College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

Contents

Introduction

The College Performance Measurement Framework (CPMF)

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

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

2. Supports Colleges in improving their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

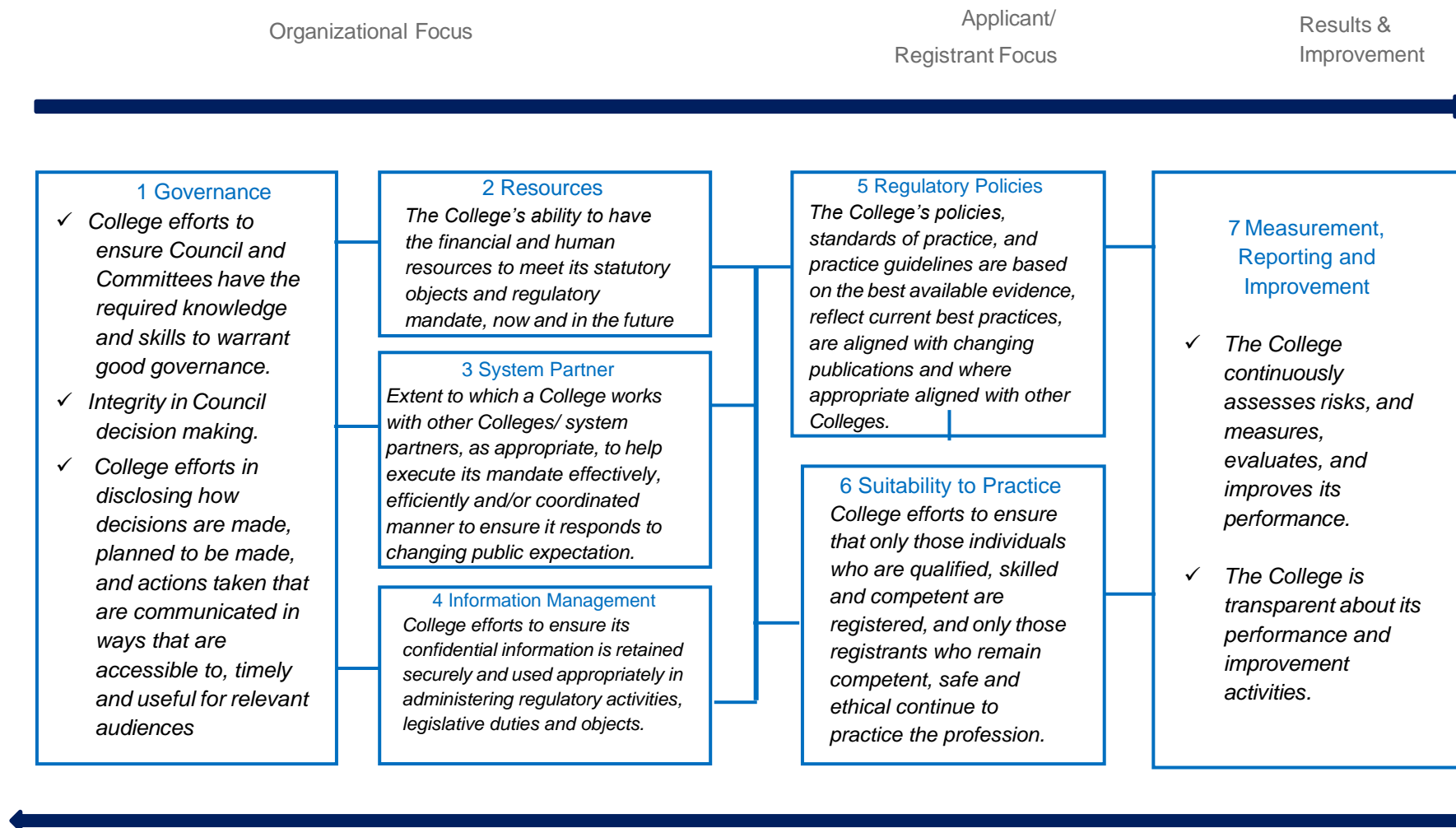**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/
Registrant Focus

Results &
Improvement

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

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

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

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

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

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

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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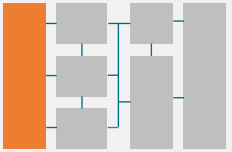
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

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

Part 1: Measurement Domains

<table>
<tr>
<td colspan="3">Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
</tr>
<tr>
<td rowspan="3" style="writing-mode:vertical-lr">DOMAIN 1: GOVERNANCE</td>
<td rowspan="3" style="writing-mode:vertical-lr">STANDARD 1</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="2">a. Professional members are eligible to stand for election to Council only after:

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

Benchmarked Evidence</td>
<td>The College fulfills this requirement:</td>
<td>Yes</td>
</tr>
<tr>
<td colspan="2">• The competency and suitability criteria are public: Yes
If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

The minimum suitability/competency criteria are found in the publicly available <u>College By-laws</u>, specifically 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 members (beginning on page 35).

Competency suitability information is further elaborated upon on the <u>Council Elections webpage</u>. This includes statements regarding the need for Council to represent the diversity of the College membership and the public served. The College intends to continue refining competency and suitability criteria, and ongoing consideration of this issue will be discussed by the Council in 2025.

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

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics. Prior to submitting a nomination form and nomination statement for the election, the member must complete an on-line Orientation Program which discusses the role and governance of the College and the duties, obligations and expectations of Council and Committee members. Upon completing the orientation, members will be required to submit a declaration attesting to the completion of the module. **College of Psychologists and Behaviour Analysts of Ontario: Council Training Module**	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and ―――――― *Benchmarked Evidence* ――――――	The College fulfills this requirement: • The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* A Call for Interest in Statutory College Committees is published as a News Post on the College website. The College distributes the 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 a particular Committee, their background and experience, and what they believe they will bring, or can offer, to the work of the Committee. The Call for Interest sets out eligibility criteria. A small working group reviews the expressions of interest and, considering the needs of each Committee, draws up a slate of candidates for the Executive 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. Amendments to By-law 5: Selection of Committee Chairs and Committee Members, approved by Council on March 11,2022, requires members to complete an online Orientation Program before they submit their interest in serving on a College Committee. The Orientation discusses the role and governance of the College and the duties, obligations and expectations of Council and Committee members.	Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee. Duration of orientation training: Interested candidates for College Committee appointments are required to complete the College's interactive Committee Orientation Module approximately 45 minutes – 1 hour in duration. The module provides the essential information about the College, our mandate and the roles and responsibilities of each Committee member. In addition, the Quality Assurance, Client Relations and Registration Committees each met independently for a ½ day orientation in 2024. These were done virtually and facilitated by the Committee Chair and respective Director. The Inquiries, Complaints and Reports Committee (ICRC) Handbook and Resource Manual is distributed to all new members at the earliest opportunity. The ICRC orientation training is a one-hour session, followed by observation of an ICRC meeting, and discussion of the process observed. New ICRC members will also have a dedicated debriefing session a week or two after the observation. Discipline Committee orientation is a ½ day session conducted by the College's independent legal counsel. In addition, Committee members attend the full-day Health Professions Regulators of Ontario (HPRO) Discipline Training sessions. The topics for orientation to the Quality Assurance and the Client Relations Committee were the same as those from 2023, which included: 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. The Client Relations Committee training also addresses eligibility for the Funding for Therapy and Counselling Program for those alleging sexual abuse while receiving services from, or under the supervision of, a member.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):

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

- Duration of orientation training.

- Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).

- Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.

The duration of the orientation is 2 - 3 hours. The training has been conducted virtually (in real-time) by the College President and the Registrar & Executive Director since the COVID-19 pandemic. Historically, the orientation was held in-person.

Topics include:

Objects and Duty of the College; Governing Legislation (Regulated Health Professions Act, 1991 (RHPA); RHPA Themes; Prevention of Sexual Abuse; Controlled Acts; The Psychology and Applied Behaviour Analysis Act, 2021); Vision, Mission, Strategy; 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?	Choose an item.

Additional comments for clarification (optional):

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

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
   i. Council meetings; and
 	
   ii. Council.
	The College fulfills this requirement:	Yes

	• Please provide the year when Framework was developed **OR** last updated.	
	• Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.	
	• Evaluation and assessment results are discussed at public Council meeting: Yes	
	• *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.*	
	Evaluations are sent to Council members immediately after each Council meeting and results distributed in the subsequent Council Materials package for discussion. The September 27, 2024 meeting evaluation results can be viewed in the <u>December 13, 2024 Council Materials</u> (Pages 13-14). The Council meeting evaluations encompass not only the effectiveness of Council meetings but also of the Council itself.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: • Has a third party been engaged by the College for evaluation of Council effectiveness? No • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation.	No
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* The College has undergone significant governance changes in 2024 with the amendment of the Psychology and Applied Behaviour Analysis Act (2021), which was proclaimed into law on July 1, 2024. The addition of the profession of applied behaviour analysis (ABA) and its respective Council seats represented a substantive change to the Council's composition. September 2024 was the inaugural Council meeting following the onboarding of ABA. Earlier in the calendar year, the March 2024 Council training day was led by Harry Cayton and Deanna Williams on Right Touch Regulation, with a particular focus on registration given the OFC's assessment of the College. The OFC and the Ministry of Health provided talks at the September 2024 Council Training Day which stimulated reflection across a number of College Council areas of accountability. The March 2025 Council Training Day will feature a talk on health regulation modernization, with a particular focus on governance composition and best practices for effectiveness. Important changes, including a third-party assessment will be considered by the Council and financial resources will be allocated accordingly.	Yes

			Additional comments for clarification (optional)

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement: • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Committee training plans are informed by Council and Committee members, Chairs and staff identification of training needs. Council and Executive Committee: The College Executive Committee is responsible for ongoing Council member training. Training Day topics are scheduled based on the suggestions and identified needs of Council members or ideas prompted by timely matters and Council meeting evaluations. The March 2024 Council Training Day focused on Right Touch Regulation by Harry Cayton and Deanna Williams. A follow-up session for further consolidation of topics was held by Mr. Cayton and Ms. Williams in April 2024. The September 2024 Council meeting focused on three strategic issues: the assessment from the Office of the Fairness Commissioner, the Ministry of Health's workforce strategy, and a potential scope of practice expansion, • Irwin Glasberg, Fairness Commissioner, Office of the Fairness Commissioner • Allison Henry and Jason Maurier, Ministry of Health, Health Workforce Regulatory Oversight Branch • Dr. David Shearer, PhD, MSCP, Board Certified Medical Psychologist, Chair, WA State Psychological Assn RxP Workgroup The March 2025 Council Training Day is expected to cover: The Program Approval process at the College of Nurses of Ontario, certification of Behaviour Analysts, and Council modernization/effectiveness.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Committee training needs are informed by Council, Committee Chairs and members, as well as senior Program Staff. Evolving public and member input is gathered from the College's Practice Advice Service. Inquiries are coded and tracked to identify trends that may inform future Council/Committee training topics. In 2024 the Practice Advisory Service responded to a total of 1937 Queries. 1482 (77%) of those were from registrants and 455 (23%) were from the public. CPBAO continued its participation with the Citizen's Advisory Group to keep apprised of public perspectives regarding topics such as professional rules, standards of practice, policies, strategic priorities, and communications directed at the public. As well, Quality Assurance and Practice Advisory staff attended two semi-annual meetings of the HPRO Working Groups to enable identification of common themes and topics of interest across regulators. Public questions and concerns are shared among senior College staff supporting and training the different Committees. Frequently occurring questions and concerns are addressed in HeadLines, the College's quarterly publication. This information is also available on the Professional Practice FAQ page of the College's website. EDI Working Group members were cross appointed to the Working Group tasked with revising the Standards of Professional Conduct. This allowed EDI principles to be integrated with the new standards and ensured alignment between the College's approach to EDI and expectations set for the profession.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE	STANDARD 2	**Measure:** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**		
		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
			• Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. All College policies are reviewed at least every three years. Policy I-2a: Council & Committee Orientation and Training: Code of Conduct for Members of Council and its Committees. At its meeting on June 17, 2022, Council approved amendments to Policy I – 2a: Code of Conduct for Members of Council and its Committees. This amendment included adding a statement to reflect the College's commitment to Equity, Diversity, and Inclusion. Policy I – 6: Conflict of Interest and Reasonable Perception of Bias was reviewed and amended by the Client Relations Committee at their meeting on May 5, 2022. Through this amendment the Committee added examples of conflicts of interest and bias, to assist members in understanding and identifying such issues.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:		Yes
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. Policy I-2a Council & Committee Orientation and Training: Code of Conduct for Members of Council and its Committees Policy I-6 Conflict of Interest and Reasonable Perception of Bias		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:		Yes

			• Cooling off period is enforced through: By-law
			
			• Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
			
			• Please provide the length of the cooling off period.
			
			• How does the College define the cooling off period?
			
			   − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;
			
			   − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
			
			   − Where not publicly available, please briefly describe the cooling off policy.
			
			The College has a one year cooling off period. The by-law requires that to sit on Council, the member is not and has not been within one year before the date of the election, a director, officer, board, committee, or staff of any professional association involved in the advocacy for the professions. It also requires that the member does not hold, and has not held, within one year before the date of the election, a position which would cause the member, if elected as a member of Council, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization. By-law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification, approved by Council December 1999 and last amended March 11, 2022, specifies a one-year cooling off period between a member's participation in the leadership of a professional association and running for a Council seat. All by-laws were amended to include the profession of ABA; however, no material change was made to the cooling-off period for potential Council members.		

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

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally:	The College fulfills this requirement:	No

- Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated.
- Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No
- Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

The College currently does not require members to complete a questionnaire at each meeting. Each Council member signs a formal agreement or declaration at the beginning of their term of office as per Policy I-6 Conflict of Interest and Reasonable Perception of Bias which states:

"The Registrar will require members of Council, Committees, staff, and all individuals providing services on behalf of the College to sign a Declaration, Undertaking and Agreement, before beginning their terms, stating that they have read, understand, and commit 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. This was demonstrated in Item .01B Declarations of Conflicts of Interest in the Minutes of the September 2024 Council meeting (pg.3).

The College intends to move to an annual conflict-of-interest declaration for all Council and Committee members.

