance Discussion - Regulatory Governance: Best Practices and Recent Trends - SML Law Webinar *Bimickaway: Introduction to Indigenous Realities* - Indigenous Justice Division of the Ministry of the Attorney General - Occupational Regulation: Defining "Acting in the Public Interest"
		Additional comments for clarification (optional):

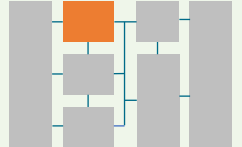| **Standard 2**		
Council decisions are made in the public interest.		
Measure	**Required evidence**	**College response**
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: **Yes**
		- Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated: *– Policy I-2a Council & Committee Orientation and Training: Code of Conduct for Members of Council and its Committees – Revised September 2018* *– Policy I-6 Conflict of Interest and Reasonable Perception of Bias – Revised December 2014* *– Both Policy 1-2a and Policy 1-6 are due for review in 2021-2022* - Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved: *– Policy I-2a Council & Committee Orientation and Training* *– Policy I-6 Conflict of Interest and Reasonable Perception of Bias*
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: **Yes**
		Cooling off period is enforced through: **By-law**
		The year that the cooling off period policy was developed **OR** last evaluated/updated:

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[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

<table>
<tr><td></td><td></td><td>The cooling off period is prescribed in sections 20.7 (3) and 20.7 (4) of the By-Law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification which was last revised in December 2017 .

•   How does the college define the cooling off period?
   − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; https://cpo.on.ca/cpo_resources/election-by-law/
By-Law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification
  − Section 20.7 (3): A member nominated for election to Council, who holds any position on the Board, Committee or staff of any professional psychological association involved in the advocacy for the profession, must undertake to resign that position before taking office.
  − Section 20.7 (4): A member of the College who is also an employee of the College may be nominated for election to Council so long as he or she provides an irrevocable written resignation of employment to the Registrar/Executive Director on or before the deadline for receipt of nominations.</td></tr>
<tr><td></td><td></td><td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td></tr>
<tr><td></td><td></td><td>Additional comments for clarification (optional)</td></tr>
<tr><td></td><td>c. The College has a conflict of interest questionnaire that all Council members must complete annually.

Additionally:

  i. the completed questionnaires are included as an appendix to each Council meeting package;

  ii. questionnaires include definitions of conflict of interest;

  iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</td><td>The College fulfills this requirement: Partially

• The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2014

• Members update their questionnaire at each Council meeting based on Council agenda items: Always

The College does not require members to complete a questionnaire at the outset of each meeting. Each Council member signs a formal agreement or declaration at the outset of their term of office as per Policy I-6 Conflict of Interest and Reasonable Perception of Bias, 6. The Registrar will require each member of Council, Committees, Staff , and any person providing services on behalf of the College to sign a Declaration, Undertaking and Agreement, at the time of his or her election, appointment, or renewal, stating that he/she has read, understands and commits to comply with this policy and these procedures as well as any specific procedures that may apply to a particular activity or committee. Members of Council verbally declare potential conflicts at the beginning of every meeting based on the agenda items. Any declarations of conflicts are recorded in the Minutes.

• Insert a link to most recent Council meeting materials that includes the questionnaire:
This was demonstrated as reflected in Item .01B Declarations of Conflicts of Interest in the Minutes of the December 2020 Council meeting.</td></tr>
</table>

	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>.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **No** As noted, members of Council verbally declare potential conflicts at the beginning of every meeting based on the agenda items. Any declarations of conflicts are recorded in the Minutes. This has proven to be adequate and there are no plans to modify the process at this time.
		Additional comments for clarification (optional)
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: **Yes**

		• Describe how the College makes public interest rationale for Council decisions accessible for the public:
		Council meeting materials are posted on the College website a week in advance of the meeting. Each item brought forward for Council discussion and decision-making is accompanied by a Briefing Note. The Briefing Note has a section entitled *Public Interest Rationale* which provides a description of how the item relates to public protection or the public interest. The Briefing Note also contains a section *Strategic Direction Reflection* noting which of the College's Strategic Directions the item addresses. The meeting agenda notes the Strategic Direction by a letter code with the full set of Strategic Directions list provided, for reference, on each Agenda.
		  – The approved Minutes of each meeting has a link to the Council meeting materials to which the Minutes relate so that the Briefing Notes or other Reports may be easily accessed.
		
		• Insert a link to meeting materials that include an example of how the College references a public interest rationale. Each Briefing Note contains a section entitled *Public Interest Rationale*.
		  https://cpo.on.ca/cpo_resources/materials-council-meeting-march-19-2021/

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 3
The College acts to foster public trust through transparency about decisions made and actions taken.

Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: **Yes**
		An Action List is prepared following each Council meeting. It is included on the Agenda and is in the meeting materials package to be reviewed at the subsequent meeting. The Action List notes the Agenda Item number, who was responsible for the action, what the action was, and its status. • Insert link to webpage where Council minutes are posted: Council Minutes are posted on the College website on a page noting Upcoming Meetings as well as a list of available Agendas, Minutes and Materials from past meetings.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: **Yes**

		• Insert a link to webpage where Executive Committee minutes / meeting information are posted: https://cpo.on.ca/cpo_resources/materials-council-meeting-march-19-2021/ (Pages 9-10) A report of Executive Committee meetings is provided to Council at each meeting and is available in the posted Council materials package. This Report includes the date of the meeting, a report on the items discussed and actions taken and includes a note of those items to be brought forward for Council decision or approval. Any decision which were taken on behalf of Council are presented to the next Council meeting.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: **Yes**
		• Insert a link to the College's latest strategic plan and/or strategic objectives: The College has a Strategic Plan. Each quarter a report is prepared for Council detailing the activities undertaken to support the Plan. https://cpo.on.ca/about-cpo/strategic-direction/
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: **Yes**
		This has been standard practice for the College since June 2016.
		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: **Yes**
		Notices of Discipline Hearings are posted as soon as a date for the Hearing is confirmed. This is always more than one week in advance. The Notice of Hearing includes the information which prompted the referral.
		Additional comments for clarification (optional)

