College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

Table of 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 which is to act in the public interest?" This information will:

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

2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

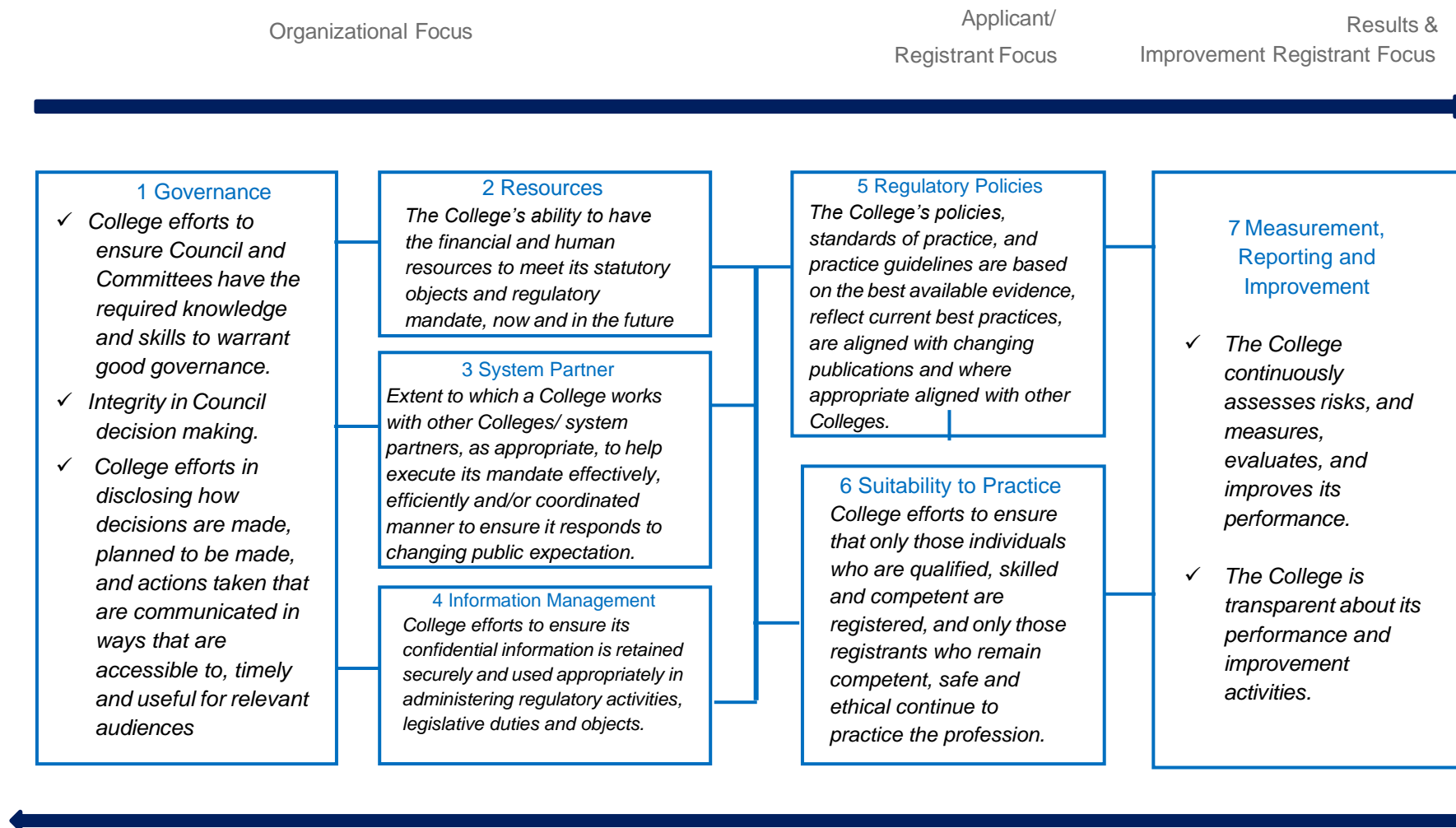**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus | Applicant/ Registrant Focus | Results & Improvement Registrant Focus

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

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

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

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

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

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

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;

- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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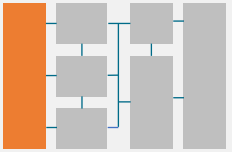
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. 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 rowspan="2" style="writing-mode:vertical;">DOMAIN 1: GOVERNANCE</td>
<td rowspan="2" style="writing-mode:vertical;">STANDARD 1</td>
<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>
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		Required Evidence	**College Response**	
		a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Yes *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* The minimum suitability/competency criteria are found in the publicly available College By-laws, 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 member (beginning on page 33). Competency suitability information is further elaborated upon on the Council Elections webpage. This includes statements regarding the need for Council to represent the diversity of the College membership and the public served.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	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. Amendments to *By-law 5: Selection of Committee Chairs and Committee Members* and *By-law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification* were approved by Council at its meeting on March 11, 2022, following consultation with the membership. The feedback received from members and reviewed by Council during the consultation period is available in the March 2022 Council Materials (Page 106). The amendments require members to complete an online Orientation Program before they submit their nomination to run for Council. The orientation discusses the role and governance of the College and the duties, obligations and expectations of Council and Committee members. The orientation module is available here. The College also provides an orientation to professional and public members joining Council following their election or appointment and prior to attending their first Council Meeting.	
			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):	