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

ii. questionnaires include definitions of conflict of interest;

iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and

iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.

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

As 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.

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

The College fulfills this requirement: **Yes**

- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.

- Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.

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 *Strategic Direction Reflection* section noting which of the College's Strategic Pillars 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. This can be seen in the December 2024 Council meeting materials.

The approved Minutes of each meeting have a link to the Council meeting materials to which the Minutes relate, so that the Briefing Notes or other Reports may be easily accessed. This can be seen in the September 2024 Council Minutes.

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

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. In December 2018, Council approved the introduction of an Integrated Risk Management Plan using the Risk Management Register through the Healthcare Insurance Reciprocal of Canada (HIROC). The risk assessment includes a review of three categories of risk: Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members). Each year the risk register is reviewed to assess the effectiveness of the strategies applied and to identify any new risks that should be included. Integrated Risk Management Report to Council – December 13 2024 Council Meeting (pg.122)	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:**

Measure:

3.1 Council decisions are transparent.

Required Evidence	**College Response**	
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted. Council 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. 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. Approved minutes and the Council materials can be found here.	Yes
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		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

			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. A report of Executive Committee meetings is provided to Council at each meeting and is available to the public in the posted Council materials package. This Report includes the date of the meeting(s), a report on the items discussed and actions taken as well as a notation of those items to be brought forward for Council decision or approval. Any decisions which were taken on behalf of Council are presented to the next Council meeting. The December 2024 Executive Report to Council is available on page 18 here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure:
3.2 Information provided by the College is accessible and timely.

Required Evidence	**College Response**	

a. With respect to Council meetings:
  i. Notice of Council meeting and relevant materials are posted at least one week in advance; and
  ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.
	The College fulfills this requirement:	Yes

	• Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted. This has been standard practice for the College since June 2016. The College's Council Meeting web page notes upcoming meetings as well as a list of available Agendas, Minutes and Materials from past meetings. This can be found here. Agendas, Minutes and Materials are not removed from the College website and are available indefinitely.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. The link to the College's Notice of Discipline Hearings: https://cpo.on.ca/public/discipline/upcoming-hearing-schedule/. Each listed member name is linked to their public register profile, where the Notice of Hearing is posted. Public links to the hearing are made available on this page as well.	

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

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

Required Evidence	**College Response**	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement: • Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	Partially
Yes	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* The Health Equity Impact Assessment was approved at the June 2024 Council Meeting. The EDI working group is in the process of developing the EDI plan based on the results of the equity impact assessment and in alignment with the College's strategic plan. The draft EDI plan is scheduled for its second review by the Working Group in January 2025 with the potential to be approved at the February 2025 Executive Committee and March 2025 Council meetings. The Working Group reports to Council each quarter on its activities and the December 2024 report can be viewed on page 31 here and reported to the membership and public via the College's publication, *Headlines*, on a quarterly basis.	Yes

			Additional comments for clarification (optional)

b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	The College fulfills this requirement:	Yes

Further clarification:

Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.

- Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments.

- If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.

The EDI Working Group completed an Equity Impact Assessment which was approved at the June 2024 Council Meeting (pg.76). The assessment has informed the construction of the College's EDI plan, which is expected to be approved by the Council in 2025.

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

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

DOMAIN 2: RESOURCES	STANDARD 4	**Required Evidence**	**College Response**	
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The College updated its 5-year Strategic Direction (2023-2028) at its June 2023 meeting. Each quarter a report is prepared for Council detailing the activities undertaken to support the Plan. See pages 125-127 of the December 2024 Council meeting here for details on activities supporting the strategic plan. 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 for the current year end. Resources considered during budget allocation include human resources, technology (hardware and software), and office space. 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 most recent budget discussion at Council was in March 2024 and can be viewed on pages 226-234 of the Council Meeting Materials.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

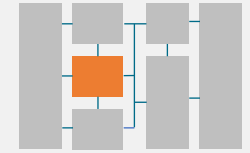|		b. The College:	The College fulfills this requirement:	Yes
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The College made amendments to the Reserve Funds Policy with the Council deciding to sunset the Fee Stabilization Fund following payment of the previous fiscal year's deficit. The decision to close the Fee Stabilization Fund occurred at the June 2024 Council meeting here (pgs. 46-48) with the transfer of reserve funds to cover a portion of last year's operating deficit at the December Council Meeting, here (pgs.119-121). The College now maintains four Reserve Funds: Investigations and Hearings, Website Development, Premises, and Contingency. The Reserve Funds Policy describes the purpose of those established by policy, 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. Each year amounts within the reserve funds are reviewed by the Auditor who may make recommendations to Council for transfer of funds. As of February 2024, each Reserve Fund carried an amount within the limit set in policy.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

| | | c. Council is accountable for the success and sustainability of the organization it governs. This includes:

i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).

———

Benchmarked Evidence

——— | The College fulfills this requirement:

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

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

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

The College does a comprehensive review of all staff positions and anticipated staffing needs as part of the budget development process. Succession needs as well as any known or expected 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 2024-2025, beginning in June 2024, was reviewed and approved by the Finance and Audit Committee at their meeting in February 2024, then the Executive Committee later in February 2024, with final review and approval by Council at the March 21, 2024 Council Meeting (Page 226).

The College has a Succession Plan Policy for the position of Registrar & Executive Director, Policy I-14: Succession Plan for the Position of Registrar & Executive Director.
The Plan is comprised of two parts:
1. Temporary Leadership Plan
2. Permanent Leadership Plan

The College has had a Succession Plan in place since 2012. The Plan remained as a stand-alone document since its development although, as required, it was updated every year following the June Council meeting. Given its importance, it was seen as prudent to move the standalone Succession Plan for the Position of Registrar & Executive Director into an official College policy. Policy I-14: Succession Plan for the Position of Registrar & Executive Director was put into policy format and approved by Council at its meeting on June 17, 2022 (Page 76). It continues to be updated on a yearly basis and was last revised in June 2022. | Yes |

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

			The College fulfills this requirement:	Yes
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. The College has, and regularly updates, its data and technology plan. The current version is up to date through to the end of 2025. A link is not included as it contains information that may compromise IT security plans when this CPMF report is published. The plan covers: • The prescribed decision-making process • Itemization of the technology in use, including hardware, software and a description of the infrastructure supporting the IT functions • Guidelines regarding data management, digital communication, training and technical support • A list of current technology projects, with implementation plan, timelines and budget The College has engaged the services of an external vendor with a managed IT approach for technology. This allows for greater access to resources and expertise to enable more robust cybersecurity with active monitoring. Servers have been moved to a more secure cloud environment. The College is currently engaged in the development of a new database to allow for greater flexibility in data management. College functions such as applications, complaint submissions, elections to Council and membership renewals have already been moved to an electronic format. The College makes use of cybersecurity training through Know4before, which all staff are required to participate in, to increase awareness of cyber issues and prevent inadvertent security breaches.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	

	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.
Measure / Required evidence: N/A	*Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* Since proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021* on July 1, 2024, the College has registered over 1,500 Behaviour Analysts. Extensive collaboration with relevant stakeholders ensured that the College heard from service agencies and to assist them in considering the impending regulations in their clinical and operational contexts. The College met with the following ABA stakeholders: • January 10 – Kenora Catholic District School Board - ABA Stakeholder Meeting • January 20 – Shining Through Centre - ABA Stakeholder Meeting • January 29 – Mackenzie Health - ABA Stakeholder Meeting • January 29 - ConnectWell - ABA Stakeholder Meeting