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: **Yes** • Insert a link to Council meeting materials that include approved budget **OR** link to most recent approved budget: https://cpo.on.ca/wp-content/uploads/Materials-Council-Meeting-2020.01-March-12-2020.pdf (pages 54-58) Every year programs and activities submitted by each College department are reviewed and costed as part of the budget development process. This involves a review of the past five years performance and projections to the current year end. Resources considered during budget allocation include human resources, technology (hardware and software), office space and funding. The outcome of the resource allocation supports the strategic direction. The draft budget is submitted for review to the Finance and Audit Committee then to the Executive Committee for comment before being taken to Council for approval. The activities and programs of the College considered in designing the College budget include, but are not limited to, funding to: – Provide adequate governance of College activities by the Council and Executive Committee; – Administer the Registration process including the examinations; – Undertake Investigations of complaints and reports and as necessary, facilitate Hearings; – Administer the Quality Assurance and Continuing Professional Development Program including undertaking Peer Reviews and audits of the self-assessment and continuing professional development requirements; – Administer the Funding for Therapy and Counselling for Victims of Sexual Abuse; and, – Engage in partnership activities with other psychology regulators in Canada and the United States; with other Ontario health regulatory Colleges; and with the Directors of Psychology Training Programs. *Additional comments for clarification (optional)*

b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: **Yes** <u>If applicable:</u> • Insert a link to "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved: https://cpo.on.ca/wp-content/uploads/Policy-III-F-2-Reserve-Funds.pdf • Insert most recent date when "financial reserve policy" has been developed **OR** reviewed/updated: September 2017 • Has the financial reserve policy been validated by a financial auditor? **Yes** The Reserve Policy describes the purpose of the fund, the minimum and maximum amount to be maintained for each fund, an aggregate total for all funds and the circumstances under which a fund may be accessed. The Policy also describes the procedure for contributing to the fund, withdrawing from the fund and who has authority to recommend and/or approve the transfer. The Policy is currently eligible for review. Each year, the funding for the reserve funds is reviewed by the financial auditor who may make recommendations for transfer to Council. The College recently extended its lease and undertook major leasehold improvements. Funds from the *Premises Reserve Fund* were used for this purpose. As of February 2021, each Reserve Fund carried the level set out in the policy. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*
c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: **Yes** • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. The College does a comprehensive review of all human resources positions and anticipated needs as part of the budget development process. Succession needs as well as any known leaves of absence are considered at this time. The budget, with a description of the human resource considerations, is presented to the Finance and Audit Committee and the Executive Committee prior to being taken to Council for approval. The budget for the fiscal year 2021-2022, beginning in June 2021, was reviewed and approved by the Finance and Audit Committee at their meeting in February, the Executive Committee in March, with final review and approval by Council at the March 2021 meeting. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

DOMAIN 3: SYSTEM PARTNER

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.

Standard 6

The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.

Standard 7

The College responds in a timely and effective manner to changing public expectations.

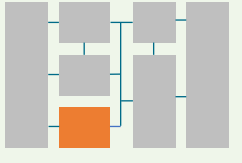|	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.*
	Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).

The three 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 three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates 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: The College attends the meetings of Health Profession Regulator of Ontario be it the regular meetings of the organization or Zoom conferences arranged for special issues, for example, common COVID-19 matters. This permits the College to consider and understand the way in which other health regulatory Colleges are addressing topics of common interest. For example, sharing information regarding College recommendations to member regarding moving to virtual services and then re-opening requirements. Appropriate College staff participate in various formal and informal HPRO subgroups including those comprised of Deputy Registrars; Quality Assurance; Practice Advisors; and Corporate Service Managers. This permits information sharing among specific areas within the College's operations. For example, the Corporate Service Managers recently met to discuss cybersecurity to ensure adequate safety of personal and other information in member files as well as the information provided by the public as complainants. This has led to College staff becoming involved in cybersecurity training. The College supports the attendance of Council members, both public and professional, to attend Discipline Committee Training offered by HPRO. This provides an understanding of the legislative process and responsibility and encourages consistency in process and decision-making across Colleges. As well, the College takes advantage of the opportunity to consult with the other health regulatory Colleges when reviewing or considering new policies. Examples include consultation with the College of Nurses regarding governance reform; surveying other Colleges in developing the Communication Modernization Strategy; and, providing support to complainants involved in the College complaints process regarding sexual abuse allegations. The results of the communications strategy consultation informed the redevelopment of the College website, its move into social media and an overall revision to the 'look and feel' of its communication with members and the public. A need was identified to assist, and support individuals involved in sexual abuse complaints resulting in the College contracting with an external provider to offer services to these individuals, separate, apart, and anonymous to the College. This involvement with other Colleges facilitates the efficient use of resources as the College does not have to recreate existing policies. This cooperation ensures more consistency in public facing regulation. The College interacts regularly with the other Canadian psychology regulators through the Association of Canadian Psychology Regulatory Organizations (ACPRO). The Registrar was instrumental in establishing this group and the College is very active in ACPRO and its various initiatives. In addition to semi-annual meetings, there are regular listserv exchanges among the Colleges' common issues as well as work on pan-Canadian projects. Through ACPRO, the Canadian regulators share information on a variety of topics to ensure, where possible, consistency among Canadian jurisdictions. Over the past few months there has been considerable discussion on COVID-19 related matters such as out of province practice. Agreement was reached on a process to permit out-of-province practitioners for outside of Ontario universities to offer mental health services to students, living in Ontario, who would otherwise have moved to the university campus. As well, a common approach was agreed to regarding out of province service provision in response to COVID-19 and the clients who were forced to return home for example, leaving the jurisdiction of their practitioner. At the request/direction of the Employment and Social Development Canada (ESDC) ACPRO developed a single point of entry for a Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications for foreign trained individuals wishing to register in Canada. The Registrar was a member of the project steering committee. This project is now complete, and the College is taking steps to implement the use of this Framework for applicants educated outside of North America who are interested in registration.