				Yes
		b. Statutory Committee candidates have:	The College fulfills this requirement:	
		i. Met pre-defined competency and suitability criteria; and	• The competency and suitability criteria are public: Yes	
		_____ *Benchmarked Evidence* _____	• *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* were approved by Council at its meeting on March 11, 2022, following consultation with the membership. The feedback received from members that was reviewed by Council is available in the March 2022 Council Materials (Page 106). The amendments require 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. This requirement will go into effect with the next Call for Committee Interest in the Spring of 2023.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • 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. In 2022, those appointed to College Committees were required to attend orientation and training after their appointment and at the beginning of the term. The duration of the training varies depending on the Committee. The Quality Assurance, Client Relations and Registration Committees each meet independently for a ½ day orientation. The Inquiry, 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. Committee orientation is conducted in-person or virtually in real time and is facilitated by the Committee Chai and the College Director with staff responsibility for the Committee. In the case of the Discipline Committee, orientation and training is also provided by the Discipline Committee's independent legal counsel. Quality Assurance and Client Relations Committee Orientation Topics: Statutes, Regulations, Policies and Procedures relevant to Committee work; Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality; Objects and Duties of the College; Mission, Vision, and Strategies; Right Touch Regulation; Current Projects and Priorities of the Committee. The Client Relations Committee training also addresses eligibility for funding for therapy and counselling for those alleging sexual abuse while receiving services from, or under the supervision of, a member. Registration Committee Orientation Topics: Registration Committee Mandate and Committee Policy and Procedure Manual; Review of the: Code of Conduct; Policy on Conflict of Interest and Bias; Policy on Confidentiality of Information; *Regulated Health Professions Act, 1991* generally and sections RHPA Code related to Registration, in particular *Psychology Act, 1991.*; Overview of the mandate of the Office of Fairness Commissioner and their work in relation to registration practices and discussion of any OFC Action Plan items or other related work; Review of the Registration Guidelines, and specific guidelines such as Guidelines for Training for Supervised Practice Members, Guidelines for Declaring Areas of Practice, Guidelines for Autonomous Practice Members Requesting a Change of Area of Practice, etc.; Current projects and/or special topics for the Committee and setting Committee meeting dates for the year/term.	Yes

		ICRC Committee Orientation Topics: Distribution of ICRC Handbook; Statutes, Regulations, Policies and Procedures relevant to Committee work; Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality; Objects and Duties of the College; College Mission, Vision and Strategies; Right Touch Regulation; Full Committee Plenary Sessions are held twice a year, normally for a full day at which current projects and priorities are discussed.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• 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 is conducted in-person or virtually in real time by the College President and the Registrar & Executive Director. Topics include: Objects and Duty of the College; Governing Legislation (The *Regulated Health Professions Act, 1991 (RHPA)*; RHPA Themes; Prevention of Sexual Abuse; Controlled Acts; The *Psychology Act, 1991);* Vision, Mission, Strategies; College Structure and Council Member Role; Expectation of Council Members; Code of Conduct; Committees and College Activities; Current Priorities.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	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

The College fulfills this requirement:

- 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.*

At its meeting of December 17, 2021, the College Council passed a motion to implement a Council Meeting Evaluation. A Briefing Note and sample of the evaluation can be found in the December 2021 Council Materials (Page 37). Evaluations are sent to Council members immediately after each Council meeting and results distributed in the subsequent Council Materials package for discussion. The September 23, 2022 meeting evaluation results can be viewed in the December 16, 2022 Council Materials (Page 11). 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? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation.	No
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) At this time there are no plans to undertake a third-party assessment of Council effectiveness. This may be reviewed as Council considers the results of its current Council meeting evaluation surveys.	

| | | 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>.

The College Executive Committee is responsible for ongoing Council member training. Prior to COVID-19, when meetings were held in-person, Council training was held on the day prior to the September and March Council business meetings. 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 next Training Day is scheduled for March 23, 2023.

Committee training plans are informed by Council and Committee members, Chairs and staff identification of training needs.

Council and Executive Committee:
A new Registrar & Executive Director has been hired to begin February 27th. It was decided that the March 2023 training session would be a consideration of the College's Strategic Directions and the role of the new Registrar in moving these directions forward. Prior to this, the Executive Committee had invited Ms. Deanna Williams to discuss Council Governance processes. This was in follow up to the review done by Mr. Harry Cayton and Ms. Williams of the Ontario College of Social Workers and Social Service Workers (OCSWSSW). Plans to invite Ms. Williams have been postponed.

Quality Assurance and Client Relation Committee:
Training needs are identified by the Committee throughout the year. For example, at the request of the Client Relations Committee, following review of the eligibility criteria for funding for therapy and counselling, the Committee requested that materials be simplified with flow charts; that work is currently underway and is expected to be completed at the beginning of 2023.

Registration Committee:
Training needs are identified by the Committee and also be informed by the College's Council training initiatives. For example, members of the Registration Committee, as well as all staff in the College's registration department, attended the OFC's Incorporating *Equity, Diversity and Inclusion Principles into Fair Registration Practices* presentation on October 27, 2022.