- February 7 – Trillium Health Partners - ABA Stakeholder Meeting

- February 9 – Children's Hospital of Eastern Ontario - ABA Stakeholder Meeting

- February 9 – ONTABA Mental Health Special Interest Group - ABA Stakeholder Meeting

- February 21 – Surrey Place - ABA Stakeholder Meeting

- February 28 – Durham Social Services - ABA Stakeholder Meeting

- March 4 – London Health Sciences - ABA Stakeholder Meeting

- March 4 – Holland Bloorview Kids Rehabilitation Hospital - ABA Stakeholder Meeting

- March 26 – CAMH On-Site Visit – Behaviour Therapy Week - ABA Stakeholder Meeting

- March 28 – St. Joseph's Healthcare London - ABA Stakeholder Meeting

- April 4 - ONTABA and College: Q&A Video

- April 19 - Registrar Virtual Visit, BrockU, ABA Faculty

- April 22 – Holland Bloorview Kids Rehabilitation Hospital - ABA Stakeholder Meeting

- May 10 – WesternU ABA Faculty and Students, On-Site Visit

- June 4 – Waypoint Centre for Mental Health Care - ABA Stakeholder Meeting

- July 8 – The Ottawa Hospital - ABA Stakeholder Meeting

- July 18 – Colleges Ontario - ABA Stakeholder Meeting

- December 19 - Hamilton Health Sciences - ABA Stakeholder Meeting

The College maintained close collaboration with the province's professional association, ONTABA, towards coordinated efforts at knowledge dissemination to the public and prospective registrants. The College also worked closely with the Ministry of Children Community, and Social Services as well as the Ministry of Health to prepare for proclamation of the *Act.*

Leading up to proclamation, the College also hosted an "ABA Training Day" for its staff and staff of other interested Colleges, including CRPO, CASLPO, COTO, ECE and OCSWSSW, and included a US Board already regulating ABA. The training day allowed for the various staff to interact with each other and learn more about the ABA profession.

As mentioned above, the College worked with a number of regulators to develop an Interprofessional Collaboration document for ABA FAQs.

	The College is a member of the Health Profession Regulators of Ontario (HPRO), ensuring that relevant updates are received in a timely manner. College staff attended the HPRO Practice Advisors subgroup meeting which included topics of Artificial Intelligence, Infection Prevention and Control Canada ('IPAC') updates, and privacy and recording of patient/client encounters. Another HPRO subgroup comprised of mental health regulators (ie. *Ontario College of Social Workers and Social Service Workers*, *College of Psychotherapists of Ontario and College of Psychologists and Behaviour Analysts of Ontario*) occurred for discussions regarding concerns/issues regarding Psychedelic Assisted Psychotherapy, for example.
	To receive feedback on the new Standards of Professional Conduct, the drafts were disseminated to various regulatory bodies that may have a shared interest and posted online for the general public.
	In collaboration with the Ontario Psychological Association (OPA) the College responded to requests for information regarding a potential scope of practice expansion for psychologist prescription privileges.
	The College worked with the psychology regulator in Manitoba to begin the development a specific pathway for Manitoba psychologists working through Shared Health to provide interprofessional hospital care when their patients return to Northwestern Ontario.
	The registrar was an invited speaker to both 2024 meetings of the Association of State and Provincial Psychology Boards (ASPPB), and he and the President attended both meetings of ACPRO.

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

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

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

Since the proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021* on July 1, 2024, the College has registered approximately 1,500 Behaviour Analysts. Extensive collaboration with relevant stakeholders ensured that the College heard varying perspectives/concerns prior to assuming responsibility for ABA regulation in Ontario. This included consultation with the following stakeholders: ABA employers and educational institutions (e.g. Hamilton Health Sciences, Western University, Brock University), professional associations such as Ontario Psychological Association (OPA), the Association of Canadian Psychology Regulatory Organizations (ACPRO) and the Association of State and Provincial Psychology Boards (ASPPB), Special Interest Groups such as Autism Ontario and the Ontario Autism Program, other regulators via Health Professions Regulators of Ontario (HPRO) and the College of Audiologists and Speech Language Pathologist (CASLPO) as a regulator of dual professions.

College staff also engaged with the following stakeholders regarding ABA during 2024
- Ontario Autism Program
- Autism Ontario
- Access OAP/Accerta
- Ontario Association for Behaviour Analysis (ONTABA)
- ONTABA Regulation Resource Task Force
- Behavior Analyst Certification Board (BACB)
- Ontario Ministry of Health/Ministry of Children, Community and Social Services
- Ontario Regulators for Access Consortium (ORAC)
- Brock University

	• Western University Further, CPBAO is a member of the Health Profession Regulators of Ontario (HPRO), ensuring that relevant updates are received in a timely manner. College staff attended the HPRO Practice Advisors subgroup meeting which included topics of Artificial Intelligence, Infection Prevention and Control Canada ('IPAC') updates, and privacy and recording of patient/client encounters. Another HPRO subgroup comprised of mental health regulators (ie. *Ontario College of Social Workers and Social Service Workers*, *College of Psychotherapists of Ontario and College of Psychologists of Ontario*) occurred for discussions regarding concerns/issues regarding Psychedelic Assisted Psychotherapy, for example. To receive feedback on the new Standards of Professional Conduct, the drafts were disseminated to various regulatory bodies that may have a shared interest.
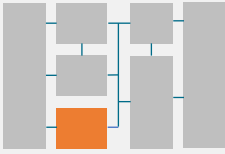
Measure: **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

		Required Evidence	**College Response**	
DOMAIN 4: INFORMATION MANAGEMENT	**STANDARD 7**	a. The College demonstrates how it: 　i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: • Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. *Policy III A-3: Privacy* describes the voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the *Regulated Health Professions Act, 1991 (RHPA)*, the Health Professions Procedural Code and the *Psychology and Applied Behaviour Analysis Act, 2021.* The College's *Privacy Policy*, with an embedded link to the College's *Privacy Code* may be found here.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

| | | ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and

iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.

Benchmarked Evidence | The College fulfills this requirement:

• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.

Same as 2023 – The College's Privacy Policy describes the voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the Regulated Health Professions Act, 1991 (RHPA), the Health Professions Procedural Code and the Psychology and Applied Behaviour Analysis Act, 2021.

The Privacy Code is reviewed every 5 years and updated as required. It was last reviewed in June 2024.