	In addition to Canadian psychological regulators, the College is a member of, and regular participant, in the activities of the Association of State and Provincial Psychology Boards (ASPPB); a North American organization comprised of the regulators of psychology in 62 North American provinces/territories/states. In addition to semi-annual meetings, the College participates on various cross-jurisdiction committees and working groups. This year's recent annual meeting agenda focused on meeting client/patient needs in a time of the pandemic. The April 2021 meeting will discuss "Regulatory Resiliency: Is there an "Old Normal" in a Post-COVID World?"
	The College interacts regularly with other self-regulated professions in Ontario (both health and non-health related) as a participant of the Ontario Regulators for Access Consortium (ORAC). In addition to meetings held throughout the year, ORAC participants share information on best practices in registration with a focus on access for internationally trained candidates, resources for regulators, and hosts a workshop entitled *Managing Cultural Differences* which has been attended by College registration staff. The next ORAC meeting, scheduled for March 2021, and will include representatives from the Office of the Fairness Commissioner of Ontario (OFC) regarding the OFC's new initiatives.
	In conjunction with eight other health regulatory Colleges, the College met with the Financial Services Regulatory Authority of Ontario (FSRA) to develop information sharing protocols regarding issues of mutual concern. Participation in several meetings throughout the year with the new Financial Services Regulatory Authority along with representatives of several other Health Regulatory Colleges, helped to ensure coordination of the mandates and practices of FRSA and Health Profession Regulators. The purpose was to ensure public confidence of health regulation, monitor and evaluate developments and trends and to promote public education and knowledge, transparency, and disclosure of information and to work together to deter deceptive or fraudulent conduct, practices, and activities.

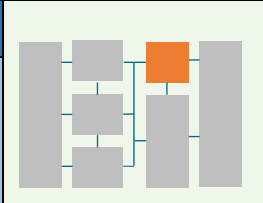|	**Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.**	**Standard 7: The College responds in a timely and effective manner to changing public expectations.**
	The intent of standard 6 is to demonstrate that 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 "pushed" information by system partners, or where the College proactively seeks information in a timely manner.	Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.
	Semi-annually the College hosts a meeting of individuals representing organizations providing training and internship opportunities to students interested in registering with the College. The meeting is attended by the Directors of Clinical Training representing the 15 Ontario Universities with training programs which meet the College's requirements for registration. Also participating are the Internship Directors from the 31 internship sites which provide internships necessary to fulfill the Ph.D. requirements. In total, there are about 60 participants in addition to the three academic members of Council, the Registrar and the Director, Registration, who attend these meetings to provide two-way communication with the College Council and administration.	The College encourages members of the public to join College subscriber list to receive all College mailings and publications which includes consultation information. Through this, the College solicits and receives feedback from the public on issues such as the closing of the Psychological Associate class of membership. The recently redeveloped website is more public facing with an emphasis on 'easy to access' information for the public. To further public engagement, the College recently launched its social media presence on Facebook, Twitter and Linked to broaden the College's communication base. Using surveys, the College solicits the views of all complainants after the disposition of a complaint, regarding their experience with the process and uses this information to improve public experience with the College's investigations process.
	The two groups meet jointly for ½ day and then separately for ½ day. Several years ago, the College realized there was no forum for these groups to meet to discuss issues of common interest or to provide consultation and input to the College. The College therefore took the initiative to institute these meetings. The groups provide feedback on training as it relates primarily to registration matters but also College policy issues generally. It is also a forum for the College to raise issues of concern such as the need for training programs and internship sites to provide education with respect to diversity, equity, and inclusion.	The College actively seeks the full compliment of public members for the College Council with the aim of ensuring a wide and diverse public voice for all Council deliberations. The voice of the public, as represented by the public members assist the Council to maintain its public interest focus. Through consultation with other Canadian psychology regulatory boards, the College developed a mechanism to allow members of the public temporarily located in Ontario due to the pandemic to maintain services with out of jurisdiction providers, within parameters of Ontario legislation.
	Presentations are regularly made to Ph.D. students on a variety of topics including professional practice issues, the Standards of Professional Conduct, the ethical expectations of the College, and the registration process amongst other topics. This introduces students to role and expectations of the College to ensure early understanding of the public protection/interest mandate.	In response to increased general societal awareness, the College established a Diversity, Equity, and Inclusion Working Group to consider any areas of systemic bias/discrimination over which the College may have control or influence. The group is developing a workplan to initially review internal College processes to identify any areas of concern. Following this "internal" look, the work group will turn its attention outwardly to identify ways the College may influence the profession generally, to recognize and reduce/ eliminate areas of systemic bias/discrimination.
	The College has established a relationship with the Ontario Association of Behaviour Analysis (ONTABA). The College has been invited to regulate Behaviour Analysts	