Inquiries, Complaints and Reports Committee:
Training needs are identified by Committee members and are also informed by issues identified by College staff. Training in 2022 included the threshold and necessary information and reasons required for making an interim order. A useable flow chart was created for panels to use in assessing whether an interim order would be necessary and appropriate, and introduced at the training session. The panel also learned about Quality Assurance referrals and the role of the ICRC in Registrar's Investigations. | 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: • 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>. In November 2022 the College offered a seminar available to all members entitled: *Fostering Equity Competencies*. Approximately 3400 members participated. The College's Equity, Diversity, and Inclusion (EDI) Working Group continues to explore areas in which Council and Committee members can work towards greater EDI within the College processes. The latest report of the EDI Working Group was made to the Council at its meeting of December 16, 2022 and is available on page 25 of the Council Materials. Information about public expectations is regularly received through the College's complaints process and from the College's Practice Advisory Service. The Practice Advisory Service received a total of 1660 Queries during 2022. 377 queries (23%) were received from members of the public and the others from members of the College. Information about concerns on the part of the public are shared among College staff supporting and training the different Committees. Frequently occurring questions and concerns are addressed in *HeadLines*, the College's quarterly publication, through which this information is shared with all members of the College, Committees and the Council. This information is also available on the Professional Practice FAQ page of the College website. Examples of issues brought to the attention of the College by the public in 2022 included concerns about Access to Information and Consent procedures, most often by parents as it relates to their children. Other commonly identified challenges included authorized areas of practice, in cases where a member of the public wished to receive services from a member with the appropriate authorized area of practice, and the availability of in-person services as it related to COVID-19 safety measures. 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 risk categories: 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 mitigation strategies applied and to identify any new risks to be included. This review is reported to Council annually, the last report is available in the December 16, 2022 Meeting Materials (Page 109).	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 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 including 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?	Yes
			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* *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 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 psychological association involved in the advocacy for the profession; 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. At its March 11, 2022 (Page 106) Council approved amendments to *By-law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification* following consultation with the membership. The amendments established a one-year cooling off period between a member's participation on the leadership of a psychology professional association and running for a Council seat.	

			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. d. 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.

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	The College 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:* *"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 June 2022 Council meeting.

iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	No
	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. This has proven to be adequate and there are no plans to modify the process at this time.

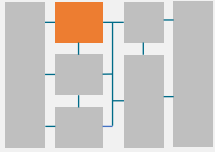| d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• 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 section *Strategic Direction Reflection* noting which of the College's Strategic Directions the item addresses. The meeting agenda notes the Strategic Direction by a letter code with the full set of Strategic Directions list provided, for reference, on each Agenda. This can be seen in the December 2022 Council meeting materials. The approved Minutes of each meeting has a link to the Council meeting materials to which the Minutes relate, so that the Briefing Notes or other Reports may be easily accessed. This can be seen in the June 2022 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.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed.	
			• Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number.	
		Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.	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 included 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. You can view the policy on page 39 of the December 2018 Council Materials.	
		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.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.
		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.	*Additional comments for clarification (if needed)*	

DOMAIN 1: GOVERNANCE	STANDARD 3	**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](#).	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

b. 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 2022 Executive Report to Council is available on pages 13-14 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:	Met in 2021, continues to meet in 2022

	• 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. Notices of Discipline Hearings are posted as soon as a date for the Hearing is confirmed. This is always at least one month before a hearing, with the exception being when a hearing must be conducted expeditiously, as required, for example by s. 25.4 of the Health Professions Procedural Code. This has happened only once within the recent history of the College. The Notice of Hearing includes the specified allegations. The Listing of Hearings can be viewed here and each individual Notice of Hearing can be found on the publicly available members' page.	

			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.

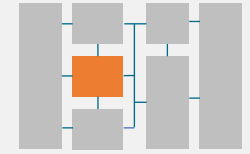| Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert 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.	
	In 2020 the College established an Equity, Diversity, and Inclusion Working Group tasked with identifying any issues of racism, systemic discrimination or bias that may be present within the College and its regulatory processes, as well as the profession itself. The Working Group is first focusing on possible discrimination or bias in the College regulatory processes; following which it will turn its attention outward toward the profession, in general. A College webpage was created to provide regular updates and resources on EDI initiatives. It can be viewed here. The Working Group also reports to Council quarterly on its activities, the December 2022 report can be viewed on page 25 here and reported to the membership and public via the College's publication, *Headlines*, on a quarterly basis.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • 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. Currently, the Equity, Diversity, and Inclusion (EDI) Working Group is actively considering the diversity practices across the various College Committees providing some direction and assistance to them in incorporating EDI in their work.	Partially
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (optional) The College will consider the need for a formal Equity Impact Assessments within the coming year.	

		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 has a Strategic Direction. Each quarter a report is prepared for Council detailing the activities undertaken to support the Plan. See pages 115 - 122 here. Every year programs and activities submitted by each College department are reviewed and costed as part of the budget development process. This involves a review of the past five years performance and projections to the current year end. Resources considered during budget allocation include human resources, technology (hardware and software), office space and funding. The outcome of the resource allocation supports the strategic direction. The draft budget is submitted for review to the Finance and Audit Committee then to the Executive Committee for comment before being taken to Council for approval. The most recent budget discussion at Council were in March 2022 and can be viewed on pages 169-173 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)	

		b. The College:	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • 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 maintains six Reserve Funds: Investigations and Hearings; Fee Stabilization; Website Development; Premises; Fair Registration Practices; Contingency; and Fee Stabilization. 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. The Policy was reviewed by the Finance and Audit Committee at its meeting on April 28, 2022, no amendments were made. Each year amounts within the reserve funds are reviewed by the Auditor who may make recommendations to Council for transfer of funds. The College recently extended its lease and undertook major leasehold improvements. Funds from the *Premises Reserve Fund* were used for this purpose. As of February 2022, 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:	Yes

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 2022-2023, beginning in June 2022, was reviewed and approved by the Finance and Audit Committee at their meeting in February, the Executive Committee in March, with final review and approval by Council at the March 11, 2022 (Page 169).

The College has a *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* had 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.