Please find the College's Privacy Policy, Privacy Statement, Privacy Code and Policy on Confidentiality Obligations and Handling of Confidential Materials below:
• Privacy Policy
• Privacy Statement
• Privacy Code
• Policy on Confidentiality Obligations & Handling of Confidential Materials | Yes |
| | | | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |

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

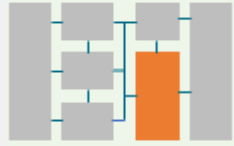| DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Required Evidence**	**College Response**	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). In accordance with *Policy I – 1: Policy Development and Maintenance* 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, 2024 (Standards) 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 are subject to a full review approximately every five years, with the <u>most recent version</u> approved by Council on May 8, 2024, in preparation for the proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021* on July 1, 2024.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. _____ *Benchmarked Evidence* _____	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process. Same as 2023 for policy development and maintenance – *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 along with suggestions/recommendations as to how these may be addressed. Areas of concern or problems are also informed by identified trends from the College's Practice Advice Service which responds to practice questions from registrants and the public. Such amendments are suggested to the Registrar and, where appropriate, taken forward to the Executive Committee and Council.* The Standards of Professional Conduct were revised and approved by Council in May 2024 and launched in July 2024. The Standards were updated to ensure their relevance and applicability to both the practice of psychology and to applied behaviour analysis. This update provides more appropriate guidance to members in relevant areas and aims to mitigate the risk posed to patients and the public. The Standards were restructured and aimed to incorporate plain language where appropriate to enable accessibility. Practical Applications were developed to provide clarity, guidance and examples in some standards. See Council Briefing Note here. The Standards review was conducted by a Working Group appointed by the Executive Committee. The Working Group was comprised of Council and College members representing a diversity of identities (e.g., race and gender) and various practice settings. It also included practitioners of ABA and psychology, as well as a public member of the College. Complaints and Practice Advisory data trends were used to inform the updates. Feedback was sought from a variety of stakeholders including members, the public and other interested parties (ie. other regulators, associations, and the Citizens Advisory Group). Expectations of the public and other stakeholders were gathered from two extensive periods of consultation. The first period sought feedback on current standards to identify gaps where additional clarity/standards might be needed or identify standards that were no longer relevant to the current practice environment. The second consultation period sought feedback on the draft standards. To enable timely feedback, a new email inbox was created (standards@cpbao.ca) from May 15 – July 8, 2024. Other health regulatory Colleges, including other health profession regulators in Ontario and psychology regulators across Canada, were consulted on the drafts where relevant. The revised draft Standards were distributed to members for final consultation prior to Council approval. The Standards of Professional Conduct will be reviewed at least every 5 years and updated as needed.	

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

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes

- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.

- Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.

As a Code of Ethics for psychology, the College has adopted the Canadian Psychological Association's Canadian Code of Ethics for Psychologists, as outlined in By-law 16: Codes of Ethics and Practice for Members (Page 24). Several items within Principle I of the Code Respect for the Dignity of Persons and Peoples are related to DEI/EDI.

The College has adopted the Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts, for ABA registrants.

Members of the EDI working group served on the Standards working group to ensure that themes related to EDI were included. The 2024 version of the Standards now has a section specific to EDI. The Registration Guidelines and the College's Policy and Procedures Manual have been revised to ensure gender neutral language. A new question related to gender identity in the renewal form is now more inclusive and reflective of the College membership. Further changes are expected based on the data collected form the Equity Impact Assessment.

The College's Quality Assurance Program also requires members to reflect upon their EDI practices and plan to remediate any shortcomings. The specific items addressing this issue can be found beginning on page 14 of the Self-Assessment Guide. This includes an attestation indicating that the member has made best efforts to utilize an objective and structured tool to evaluate and further develop these practices.

The College has formal requirements within the mandatory Continuing Professional Development program, including a minimum of five credits that address EDI.

(pg.7 of the Standards)

3.1 Respect and Dignity in Professional Practice

Registrants must demonstrate dignity and respect in their professional conduct towards all individuals, in all aspects of their practice. This includes being culturally responsive and practising consistent with relevant legislation on harassment and discrimination and published practice guidelines.

Practical Application: The main pieces of legislation applicable in Ontario in this regard include the Canadian Charter of Rights and Freedoms,1982, the Ontario Human Rights Code, 1990, and the Criminal Code of Canada, 1985. These statutes require, among other things, consideration of each individual's experience including, but not limited to, considerations of age, ancestry, colour, culture, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, receipt of public assistance, record of offences, sexual orientation, and language.

Practical Application: When working with an individual whose cultural background the registrant is not sufficiently familiar with, the registrant is encouraged to seek consultation from knowledgeable colleagues, other professionals, and/or relevant community members including elders and spiritual or religious leaders. Registrants are also encouraged to remain current with evolving literature in this regard, seek relevant professional training and consult clinical practice guidelines.

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

			Additional comments for clarification (optional)

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

		Required Evidence	**College Response**	
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 9**	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Yes

College Response content:

The College fulfills this requirement:

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

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

Documentation requirements for psychology registration and applied behaviour analysis registration are set out in their respective *Registration Guidelines*.

https://cpbao.ca/cpo_resources/psychologist-d-registration-process/

https://cpbao.ca/cpo_resources/supervised-practice-behaviour-analyst-section-d-registration-process/

The requirements ensure that documentation in the application process meets the registration requirements. The Application Form requires applicants to provide details of their education and training (undergraduate and graduate level), their language fluency, needed examination accommodation (if any), proposed Ontario supervised practice setting (when applicable), and supervisor details (when applicable). In addition, applicants must indicate any current or past registration/licensure in any regulated profession either in Canada or in another country and complete a Declaration of Good Character as well as an attestation regarding the accuracy of the information in their application form.

Academic transcripts and foreign credential evaluations must be submitted to the College directly from the university or credential evaluation service and a Language Fluency score (when applicable) must be submitted to the College directly from the testing agency. Confirmation of current/past registration/licensure must be submitted to the College directly from the licensing agency. Examination accommodation forms must be submitted to the College directly from the applicant and their university or the applicant and their healthcare provider depending upon the nature of accommodation requested. When applicable, proposed supervised practice information must be co-signed by the proposed supervisors and supervisor contact information is required.

The College has a policy in place for cases where an applicant is unable to provide a necessary document for reasons beyond their control, this policy is contained in the Registration Guidelines: https://cpbao.ca/cpo_resources/appendix-h-alternative-documentation-policy/

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 questions in their application form.

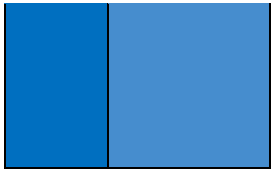|				Each applicant's degree is reviewed in accordance with the College's non-exemptible academic requirements to ensure that an applicant has obtained either a doctoral or master's degree from a program that meets the College's requirements. The Registration Guidelines describe in detail the non-exemptible academic requirements for registration as a: • Psychologist: https://cpbao.ca/cpo_resources/psychologist-e-academic-credentials/ • Psychological Associate: https://cpbao.ca/cpo_resources/psychological-associate-section-e-academic-credentials/ • Behaviour Analyst: https://cpbao.ca/cpo_resources/supervised-practice-behaviour-analyst-section-g-academic-credentials/

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

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

		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The College periodically reviews its criteria and processes for determining that applicants meet the registration requirements. The College's Registration Committee meets in Plenary Session approximately every other month and reviews guidelines and related policies. Creation (and maintenance) of policies and guidelines includes consultation with stakeholders, a review of best practices, and an environmental scan of policies and practices of other regulators. Registration related policies have a review schedule. For example, the [Language Fluency Policy](#) was created in 2015 and was last revised by the Registration Committee in January 2023. The [Examination Accommodations Policy](#) was created in 2016 and revised in 2024.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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

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

The College fulfills this requirement:

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

All members, other than those with Retired Certificates of Registration, are required to participate in Self-Assessment, which includes assessment of current competence in their authorized practice. The College's mandatory Continuing Professional Development (CPD) Program then requires that members self-monitor their progress towards goals they have set in self-assessment. These requirements are set by the Quality Assurance Committee and registrant completion is monitored independent of registration processes.