and the knowledge and expertise of ONTABA is very important in informing this initiative.	It was determined that the College required a language fluency policy to ensure that members could fully understand the expectations of the College to permit them to provide safe, effective services in accordance with the College Standards. The Ontario Regulators for Access Consortium (ORAC) was a very helpful consultation group in providing guidance for best practices in this area.
As needed, the College meets with the provincial associations to which members belong; the Ontario Psychological Association (OPA) and the Ontario Association of Mental Health Professionals (OAMHP). Meetings are held to discuss initiatives being considered by the College, for example closure of master's level registration, or those being proposed by the association such as prescription privileges for psychologists. In addition, the College reviews practice guidelines prepared by the OPA to provide comments on the congruence of these documents with the public interest and College expectations of members.	• *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).*
The College endorses the Canadian Code of Ethics published by the Canadian Psychological Association (CPA). While the College expects compliance with the Professional Misconduct Regulation and the Standards of Professional Conduct, it strongly recommends the Code to member for areas not specifically addressed in the other documents. Adherence to the Code of Ethics is endorsed and/or required by all Canadian jurisdictions providing a level of consistency across Canada upon which the public can rely.	• *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*
The College is a regular participant at meetings of the Association of Chief Psychologists with Ontario School Boards (ACPOSB). This is a voluntary group made up of the chiefs of the psychology departments from approximately 55 Ontario school boards. It stated purpose is promote and develop psychological services in schools in the best interests of the students, parents, and the school community. To this end, the College consults with them on education system related issues for the profession. In conjunction with the ACPOSB, the College reviewed and revised the definition of the area of practice of School Psychology.	
The Registrar, Deputy Registrar, Directors, and the President have met with local groups of College members with the purpose of providing professional education to the members and receiving feedback from members concerning the policies and practices of the College.	
The College meets with the Office of the Fairness Commissioner (OFC) annually to discuss the College's Fair Practices Report as well as recommendations of the OFC and work that is in progress toward implementation.	

	• Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations. • 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).	

DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

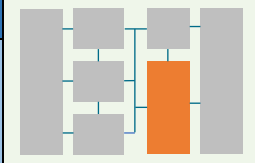### Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: **Yes** • Insert a link to policies and processes ***OR*** provide brief description of the respective policies and processes. https://cpo.on.ca/cpo_resources/privacy-code-of-the-college-of-psychologists-of-ontario/ https://cpo.on.ca/cpo_resources/policy-i-5-confidentiality-obligations-and-handling-of-confidentiality-materials/ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

DOMAIN 5: REGULATORY POLICIES

Standard 9
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.

Measure	Required evidence	College response
9.1 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).	a. The College has processes in place for evaluating 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.	The College fulfills this requirement: **Yes** • 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 **OR** describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). Senior College staff involved in Registration, Complaints and Discipline, and the Quality Assurance Program, together with the respective Committees, monitor and discuss any concerns arising regarding member conduct and relevant expectations of the College. This includes identifying gaps or lack of clarity in the *Standards of Professional Conduct, 2017* along with suggestions/recommendations as to how these may be addressed. Areas of concern or problems are also informed by the nature of the inquiries to the College's Practice Advice Service which responds to practice questions from members of the College and the public. Such amendments are provided to the Registrar and, when appropriate, taken forward to the Executive Committee and Council. The complete *Standards of Professional Conduct* are subject to a full review approximately every five years with a view to making any required amendments. This review includes a full member and other stakeholder consultation to identify new areas requiring *Standards* or areas that may no longer be relevant. For example, the latest revision of the *Standards, 2017* includes a principle on Telepsychology which was not part of the previous *Standards, 2009*. The revised draft *Standards* are distributed to members for final consultation prior to Council approval.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: 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.	The College fulfills this requirement: **Yes**
	• For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) *OR* describe it in a few words. 1) Supervision of the Controlled Act of Psychotherapy After the January 1, 2019 conclusion of the transition period regarding Supervision of the Controlled Act of Psychotherapy (*Regulated Health Professions Act*, s. 27), there was some ambiguity with respect to whether the legislation permitted members to supervise members of other Health Regulatory Colleges. After consultation with the Ministry of Health, relevant professional associations and the College of Registered Psychotherapists of Ontario, the College published these FAQ to assist members. This advisory notes that College members may supervise members of other Health Regulatory Colleges whose members are permitted to perform the Controlled Act, if the supervisee's own College permits it. https://cpo.on.ca/resources/faqs/?faq=standards-of-professional-conduct-2017-questions-and-answers-regarding-the-controlled-act-related-to-psychotherapy-the-following-information-is-intended-to-address-the-most-frequently-asked-question-the-college-has-received 2) Practice Guideline re: Fees and Billing: The College regularly provides guidelines based upon the queries received from members and members of the public. For example, the recent guidance provided to members regarding transparency in billing, following queries from members, their clients, and insurers. https://cpo.on.ca/information-from-the-practice-advice-service-january-2021/
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
	Additional comments for clarification (optional) The five-year comprehensive review of the *Standards* will take place over the next year or two. At that time, information about the ways in which the public interest can be better served by additional or revised *Standards* will be collected from all areas of the College, the membership, professional associations, other regulatory Colleges, and other relevant stakeholders including the public.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 **The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.**		
Measure	**Required evidence**	**College response**
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only 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.)* * 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.	The College fulfills this requirement: **Yes** • Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements **OR** describe in a few words the processes and checks that are carried out: The **Documentation** requirements are set out in the Registration Guidelines describing the application process: https://cpo.on.ca/cpo_resources/psychologist-d-registration-process/ These requirements ensure that documentation required in the application process meets the registration requirements. The College's Application Form requires applicants to provide details of their education and training (undergraduate and graduate level), language fluency, needed examination accommodation if any, proposed Ontario supervised practice setting and supervisor details. In addition, applicants must indicate any current or past registration/licensure in any regulated profession either in Canada or in another country and sign a Declaration of Good Character as well as an attestation regarding the accuracy of the information in the application form. − Academic transcripts and foreign credential evaluations must be submitted to the College directly from the university/credential evaluation service - Language Fluency score must be submitted to the College directly from the testing agency (https://cpo.on.ca/cpo_resources/appendix-f-language-fluency-policy/) − Confirmation of current/past registration/licensure must be submitted to the College directly from the licensing agency − Examination accommodation information must be submitted to the College directly from the applicant and their university or health care provider depending upon the nature of accommodation requested (https://cpo.on.ca/cpo_resources/appendix-g-examination-accommodation-policy) − Proposed supervised practice information must be co-signed by the proposed supervisors, supervisor contact information is required − The College's policy regarding the Declaration of Good Character sets out the process in place for reviewing cases where an applicant answers "Yes" to any of the conduct/character questions in their application form (https://cpo.on.ca/cpo_resources/appendix-e-criteria-for-evaluating-good-character/)