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

The College fulfills this requirement: **Yes**

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

The College has, and regularly updates, its data and technology plan. The current version is up to date through to the end of 2024. 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 recently 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 recently redesigned website allows for more agility in updates and information presented in a clear, logical manner. In addition, 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 has also initiated use of cybersecurity training through *Know4before*, which all staff are required to participate in, to 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
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. 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.).* The College attends the meetings of the Health Profession Regulators of Ontario (HPRO) be it the regular meetings of the organization or Zoom conferences arranged for special issues, for example, issues related to COVID-19 and facilitating Equity, Diversity, and Inclusion. This permits the College to consider and understand the way in which other health regulatory Colleges are addressing topics of common interest. In addition to the Registrar's regular participation in the HPRO Board of Directors, appropriate College staff participate in various formal and informal HPRO subgroups including those comprised of Deputy Registrars; Quality Assurance staff; Practice Advisors; Managers and Directors of Investigations and Hearings; and Corporate Service Managers. This permits information sharing among specific areas within the College's operations. The College supports the attendance of Council members, both public and professional, to attend Discipline Committee Training offered by HPRO. This provides an understanding of the legislative process and responsibility and encourages consistency in process and decision-making across Colleges. As well, the

College takes advantage of the opportunity to consult with the other health regulatory Colleges when reviewing or considering new policies. Examples include consultation with the College of Registered Psychotherapists of Ontario (CRPO) as well as representatives of the insurance industry regarding the definitional questions related to the performance of the Controlled Act of Psychotherapy and issues concerning the supervision of Registered Psychotherapists by members of the College of Psychologists. Ongoing contact with, in this case the CRPO, facilitates more effective interprofessional collaboration. Interaction with other Health Professions Regulators in Ontario and beyond ensure the efficient use of resources, so that the College does not have to recreate existing policies others may have already developed. This cooperation also ensures more consistency in public-facing regulation and avoidance of confusion on the part of the public and funders of services.

The College interacts regularly with the other Canadian psychology regulators through the Association of Canadian Psychology Regulatory Organizations (ACPRO). The Registrar was instrumental in establishing this group and the College is very active in ACPRO and its various initiatives. In addition to semi-annual meetings, there are regular listserv exchanges among the Colleges for support in addressing common issues as well as work on pan-Canadian projects. Through ACPRO, the Canadian regulators share information on a variety of topics to ensure, where possible, consistency among Canadian jurisdictions. Over the past year there has been continued discussion on COVID-19 related matters such as out of province practice and most recently about interjurisdictional practice, in general. The College was also actively involved in creating ACPRO's *"An Apology to Indigenous People and a Pledge to Be Anti-Racist".*

In addition to Canadian psychological regulators, the College is a member of, and regular participant, in the activities of the Association of State and Provincial Psychology Boards (ASPPB), a North American organization comprised of the regulators of psychology in 62 North American provinces/territories/states. The organization holds semi-annual meetings. The theme of the most recent meeting, in October 2022, was "A New Day; No More Business as Usual"." In addition to semi-annual meetings, the College participates in various ASPPB cross-jurisdiction committees and working groups. For example, one working group is currently developing a mechanism for jurisdictions to efficiently share information about legislative developments relevant to the field across North America.

The College interacts regularly with other self-regulated professions in Ontario (both health and non-health related) as a participant of the Ontario Regulators for Access Consortium (ORAC). In addition to meetings held throughout the year, ORAC participants share information on best practices in registration with a focus on access for internationally trained candidates, resources for regulators, and hosts a workshop entitled Managing Cultural Differences which has been attended by College registration staff.

College staff, Council and Committee members also attend meetings of the Council on Licensure Enforcement and Regulation (CLEAR), the Canadian Network of Agencies of Regulation (CNAR), and the Society of Ontario Adjudicators and Regulators (SOAR), and in this way, obtain information and training that allows the College learn about and consider adoption of best practices in other professions and jurisdictions. In 2022, the Director, Investigations & Hearings attended the Annual CNAR Conference which included sessions on trauma-informed investigations and the latest legal developments in professional regulation. The Director, Investigations & Hearings also attended the 2022 SOAR Conference, which included sessions on culturally competent decision writing and issues of identity in administrative justice.

The College shares information with the College of Registered Psychotherapists of Ontario and the Ontario College of Social Workers and Social Service Workers, where members of these Colleges are involved in the supervised provision of psychological services about which there may be a complaint or report.

	These reports are made as soon as an individual is identified as being a member of one of the other Colleges or is in the process of qualifying to become a member. This information sharing practice has been in place since June 2019.
	The College also shares information about complainants who are also regulated health professionals, should this information raise concerns about misconduct or incapacity. This is considered on a case-by-case basis, with consultation between the Investigations department and the Registrar.
	ICRC staff and Committee members also have a procedure in place to report information to the CAS, should information subject to the reporting obligations under the *Child, Youth and Family Services Act, 2017* need to be reported.
	To prepare for proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021*, the College developed Regulations related to the regulation of Behaviour Analysts. To ensure that all draft proposals reflect the College's public interest mandate and to mitigate risk of harm to the public, the College engaged the profession of Applied Behaviour Analysis as well as members of the College and a public member of Council in the development of the draft Regulations. To broaden the range of input into the draft Regulation development, the College circulated the proposals to members, as required by legislation, but also to numerous other stakeholders. The consultation materials were distributed to members (4806), non-member College email subscribers (508), and stakeholders (184). Stakeholders included Government Ministries, Regulatory Colleges, Associations, Certification Boards, Client/Parent Groups, Service Providers and Educational Institutions. The consultation was also posted on the College's social media accounts. In addition, the consultation was provided to Ontario Association for Behaviour Analysis (ONTABA) and Behavior Analyst Certification Board (BACB) for distribution to their members.