Members are required to consider the following in conducting their self-assessments and planning their CPD activities: addressing changes in relevant Legislation, Standards and Guidelines; remedying gaps in knowledge and skills; addressing changes in practice environments; and incorporating standards of practice and advances in technology. These requirements are reviewed on an annual basis, for example in July 2024, by senior staff of the College and the Quality Assurance Committee. Currently, specific CPD requirements are under review to ensure they are attainable and relevant to all registrants across the various practice areas and professions regulated by the College.

Self-Assessment Guide: https://cpbao.ca/members/quality-assurance/self-assessment-guide/

Continuing Professional Development program: https://cpbao.ca/members/quality-assurance/continuing-professional-development/

Members are required to self-declare that they have conducted self-assessment and met the minimum requirements of the CPD program. Member self-assessment and participation in CPD activities are reviewed when members are selected for Peer Assisted Reviews. In addition, any members that do not make a declaration of completion of Self-Assessment and completion of the mandatory requirements for CPD by the due date must provide their completed Self-Assessments and/or CPD documentation, as the case may be, for review by the Quality Assurance Committee. The Committee will also conduct audits of CPD completion at random.

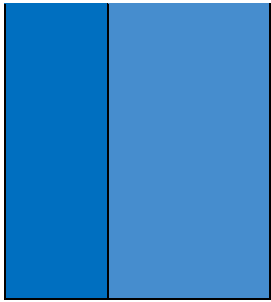| *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.

		Additional comments for clarification (optional)

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

		Measure:		
		9.3 Registration practices are transparent, objective, impartial, and fair.		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report.

- Where an action plan was issued, is it: In Progress

The last Fair Registration Practices Report by the OFC was in 2023:

https://cpbao.ca/wp-content/uploads/Fair-Registration-Practices-Report-2023.pdf

The College meets regularly with the OFC to discuss concerns about some aspects of the registration process which may create a barrier for some internationally trained individuals. The College's Registration Committee and Council have been actively looking at ways in which some aspects of the College's registration requirements may be modified while still maintaining the College's commitment to the protection of the public. In 2024 the Council approved changes to some of the examination requirements, such as moving from a high stake to low stakes examination format in some cases (psychology jurisprudence and ethics exam), and removing a maximum limit on the number of attempts per examination.

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

			Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	
		Required Evidence	**College Response**

		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).
		
		 Further clarification:
		
		 Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.
			The College fulfills this requirement: *(Met in 2023, continues to meet in 2024)*
			
			 • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
			
			   − Name of Standard
			   − Duration of period that support was provided
			   − Activities undertaken to support registrants
			   − % of registrants reached/participated by each activity
			   − Evaluation conducted on effectiveness of support provided
			
			 • Does the College always provide this level of support: Yes
			 If not, please provide a brief explanation:
			
			 The College's Practice Advisory Service provides support for members and the public regarding application of the new Standards of Professional Conduct. Following use of the service a <u>survey</u> is sent to evaluate participant satisfaction. 92% of respondents said the advice they received was useful. 100% indicated that the response time was reasonable.
			
			 After the Standards were approved by Council, A <u>Q&A document</u> was created to assist members with common questions and this was promoted in the July, 2024 <u>Headlines article</u>, the College's quarterly news publication.
			
			 Notification of the new Standards was posted on the website for draft <u>consultation</u>. Also, a mass email was sent to all members, reaching 100% of registrants when the Standards went live.
			
			 Following publication of the revised Standards of Professional Conduct, 2024, the College received many questions from registrants and other stakeholders with an interest in the regulation of psychology and applied behaviour analysis. The College created a specific email account for questions regarding the Standards which were compiled into a single document. <u>Within the document</u> and over the course of 22 pages, answers are provided to questions regarding a variety of Standards. This document was highlighted in the July 2024 edition of HeadLines.
			
			 With the introduction of ABA regulations, the College continued to meet with employers of Behaviour Analysts for Practice Advice to inform their clinical operations (on an as needed basis).

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

Additional comments for clarification (optional)

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

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;	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified *OR* please insert a link to the website where this information can be found and indicate the page number.

- Is the process taken above for identifying priority areas codified in a policy: Choose an item.

- *If yes, please insert link to the policy.*

In 2024, the Quality Assurance Committee reviewed feedback provided by the Applied Behaviour Analysis Working Group regarding amendments to the requirements of the Quality Assurance Program.

As a result, effective July 2024 there were several changes made to the CPD program requirements, which aim to support engagement in a variety of professional development and continuing education mediums to maintain member competency. The requirements apply to both practices of psychology and applied behaviour analysis. One of the aims of the revision was to minimize disruption for certified behaviour analysts (BACB) and ensure that the new requirements were attainable for this group. Another goal was to make the CPD requirements more applicable to everyone's practice circumstances. For example, all registrants that provide formal supervision must participate in a minimum of 3 hours per cycle of continuing education or professional development activities which include content pertaining to the maintenance or enhancement of their supervisory practices or skills. Changes to the requirements were shared through the College newsletter and e-mails.

In 2025 the College will continue to review the composition of QA tools and requirements and make improvements to maximize their impact on a registrant's practice quality and incorporate principles of Right-Touch regulation.

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

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

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

The College fulfills this requirement: — **Yes**

- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).
  OR please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).
  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
  - *Public* — No
  - *Employers* — No
  - *Registrants* — Yes
  - *other stakeholders* — No

Right-touch regulation forms part of CPBAO's strategic plan. As such, principles of Right-Touch Regulation are incorporated into all the College's core duties and processes, including Quality Assurance.

In 2024 the QA Committee initiated a review of the current QA format and requirements. The Committee is currently in the process of revising the overall QA requirements for a modernized program that incorporates principles of Right-Touch Regulation. This will include reviewing how registrants are selected to participate in QA activities and which types of activities fulfill standard QA requirements, ensuring the QA program is targeted, proportionate and agile in effort to maximize QA's impact on a registrant's practice quality.

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

Additional comments for clarification (optional)

In 2025, the QA Committee will continue its modernization efforts, updating QA requirements to ensure they are aligned with a Right-touch approach.

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iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

The College fulfills this requirement: — **Met in 2023, continues to meet in 2024**

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

Same as 2023 - The Quality Assurance Committee may determine that remediation activities are required following its review of information submitted by the Assessor. Remediation may be required when there are concerns related to registrant knowledge, skill, and judgement. The pathways to remediation are reviewed by the Committee during its annual orientation, (slides 14-28). The criteria for recommending remediation are also shared with Peer Assessors as shown in the Peer Assisted Reviewer Training Presentation (slide 7).