		• Insert a link **OR** provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): The **Review** requirements are set out in the Registration Guidelines describing the non-exemptible academic requirements for registration: – Psychologist: https://cpo.on.ca/cpo_resources/psychologist-e-academic-credentials – Psychological Associate: https://cpo.on.ca/applicants/how-to-apply/supervised-practice-psychological-associate/ Each applicant's degree is reviewed in accordance with the non-exemptible academic requirements to ensure that the applicant has obtained either a doctoral or master's degree from a program that meets the College's requirements.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).	The College fulfills this requirement: **Yes**
		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.), link to Council meeting materials where these have been discussed and decided upon *OR* describe in a few words the process and checks that are carried out.
		The College periodically reviews its criteria and processes for determining applicants meets the registration requirements. The College's Registration Committee meets in Plenary Session approximately every other month and reviews registration guidelines and registration related policies.
		Provide the date when the criteria to assess registration requirements was last reviewed and updated. Registration related policies have a review schedule; the Language Fluency Policy was created in 2015 and is scheduled to be reviewed by the Registration Committee in 2021. The Examination Accommodations Policy, created in 2016, is scheduled to be reviewed in 2021.
		Registration Guidelines are also regularly reviewed as part of Registration Committee's Plenary work. The Guidelines for Training for Supervised Practice Members were last reviewed in 2019 and revisions completed in 2020; the Guidelines for Completing the Declaration of Competence were last reviewed in 2019, and revisions completed in 2020. The Criteria for Evaluating Good Character were last reviewed in 2020 with revisions completed in 2020.
		The creation of policies and guidelines includes consultation with stakeholders, a review of best practices and an environmental scan of policies and practices of other regulators.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a.	Checks are carried out to ensure that currency[3] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: **Yes** • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon *OR* provide a brief overview: The College requires registrants to continuously demonstrate their competence and that they practice safely and ethically through the **Quality Assurance Program** and annual **Membership Renewal process.** The *Regulated Health Professions Act, 1991 (RHPA)* requires all regulatory health Colleges to administer a mandatory Quality Assurance Program. As defined in the Health Professions Procedural Code being schedule 2 of the *RHPA*, the program is "to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among the members." [1.(1)] The Quality Assurance Program of the College of Psychologists of Ontario has three main components: the Self-Assessment Guide and Continuing Professional Development Plan; the Mandatory Continuing Professional Development Program; and Peer Assisted Review. https://cpo.on.ca/members/quality-assurance/ **Quality Assurance Regulation**: https://www.ontario.ca/laws/regulation/940209 **Quality Assurance Committee**: The statutory Quality Assurance Committee is responsible for the implementation of the College's Quality Assurance Program including continued professional development. It is composed of at least two professional and one public member of Council, and at least two members of the College who are not on Council. The Committee is responsible for the development, monitoring and auditing of the Self-Assessment Guide and Professional Development Plan, mandatory Continued Professional Development, and the Peer Assisted Review process. It also advises the College Council on policies and guidelines related to Quality Assurance. • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. This work is incorporated into the role of the Quality Assurance Committee as described in 11.2 and 11.3 below. Each member of the College is required to undertake a self-review every other year, through the completion of the Self-Assessment Guide and Continuing Professional Development Plan. Members with even registration numbers complete the self assessment process in the even numbered years and those with odd registration numbers do so in the odd numbered years. Members with Certificates Authorizing Supervised Practice or Interim Autonomous Practice are required to complete the Self-Assessment Guide and Continuing Professional Development Plan every year. **Membership Renewal** Members of the College are required to renew their membership on an annual basis. The renewal process requires that each member also complete a self-report and answer a series of questions about conduct in the last 12 months. These include:

		1. During the past 12 months, have you been charged with an offense that you have not already reported to the College? If yes, please describe briefly including information about every bail condition or other restriction imposed on you or agreed to in connection with the charge. [RHPA, 85.6.4 (1), (2), (3) Please see details below]: 2. During the past 12 months, have you been convicted of any offense that you have not already reported to the College? [RHPA 85.6.1 (1), (2), (3) Please see details below]: 3. During the past 12 months, have you been the subject of a professional disciplinary or incapacity proceeding by another regulatory body other than the College? [RHPA 85.6.2 (1), (2), (3) Please see details below]: 4. During the past 12 months, have you been found guilty of professional negligence or malpractice? 5. During the past 12 months, has your license or registration to practice in any profession in any jurisdiction been restricted, suspended, or revoked? 6. Is there any current proceeding or any current action against you in another jurisdiction either in connection with your practicing psychology or in your providing any other health care service?
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: **Partially**
		• Insert a link to the most recent assessment report by the OFC *OR* provide summary of outcome assessment report: The most recent assessment report by the OFC was in 2016-17, the link to the OFC report is found on the OFC website : https://www.fairnesscommissioner.ca/en/Professions_and_Trades/PDF/Assessment_Report-Psychologists-2016-2107-en.pdf • Where an action plan was issued, is it: **In Progress**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 11		
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.		
Measure	**Required evidence**	**College response**
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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).	The College fulfills this requirement: **Yes** • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard: Supervision (Standard 4) – Duration of period that support was provided: Support is ongoing from the time of the adoption of the revised *Standards* in 2017 – Activities undertaken to support registrants Articles in the regular publications of the College (e-bulletin and *HeadLines*); questions in the *Ethical Issues in Professional Practice*" portion of the College's semi-annual Barbara Wand Seminar attended by more than 1300 members. In addition, individual support is provided to members by the College's dedicated Practice Advice Service. During 2020, the College has answered 170 queries regarding this *Standard*. – % of registrants reached/participated by each activity An average of 34% of the members participate in the Barbara Wand Seminars. Queries about the Supervision *Standard* accounted for approximately 10% of the 1674 individual consultations provided by the Practice Advice Service during 2020. This is estimated to be about 5.5% of the membership if each Supervision inquiry came from a different member. – Evaluation conducted on effectiveness of support provided The College does not formally evaluate the effectiveness of this support to members although the Practice Advice Service receives many unsolicited comments regarding helpfulness of the guidance. The College is considering whether there is an effective way to conduct a more formal evaluation of the support offered by the Practice Advice Service which could include a link to a voluntary survey attached to each email response. • Does the College always provide this level of support: **Yes**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; 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 if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: **Yes** • List the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** link to website where this information can be found: The Quality Assurance Regulation requires that most of the QA assessment activities must be completed by all members or by those who are randomly selected. Some of those required to participate in Peer Assisted Reviews may be selected based upon stratified random selection. The QA Committee determines the stratified random selection criteria based on several factors each year, after considering information about the frequency of complaints in certain areas and/or its own observations in reviewing Peer Assisted Review Reports. This may include years in practice, or work with a particular population group, or members in private practice, etc. The College's areas of focus, including Self-Assessment and Continuing Professional Development Planning, and Peer and Practice Assessments are described at: https://cpo.on.ca/members/quality-assurance/ • Is the process taken above for identifying priority areas codified in a policy: **Yes** Processes are set out in Regulation: https://www.ontario.ca/laws/regulation/940209. Criteria for selecting participants in the Continuing Professional Development program are addressed in Policy: https://cpo.on.ca/cpo_resources/policy-ii-5iii-continuing-professional-development-program-audit-and-audit-selection/ • 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 **OR** describe right touch approach and evidence used: The Quality Assurance Committee has discussed Right Touch Regulation when considering policy developments and amendments in 2020. They were provided with the following to inform the discussion: www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20. • Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable):