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).*

Semi-annually the College hosts a meeting of members representing organizations providing training and internship opportunities to students on the path to registration with the College. The meeting is attended by the Directors of Clinical Training representing the 15 Ontario Universities with training programs that meet the College's requirements for registration. Also participating are the Internship Directors from 31 internship sites which provide internships necessary to fulfill the Ph.D. requirements. The two groups meet jointly for ½ day and then separately for ½ day. In total, there are about 60 participants in addition to the three academic members of Council, the Registrar and the Director, Registration, who attend these meetings to provide two-way communication with the College Council and administration. The groups provide feedback on training as it relates primarily to registration matters but also College policy issues generally. It is also a forum for the College to raise issues of concern such as the need for training programs and internship sites to provide education with respect to diversity, equity, and inclusion.

Presentations are regularly made by College staff to graduate students on a variety of topics including professional practice issues, the Standards of Professional Conduct, the ethical expectations of the College, and the registration process amongst others. This introduces students to role and expectations of the College to ensure an early understanding of the College's public protection/interest mandate. College staff has also made presentations to law students about issues in professional regulation.

The College has established a relationship with the Ontario Association of Behaviour Analysis (ONTABA). This important relationship is assisting the College in the process of establishing well-informed policies and practices necessary to regulate Behaviour Analysts, pursuant to the *Psychology and Applied Behaviour Analysis Act, 2021* when it comes into force.

As needed, the College meets with the provincial associations to which members belong; the Ontario Psychological Association (OPA) and the Ontario Association of Mental Health Professionals (OAMHP). Meetings are held to discuss initiatives being considered by the College, for example, closure of master's

level registration, or those being proposed by the association such as prescription privileges for psychologists. In addition, the College reviews practice guidelines prepared by the OPA to provide comments on the congruence of these documents with the public interest and College expectations of members.

The College endorses the *Canadian Code of Ethics For Psychologists* published by the Canadian Psychological Association. While the College expects compliance with the Professional Misconduct Regulation and the Standards of Professional Conduct, it strongly recommends the Code to members for areas not specifically addressed in the other documents. Adherence to the Code of Ethics is endorsed and/or required by all Canadian jurisdictions providing a level of consistency across Canada upon which the public can rely.

The College is a regular participant at meetings of the Association of Psychology Leaders with Ontario Schools (APLOS). This is a voluntary group made up of the leadership of the psychology departments from approximately 55 Ontario school boards. Its stated purpose is to promote and develop psychological services in schools in the best interests of the students, parents, and the school community. To this end, the College consults with them on education system-related issues for the profession. In conjunction with the APLOS, the College reviewed and revised the definition of the area of practice of School Psychology.

The Registrar, Deputy Registrar, Directors, and the President also regularly meet with local groups of College members with the purpose of providing professional education and receiving feedback concerning the policies and practices of the College.

The College meets with the Office of the Fairness Commissioner (OFC) at least annually to discuss the College's Fair Practices Report as well as recommendations of the OFC and work that is in progress toward implementation.

The College encourages members of the public to join the College's email subscriber list to receive all College mailings and publications which includes consultation information. Through this, the College solicits and receives feedback from the public on issues, such as the closing of the Psychological Associate class of membership. The recently redeveloped website was designed with greater an emphasis on `easy to access' information for the public. To further public engagement, the College utilizes Facebook, Twitter and LinkedIn to broaden the College's communication base.

Using surveys, the College solicits the views of all complainants after the disposition of a complaint, regarding their experience with the process and uses this information to improve public experience with the College's investigations process. The College also surveys College members and members of the public who have sought information from the College's Practice Advisory service.

The College actively seeks the full compliment of public members for the College Council with the aim of ensuring a wide and diverse public voice for all Council deliberations. The voice of the public, as represented by the public members assist the Council to maintain its public interest focus.

Staff members and Committees all actively monitor the need for information from others and collaboration with those outside of the College. Whenever problems are identified, all major College activity areas access a broad network of colleagues via HPRO, directly with Colleagues at other RHPA and non-RHPA Colleges and professional associations and both national and international organizations including ACPRO and ASPPB.
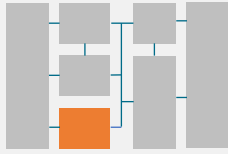
		Measure: **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**	

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Required Evidence**	**College Response**	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. *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 Act, 1991.* The College's *Privacy Policy*, with an embedded link to the College's *Privacy Code* may be found 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)	

ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
	• 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.	
	Internal security measures include use of a records management program which restricts access to files and information to authorized individuals. The system allows for monitoring and auditing of file access. External measures include use of managed IT services who engage in 24/7 monitoring of the College servers. Use of an outside organization allows for greater resources and expertise than would be available should this be managed internally. Access to the information on the College SharePoint site is restricted.	
Benchmarked Evidence	The College has also contracted with a third-party cyber security training program and all staff are required to complete training modules on an ongoing and regular basis as a means of protecting against security breaches.	
	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	
	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: Met in 2021, continues to meet in 2022

• 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).

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, 2017 (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 a view to making any required amendments. This review includes a full member and other stakeholder consultation to identify new areas requiring *Standards* or areas that may no longer be relevant.

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:	The College fulfills this requirement:	Yes
		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.	• 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. As mentioned above, Senior College staff involved in Registration, Complaints and Discipline, the Quality Assurance Program and the Practice Advisory service together with the respective Committees, monitor and discuss any concerns arising regarding member conduct and relevant expectations of the College. This includes identifying gaps or lack of clarity in the *Standards of Professional Conduct, 2017 (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 a view to making any required amendments. This review includes a full member and other stakeholder consultation to identify new areas requiring *Standards* or areas that may no longer be relevant. Proposed changes to the Standards are presented to the Executive Committee and then the Council. The revised draft *Standards* are distributed to members for final consultation prior to Council approval. Draft revisions are also provided to other health profession regulators in Ontario and psychology regulators across Canada to ensure alignment with other relevant policies and practices. A Working Group of the College's Registration Committee completed revisions to the *Supervision Resource Manual* in 2022. *The Supervision Resource Manual, 2022* is intended to supplement the College's Registration Guidelines for Supervised Practice Members, providing assistance to both supervisees and supervisors. Prior to finalizing the revisions to the Supervision Resource Manual, the Working Group consulted with the College's EDI Working Group for input and circulated a draft version for consultation to members of the College and other interested parties for feedback.	
		Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	

		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

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, 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.