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

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

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process. Same as 2023 - The Quality Assurance Committee either requires remediation or seeks voluntary remedial undertakings from members and conducts follow-up when remedial activity is recommended by Assessors in the course of a Peer Assisted Review or when review of documentation indicates such a need. When a remedial activity is required by the Committee, College staff monitor the disposition on a case-by-case basis and discuss progress at regular Quality Assurance staff meetings. The member subject to the requirement, or when a mentor is retained to assist the Committee, the mentor 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 may be referred to by the Committee for investigation by the ICRC. Remedial outcomes for both ICRC and Discipline involve reporting to the Registrar on an interim and/or final basis. The reports will come from members themselves if the remediation is self-directed. Otherwise, the reports will come from a coach or instructor engaged in the remedial activity with the member. This reporting allows the Registrar to determine whether the goals of remediation have been appropriately met.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the	The College fulfills this requirement: Yes • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. • Complaints and Reports to the College • Facilitated Resolution Process • FAQ: What action can the ICRC take? • The College's Risk Assessment Framework also indicates what outcomes are possible in relation to risks identified. • Funding For Therapy Policies/procedures for ensuring all relevant information is received during intake: Investigations staff reviews all complaints and reports with an internal investigation plan. This assists staff in identifying all allegations, potential witnesses and sources of information. The investigation plan also prompts staff to determine whether third parties ought to be informed (e.g. another regulator, CAS) and prompts thinking about whether a request to appoint an Investigator or to direct that the Registrar make an Interim Order of Suspension might be considered by the ICRC. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

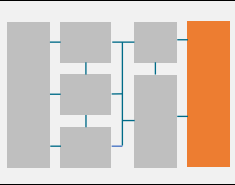|		supports available to them (e.g., funding for sexual abuse therapy); and;	*Additional comments for clarification (optional)*

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. ICRC staff evaluates whether public information provided to complainants is clear by ensuring that documents are written at a grade 10 level, as measured by "readable.io", a web-based service measuring readability. The ICRC also has a feedback form available directly on its website which provides an opportunity for complainants to provide information to the College about their experience with the complaints process (temporarily offline due to unsolicited communications). Every complainant has personal contact with a staff case manager and provided with telephone contact information, allowing direct contact, in addition to all the written information available.	

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

b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes

Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).

Rate is 206/214 or 96%.

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

Additional comments for clarification (optional)

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Anyone who alleges sexual abuse by a member, or a supervisee of a member is offered the support of an independent professional retained by the College. This professional offers guidance with respect to College processes and will assist in connecting them to other services. This support is offered as soon as sexual abuse is identified as an allegation in a complaint or report. Where language or communication is identified as a barrier, College staff will offer to arrange interpretation and/or transcription services to assist the complainant in expressing their concerns. In addition, the College will offer to fund legal support to witnesses who are involved in a Disciplinary hearing when a motion has been made to obtain the witness' confidential health records. It will also fund professional support for witnesses who require it in order to testify at a hearing. Where barriers are identified to making a complaint or report, the College employs strategies to assist members of the public. The College will mail hard copies of its complaint form to those who cannot access the online version, interview people in person should they want to express themselves in that way, and accept complaints left by voice mail, and then follow up in writing or over the phone.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
	Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**			
		a. Provide details about how the	The College fulfills this requirement:	Yes

		College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) **OR** please provide a brief description. The Complaints and Reports page on the College website has several references to the Investigation department's contact phone number and email. Complaint and Report forms can be filled out and submitted directly on the website. There is also a feedback form available on the website. College staff provide complainants with updates in a number of ways. Complainants are provided with a copy of the member's response to the complaint. In the unusual event that a complainant will not receive a copy of the response, they are informed of such and of the next steps in the investigation. Complainants are also notified of the progress of the investigation if the case is not disposed of after 150 days, and thereafter at 210 days, 240 days, etc. in accordance with the requirements of the Health Professions Procedural Code, 1991.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?
			Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure:** **12.1 The College addresses complaints in a right touch manner.**		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented **OR** evaluated/updated (if applicable). The ICRC uses a risk assessment framework to assess complaints and reports, which is accessible on the College website. This risk assessment framework was implemented in 2017.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 13**	**Measure:** **13.1** **The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**	

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

The College fulfills this requirement:

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

- Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').

Where allegations against a member are received by the College and are of a nature that may appear to warrant criminal and/or provincial offence charges the following policy is applicable: *Policy II-3(v): Reporting to Police and Other Authorities*.

Investigations staff also have an internal procedure for reporting information to the CAS where the reporting requirement under the *Child, Youth and Family Services Act, 2017,* may arise. In addition, the College has a reporting protocol with the CRPO and the OCSWSSW with respect to members of those other Colleges who are providing psychological services under the supervision of a member of the College of Psychologists and Behaviour Analysts of Ontario.

Where there is information about another regulated health professional which may indicate incapacity or other concerns, the College will normally, upon consultation with the Registrar, report the information to be reported to the relevant regulator. Where the College learns that a member or former member is registered in another jurisdiction, the College will inform the other regulator(s) about investigations and outcomes of investigations.

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

<table>
<tr><td colspan="3" rowspan="2"></td><td colspan="2">Measure:
14.1   Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</td></tr>
</table>

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	**Required Evidence**	**College Response**	
		a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Partially

			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection.
			
			The Council approved a new Strategic Plan at their <u>June 16, 2023 meeting</u> (pgs. 140-144). The Council approved the use of KPIs in order to demonstrate objective data of College performance. Given the significant changes at the College with the onboarding of ABA, initial KPIs consisted of several deliverables and linked to the Registrar's performance evaluation by the Executive Committee. KPIs will continue to be developed and quantified over the next year.
			
			KPIs
			• Successfully develop all infrastructure required to regulate Behaviour Analysts – Completed
			• Present the Master's discontinuation white paper to Council and MOH for review and response – Approved at the <u>March 2024 Council meeting</u> (pg 202); discussions with the MOH and OFC are ongoing
			• Complete the Health Equity Impact Assessment - <u>Council approved at June 2024</u> meeting
			• Develop a plan to shorten ICRC timelines: Additional case manager resources were provided in 2024. The metric being monitored is the proportion of cases less than 150 days, between 150 and 210 days, and beyond 210 days
			• Develop plans to respond to the concerns raised by the OFC with regard to Registration practices
			    o Mr. Glasberg presented to Council at their Training Day on September 26, 2024, regarding his assessment
			    o Anti-Racism Training from the Health Equity Office of the CAMH: Confirmed for all members of the registration committee in February 2025
			    o Informed Directors of Clinical Training of OFC risk rating – November 14, 2024
			    o Modifications to psychology's Jurisprudence and Ethics Examination were approved at the <u>December 2024 Council meeting</u>: plan to transition to low stakes, unlimited attempts	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? KPIs will be further developed during the 2025 calendar year.	Yes

		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The most recent report is on page 122 of the December 2024 Council Meeting materials package. The College's achievement of its Strategic Directions is reviewed at each Executive Committee and Council meeting as presented on pages 125-127 of the December Council meeting package linked above. The College has an integrated Risk Management Plan which reports on three areas of risk: Risks to Office/Staff; Risks to the College (reputation/self-regulation); and Risks to the Public (from members).	Yes

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

		Measure:			
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
		a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:		Yes
			• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. The latest risk management report in 2024, which contains this information, can be found beginning on page 122 of the December 2024 Council Meeting materials.		
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.		
		Measure:			
		14.3 The College regularly reports publicly on its performance.			
		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:		Yes
			• Please insert a link to the College's dashboard or relevant section of the College's website. 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. CPBAO Annual Reports College Performance Measurement Framework Reports Council Meeting Materials, Agenda, and Minutes Fair Registration Practices Report		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.