[4] "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).

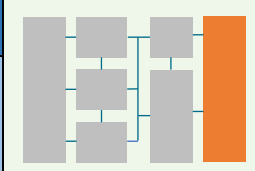|		

		Assessors who conduct Peer Assisted Reviews are provided with guidance during the annual assessor training. This included information regarding the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides: https://cpo.on.ca/wp-content/uploads/PAR-Assessor-Reviewer-Training-2020.pdf. Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form: https://cpo.on.ca/wp-content/uploads/PAR-Report-Form-pdf-fillable-form-2020.pdf.
		
		• Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable):
		If evaluated/updated, did the college engage the following stakeholders in the evaluation:
		    • *Public* **No**
		    • *Employers* **No**
		    • *Registrants* **No**
		    • *other stakeholders* **No**
		
		• Insert link to document that outlines criteria to inform remediation activities **OR** list criteria:

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		While procedures are reviewed annually by the Quality Assurance Committee, no specific areas for improvement were identified in the current year. The need for a review will be considered again in the fall of 2021 by the QA Committee when the newly constituted Committees typically meet to review procedures.

11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a.	The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: **Yes**
			• Insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** describe the process: The QA Committee makes recommendations and seeks voluntary undertakings from members regarding remedial activities and follow up is conducted when required. When a remedial activity is required by the Committee, College staff monitor the disposition on a case-by-case basis at regular Quality Assurance staff meetings. • Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** describe the process: The member subject to the requirement, or an Assessor retained to assist the member, is asked to provide confirmation of successful completion of the requirement and documentation of this is provided to the Committee. If the remediation is not achieved at the level expected by the Quality Assurance Committee, the matter is referred by the Committee for Investigation by the ICRC.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
			Additional comments for clarification (if needed)

Standard 12		
The complaints process is accessible and supportive.		
Measure	**Required evidence**	**College response**
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are 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).	The College fulfills this requirement: **Yes** • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://cpo.on.ca/public/complaints-reports-to-the-college/#making-a-complaint • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: **Yes** • Does the College evaluate whether the information provided is clear and useful: **Yes** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* The College has an investigation plan for each complaint or report. This assists Case Managers to ensure that all relevant information is received. The College evaluates whether information is clear and useful for the purposes of whether the information is adequate for the ICRC to appropriately screen a complaint or report. If the information doesn't appear to be clear or useful, the case manager will follow up with the appropriate individual to obtain clarification.
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: **Yes** • Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* The College does not track timelines for its response to inquiries. The College standard is to return inquiries within 24-48 hours. In 2020, the College logged 97 inquiries.

	c.	Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: The most frequently provided support to the public was undertaking by the Case Managers.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Starting January 1, 2021, the College contracted with an independent professional to provide support to clients involved in sexual abuse complaints or reports.
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a.	Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: **Yes** • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process **OR** provide a brief description: https://cpo.on.ca/resources/faqs/#cr-investigations - FAQs with respect to investigations. A similar printout is provided to members and complainants when notifying/acknowledging complaints.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ Case managers provide parties with letters indicating new timelines in accordance with the Code, at 150, 210, 240 days etc., where applicable.

Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	**Required evidence**	**College response**
13.1 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: **Yes**
		• Insert a link to guidance document **OR** describe briefly the framework and how it is being applied: https://cpo.on.ca/public/discipline/risk-assessment-framework/
		• Provide the year when it was implemented **OR** evaluated/updated (if applicable): Implemented in 2017
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
Standard 14		
The College complaints process is coordinated and integrated.		
Measure	**Required evidence**	**College response**
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: **Yes**
		• Insert a link to policy **OR** describe briefly the policy: On March 29, 2019, Council approved a policy for reporting information to the police or other authorities in circumstances where a member's conduct appeared criminal in nature or appeared to be an offence under a provincial act. https://cpo.on.ca/cpo_resources/policy-ii-3v-reporting-to-police-and-other-authorities/
		• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		The College shares information with the College of Registered Psychotherapists of Ontario and the Ontario College of Social Workers and Social Service Workers, where members of these Colleges were involved in the provision of psychological services which are the subject of a complaint being investigated. Members of these other Colleges may be involved in the provision of psychological services under the supervision of a College member. These reports are made as soon as an individual is identified as being a member of one of the other Colleges or is in the process of qualifying to become a member. This information sharing practice has been in place since June 2019. The College also shares information about complainants who are also regulated health professionals, should this information raise concerns about misconduct or incapacity. This is considered on a case-by-case basis, with consultation between the Investigations department and the Registrar. In this context, on a few occasions, the College has reported information to the College of Nurses. ICRC staff and Committee members also have a procedure in place to report information to the CAS, should information subject to the reporting obligations under the Child, Youth and Family Services Act, 2017 need to be reported.