As part of the ongoing Equity, Diversity, and Inclusion initiatives, the College has begun a review of its documents and publicly available information.

The Colleges *Standards of Professional Conduct, 2017*, the *Registration Guidelines* and the Colleges *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 as current documents are reviewed and new ones developed.

The College has also added several items to the Quality Assurance Program Self-Assessment Guide to prompt members consideration of their EDI practices. 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. In addition, the College has added formal requirements within the mandatory Continuing Professional Development Program to complete a specified number of credits every two years that demonstrate efforts to address Equity, Diversity, and Inclusion.

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:	Met in 2021, continues to meet in 2022

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.).

The Documentation requirements are set out in the Registration Guidelines describing the application process.

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

Academic transcripts and foreign credential evaluations must be submitted to the College directly from the university or credential evaluation service and a Language Fluency score 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 information must be submitted to the College directly from the applicant and their university or health care provider depending upon the nature of accommodation requested.

Proposed supervised practice information must be co-signed by the proposed supervisors and supervisor contact information is required.

The College's policy regarding the Declaration of Good Character sets out the process in place for reviewing cases where an applicant answers "Yes" to any of the conduct/character questions in their application form.

The Review requirements are set out in the Registration Guidelines describing the non-exemptible academic requirements for registration:

- Psychologist
- Psychological Associate

Each applicant's degree is reviewed in accordance with the non-exemptible academic requirements to ensure that the applicant has obtained either a doctoral or master's degree from a program that meets the College's requirements.

[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:	Yes
			• 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 applicants meets the registration requirements. The College's Registration Committee meets in Plenary Session approximately every other month and regularly reviews registration Guidelines and registration related policies.	
			Registration related policies have a review schedule; the Language Fluency Policy was created in 2015 and was reviewed by the Registration Committee in March 2022. The Examination Accommodations Policy, created in 2016, was also reviewed in March 2022.	
			The Guidelines for Training for Supervised Practice Members were last reviewed in 2019 and revisions were completed in 2020; the Guidelines for Completing the Declaration of Competence were last reviewed in 2019, and revisions completed in 2020. The Criteria for Evaluating Good Character were last reviewed in 2020 with revisions completed in 2020.	
			The creation of policies and guidelines includes consultation with stakeholders, a review of best practices and an environmental scan of policies and practices of other regulators.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	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 areas of practice. The College's mandatory Continuing Professional Development Program then requires that members self-monitor their progress towards goals they have set in self-assessment. The tools for self-assessment may be seen here and information of the mandatory Continuing Professional Development program may be seen here.

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 by senior staff of the College and the Quality Assurance Committee.

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.

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:	Partially
			• 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 most recent assessment report by the OFC was in 2016-17, the link to the OFC report is found on the OFC website.	
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			The College continues to communicate regularly with the OFC and is working collaboratively to address the outstanding issues.	

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: Yes
			
			• 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
			
			There were no new *Standards* or amendments to the current *Standards* in 2022. All members are notified of new and amended Standards in *HeadLines*, the College's quarterly publication. The most recent amendment of the *Standards* was provided here: https://cpo.on.ca/council-highlights-april-2021/. Members are also provided with ongoing individual, personalized support, and assistance in understanding and applying the *Standards* upon request, by way of the College's Practice Advisory Service. The Practice Advisory service surveys recipients of practice advice using an anonymous survey. In 2022, the Practice Advisory Service received 1660 requests for assistance. 1283 (77%) of these requests were from members and the rest from members of the public.
			
			• Does the College always provide this level of support: Yes
			  If not, please provide a brief explanation:

			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 andpolicies 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 2021, continues to meet in 2022

- 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: Yes

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

The Quality Assurance Regulation requires that most of the QA assessment activities must be completed by all members or by those who are randomly selected for review or audit. The College's areas of focus, including those in the Self-Assessment Guide and Continuing Professional Development Plan, and Peer and Practice Assessments are described here. Self-Assessment is required of all (except Retired) members, in all areas of practice, at least once every two years. Information about self-assessment requirements may be seen here. Participants in these QA activities are surveyed following receipt of their Declarations of Completion of their mandatory QA activities and results are shared with the QA committee. The structured self-assessment tool is reviewed every year by the Quality Assurance Committee and updated to ensure that members are familiarized with new Legislation and Standards and requires reflection on changes in the field and environment. During 2021, for example, an item was added to the Self-Assessment Guide to prompt consideration of Equity, Diversity, and Inclusion principles.

As mentioned above, assessment also takes the form of Peer-Assisted Reviews. By Regulation members chosen to participate may be chosen by random or stratified random selection. The Quality Assurance Committee determines the stratified random selection criteria based on several factors each year, after considering information from the Inquiries Complaints and Reports Committee, Practice Advisory Service and its own reviews of Self-Assessment and Peer Assisted Review files through the Quality Assurance Program. Using this multifaceted approach it identifies groups of members who appear to be at higher risk of difficulties in upholding the Standards of Professional Conduct. This has been the practice of the Committee for several years. Criteria may, for example, include years in practice, work with a particular population group, members providing a significant amount of supervision, or members in private practice. Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides, available here.