			Additional comments for clarification (if needed)

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
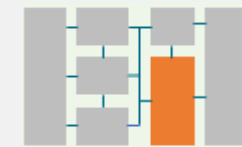
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		
Type of QA/QI activity or assessment:	#	
i. Self-Assessment Guide and Continuing Professional Development Plan	**2369**	*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-Assessment Guide and Continuing Professional Development Plan Reviews (Failure to submit Declaration of Completion by Deadline)	**17**	
iii. Continuing Professional Development Program	**4486**	
iv. Continuing Professional Development Program Audit (Failure to submit Declaration of Completion by Deadline)*<Insert QA activity or assessment>*	**12**	The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.
v. Random Continuing Professional Development Program Audit (Random Selection)	**39**	
vi. Peer Assisted Review	**7**	
vii. Targeted assessment by a College-appointed assessor	**0**	
viii. Specified Continuing Education or Remediation Program	**0**	
ix. Undertaking	NR	

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.

Additional comments for clarification (if needed)

i.   The number of registrants required to complete the Self-Assessment Guide and Continuing Professional Development Plan and submit a Declaration of Completion.
ii. The number of Self-Assessment Guide and Continuing Professional Development Plan reviews conducted by the QA Committee to determine compliance following a late or missed Declaration of Completion
iii. The number of registrants required to participate in the Continuing Professional Development Program (CPD). Although only one cycle group was required to make their Declarations of Completion in 2024, all registrants except for those with a Retired Certificate must participate in the CPD Program on an ongoing basis.
iv. The number of Continuing Professional Development Program audits conducted by the QA Committee to determine compliance following a late or missed Declaration of Completion.
v.   The number of Continuing Professional Development Program audits conducted by the QA Committee to determine compliance based upon a random selection of registrants from the membership.
vi. The number of Peer Assisted Reviews completed under s.4(1) of the General Regulation of the Psychology and Applied Behaviour Analysis Act, 2021.
vii. The number of assessments completed under s.81 of the Health Professions Procedural Code in response to QA Committee decision.
viii. The number of Specified Continuing Education or Remediation Programs completed in response to QA Committee decision.
The number of Undertakings completed in response to a QA Committee decision.
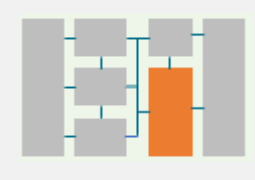
Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

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

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

Data below reflects the recommended reporting method but includes "Inactive" registrants as they are still required to complete QA Program activities under the Quality Assurance Regulation. Only those registrants with a Retired Certificate are excluded from participation in the QA Program.

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	**4481**	**99.8**	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	NR	NR	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

CM2: Due to data limitations, new Behaviour Analyst members of the College that registered to practice the new regulated profession on or after July 1, 2024 are not reflected in this figure. This data will be reflected in the next iteration of the CPMF Report.

The percentage of participants excludes the number of individuals that resigned from the College during a QA assessment.
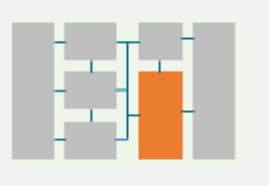
Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	**#**	**%**	*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 judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.			
Additional comments for clarification (if needed) –			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

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

This information relates to allegations, of which there were 533 for 147 formal complaints and 17 with respect to 8 Registrar's Investigations. It should be noted that there may be numerous allegations per matter, with each complaint, on average, comprised of three allegations.

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. Competence/Patient Care also includes allegations such as the appropriateness of services and familiarity with interventions. All of these allegations are tracked separately by the College.

Context Measure (CM)

CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	17	3%	NR	NR	
III. Communication	48	9%	NR	NR	
IV. Competence / Patient Care	143	27%	2	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.
V. Intent to Mislead including Fraud	23	4%	NR	NR	
VI. Professional Conduct & Behaviour	206	39%	9	53%	
VII. Record keeping	11	2%	NR	NR	
VIII. Sexual Abuse	5	1%	1	6%	
IX. Harassment / Boundary Violations	46	9%	2	12%	
X. Unauthorized Practice	14	3%	1	6%	
XI. Other *<please specify>*	17	3%	2	12%	
Total number of formal complaints and Registrar's Investigations**	533	**100%**	17	**101%**	

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

Additional comments for clarification (if needed)

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

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d	
If a College method is used, please specify the rationale for its use:	

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	147		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	28		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024	8		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	*What does this information tell us?* The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II. Formal complaints that were resolved through ADR	NR	NR	
III. Formal complaints that were disposed of by ICRC	15	10%	
IV. Formal complaints that proceeded to ICRC and are still pending	126	81%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	6	4%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	6	4%	

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

ADR

Disposal

Formal Complaints

Formal Complaints withdrawn by Registrar at the request of a complainant

NR

Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

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

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	1	0	0	0	0	0
II. Billing and Fees	12	1	0	0	4	3	0
III. Communication	20	9	0	0	1	0	0
IV. Competence / Patient Care	67	14	0	0	12	12	0
V. Intent to Mislead Including Fraud	14	5	0	0	4	3	0
VI. Professional Conduct & Behaviour	96	20	0	0	13	21	3
VII. Record Keeping	2	2	0	0	1	1	2
VIII. Sexual Abuse	1	0	0	0	1	4	0
IX. Harassment / Boundary Violations	19	3	0	0	4	5	0

X. Unauthorized Practice	5	3	0	0	4	3	0
XI. Other *<please specify>*	5	2	0	0	7	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 2024.*
++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.*
NR

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

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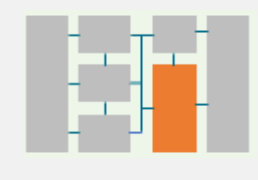
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

Context Measure (CM)		

CM 11. 90th Percentile disposal of:	Days	*What does this information tell us?* This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.
I. A formal complaint in working days in CY 2024	802.6	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.
II. A Registrar's investigation in working days in CY 2024	1919.8	

Disposal
Additional comments for clarification (if needed)

Table 8 – Context Measure 12
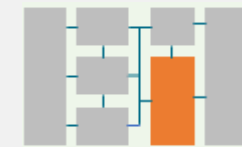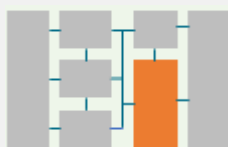
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 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 working days in CY 2024	NR	
II. A contested discipline hearing in working days in CY 2024	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.

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

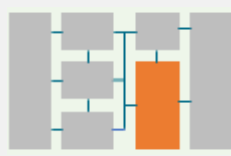| *Additional comments for clarification (if needed)* |
|---|
| |

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

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

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

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

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

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

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation		*What does this information tell us?* This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
II. Suspension	1	
III. Terms, Conditions and Limitations on a Certificate of Registration	1	
IV. Reprimand	1	
V. Undertaking		

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

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR   ‗

Additional comments for clarification (if needed)

Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

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

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

- Practice the profession in Ontario, or

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10