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 **The College monitors, reports on, and improves its performance.**		
Measure	**Required evidence**	**College response**
15.1 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.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: **Partially**
		• Insert a link to 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), link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection:
		The College tracks performance in a variety of ways. At each Council meeting, the Chairs and/or Vice-Chairs of each Committee, who are members of Council, report on the performance of their areas of responsibility. This includes reviewing the activities of the Registration area, as well as the performance of the ICRC and Discipline Committee regarding the disposition of complaints and reports. On a quarterly basis the Finance and Audit Committee reports to Council regarding the financial status of the College and has consistently reported on receiving a 'clean' audit from the Auditors. Over the next year, the College will explore the development of more formalized and specific performance targets.
		Additional comments for clarification (if needed)
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: **Yes**
		• Insert a link to last year's Council meetings materials where Council discussed the College's 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:
		The Council approved the use of an integrated Risk Management Plan in December 2017. Using this system, the Registrar reports annually on three areas of risk: Risks to Office/Staff; Risks to the College (reputation/self-regulation); and Risks to the Public (from members). The most recent report is on page 91 of the *December 2020 Council Meeting* materials package. The College's achievement of its Strategic Directions is reviewed at

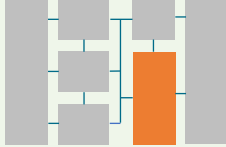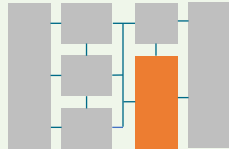|		
		each Executive Committee and Council meeting as presented on page 96 of the December Council meeting package linked above.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: **Partially**
		• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
		In reviewing the College performance based on Committee reports, the risk analysis and assessment of the Strategic Directions, Council identifies areas in which performance can be improved or enhanced.
		Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: **Yes**
		• Insert a link to College's dashboard or relevant section of the College's website:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		The College monitors performance related to its Strategic Directions routinely at both Executive Committee and Council meetings. In addition, the Council receives reports from the College statutory and non-statutory Committees describing the Committees' work for the quarter under review be it related to the College's finances; individuals registered; quality assurance reviews and results; ICRC timelines and the nature of complaints and dispositions; and Discipline Committee Hearings. The Committees monitor the College's regulatory processes and bring forward policy recommendations when amendments are noted which would improve these regulatory activities. The Committee reports as well as any proposed policies are made public in the Council meeting materials posted on the website in advance of each meeting.

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, <u>a recommended methodology to calculate the information is provided in the companion document</u> "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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.
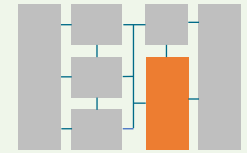
DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11 **The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.**	

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

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		
Type of QA/QI activity or assessment	#	
i. Completion of Self-Assessment and Continuing Education Plan	2152	*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).*
ii. Self-Care Assessment	2152	
iii. Peer Assisted Review	28	
iv. Continuing Professional Development Requirements Compliance Audit	47	
v. Assessment under s. 81 of the RHIPA	1	
vi. Review of Completed Self-Assessment Guide and Continuing Professional Development Plan	24	*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 2020. 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 13(a) of Standard 11.*
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		
* *Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.* ***NR** = Non-reportable: results are not shown due to < 5 cases*		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

	#	%	
			What does this information tell us? *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2020	2233	53	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.*

The Committee made a number of recommendations to members as a result of their participation in the QA program to assist them to enhance their practice. No members however, were directed to participate in a specified continuing education or remediation program during 2020. The Committee did require five members to undertake to make changes in their practices. In three cases, where the Committee believed that the member may be incompetent or may have committed an act of professional misconduct, the members were referred to the ICRC for investigation.

* *NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	
Additional comments for clarification (if needed)			
* *NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)* ** *This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.*			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
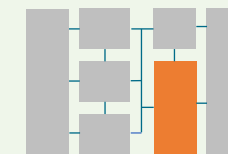
Statistical data collected in accordance with recommended methodology or College own methodology: College methodology
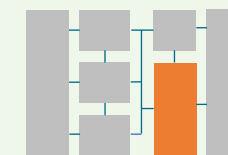
If College methodology, please specify rationale for reporting according to College methodology: Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡ 116		Registrar Investigations initiated‡ 12		*What does this information tell us?* This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	10	3%	NR	NR	This information relates to **allegations**, of which there were **333** for **116 formal complaints** and **29** with respect to **12 Registrar's Investigations**. It should be noted that there may be numerous allegations per matter, with each complaint, on average, comprised of two to three allegations.
III. Communication	9	3%	NR	NR	
IV. Competence / Patient Care	103	31%	6	21%	
V. Fraud	16	5%	2	7%	
VI. Professional Conduct & Behaviour	154	46%	8	28%	
VII. Record keeping	NR	NR	2	7%	Professional Conduct & Behaviour appears many times as it includes allegations with respect to general professional conduct as well as consent, confidentiality, objectivity and bias, termination of services, etc., all of which are tracked by the College.
VIII. Sexual Abuse / Harassment / Boundary Violations	19	6	3	10%	
IX. Unauthorized Practice	5	2%	2	10%	
X. Other – Supervision	16	5%	1	3%	
XI. Other – Quality Assurance			4	14%	
Total number of formal complaints and Registrar's Investigations ** **ALLEGATIONS**	**333**	**100%**	**29**	**100%**	

*   ***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 inquires and other interactions with the College that do not result in a formally submitted complaint.*
    Registrar's Investigation: *Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.*

ǂ   **NR** = *Non-reportable: results are not shown due to < 5 cases (for both # and %)*

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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: College methodology

If College methodology, please specify rationale for reporting according to College methodology: Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.

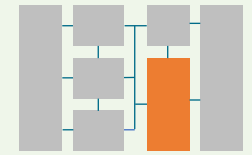| Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	140		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	21		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	12		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ⱡ	NR	NR	
II. Formal complaints that were resolved through ADR	NR	NR	
III. Formal complaints that were disposed** of by ICRC	30	26%	*What does this information tell us?* The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.
IV. Formal complaints that proceeded to ICRC and are still pending	59	51%	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	7	6%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	19	16%	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	1%	

** **Disposal:** The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

* **Formal Complaints:** 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 inquires and other interactions with the College that do not result in a formally submitted complaint.

ⱡ **ADR**: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Δ   The Registrar may withdraw a formal complaint 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.
 #   May relate to Registrars Investigations that were brought to ICRC in the previous year.
** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at 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 ICRC.
*φ   **Registrar's Investigation:** Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.*
NR *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*
Of the formal complaints that proceeded to the ICRC, these include cases that were being investigated, but may not have been considered by the ICRC, in the relevant period.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: **College methodology**

If College methodology, please specify rationale for reporting according to College methodology: Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	70

Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsⱡ						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	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	0	0	10	0	0	0	0
II. Billing and Fees	7	3	0	0	3	1	0
III. Communication	3	5	1	0	10	2	0
IV. Competence / Patient Care	32	8	0	1	10	2	0
V. Fraud	4	1	0	0	1	1	0
VI. Professional Conduct & Behaviour	81	22	0	1	21	3	0
VII. Record keeping	6	1	0	0	2	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	6	1	0	0	3	2	0
IX. Unauthorized Practice	3	1	0	0	2	1	0
X. Other – Supervision	6	4	0	0	2	1	0

* 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 2020.
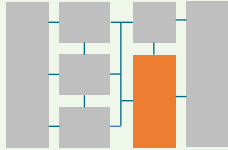
ⱡ NR = Non-reportable: results are not shown due to < 5 cases.

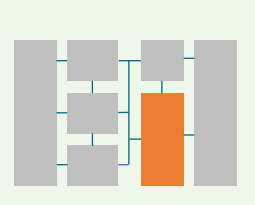| ++	The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total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

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.*
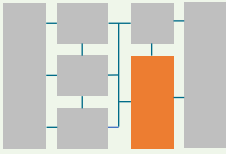
The nature of issues relates to allegations raised in complaints and reports. Multiple allegations are often raised, on average 2-3 per matter. There is overlap as well as Undertakings may be sought with respect to several issues in one case. An ICRC panel may also decide to Take No Further Action with respect to one allegation but provide Advice or seek Undertakings with respect to another, in the context of the same complaint or report.

Professional Conduct & Behaviour appears many times, as it includes allegations with respect to general professional conduct, as well as consent, confidentiality, objectivity & bias, termination of services, etc., all of which are tracked by the College.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: College methodology

If College methodology, please specify rationale for reporting according to College methodology: **The College tracks cases by calendar days not working days.**

Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	**What does this information tell us?** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in **calendar** ~~working~~ days in CY 2020	618	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in in **calendar** ~~working~~ days in CY 2020	NR	

*	**Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
*	**Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

The College tracks "number of days" related to ICRC work as **calendar** days **not working** days. A rough estimate of 429 working days as the 90th percentile was calculated as a comparison. There were only 5 Registrar's investigations which was too little data to calculate the 90th percentile.
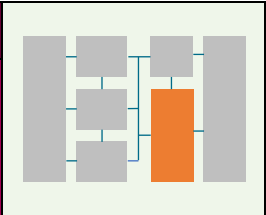
DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: **College methodology**

If College methodology, please specify rationale for reporting according to College methodology: **The College tracks cases by calendar days <u>not</u> working days.**

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. **
I. An uncontested^ discipline hearing in in **calendar** ~~working~~ days in CY 2020	NR	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
II. A contested# discipline hearing in in **calendar** ~~working~~ days in CY 2020	NR	

*   *Disposal: Day where all relevant decisions were provided to the registrant and complainant 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).*

^   *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.*

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

The Discipline Committee held 2 uncontested hearings in 2020, and one reinstatement hearing. There were no contested hearings in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	
II.	Incompetence	
III.	Fail to maintain Standard	1
IV.	Improper use of a controlled act	
V.	Conduct unbecoming	
VI.	Dishonourable, disgraceful, unprofessional (DDU)	2
VII.	Offence conviction	
VIII.	Contravene certificate restrictions	
IX.	Findings in another jurisdiction	
X.	Breach of orders and/or undertaking	
XI.	Falsifying records	
XII.	False or misleading document	
XIII.	Contravene relevant Acts	

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

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

NR = Non-reportable: results are not shown due to < 5 cases.

The College's Discipline Committee held 2 disciplinary hearings in 2020. In one, findings related to DDU. In the other, there were findings of DDU as well as failure to maintain Standards. The Discipline Committee also held one reinstatement hearing.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation+	NR
II. Suspension$	1
III. Terms, Conditions and Limitations on a Certificate of Registration**	2
IV. Reprimand^ and an Undertaking#	NR
V. Reprimand^	2

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.

*   *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 be equal and may not equal the total number of discipline cases.*

+   *Revocation of a 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 his/her ability to practice the profession.*

\$ *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 himself/herself 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.*

** *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.*

^   *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 his or her practice*

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = *Non-reportable: results are not shown due to < 5 cases*

The outcomes relate to 2 cases:
1: Reprimand, suspension, and TCLs.
2: Reprimand and TCLs.
The reinstatement hearing resulted in the reinstatement of the member's Certificate of Registration.

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Public Interest

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

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