In addition, the Quality Assurance Committee conducts audits and assesses whether a member's participation in mandatory Continuing Professional Development is adequate. Criteria for selecting participants in the Continuing Professional Development program are addressed in *Policy II-5(iii): Continuing Professional Development Program Audit and Audit Selection.*

			Committee members, staff and Assessors all receive training in the area of Right Touch Regulation, which guides their decision-making. The materials provided for Committee members and staff can be found on slides 4 and 5 of the [Committee Orientation slides](). Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form, available [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)	

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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).

			The College fulfills this requirement:	Met in 2021, continues to meet in 2022

		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	• 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* Choose an item.
			   − *Employers* Choose an item.
			   − *Registrants* Choose an item.
			   − *other stakeholders* Choose an item.
			
			The Quality Assurance Committee has reviewed and discussed the Professional Standards Authority document: *Right Touch Regulation* in 2020 and every year since then.
			
			Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review and reflects a "right-touch" approach throughout the Assessor training presentation slides available here. Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form, available here.
			
			The right touch approach was implemented several years ago when senior staff of the College and Council members began reading about this approach and attending relevant trainings. This approach informs all policy decisions, as may be seen in the standard structure of our policy briefing notes, where decision-makers are required to justify the public interest value of all initiatives and report on the likely demand on resources.
			
			The Quality Assurance Committee was audited by an independent consultant during the Fall of 2019. The Auditor's report dated November 27, 2019, was summarized in the Quality Assurance Committee Report (Page 21) provided to Council in March 2020. In the audit report, the auditor stated that: "*The peer-assisted review is both a random and risk-based program which is consistent with the evolving regulatory environment*" and in describing the QA program generally stated: "*This approach drives member participation, is proportionate to the potential risks of non-compliance, and achieves high levels of participation and compliance*."	

			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. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria. The criteria for recommending remediation are provided to Peer Assessors and as shown in the [Peer Assisted Reviewer Training Presentation Slides](#), particularly slides 7 and 38-40.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

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

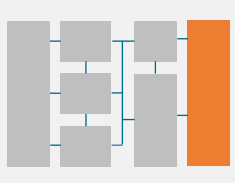| Required Evidence	College Response	
a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement: • 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 polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. • 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.	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. evaluated by the College to ensure the information provided to complainants is clear and useful. _Benchmarked Evidence_	The College fulfills this requirement: • 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. 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.	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.

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:	Met in 2021, continues to meet in 2022

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

The College does not currently track the length of time between an inquiry and a response; however, it is a performance expectation that staff will respond to inquiries within 24-48 hours and there has been no indication that this is not occurring. The Investigations team received 175 inquiries in 2022.

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

Additional comments for clarification (optional)

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

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 to witnesses who require it in order to testify at a hearing.

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

Additional comments for clarification (optional)

		Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description. • 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's department 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.	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: **12.1 The College addresses complaints in a right touch manner.**

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 12**	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.	Met in 2021, continues to meet in 2022

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

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

The College fulfills this requirement: | |
| Met in 2021, continues to meet in 2022 |

- 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.

Where there is information about another regulated health professional which may indicate incapacity or other concerns, the College will consider, on a case-by-case basis, whether that information ought 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)

		Measure:
		14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.

		Required Evidence	College Response	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	**STANDARD 14**	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	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 College tracks performance in a variety of ways. At each Council meeting, the Chairs and/or Vice-Chairs of each Committee, who are members of Council, report on the performance of their areas of responsibility. This includes reviewing the activities of the Registration area, as well as the performance of the ICRC and Discipline Committee regarding the disposition of complaints and reports, as well as the Quality Assurance Program activities. On a quarterly basis the Finance and Audit Committee reports to Council regarding the financial status of the College and has consistently reported on receiving a `clean' audit from the Auditors.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

The Executive Committee of the College has considered the possibility of developing formal KPIs and is of the current view that the Colleges current active use and monitoring of Action lists at the Council meeting provides an adequate mechanism for ensuring that goals are clear and monitored regularly for progress. This will be considered further in 2023.

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 Council approved the use of an integrated Risk Management Plan in December 2017. Using this system, the Registrar reports annually on three areas of risk: Risks to Office/Staff; Risks to the College (reputation/self-regulation); and Risks to the Public (from members). The most recent report is on page 109 of the December 2022 Council Meeting materials package. The College's achievement of its Strategic Directions is reviewed at each Executive Committee and Council meeting as presented on page 115 of the December Council meeting package linked above.	Met in 2021, continues to meet in 2022
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (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 2022 , which contains this information, can be found beginning on page 109 of the December 2022 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:	Met in 2021, continues to meet in 2022
	• 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.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

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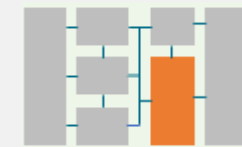
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

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

Context Measure (CM)	

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

Type of QA/QI activity or assessment:	#	
i. Mandatory Formal Self-Assessment	2216	*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. Mandatory Continuing Professional Development	2103	
iii. Peer Assisted Review	31	
iv. Assessment under S. 81 of HPPC	NR	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
v. Committee Review of Member Self-Assessment	NR	
vi. Continuing Professional Development Audit	84	
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

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

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College own method: Recommended *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
	#	**%**	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	2325	53	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	23	1	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
NR			
Additional comments for clarification (if needed) –			

Table 3 – Context Measure 4
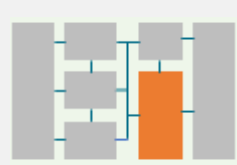
<table>
<tr><td colspan="4">DOMAIN 6: SUITABILITY TO PRACTICE</td><td></td></tr>
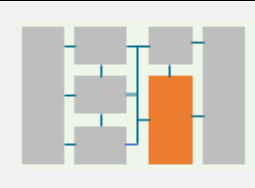<tr><td colspan="4">STANDARD 10</td><td></td></tr>
<tr><td colspan="5">Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:</td></tr>
<tr><td colspan="2">Context Measure (CM)</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">CM 4. Outcome of remedial activities as at the end of CY 2022:**</td><td>#</td><td>%</td><td rowspan="3">*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.*</td></tr>
<tr><td></td><td>I.   Registrants who demonstrated required knowledge, skills, and judgement following remediation*</td><td>22</td><td>96</td></tr>
<tr><td></td><td>II. Registrants still undertaking remediation (i.e., remediation in progress)</td><td>NR</td><td>NR</td></tr>
<tr><td colspan="5"><u>*NR*</u>
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.
**This measure may include any outcomes from the previous year that were carried over into CY 2022.</td></tr>
<tr><td colspan="5">*Additional comments for clarification (if needed)*

‥</td></tr>
</table>

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:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	1	NR	NR	NR	
II. Billing and Fees	16	4	NR	NR	
III. Communication	40	10	1	4	
IV. Competence / Patient Care	111	27	4	17	*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	19	5	NR	NR	
VI. Professional Conduct & Behaviour	155	37	13	57	
VII. Record keeping	6	1	1	4	
VIII. Sexual Abuse	7	2	1	4	
IX. Harassment / Boundary Violations	38	9	3	13	
X. Unauthorized Practice	6	1	NR	NR	
XI. Other *<Supervision>*	15	4	NR	NR	
Total number of formal complaints and Registrar's Investigations**	**414**	**100%**	23	**100%**	

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

This information relates to **allegations**, of which there were **414** for **118 formal complaints** and **23** with respect to **7 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 and 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.

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		

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

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	141		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	13		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	10		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's 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	20	16	
IV. Formal complaints that proceeded to ICRC and are still pending	90	70	
V. Formal complaints withdrawn by Registrar at the request of a complainant	4	3	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	8	6	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	5	4	

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 2022	
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++ 76 decisions (not including F&V and complaint withdrawals) (250 allegations)

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	NR	NR	NR	NR	NR	NR	NR
II.	Billing and Fees	NR	4	NR	NR	2	NR	NR
III.	Communication	8	5	NR	1	3	6	NR
IV.	Competence / Patient Care	39	15	NR	1	10	1	NR
V.	Intent to Mislead Including Fraud	7	4	NR	NR	2	NR	NR
VI.	Professional Conduct & Behaviour	56	17	NR	1	17	11	NR
VII.	Record Keeping	1	1	NR	NR	1	NR	NR
VIII.	Sexual Abuse	4	NR	NR	NR	NR	1	NR
IX.	Harassment / Boundary Violations	8	NR	NR	1	4	3	NR

X. Unauthorized Practice	1	2	NR	NR	NR	NR	NR
XI. Other *<Supervision>*	4	3	NR	NR	3	NR	NR

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.*
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.
NR

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

The outcomes are with respect to allegations in 76 decisions released by the ICRC in 2022, not including withdrawals and decision not to investigate a matter deemed frivolous, vexatious, made in bad faith or otherwise an abuse of power. There are multiple allegations (average 3) per case.
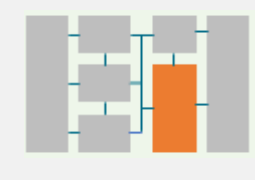
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: College Method
If College method is used, please specify the rationale for its use: The College tracks the number of calendar days as opposed to working days

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2022	540	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2022	452	

[Disposal]

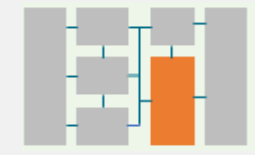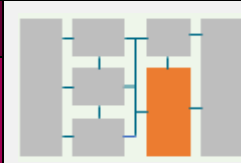| The College tracks "number of days" related to ICRC work as **calendar** days **not working** days. There were 10 Registrar's Investigations disposed of in 2022. |
|---|

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

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

Context Measure (CM)		
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 2022	NR	
II. A contested discipline hearing in working days in CY 2022	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

There was one uncontested hearing held in 2022.
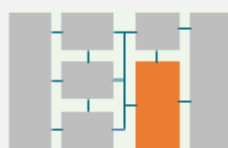
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Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: College Method	
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	1	
III. Fail to maintain Standard	1	
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional	1	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

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

NR

These discipline findings relate to one matter.

Table 10 – Context Measure 14

<table>
<tr><td colspan="2">DOMAIN 6: SUITABILITY TO PRACTICE</td><td rowspan="2"></td></tr>
<tr><td colspan="2">STANDARD 12</td></tr>
<tr><td colspan="3">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:</td></tr>
<tr><td colspan="2">**Context Measure (CM)**</td><td></td></tr>
<tr><td colspan="2">**CM 14.** Distribution of Discipline orders by type*</td><td rowspan="7"></td></tr>
<tr><td>Type</td><td>#</td></tr>
<tr><td>I.   Revocation</td><td></td></tr>
<tr><td>II.   Suspension</td><td>1</td></tr>
<tr><td>III.   Terms, Conditions and Limitations on a Certificate of Registration</td><td>1</td></tr>
<tr><td>IV.   Reprimand</td><td>1</td></tr>
<tr><td>V.   Undertaking</td><td></td></tr>
</table>

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

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

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

These outcomes relate to one matter.

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:

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

Return to:

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

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

- Practice the profession in Ontario, or

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

Return to:

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

Return to:

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

Return to:

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

Return to:

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: